

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on March 6, 2003 in Room 231-N of the Capitol.

All members were present except: Senator David Haley

Committee staff present: Mr. Jim Wilson, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant

Conferees appearing before the committee: Ms. Susan Linn, Director of the
Kansas Board of Pharmacy
Mr. Merlin McFarland, Registered Pharmacist
Public Member, KS State Board of Pharmacy
Dr. Dan Upson, Veterinarian
Board Member, KS State Board of Pharmacy
Mr. Tom Bell, Executive Vice President,
Kansas Hospital Association
Mr. Bob Alderson, Kansas Pharmacy Service Corporation
Ms. Marla Rhoden, Director of the
Health Occupations Credentialing

Others attending: See attached guest list

Approval of Minutes

The Minutes of January 28, 29, and 30 and February 4, 5, 6,10,11,12 and 13, that were distributed on February 19, 2003 are approved.

Hearing on HB2207 - an act concerning the state board of pharmacy; providing for pharmacy technicians

The Chair announced there would be a hearing on HB2207 and asked Ms. Emalene Correll, Kansas Legislative Research Department to explain the bill as it came over from the House. Some of the highlights of her overview included:

- page 1 creates a new statute which deals with pharmacy technicians and makes it unlawful for any person to practice unless registered with the Board of Pharmacy except as otherwise provided in Sec. 1, sub (d) which is a grandfather clause, and will first have to pass the examination approved by the Board (this is an area where there has been some dispute in the past) and requires the Board to adopt rules and regulations to establish criteria for the examination and a passing score;
- (b) standard language that states applicants for registration will be made on a form prescribed and furnished by the Board. It also has, rather than adding to the fee section of the pharmacy act, in this new statute, the application fee (notice on line 23 the word is "licensed" fee and this needs to be corrected, because this is a registration fee.);
- ©) states that the Board would take into consideration any felony conviction of an applicant, but that conviction does not automatically operate as a bar to registration;
- (d) form of a grandfather clause, allowing anyone who is employed as a pharmacy technician on the effective date of this act (7-01-03) to continue as a pharmacy tech until October 31, 2004 without having to be registered and pass the exam as required by the new statute;
- (e) provides expiration of registration, apparently giving the board the opportunity to stagger registration dates and goes ahead and includes the renewal fee;

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MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at on March 6, 2003
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- there is a provision that is a little unusual in that the application for registration renewal and with the appropriate fee and is received before the date of expiration, has the effect of temporarily renewing the applicant's registration until there is actually new registration or denial of the registration issued;
- (f) (1) this is a fairly common type of provision that allows the Board to deny an application for registration as a pharmacy tech on any ground, however, (2) is somewhat unusual provision for a person who functions at this level which allows the Board to require either a physical or mental examination (This is required in the physicians licensure act.)
- The Board is given the authority to temporarily suspend or limit the registration in accordance with the emergency procedures.
- Page 2, lines 24-26, requires the pharmacy technician, within 30 days of obtaining new employment, to furnish the Board's executive secretary, notice of the name and address of the new employer, currently the burden is on the pharmacist.
- The wording in lines 27 through 39 are virtually identical to the language that is stricken on page 3 in an existing statute. This makes the new statute relate to pharmacy technicians and takes out of another section of the pharmacy act, that portion that now relates to pharmacy technicians. (The only difference is that currently the ratio of pharmacy technicians to pharmacists in the prescriptions area of pharmacy may not exceed two-to-one.) While that is somewhat restored in the new language, she asked the Committee to note that the language is different on lines 36 through 39 to include "fixed by rules and regs" and "until the board does so."
- The language in lines 40 thru 43, state standard provisions (The Board adopting rules and regs as necessary to carry out their duties relating to the pharmacy technicians.)
- The language in (j) is probably the surplus (the Board has given specific authority in the subsection (I) but here the authority is specific) and probably not necessary here because if the Committee will notice on lines two and three on page 3, this new statute is made a part and supplemental to the pharmacy act of the state of Kansas.
- Finally, the only change in the statute that is amended, which is a part of the pharmacy act, is the removal of the language that has been replaced from the previous page in the new statute.

As Ms. Correll stood for questions, Senator Salmans referred to the subsection (d) asking, is this a conflict in the right-to-work law and on line 13, page 2, is it unusual for persons to take physical or mental exams? (The concern is, are the persons who function as pharmacy technicians and who have not previously proven themselves in that same position, ex. a young hire misappropriating drugs?)

The Chair then recognized the first proponent conferee, Ms Susan Linn, Director of the Kansas Board of Pharmacy, who stated that the bill was necessary because under current law, the Board has no means to prevent technicians, who are at risk of injuring the public, from assisting in the practice of pharmacy, thirty states (including Oklahoma and Missouri) are now registered pharmacy technicians and offered testimony regarding what pharmacy technicians are involved in. A copy of her testimony and fiscal note are (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

Next to testify as a proponent was Mr. Merlin McFarland, Registered Pharmacist and Board Member of the Kansas State Board of Pharmacy, who stated that the changes in technology and the increasing workload due to cuts in pharmacy reimbursement, make it mandatory that we have a competent well-trained technician work force, so the Board must be able to identify and regulate individuals' functions as pharmacy technicians. He also cited two recent problems that could have been resolved by this bill. A copy of his testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

The third proponent was Dr. Dan Upson, Veterinarian and Public Member of the Board of Pharmacy, who stated that professions must change as times change and the pharmacy technicians are able to perform more of the pharmacists' duties to increase the time the pharmacist has to counsel their customers. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

The fourth proponent was Mr. Tom Bell, Executive Vice President, Kansas Hospital Association, who stated that since the Board has never had jurisdiction over pharmacy technicians, it has been unable to track the movement of these workers, take any action to stop unlawful behavior, or address incompetent

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MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at on March 6, 2003
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performance and one purpose of this bill is to give Board the ability to step in a discipline those pharmacy technicians when there is a need. A copy of his testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

The final proponent was Mr. Bob Alderson, Kansas Pharmacy Service Corporation, who read testimony for Mr. Bob Williams, Executive Director, Kansas Pharmacy Association, stating Kansas is only one of 17 states that does not have some form of credentialing for pharmacy technicians. A copy of Mr. Williams testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

A copy of written testimony from Mr. Mike Johnston, CPhT and Executive Director of the National Pharmacy Technician Association (NFTA) is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

The Chair then called upon Ms. Marla Rhoden, Director, Health Occupations Credentialing, who stated the bill amends and adds language to the Board of Pharmacy statutes to establish registration as a level of credentialing of pharmacy technicians, and the proposed legislation is similar to 2001 **SB194** which was intended to create in effect a "registry" of pharmacy technicians without the label of registration as a level of credentialing. She also stated that the technical committee, which reviewed the application for registration of pharmacy technicians, determined that four of the ten criteria were not met, and the committee's final report recommended denial of the application. A copy of her testimony and the committee's final report, including the ten criteria and the application of the Board for registration of pharmacy technicians, are (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

As there was no neutral testimony, the Chair asked if there were questions or comments from the Committee. Senators Haley, Barnett, Brungardt, Brownlee, Salmans, and Ms. Correll asked questions ranging from what are the four criteria to determine the need for credentialing and how difficult to implement into the bill, what would be the most appropriate regulatory means, who has the authority to mandate exams, National Certification Exam not mandated, do you try to have appropriate regulations to protect public safety, what crime did the person commit in reference to the theft of the fourteen hundred Lortab tablets, is the credentialing process more for licensure or registered and since this looks like a "catch 22" what would you suggest could be changed in the statute, did you intend to make the change where the person responsible is the pharmacist and not the pharmacy tech, registration is the appropriate step, what is a pharmacy technicians qualifications to the serious medication errors shown in testimony makes the issue of oversight extremely important causing concern with two-to-one ratio and why are we not mandating requirements?

The Chair recognized Mr. Randy Forbes, the Board's attorney, to address the history of the two-to-one ratio. Mr. Forbes stated that the concept was not necessarily to eliminate this ratio but because of the dynamic changes occurring in the industry, assuming that the bill is passed, the Board would have a set of training criteria and know that the people performing these functions are qualified and those that are not would be eliminated. He also stated, it was felt that since the Board can view this industry on a year by year basis, they would be in a better position to determine if two-to-one is an appropriate ratio. Senator Barnett responded by asking "If there are national standards already set in certification, why are we not requiring that now as opposed to letting each develop his own?" Mr. Forbes responded by saying there is a provision in the statute that allows the Board to address training, however, when they asked if they could make the passage of an exam a requirement, the Attorney General said no because the statute does not mention anything about an exam, it only addresses training. "And this is why we are trying to move in this direction, to give the Board the additional authority to deal with not only training but some sort of certification exam that will show a level of competency," he said.

Adjournment

As it was time for the Senate session, the Chair closed the hearing and adjourned the meeting. The time was 2:33 p.m. The next meeting is scheduled for March 11, 2003.



KANSAS

BOARD OF PHARMACY
SUSAN A. LINN, DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

Testimony Registration of Pharmacy Technician Public Health and Welfare

My name is Susan Linn. I am the Director of the Kansas Board of Pharmacy. The Board of Pharmacy strongly supports the passage of HB 2207.

The Board believes that to appropriately protect the citizens of Kansas, the Board of Pharmacy must regulate pharmacy technicians. This bill is necessary because under current law, the Board has no means to prevent technicians who are at risk of injuring the public from assisting in the practice of pharmacy.

The six members of the Board of Pharmacy, five of whom are pharmacists, bring an independent and unbiased professional opinion that the failure to register pharmacy technicians poses a real and serious threat to the health and welfare of the citizens of Kansas. The Board and pharmacists throughout Kansas have nothing to gain from seeking registration, except the safety of consumers in this state.

Pharmacy technicians are involved in a significant number of serious medication errors not always caught by the supervising pharmacist. As an example, pharmacy technicians routinely obtain refill authorizations over the phone. As the supervising pharmacist is not on the phone also, the pharmacist will not catch any error. Pharmacy technicians mix IV compounds. Unless a pharmacist is literally watching the pharmacy technician at all times, which does not happen, it may be physically impossible for the pharmacist to know if a mistake has been made. Pharmacy technicians routinely count and place in containers medications to be dispensed to patients. Pharmacists do not recount those medications and although pharmacists are to visually check to see that the correct medication and correct dosage is being dispensed to the correct person, it can be difficult to do and the Board knows for a fact that mistakes are routinely made.

Pharmacy technicians are also involved in the process of labeling drugs to be dispensed to customer/patients. Labels can be of crucial importance because they instruct a patient how the drug is to be taken. As the Legislature is aware, one dosage of a drug can be very therapeutic for a patient while another dosage of the same drug can be extremely detrimental or even fatal. Again, although pharmacists are to check Pharmacy technicians work the Board has seen large numbers of instances in which pharmacist technicians make errors in filling prescriptions and labeling prescriptions.

Pharmacy Technicians are routinely asked questions by customers about their prescriptions. Although Pharmacy technicians are not to counsel, the Board knows that it happens. Counseling is of critical importance because it is the best way to prevent consumers from obtaining incorrect drugs or incorrect instructions on how to take the drugs. To suggest that all errors of Pharmacy technicians will or even should be caught by supervising pharmacists is to put our heads in the sand and tie public safety to a hope that the Board knows from experience will not prove true in the real world.

Pharmacy technicians are also involved in a significant amount of drug diversion. These drugs end up on the streets of Kansas communities.

*Senate Public Health & Welfare Committee
Date: March 6, 2003
Attachment 1-1*

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With the explosion in the number of prescriptions being written and the shortage of available pharmacists, there is an ever-increasing effort to expand the role of pharmacy technicians. The National Association of Boards of Pharmacy, after careful study, has recommended that to adequately protect the public health, pharmacy technicians should be regulated. Thirty (30) states, including Oklahoma and Missouri now register pharmacy technicians.

The Board of Pharmacy requests your support for passage of HB 2207.

FISCAL NOTE

PHARMACY TECHNICIAN BILL

The following fiscal note concerning the Pharmacy Technician Bill is respectfully submitted to the House Health and Human Service Committee. The Board of Pharmacy has approximately 3,000 individuals listed as pharmacy technicians. This bill would require each technician to pay \$20 for a registration fee, equaling \$60,000. The Board of Pharmacy would receive 80% of the total receipts, equaling \$48,000.

One time costs are divided as follows:

- New computer and printer - \$2,500
- Updating pharmacy database - \$2,000

On going costs are divided as follows:

- One part-time, non-FTE employee salary - \$12,500.
- Registration cards, printing and postage costs for registrations - \$1,500
- Newsletter printing and postage - \$1,200.

Total Cost to Board of Pharmacy	\$19,700
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Testimony
H.B. 2207
Senate Public Health and Welfare

My name is Merlin McFarland. I am a Registered Pharmacist. I own four pharmacies and currently serve as a member of the Kansas State Board of Pharmacy. Thank you for this opportunity to address the committee regarding H.B. 2207.

As a practicing pharmacist I fully support H.B.2207 and the registration and regulation of pharmacy technicians. The changes in technology and the increasing workload due to cuts in pharmacy reimbursement make it mandatory that we have a competent well-trained technician work force. If pharmacies are to remain profitable enough to stay in business, innovative approaches utilizing emerging technology and workflow systems must be utilized. Almost all of these approaches will increase the use of pharmacy technicians. To protect the public health the State Board of Pharmacy must be able to identify and regulate individuals functioning as pharmacy technicians.

Today you will hear about national trends and how other states are handling pharmacy technicians. The National Association of Boards of Pharmacy has information, collected from all over the United States, that illustrates these problems. As a practicing pharmacist I have personal knowledge of many technician related problems. I would like to relate two recent problems that could have been resolved by H.B.2207.

In the first instance, a nationally certified pharmacy technician, employed by a retail pharmacy for approximately three years, diverted 1400 name brand Lortab tablets in 12 weeks. Pharmacy computer reports and payroll records confirmed that this technician was the only employee that could have altered the computer inventory on all 14 occasions. Since the State Board of Pharmacy has no jurisdiction over technicians, the local law enforcement investigated. The district attorney declined to prosecute because the wholesale value of the drug was not high enough. Although, a conservative estimate of the street value was \$28,000. The technician was fired. Currently there is nothing to prevent this person from working in another pharmacy and diverting drugs. When H.B. 2207 becomes law this person will be subject to disciplinary action and new employers will be able to request this information prior to hiring a credentialed technician.

In another instance a pharmacy technician with several years experience was hired by a retail pharmacy. This technician made lots of errors and continually performed functions that should have been relegated to a pharmacist. Attempts at retraining the person failed and the person continued to try to counsel patients and to give them their prescriptions with out being checked by a pharmacist. This technician was fired and currently works mixing intravenous medication for a large hospital pharmacy. When H.B. 2207 becomes law this person could face disciplinary action. This action could include retraining or taking a law test, as well as sanctions against the person's registration.

In conclusion I respectfully request that the Committee support H.B. 2207. The registration of pharmacy technicians will help protect the public health and increase the quality and availability of pharmaceutical care in Kansas.

*Senate Public Health & Welfare Committee
Date: March 6, 2003
Attachment 2*

Testimony
HB 2207
Senate Public Health and Welfare Committee

I am Dr. Dan Upson. I want to thank you for the opportunity to speak to the committee. I am the public member of the Board of Pharmacy. I have served 50 years as a veterinarian in my profession and this is the sixth year I have served on the Board of Pharmacy. I have been very much aware of the changes brought about to provide better professional service in both the veterinary profession and the profession of pharmacy.

Our desire to register the pharmacy technicians is in no way self-serving. Our only desire is to take care of the health and welfare of the people of Kansas. It is my judgement that this oversight of the pharmacy technician is tremendously important as the profession of pharmacy functions today. Professions must change as times change. In pharmacy there is a tremendous increase in the emphasis of pharmacy technicians to help the pharmacists properly serve the public. The major change is that as the technician are able to perform more of their duties, it increases the time the pharmacists have to counsel their patients. The pharmacists are a tremendous resource of medical information and they need time to help their patients with this information.

I would urgently ask for your support in the passage of this legislation.

Senate Public Health & Welfare Committee
Date: March 6, 2003
Attachment 3

Memorandum



Donald A. Wilson
President

To: Senate Public Health and Welfare Committee
From: Kansas Hospital Association
Thomas L. Bell, Executive Vice President
Re: HOUSE BILL 2207
Date: March 6, 2003

Thank you for the opportunity to comment regarding the provisions of HB 2207. The Kansas Hospital Association is in favor of registering pharmacy technicians for the purpose of allowing the Kansas State Board of Pharmacy to monitor and oversee these health care providers.

Although HB 2207 would provide for registration of pharmacy technicians, it does grant a credentialing status. Such a decision must be given careful review as your actions can affect the quality of health care provided to the public, increase the cost of health care, increase costs to employers and limit the ability of certain workers to provide health care in Kansas.

The idea to register these technicians was first discussed several years ago when the Board of Pharmacy began to hear complaints about pharmacy technicians. Since the Board of Pharmacy has never had jurisdiction over pharmacy technicians, it has been unable to track the movement of these workers, take any action to stop unlawful behavior, or address incompetent performance. One primary purpose of House Bill 2207 is to give the Board of Pharmacy the ability to step in and discipline those pharmacy technicians when there is a need.

If this bill is enacted, an employer considering hiring a new pharmacy technician would have the ability to call the Board of Pharmacy and learn if any disciplinary action had ever been taken against this technician. Having the ability to oversee these workers would also greatly assist the Board of Pharmacy in fulfilling its duty to protect the health and safety of the citizens of Kansas.

House bill 2207 requires that all pharmacy technicians pass an examination approved by the Board of Pharmacy. Although some Kansas hospitals employ pharmacy technicians who are already certified by virtue of passing a national pharmacy technician examination, the majority of hospital pharmacy technicians are trained on the job and are not certified. Clearly, it is important that these pharmacy employees have sufficient knowledge to handle the demands placed on them. It is also important to provide the Board of Pharmacy and employers with the necessary flexibility to determine whether pharmacy technicians possess the needed skills. Our discussions with the Board of Pharmacy have shown that the Board feels it has some flexibility within this new law, including the possibility of allowing an employer to use an approved internal course of study and examination. This flexibility will be beneficial to employers, especially those in western Kansas who have difficulty finding part-time help. It would also provide the assurance that pharmacy technicians possess sufficient training to provide safe care.

Thank you for the opportunity to appear before you today.

*Senate Public Health & Welfare Committee
Date: March 6, 2003
Attachment 4-1*

Kansas Hospital Association



Kansas Pharmacists Association
Kansas Society of Health-System Pharmacists
Kansas Employee Pharmacists Council
1020 SW Fairlawn Rd.
Topeka KS 66604
Phone 785-228-2327 ♦ Fax 785-228-9147 ♦ www.kansaspharmacy.org
Robert (Bob) R. Williams, MS, CAE, Executive Director

TESTIMONY

Senate Public Health and Welfare Committee
March 6, 2003
HB 2207

My name is Bob Williams. I am the Executive Director of the Kansas Pharmacists Association. Thank you for this opportunity to address the Committee regarding HB 2207.

House Bill 2207 requires all pharmacy technicians to register with the State Board of Pharmacy and requires them to pass an exam approved by the Board.

The Kansas Pharmacists Association and the Kansas State Board of Pharmacy have been dealing with the pharmacy technician issue for many years. In 2001 we came before the Kansas Legislature and asked for legislation which would create a "registry". We were instructed to go through the Kansas Department of Health and Environment credentialing process, which we did. After a year of research, task force meetings and hearings before the KDHE credentialing committee, we were notified on June 19, 2002 our application was denied. The credentialing process requires the profession to meet nine criteria. According to KDHE, only five of the nine criteria were met and they therefore concluded "...insufficient evidence was presented to warrant credentialing of the profession to protect the public from undocumented harm ...". Despite the conclusion drawn by the KDHE credentialing committee, KPhA believes the State Board of Pharmacy presented a compelling case for registration of pharmacy technicians.

In October, 2002, the Kansas City Star ran a series of articles on the pharmacy profession. The series of articles included a feature on pharmacy technicians and built a strong case for state oversight of pharmacy technicians . Kansas is only one of 17 states that do not have some form of credentialing for pharmacy technicians. Missouri began registering technicians in 1997 and has a list of disqualified pharmacy technicians posted on its Web site. By contrast, in Kansas a member of the KU School of Pharmacy faculty mailed a survey to 3089 pharmacy technicians who were listed with the Kansas State Board of Pharmacy, 1030 were returned as undeliverable.

The practice of pharmacy and the role of pharmacy technicians has changed dramatically over the past decade. KPhA and the State Board of Pharmacy have made every effort to update the Kansas Pharmacy Act to take into account changes within the pharmacy profession.

Registration of pharmacy technicians is a policy whose time has come.

In regards to moving the pharmacy/technician ratio from statute to regulation, the pharmacy profession is rapidly changing, placing the pharmacist/technician ratio in regulation will allow the State Board of Pharmacy to more quickly respond to these changes. The State Board of Pharmacy currently determines the training requirements for pharmacy technicians by rule and regulation. It follows that the State Board of Pharmacy be permitted to determine the pharmacist/technician ratio by regulation as well.

We encourage the Committee to support HB 2207.

Thank you.



National Pharmacy Technician Association
3920 F.M. 1960 West, Suite 380
Houston, Texas 77068

Senator Susan Wagle, Chair
Public Health and Welfare Committee
Capitol Building
Room 128-S
300 SW 10th Ave
Topeka, KS 66612-1504

RE: Pharmacy Technician Registration

My name is Mike Johnston, CPhT, and I am the Executive Director of the National Pharmacy Technician Association [NPTA]. I appreciate the opportunity to address the Committee regarding HB 2207, the Pharmacy Technician Registration Bill.

NPTA is the leading professional association for pharmacy technicians in the United States; we represent approximately 25,000 pharmacy technicians. Our organization currently represents over 240 pharmacy technicians practicing in Kansas; it is for this reason, our members in Kansas, that our organization wishes to address House Bill 2207.

The National Pharmacy Technician Association fully supports this bill and urges this Committee to approve it, allowing it to return to the Senate for approval. This bill will promote safer pharmaceutical care; it will provide the State Board of Pharmacy with needed authority to handle medication errors and drug diversion.

The State Board of Pharmacy worked closely with our organization as this bill was drafted, and they continue to work with us, respecting the opinions and viewpoints of the pharmacy technicians. House Bill 2207 has the support of the pharmacy technicians in Kansas, and therefore the full support of our organization.

I personally called many of our members, explained this new bill and sought their input. The response was overwhelmingly supportive. Brian Dillner is a certified pharmacy technician who works at an independent pharmacy in Beloit; he has worked in pharmacy for over thirty years. Brian feels that pharmacy technicians need to be held accountable for their actions and that this legislation would grant the State Board of Pharmacy the proper authority to do so.

Althea Sicard is a certified pharmacy technician who has worked in retail pharmacy for six years in Concordia. Her employer recently hired a new employee with no pharmacy experience to work as a pharmacy technician; this practice concerns Althea, she feels that pharmacies should not be hiring 'just anyone off the streets.' She strongly supports the proposed requirement for the State Board of Pharmacy to require a 'board-approved' competency based exam as a part of registration.

Technicians who are not currently certified support House Bill 2207, also. Barbara Lundquist works at a Wal-Mart pharmacy in Lindsborg; she has worked in pharmacy for over twelve years, but she is not certified. Upon hearing about House Bill 2207, Barbara said that she felt it was a "great idea," and that she "would definitely support it."

The pharmacy technicians in Kansas understand the importance of this bill and support it. The National Pharmacy Technician Association fully supports House Bill 2007, and we ask that you support it, as well.

National Pharmacy Technician Association
www.pharmacytechnician.org Toll-Free Phone: 888-247-8700 Fax: 281-895-7320

Senate Public Health & Welfare Committee
Date: March 10, 2003
Attachment 6-1



K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

House Bill No. 2207

**to the
Senate Committee on Public Health and Welfare**

**by
Marla Rhoden, Director, Health Occupations Credentialing
March 6, 2003**

Chairperson Wagle, I am pleased to appear before the Senate Committee on Public Health and Welfare to discuss House Bill 2207. This bill amends and adds language to Board of Pharmacy statutes to establish registration as a level of credentialing of pharmacy technicians. This proposed legislation is similar to 2001 Senate Bill 194 which was intended to create in effect a "registry" of pharmacy technicians without the label of registration as a level of credentialing. The Board of Pharmacy was directed by the legislature to pursue a technical review in accordance with the Kansas Act on Credentialing.

On August 1, 2001, the Board of Pharmacy submitted an application for credentialing review seeking registration of pharmacy technicians. In accordance with procedures prescribed in the Kansas Act on Credentialing, a credentialing review was conducted and was completed on May 23, 2002. Data from the applicant as well as testimony from opponents and proponents is presented during the technical review process which identifies such topics as: the relative harm or endangering of public health, safety or welfare, public needs which are satisfied or benefit achieved by credentialing at this level, the effect of credentialing the group upon health care and other health care personnel, and whether it is the "least regulatory means of assuring the protection of the public" which is the preferred policy established by the Act. According to law, in order for a technical committee to recommend credentialing of a health occupation, ten criteria prescribed in statute must be found to be met.

The technical committee which reviewed the application for registration of pharmacy technicians determined that four of the ten criteria were not met, and the committee's final report recommended denial of the application. The Secretary of Health and Environment

*Senate Public Health & Welfare Committee
Date: March 6, 2003
Attachment 7-1*

DIVISION OF HEALTH

Bureau of Health Facilities, Health Occupations Credentialing

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concluded with the technical committee's recommendation to deny the application as reflected in the Secretary's report to the Legislature dated June 19, 2002.

According to the Kansas Act on Credentialing, a health occupation whose application for credentialing has been denied has the opportunity to apply for a subsequent review and address those criteria which were initially found not to be met.

Most bills that bypass the Kansas Act on Credentialing involve a new occupation or an occupation which has previously been recommended at a lower credentialing level that is desired by that group. In this case, a level of credentialing would be established for an occupation not previously credentialed.

With this information in mind, we would respectfully request that House Bill No. 2207 not be passed. Thank you again for the opportunity to comment on House Bill 2207. I would gladly respond to any questions you may have.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Final Findings and Conclusions of the Technical Committee on the Review of the Application to Register Pharmacy Technicians

May 23, 2002

On August 3, 2001, the Kansas Board of Pharmacy (Board), cited in this report as the applicant, submitted a credentialing application to the Kansas Department of Health and Environment. The applicant desired the State of Kansas to provide for the registration of pharmacy technicians.

This application was reviewed by a technical committee in accordance with the Kansas Credentialing Act (KSA 65-5001, *et seq.*). The purposes of the review are: (1) to provide the legislature with a thorough analysis of the application and information gathered at the technical committee meetings, (2) to make recommendations as to whether the statutory criteria are met, and (3) to determine whether there is a need for credentialing. All criteria must be found met before the technical committee makes a recommendation for credentialing. The applicant has the burden of bringing forth clear, convincing evidence that each of the criteria are met. Such evidence must be more than hypothetical examples or testimonials, according to KSA 65-5003.

This portion of the report describes the technical committee's final findings and conclusions about the first nine statutory criteria as well as a recommendation regarding Criterion X.

SUMMARY OF APPLICATION

The applicant desires to credential pharmacy technicians at the level of registration, in order to adequately provide needed pharmacy services, and at the same time protect the public.

...As the practice of pharmacy has progressed, there has developed an ever-increasing need for pharmacy functions to be performed by non-pharmacist technicians. This situation has developed in part by an ever-increasing shortage of pharmacists and ever increasing number of prescriptions dispensed to patients. The Board, as well as the industry itself, feels strongly that to adequately provide needed pharmacy services, and at the same time, protect the public, credentialing of pharmacy technicians is desperately needed. (Supplemental Letter of Intent, May 8, 2000, p. 1)

The Kansas Board of Pharmacy would be the regulatory body responsible for implementing registration of pharmacy technicians.

CRITERIA TO DETERMINE THE NEED FOR CREDENTIALING

The statutes require the technical committee to determine if the statutory criteria have been met by analyzing the application and information obtained at the meetings and public hearing. The following is a summary of the information provided to date and the final findings and conclusions on whether each criterion is met.

CRITERION I

The unregulated practice of the occupation or profession can harm or endanger the health, safety or welfare of the public, and the potential for such harm is recognizable and not remote.

Information Provided

KSA 65-1626(w) defines pharmacy technician as: "...an individual who, under the direct supervision and control of a pharmacist, may perform packaging, manipulative, repetitive or other non-discretionary tasks related to the processing of a prescription or medication order and who assists the pharmacist in the performance of pharmacy related duties, but who does not perform duties restricted to a pharmacist." (Original Letter of Intent, July 16, 1999, p. 1)

Examples of potential harm/risk to the consumer by a pharmacy technician fulfilling the above defined duties incorrectly include: misinterpretation of information received (incorrect number of refills, incorrect prescription number, incorrect information received from physician); affixing an incorrect label for a given container of medication or mislabeling; placing an incorrect auxiliary label for a given medication, resulting in incorrect supplemental information leading to decreased drug effectiveness; incorrect medication, directions, or patient generated on prescription label; incorrect medication pulled from stock leading to incorrect medication dispensed to patient; incorrect packaging of medication with a potential for wrong medication or incorrect quantity of medication; incorrect concentration of medication; incorrect prepackaging of medication as well as mislabeling (incorrect labeling of lot numbers for recall purposes and expiration dates for drug stability); loading incorrect medication (the wrong bulk drug loaded into the dispensing system); inaccurate or incomplete patient information; using wrong drugs. (Application, pp. 1-2)

Committee Discussion

From the information provided, does harm to the public exist? Was enough information provided to make a decision on whether the cause of harm has anything to do with the national credentialing of pharmacy technicians not being adequate to protect the public? Was the harm documented by expert or consumer testimony, and by research findings, legal precedents, financial awards, or judicial rulings? Is the potential for harm recognizable? Is the potential for harm not remote?

Findings and Conclusions

The technical committee recognizes this criterion as asking that the applicant demonstrate that the "noncredentialed practice" of the occupation can harm the public and the potential for harm is recognizable and not remote.

There has been insufficient evidence presented that demonstrates that the noncredentialed practice of the occupation presents a potential for harm that is recognizable and not remote. Data regarding incidents related to pharmacy technicians producing harm to the public is insufficient. Most of the information provided (specific cases) related to drug diversion problems and not harm to persons. Additionally, two cases involving harm to persons were presented, however, in each of those cases, a licensed pharmacist (not pharmacy technician) was disciplined.

The technical committee agreed by consensus (unanimous) that information presented at the public hearing meeting was not sufficient to change their earlier determination on this criterion, that it has not been met. Therefore, Criterion I is not met.

CRITERION II

The practice of the occupation or profession requires an identifiable body of knowledge or proficiency in procedures, or both, acquired through a formal period of advanced study or training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability.

Information Provided

KAR 68-5-15 outlines required training of pharmacy technicians:

KAR 68-5-15. Training of pharmacy technicians. (a) The pharmacist-in-charge of any pharmacy in which one or more pharmacy technicians perform any tasks authorized by the pharmacy act shall insure that each pharmacy technician complies with the training requirements in this regulation.

(b) The pharmacist-in-charge of any pharmacy in which one or more pharmacy technicians perform any tasks authorized by the pharmacy act shall insure that there exists for the pharmacy a current pharmacy technician training course, designed for the functioning of that pharmacy and addressing at least the following:

- (1) Knowledge and understanding of the different pharmacy practice settings;
- (2) knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards, ethics, laws, and regulations governing the practice of pharmacy;
- (3) knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations, and symbols commonly used in prescribing and dispensing drugs and in record keeping;
- (4) knowledge of and the ability to carry out calculations required for common dosage determinations;
- (5) knowledge and understanding of the identification of drugs, drug

dosages, routes of administration, dosage forms, storage requirements, and manufacturer recalls;

(6) knowledge of and the ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions or other drug distribution systems; and

(7) knowledge of and the ability to perform procedures and techniques, including aseptic techniques, relating to the compounding, packaging, and labeling of drugs.

(c) The pharmacist-in-charge of any pharmacy shall permit a pharmacy technician to perform tasks authorized by the pharmacy act only if the pharmacy technician has successfully completed, within 180 days of the effective date of this regulation or the effective date of the technician's employment in the pharmacy, whichever is later, a training course that meets the requirements of subsection (b) and was designed for the pharmacy in which the tasks are performed.

(d) The pharmacist-in-charge of any pharmacy in which one or more pharmacy technicians perform any tasks authorized by the pharmacy act shall also insure that the following requirements are met:

(1) There is an annual review of the pharmacy technician training course developed for the pharmacy.

(2) Adequate records are maintained documenting the training of each pharmacy technician as required by this regulation. These records shall be maintained at the pharmacy in a manner available for inspection by a board representative.

(3) The board is notified, within 30 days of the effective date of this regulation or the effective date of the employment of a pharmacy technician, of the following:

(i) The full name and current residence address of pharmacy technicians working in a pharmacy for which the pharmacist-in-charge has responsibility;

(ii) the date on which the pharmacy technician began the pharmacy technician training course or courses designed for the pharmacy or pharmacies in which the pharmacy technician is working; and

(iii) the name and address of the pharmacy or pharmacies in which the pharmacy technician is working. (Authorized by KSA 65-1630 and KSA 1998 Supp 65-1642; implementing KSA 1998 Supp. 65-1642; effective July 23, 1999.)

(Attachment, Original Letter of Intent, July 16, 1999; Application, pp. 3-4)

This is primarily the training they are required to do. They are to notify the Board within 30 days that the tech has been trained. We have to hope they will stay that long in order to receive the training. There is a broad spectrum of techs from age 14-16 to someone who goes through the certification process. Many chain pharmacies have the techs go through a certification process but then there is a pharmacy in Beloit, KS that has a tech that's been working there since high school. There is a variety of what their training background is and that is why we require some type of training. They work

in different areas, some in hospitals, some work in a closed door pharmacy, some in an open door pharmacy. We don't make any requirement on what type of training because pharm techs work in a lot of different areas. We would like for them to go through the national certification but many do not. It is costly and many are doing it while they are going to school or they are working for their parent's pharmacy. There are 30 states that license, certify, or register pharmacy technicians. They have their own national association...American Association of Pharmacy Technicians, some are members of the Pharmacy Association. There are two schools in the state of Kansas that does have curriculum for techs, in Great Bend and Wichita. (Meeting Minutes, February 28, 2002, p. 9)

Committee Discussion

From the information provided, is the body of knowledge required to function as a pharmacy technician identifiable? Is this body of knowledge acquired through a formal period of study or training? Can this advanced study or training be obtained? Are there changes in the occupation requiring skills of the practitioners to undergo continuing education? Are there mechanisms to provide for continuing education?

Final Findings and Conclusions

State regulations require that pharmacy technicians acquire training with an identifiable body of knowledge; however, this training is informal in nature in that no particular standards of training have been mandated or adopted. Further, this required training does not meet the credentialing act's statutory definition "through a formal period of advanced study." There appears to be statutory authority for the Board to require that a specific body of knowledge be acquired through a formal period of study or training, but there appears to have been no action taken by the Board in that regard. It does appear that the public needs, and does benefit, by assurances of initial education, but "continued education" is not a requirement.

By consensus of the technical committee (unanimous), it was determined that Criterion II is not met.

CRITERION III

If the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures. (The Secretary recognizes this criterion as asking for documentation on why such arrangements are not adequate to protect the public.)

Information Provided

KSA 65-1626(w) defines pharmacy technician as: "...an individual who, **under the direct supervision and control of a pharmacist**, may perform packaging, manipulative,

repetitive or other non-discretionary tasks related to the processing of a prescription or medication order and who assists the pharmacist in the performance of pharmacy related duties, but who does not perform duties restricted to a pharmacist.” (Original Letter of Intent (emphasis added), July 16, 1999, p. 1)

KSA 65-1642(b)(1) relating to the regulation of pharmacists and pharmacy technicians states:

Each pharmacy shall at all times maintain a list of the names of pharmacy technicians employed by the pharmacy and shall post in a conspicuous location in the prescription area of the pharmacy the name of the pharmacy technician currently on duty at the pharmacy, if any. **A pharmacy technician shall work under the direct supervision and control of a pharmacist. It shall be the responsibility of the pharmacist to determine that the pharmacy technician is in compliance with the applicable rules and regulations of the board, and the pharmacist who supervises a pharmacy technician shall be responsible for the acts and omissions of the pharmacy technician in the performance of the pharmacy technician’s duties.** The ratio of pharmacy technicians to pharmacists in the prescription area of a pharmacy shall not exceed a two-to-one ratio. (emphasis added)

Committee Discussion

Does the information provided show whether pharmacy technicians are for the most part under the direction of other health care personnel? If so, is this arrangement adequate or not to protect the public from harm? Was information provided to demonstrate that the rendering of services by a pharmacy technician under direct supervision by a licensed pharmacist is not an adequate arrangement to protect the public from harm?

Final Findings and Conclusions

The information provided indicates that **all** services provided by pharmacy technicians are directly supervised by a licensed pharmacist. There was no evidence provided which shows this arrangement is not adequate to protect the public from harm. Therefore, Criterion III is not met (by unanimous consensus of the technical committee).

CRITERION IV

The public is not effectively protected from harm by certification of members of the occupation or by means other than credentialing. (The Secretary recognizes this criterion as asking for documentation on why certification—nongovernmental or federal—or other means are not effective in protecting the public from harm.)

Information Provided

Since 1995, the Pharmacy Technician Certification Board (PTCB) has certified 80,328 through the national Pharmacy Technician Certification

Examination. The objective of the certification program is to enable technicians to work more effectively with pharmacists to offer greater patient care and service. The better qualified the pharmacy technician, the higher quality of care this team may bring to the patient, and the greater value they bring to the pharmacy.

There is no certifying agency and few regulations for pharmacy technicians in Kansas. The National Association of Boards of Pharmacy (NABP) has adopted the current PTCB examination for its national competency assessment program for pharmacy technicians. Training in Kansas is not standardized across the state. (Application, pp. 5-6)

Committee Discussion

How is certification at the national level inadequate to protect the public from the harm illustrated in Criterion I?

Final Findings and Conclusions

Evaluation of this criterion is contingent upon the results of Criterion I. Insufficient evidence has been presented which demonstrates that the potential for harm is recognizable and not remote. Additionally, while national certification is available, only approximately 10 percent of the pharmacy technicians in Kansas are certified (on a voluntary basis). Therefore, Criterion IV is not found to be met (by unanimous consensus of the technical committee).

CRITERION V

The effect of credentialing of the occupation or profession on the cost of health care to the public is minimal. (The Secretary stipulates that the applicant, in determining if the cost of health care to the public is minimal, shall consider fees-for-services, salaries and wages, and payments to members and services covered by public and private insurance programs.)

Information Provided

According to the applicant, pharmacy technicians are usually paid an hourly wage or annual salary by the employing independent practitioner, chain or hospital pharmacy and do not receive fees-for-service. The average wage of a pharmacy technician ranges from \$6 to \$16 per hour. Aside from a fee which would be charged for registration, the Board does not anticipate any additional cost, expense to private insurance programs or the public at large. (Application, p. 6)

Committee Discussion

Has enough information been provided? From the information provided, is the effect of licensing the occupation on the cost of health care (fees, salaries, and third-party reimbursement) to the public minimal?

Final Findings

While exact costs have not been identified, evidence provided indicates that the effect of registration of pharmacy technicians on the cost of health care to the public would be minimal.

Conclusions

Criterion V is found to be met.

CRITERION VI

The effect of credentialing of the occupation or profession on the availability of health care personnel providing services provided by such occupation or profession is minimal.

Information Provided

Because the State Board of Pharmacy is only requesting registration of pharmacy technicians and is not requesting any additional training or educational requirements other than those currently contained in statutes and regulations, the State Board does not anticipate any change in the career mobility and distribution of pharmacy technicians. In addition, the State Board of Pharmacy does not anticipate any change in the pharmacy technician's current entry-level practice requirements. (Application, p. 6)

Committee Discussion

From the information provided, can the effects of registration of pharmacy technicians on the availability of current practitioners be speculated? If so, are the effects minimal?

Final Findings

The applicant anticipates that the effect of registration of pharmacy technicians would be minimal because there would be no exclusion of current practitioners, nor any change in current entry-level practice requirements.

Conclusions

Criterion VI is met.

CRITERION VII

The scope of practice of the occupation or profession is identifiable.

Information Provided

KSA 65-1626(w) defines pharmacy technician as: "...an individual who, under the direct supervision and control of a pharmacist, may perform packaging, manipulative, repetitive or other non-discretionary tasks related to the processing of a prescription or medication

order and who assists the pharmacist in the performance of pharmacy related duties, but who does not perform duties restricted to a pharmacist.” (Original Letter of Intent, July 16, 1999, p. 1)

Functions included under the broad definition above include: initiating and receiving refill authorization requests; affixing prescription labels; affixing auxiliary labels, as needed and indicated; entering prescription data into a computer system; taking a stock bottle from a shelf for a prescription; preparing and packaging of prescription drug orders; reconstitution of medications (for example, combining the appropriate amount of another fluid to a powder form of the prescription medication achieving a final solution or suspension of appropriate strength); prepackaging and labeling prepackaged drugs (removing medications from a manufacturer’s bulk container and placing it into another container that the pharmacy labels to use in advance of immediate needs); loading bulk unlabeled drugs into an automated compounding or drug dispensing system provided that a pharmacist verifies that the system is properly loaded prior to use; obtaining and recording patient specific information required to be maintained in patient medication records; compounding sterile/non-sterile pharmaceuticals when supervised by a pharmacist. (Supplemental Letter of Intent, May 8, 2000, pp. 2-3; Application, pp. 1-2)

CRITERIA VII. The Manual for Applicants in the Kansas Credentialing Review Program defines “scope of practice” as used in this criteria as the “range of functions of the profession or occupation.” The Board feels that range of functions performed by pharmacy technicians could be generally described as (1) the manual filling and labeling of prescriptions in retail settings and medication orders in hospitals; (2) data entry related to prescriptions and medication orders; and (3) preparation of oral IV and topical dosage forms... (Supplemental Submission of the Kansas State Board of Pharmacy in Support of its Application, March 28, 2002, p. 6)

Committee Discussion

From the information provided, is the scope of practice of the occupation identifiable?

Final Findings and Conclusions

Evidence has been provided to conclude that the scope of practice of pharmacy technicians is identifiable. Criterion VII is met.

CRITERION VIII

The effect of credentialing of the occupation or profession on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal.

Information Provided

Pharmacists would be the only other health professionals that perform the same functions that a pharmacy technician. K.S.A. 65-1626 defines a pharmacy technician as a person who can perform, under the direct

supervision of a pharmacist, certain functions that would otherwise be the practice of pharmacy. If a pharmacy did not have technicians, a pharmacist would perform those functions. (Supplemental Letter of Intent, May 8, 2000, p. 3)

1. The only other individual that perform the same type of function in the pharmacy is the Pharmacist... (Application, p. 6)

Committee Discussion

Is there a clear understanding of the working of the exemption clause of the licensure law and, thus, its impact? From the information provided, is the effect of registration of pharmacy technicians on the scope of practice of other health care personnel minimal?

Final Findings and Conclusions

Information has been provided that the effect of registration of pharmacy technicians on the scope of practice of other health care personnel would be minimal. The exemption clause is not applicable in this circumstance as there is no expected restriction on currently practicing pharmacy technicians. Therefore, Criterion VIII is found to be met.

CRITERION IX

Nationally recognized standards of education or training exist for the practice of the occupation or profession and are identifiable.

Information Provided

At this time the Board is not recommending a particular Kansas program or national accreditation. Technicians receive on the job training, however, many of the chain pharmacies are providing more formalized training. There are formalized training programs in two community colleges in Kansas (see Exhibit #1). The National Association of Pharmacy, Model Act recommends that the Boards of Pharmacy approve a Pharmacy Technician Training Manual. (Application, p. 7)

The Board is not recommending any particular Kansas program or national accreditation at this time. They receive on the job training and many of the chain pharmacies are providing more formalized training. (Meeting Minutes, February 28, 2002, p. 28)

CRITERIA II. As detailed in the Board's Application, the Board has established a detailed regulation identifying the knowledge and proficiency in procedures that pharmacy technicians should have. This body of needed knowledge and proficiencies has been recognized on a national basis by the National Association of Boards of Pharmacy (NABP) by its developing a pharmacy technician competency examination. In 1996 the NABP formed a task force to study the body of knowledge needed by pharmacy technicians

to protect the public. The guidelines that resulted from the national task force are listed on page 119 of an article published in the September 2000 NABP Newsletter... (Supplemental Submission of the Kansas State Board of Pharmacy in Support of its Application, March 28, 2002, p. 5)

Committee Discussion

From the information provided, are there recognizable national educational standards for pharmacy technicians? Are these standards identifiable?

Final Findings and Conclusions

Evidence was provided to demonstrate that nationally recognized standards of education exist for pharmacy technicians and are identifiable, as presented by the National Association of Boards of Pharmacy. Criterion IX is met.

CRITERION X

All recommendations of the technical committee and the secretary, which relate to the level or levels of credentialing regulations of a particular group of health care personnel, shall be consistent with the policy that the least regulatory means of assuring the protection of the public is preferred.

The technical committee finds that not all the criteria are met. Specifically, Criteria I, II, III, and IV are not met. The technical committee concludes that there has not been sufficient need shown for registration of pharmacy technicians and recommends that the application be denied.



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

FINAL REPORT TO THE LEGISLATURE
FROM THE SECRETARY ON THE APPLICATION
OF KANSAS BOARD OF PHARMACY
FOR REGISTRATION OF PHARMACY TECHNICIANS

June 19, 2002

The Kansas Board of Pharmacy submitted a credentialing application requesting registration for pharmacy technicians. The application has been reviewed in accordance with the Kansas Act on Credentialing by a technical review committee and the Secretary of Health and Environment. The technical committee conducted four fact-finding meetings, including a public hearing, to investigate the issues. According to K.S.A. 65-5005, within 120 days of receiving the technical committee's report the Secretary is to issue a final report to the Legislature. The technical committee's report was submitted to the Secretary on June 10, 2002. (Attached is the technical committee's report.) This is the final report of the Secretary to the Legislature.

The statutes state that the Secretary is not bound by the recommendations of the technical committee, nor is the Legislature bound by the Secretary's recommendations.

K.S.A. 65-5005 requires that all of the criteria are to be found met and a need for credentialing established prior to the technical committee or Secretary making a recommendation that the application be approved. The technical committee concluded that Criteria I, II, III, and IV were not met, while Criteria V, VI, VII, VIII, and IX were met. The technical committee determined that there was insufficient need shown for registration of pharmacy technicians, therefore, the technical committee recommends that the application be denied.

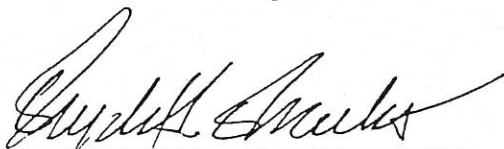
In summary, the technical committee findings and conclusions are:

- ▶ There was insufficient evidence presented to demonstrate that the noncredentialed practice of the occupation presents a potential for harm that is recognizable and not remote. Criterion I is not met.
- ▶ State regulations require that pharmacy technicians acquire training with an identifiable body of knowledge; however, this training is informal in nature in that no particular standards of training have been mandated or adopted. Further, this required training does not meet the credentialing act's statutory definition "through a formal period of advanced study." Additionally, it does appear that the public needs, and does benefit, by assurances of continued education, but continued education is not a requirement. Criterion II is not met.

- ▶ Information provided indicates that all services provided by pharmacy technicians are directly supervised by a licensed pharmacist. There was no evidence provided which shows this arrangement is not adequate to protect the public from harm. Criterion III is not met.
- ▶ While national certification is available, only approximately ten percent of the pharmacy technicians in Kansas are certified (on a voluntary basis); national certification is not required. Additionally, evaluation of this criterion is contingent upon the results of Criterion I, and insufficient evidence has been presented which demonstrates that the potential for harm is recognizable and not remote. Thus, Criterion IV is not met.
- ▶ Registration of pharmacy technicians appears to have minimal impact on the cost of health care. Criterion V is met.
- ▶ Registration of pharmacy technicians appears to have minimal impact on the availability of health care personnel providing services. Thus, Criterion VI is met.
- ▶ The scope of practice of the occupation is identifiable. Criterion VII is met.
- ▶ From the information provided, it appears that registration of pharmacy technicians would have minimal effect on the scope of practice of other health care personnel. Therefore, Criterion VIII is met.
- ▶ Nationally recognized standards of education for providing pharmacy technician services exist and are identifiable. Criterion IX is met.
- ▶ With only five of the first nine criteria having been found to be met, credentialing of the profession to protect the public from undocumented harm is not appropriate. It is recommended that the application for registration of pharmacy technicians be denied.

The Secretary of Health and Environment's Findings, Conclusions and Recommendations Are:

- ▶ After consideration of the technical committee's report and the evidence/testimony presented to the committee, I find that the conclusion by the technical committee is appropriate.
- ▶ Because only five of the first nine criteria were met, pursuant to KSA 65-5001, *et seq.*, I concur that insufficient evidence was presented to warrant credentialing of pharmacy technicians in order to protect the public.
- ▶ I recommend that no legislative action be taken on the credentialing application.



 Clyde D. Graeber, Secretary

6-25-02

 Date