

## **Subgroup: Autonomy**

### **Transfers**

- Can faxing be an approved method for prescription transfers?
- If so, can technicians participate in the process?
- Systems must be in place to ensure compliance, including software hard stops for controlled substances.

### **Product Verification / Tech-Check-Tech**

- Policies may be needed to prevent mixing of tablets/capsules.
- Barcode limitations exist (not available at every step).
- Should education level or certification be a prerequisite?
- Opportunity to establish tiered technician roles.
- Differences between retail and inpatient/institutional settings:
  - Community DUR may be tied to verification, limiting Tech-Check-Tech feasibility.
  - 30/90-day supply in retail vs. single-dose in inpatient settings.
  - Potential impact on counseling flags/notes.
- Barcode scanning challenges:
  - OTC products may not be scannable.
  - Multiple stock bottles/packages may be involved.
  - Barcode types (linear vs. 2D) and software configurations may pose limitations.
- Considerations for automation:
  - How does Tech-Check-Tech integrate with filling robots in retail or mail-order settings?

### **Immunizations**

- Current statute (151.01 subd. 27) allows technicians to administer influenza and COVID vaccines to patients aged 3 and older.
- What about other vaccines?
- Need to clarify federal vs. state authority and alignment.

### **Point-of-Care Testing**

- Examples: strep, influenza.
- Proposal: Technician administers the test; pharmacist discusses results with the patient.

### **New Verbal Prescriptions**

- Technicians could take verbal prescriptions **except** for controlled substances.

## **Work from Home (WFH)**

- WFH could benefit on-site technicians by reducing workload.
  - Concerns:
    - Lack of pharmacist supervision.
    - HIPAA compliance.
    - Comparison to central services, which are already allowed via variance.
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## **Subgroup: Ratios**

**Facilitator/Notetaker:** Josh Teeters, Michelle Aytay

**Date:** 9/19/25

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### **Attendees:**

- Present: Deb Frazey, Josh Teeters, Roseann Hines, Robin Hammer, Michelle Aytay, Aaron Patterson
  - Absent: None
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### **1. Summary of activities of the meeting:**

- Aaron joined the meeting and expressed support for the task force's work and share updates:
- Aaron will share committee updates at the next Board meeting on October 22, 2025 and encouraged taskforce members to attend.
- Michelle reviewed the Task Force Charter to ensure alignment with the committee's mission:
  - Evaluate and identify best practice considerations regarding the use of pharmacy support personnel.
  - Ensure recommendations are applicable to all licensee locations.
  - Make practice recommendations to the MN Board of Pharmacy.
- Subgroup reviewed charter objectives and aligned on the following focus areas:
  - Meet biweekly on Thursdays at 2pm, alternating with large group meetings.
  - Gather stakeholder feedback and add to the shared resource folder created by Michelle.
  - Evaluate appropriate levels or ratios of support personnel.
  - Evaluate supervision methods and levels, including practice-type variations.
  - Evaluate qualifications required for supervision.

- Evaluate autonomy or limits on duties for support personnel.
  - Michelle was asked to share notes from 9/19/25 Minimum Qualifications Subcommittee:
    - Topics included age requirements, certification, CE, education/training, reciprocity, technician exam, registration vs. licensure, and tier structure.
  - Josh asked members to share goals and concerns:
    - Discussed supervision (direct vs. indirect), autonomy, classifications and tasks, ratios, standard of care, rural settings, technology.
  - Roseann shared MPA's prior work and committed to adding materials to the shared folder.
  - Michelle asked the group how they felt about adding a technician to the MN Board of Pharmacy.
    - The group supported the idea, aligning with the charter's goal of inclusive representation.
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**2. Action Items** (*Clearly list what needs to be done, who is responsible for doing it, and the deadline.*)

Action Item	Assigned to	Deadline
Add a resource folder to the shared site. Michelle		9/19/2025 - completed
Gather stakeholder feedback and resources and add to the resources folder on the shared site.	All	Ongoing
Complete poll for time available for next large group mtg to be held 9/25/25	All	9/22/25
Email wish lists to Mike and Michelle. These will be collated to assign out work to small groups/individuals to bring back to larger group.	All	9/22/25
The subcommittee will meet next Thursday, 9/25/25 after the large committee meeting to identify next steps and owners.	All	9/25/25
Recap meeting, share with subcommittee to review and add additional notes and file on shared site.	Jeff and Michelle to be reviewed and approved by All	9/19/25

Action Item	Assigned to	Deadline
<i>Schedule future every other week subcommittee meetings to be held on Thursdays at 2pm</i>	Michelle	9/19/2025

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### 3. Next Meeting Date: 9/25/25

**Time:** TBD – subcommittee will meet directly after large committee meeting

- **Planned Agenda Items:** Subcommittee will take next steps from large committee meeting and divide up to work on prior to 10/2/25 subcommittee meeting.
- **Who is sending virtual meeting invite:** Michelle

### Ratio & Supervision

- Outreach to APHA and ASAHP for resources.
- Consideration of updates to the Practice Act.

### Stakeholder Perspectives

- **Roseann:** Supports increased ratios with increased autonomy. Advocates for flexible supervision to advance the profession.
  - **Deb (LTC):** Favors expanding ratios but keeping them limited. Emphasizes distinction between direct and indirect supervision.
  - **Robin:** Wants clear classification of tasks and corresponding ratios.
  - **Michelle:** Supports a standard-of-care approach—technicians should perform duties they are trained and educated to do under the supervision of a licensed pharmacist or intern.
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## Subgroup: Minimum Qualifications

### Age Requirements & Entry Pathways

- Exploring lowering the minimum age to allow high school entry into technician roles.
- **North Dakota:** Offers “Tech-in-Training” programs in high schools.
- **South Dakota:** Allows entry at age 16 with expected graduation within two years.

- **Minnesota:** Variance requests have been approved for candidates close to the minimum age.
- Discussion included openness to starting at age 16 or 17.

## Certification Requirements

- Recognized certifying bodies: **PTCB** and **NHA**.
- Maintenance of certification:
  - Required if tied to tier advancement.
  - Optional if only needed for initial registration.
- Certification could be optional unless part of a tiered system.
- Concerns about mandatory certification creating barriers to entry.
- Advanced certifications (e.g., CPHT-ADV, CSTP) may be used in tier structures.
- **South Dakota:** Requires certification within two years; extensions available if exam is failed.

## Continuing Education (CE)

- CE requirements should align with registration status.
- Avoid mandating specific CE topics due to role variability.
  - Note: PTCB requires 1 hour of law and 1 hour of safety.
- CE could be tier-based.
- Number of CE hours is still undecided.
- Interest in Board-funded CE resource group (similar to ND model).

## Education & Training

- Entry requires current high school enrollment, diploma, or GED.
- Tier advancement may require training program completion or certification.
- ASHP-accredited programs not required.
- Encourage employer-provided training, including OSHA-related content.
- Consider omitting requirements already covered by other laws/regulations.

## Reciprocity

- Support for recognizing technicians from other states with at least two years of experience.

## Technician Exam

- General opposition due to cost and variability in practice settings.

## Registration vs. Licensure

- Preference for **registration** over **licensure**, with tier-specific distinctions.

## Tier Structure

- Proposed tiers:
  - **Tech-in-Training (TNT)**
  - **Pharmacy Technician**
- Concern about bottlenecks due to pharmacist scope expansion and technician support needs.
- A simplified tier structure may help mitigate these issues.