The Missouri Pharmacy Technician Working Group met in open session during the times and dates stated in the following minutes. Each item in the minutes is listed in the order it was discussed.

**Board Members Present**
Christina Lindsay, President

**Working Group Members Present**
- Edward Alviso
- Kristol Chism
- Steve Edwards
- Ron Fitzwater
- Fred Gattas
- Erica Hopkins
- Krista Kippenberger
- Timothy Koch
- Susan Lanctot
- Jessica Langley
- Pamela Marshall
- Bert McClary
- Koby Prater
- Diane Mccluskey
- Melody Savley
- Tim Michaelree
- Miriam Mobley-Smith
- David Overfelt
- Susan Schneider
- Mike Stuart
- Lindsay Wendorff
- David Wolfrath

**Staff Present**
Kimberly Grinston, Executive Director
Andi Miller, Inspector

**Others Present**
Valerie Greene, Pharmacist

Board President Christina Lindsay called the meeting to order at 9:06 a.m. Working Group and Advisory members introduced themselves and their respective organizations. President Lindsay summarized the pharmacy technician classifications suggested at the August 5, 2016, meeting. Specifically, President Lindsay reported the Working Group discussed proposing three classes of pharmacy technicians: (1) support staff/technicians, (2) registered technicians and (3) advanced practice technicians. Ms. Lindsay also noted the Working Group proposed establishing a minimum age of sixteen (16) for registered and advanced technicians.
Agenda Item # 1: A motion was made by Tim Koch and seconded by Susan Lanctot to approve the minutes of the August 5, 2016, meeting as presented. Motion passed by voice vote with no opposition. Attendees not present at the August 5, 2016, meeting abstained.

Agenda Item # 2 (Overview of ExCPT and PTCB): Jessica Langley, Executive Director of Education and Provider Markets for ExCPT, provided the following information regarding ExCPT’s pharmacy technician certification program:

- ExCPT is focused on patient safety and ensuring a qualified pharmacy technician workforce while supporting access to the profession.
- Over 500,000 pharmacy technician certifications have been issued since the National Healthcareer Association’s (NHA) inception.
- The current exam cost is $115; online exam resources are available for $50 - $60. Over 500 testing locations are available nationwide. The current exam pass rate is approximately 74%.
- ExCPT has been nationally accredited by the National Commission for Certifying Agencies since 2008 and is now affiliated with Ascend Learning to assist with the examination development process.
- Applicants may qualify to take the certification examination via three avenues: (1) completion of an ASHP or state accredited education program, (2) military training, (3) completion of an employer based training program or (4) completion of 1,200 supervised training hours. ExCPT does not have a prescribed training curriculum for employer based training, however, Ms. Langley reported many of the training programs submitted have been ASHP accredited.
- Recertification is required every two (2) years. To re-certify, technicians must complete twenty (20) continuing education hours, including, 1 hour of pharmacy law and one (1) hour of patient care. ACPE accredited continuing education is preferred but not required.

Miriam Mobley-Smith, PharmD., Director of Strategic Alliances for PTCB, provided the following information regarding PTCB’s technician certification program:

- PTCB’s mission is to ensure a competent pharmacy technician workforce. The organization is focused on improving patient care and enabling evolution of the technician role.
- PTCB was created by the industry in 1995 as a result of ASHP’s and APhA’s interest in establishing a national approach to pharmacy technician training/certification. PTCB is governed by five (5) entities: ASHP, APhA, NABP, the Michigan Pharmacy Association and the Illinois Pharmacy Association.
- Over 587,000 certifications have been issued by PTCB since its inception; 285,000 active certificate holders currently exist nationwide.
- To be eligible for examination, applicants must have a GED or High School diploma and complete a criminal history background check. In 2020, applicants will also be required to complete an ASHP/ACPE accredited training program. The enhanced 2020 training requirements were industry driven and adopted by PTCB after a nationwide discussion and review. Implementation of the 2020
date is still under discussion; PTCB wants to ensure a smooth implementation without workforce disruptions.

- Exams are administered in all 50 states, Guam and Puerto Rico. Currently, over 300 testing sites are available through arrangements with Pearson Vue. Over 56,000 examinations were administered in 2015. The current pass rate is 58%, however, pass rates have historically been as high as 81-82%.
- Recertification is required every two (2) years. To re-certify, technicians must complete twenty (20) continuing education hours, including, 1 hour of pharmacy law and (1) hour of patient safety education.

**Agenda Item # 3 & 4:** President Lindsay divided attendees into four groups to represent the major practice areas: (1) retail pharmacy, (2) chain retail pharmacy, (3) mail order and (4) hospital/specialty pharmacy. Attendees were asked to assign the technician tasks identified at the August 5, 2016 meeting to the appropriate pharmacy technician class. Individual group discussions were held as requested.

The full Working Group convened to discuss technician task designations; The majority consensus of assigned technician duties is reflected in Attachment B. Staff was asked to compile the Group's recommendations for additional review/finalization at the next meeting.

**Agenda Item # 5 (Technician Regulation in the Future):** President Lindsay opened the floor for discussion on registration requirements for each technician classification in light of the duties allocated in Attachment B. The following discussion was held:

- President Lindsay asked if 1,200 hours of job training or completion of a certification examination would be appropriate as discussed in prior Working Group meetings. Tim Koch noted a 1,200 hour job training requirement would essentially mean that all technicians would eventually qualify as an advanced technician. Inspector Andi Miller stated it would be difficult for Board inspectors to differentiate between a registered technician and an advanced technician on inspection. Fred Gattas indicated other states require employers to have some type of assessment/competency examination. Tim Koch noted some states have also enacted grandfathering provisions for currently licensed technicians.

- The Working Group discussed a certification only requirement for Missouri technicians. Tim Koch commented this approach has not been positively received by Missouri legislators in the past. Susan Schneider indicated consumers would most likely want certification for technicians performing advanced duties; Fred Gattas noted mandatory certification will increase employer costs which will likely be passed on to the consumer. Valerie Greene commented the focus should be on patient care and raising the standard; Pamela Marshall noted pharmacy technicians may be the only allied healthcare professionals that are not required to complete some form of training. General consensus that a certification only requirement could adversely affect workforce availability.
• Working Group members expressed support for employer-based training programs that would be specific to the technician’s job duties. President Lindsay commented portability may be a concern and asked if a technician would be required to complete a new training program each time the technician changes work locations. Tim Koch stated it would be problematic for the industry if employer-based training programs were not transferable.

• Pamela Marshall suggested considering a dual option that would allow either certification or some form of training. Multiple Working Group members expressed support for a dual approach. Working Group consensus to discuss a dual certification and training option at the next meeting. Group members also asked to discuss remote technician supervision and expanded technician roles.

**Agenda Item # 6 (Future Meeting Dates/Times):**
Board staff will provide future meeting dates after the meeting. Attendees cautioned weather may affect meeting availability during the winter months.

President Lindsay adjourned the meeting by consensus at approximately 2:58 p.m.

**Kimberly A. Grinston**

KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR

Date Approved: 1-27-2017
SUPPORTING TECHNICIANS

1. Patient Scheduling
2. General customer service
3. Contacting patient when Rx not picked-up
4. Placing drug orders
5. Providing final drug product to patient
6. Rx delivery (internal & external)
7. Selling PSE products 1 & 2
8. General recordkeeping¹
9. Preparing pharmacy reports for pharmacy review
10. Monitoring technician registrations (licensing, discipline)
11. Managing technology systems, including, programming, routine database management and billing systems
12. General insurance billing/auditing
13. Insurance building auditing with access to the Rx system
14. Adding/updating third party insurance information
15. Managing/medication/patient assistance programs (a reg. technician duty if tech is doing more than processing paperwork)
16. Ordering medication

¹ If they have access to the pharmacy.
1. Monitoring Drug Shortages
2. Processing outdate returns
3. Checking/removing outdated/expired meds
4. Maintaining storage/dispensing devices
5. Retrieving medication for dispensing
6. Determining pick-up times
7. Bagging prescriptions
8. Making the offer to counsel
9. Insurance billing/auditing
10. Managing controlled substance systems***
11. Managing/medication/patient assistance programs (a support staff/tech duty if just processing paperwork)
12. Following up on missing meds
13. Following up on chart omissions
14. Establishing medication planners for patients
15. Inventory audits
16. Obtaining patient information (other than patient history)
17. Obtaining patient history
18. Prescription data entry & affixing prescription labels
19. Prescription data entry for high risk/ hazardous drugs
20. Counting/preparing prescriptions (new and refill)
21. Inventory
22. Filling first dose (rather than unit doses)
23. Unit dose repackaging
24. Obtaining refill authorization
25. Calling other pharmacies for patient information
26. Requesting/giving transfer information
27. Compounding (non-sterile)
28. Taking/recording verbal prescription information
29. Contacting prescriber for Rx clarification
30. Contacting prescriber for Rx changes
31. Training/Educating support technicians or other registered technicians
32. Obtaining prior authorization
33. Reviewing patient charts to identify medication allergies for RPh follow-up
34. Assisting with drug use evaluations (the Group asked to further discuss if this item needs clarification or should be an advanced technician duty)
35. Establishing patient medication planners
36. Preparing clinical monitoring information
ADVANCED TECHNICIANS

1. Dispensing final prescriptions from a remote location/Working under remote supervision
2. Chemo/nuclear/hazardous med preparation
3. Compounding (sterile) *(the Working Group asked to further discuss if IV batches/preparations should be an advanced tech duty)*
4. Training/educating an advanced technician
5. Remote video monitoring (in-patient)
6. Checking other tech pharmacy activities (tech-check-tech)
7. Blood pressure checks
8. Monitoring IV med rates
9. Medical records screening (for RPh intervention based on screening criteria)
10. Medical history assessment/Patient Screening
11. Point-of-Care Testing
12. Conducting or reviewing quality improvement/compliance programs