MINNESOTA BOARD OF PHARMACY

Advisory Task Force on Technician Duties and Scope of Practice

Signup ends 8/24/2025

October 22, 2025

Mission

The Minnesota Board of Pharmacy exists to promote, preserve, and protect the public health, safety, and welfare by fostering the safe distribution of pharmaceuticals and the provision of quality pharmaceutical care to the citizens of Minnesota.

Powers and Duties: https://www.revisor.mn.gov/statutes/cite/151.06

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Charter

Technician Scope and Duties Task Force Charter Document - here

Purpose

- *To evaluate and **identify best practice** considerations regarding the use of pharmacy support personnel*
- *To consider and ensure recommendations are applicable to **all licensee locations** where pharmacy support personnel are utilized.*
- *To **make pharmacy practice recommendations** related to the use of Registered Pharmacy Technicians and other support personnel in the practice and operation of pharmacies to the Minnesota Board of Pharmacy for consideration in further actions by the Board*

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Task Force composition and assignments

Duties and Autonomy:

- **Alyssa Freund** - health system technician
- **Sara Lindeen** - health system technician
- **Alyssa Nielsen***- health system pharmacist
- **Kimball Blake*** -health system pharmacist
- **Samantha Schmitz** - state pharmacist

Minimum Qualifications:

- **Mike Waldt*^** - health system pharmacist
- **Sharon Su** - health system pharmacist
- **Wade Hanson** - community technician
- **Katie Hagen** - community pharmacist
- **Cassandra Doyle*** - community technician

Ratio and Supervision:

- **Deb Frazey** - LTC pharmacist
- **Joshua Teeters*** - infusion pharmacist
- **Roseann Hines** - health system pharmacist
- **Robin Hammer*** - health system technician
- **Michelle Aytay^** - community pharmacist

Key:

- ***** - small group leads
- **^** - task force leads

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Subgroup topic assignments

Work Group	Topic	Objective/Goal ID from Charter
Duties	2 – Med History: Why is this currently not permitted	O10; O1; O6; O7
Duties	4 - Additional Duties without variance	O7
Duties	4a – Product verification (Tech-Check-Tech)	O6; O7; O8; O9; O10
Duties	4b – MTM non-clinical support functions	O6; O7; O8
Duties	4c – Ability to accept transfers/faxing	O6; O7; O10
Duties	4d – Ability to accept new prescriptions	O6; O7; O10
Duties	4e – Point of Care Testing	O6; O7; O8; O9; O10
Duties	4f – Immunizations	O6; O7; O8; O9; O10
Duties	4g – Technician may waste a controlled substance with a pharmacist (no variance)	O10; O6; O7; O4; O11
Duties	4h – Standard of Care for technician duties under supervision	O6; O8; O9; O4
Qualifications/Competency/Education/Training	5 - Qualifications/Registration	O8
Qualifications/Competency/Education/Training	5a – Change registration date from 12/31	O10; O11
Qualifications/Competency/Education/Training	5b – Permit high school students to register as technician-in-training	O9; O10; O8; O1; O7
Qualifications/Competency/Education/Training	5c – Minimum Qualifications	O8; O9; O10; O1
Qualifications/Competency/Education/Training	5d – License Portability	O10; O1; O7
Qualifications/Competency/Education/Training	5e – Reciprocity	O10; O1; O7
Qualifications/Competency/Education/Training	5f – Registration vs Licensure	O10; O7; O11; O1
Qualifications/Competency/Education/Training	5g – Tiers (Tech in training)	O9; O8; O10; O1
Qualifications/Competency/Education/Training	5h – Education	O9; O8
Qualifications/Competency/Education/Training	5i – Training	O9; O8
Qualifications/Competency/Education/Training	5j – Continuing Education	O9; O8
Qualifications/Competency/Education/Training	6 – Add technician to MN Board of Pharmacy	O10; O7; O1; O11
Supervision/Ratio/Autonomy	1 – Ratio	O3
Supervision/Ratio/Autonomy	1a – Standard of Care	O4; O6; O8
Supervision/Ratio/Autonomy	1b – Eliminate/Expand	O3; O7; O10; O11
Supervision/Ratio/Autonomy	1c – Practice Setting	O4; O3
Supervision/Ratio/Autonomy	1d – Technician training/education/certification	O8; O9; O1
Supervision/Ratio/Autonomy	1e – Duties/Scope	O6; O7; O10; O11
Supervision/Ratio/Autonomy	1f – Technician Definitions	O10; O11; O1
Supervision/Ratio/Autonomy	3 - Supervision/Autonomy	O4
Supervision/Ratio/Autonomy	3a – Indirect vs Direct Supervision	O4
Supervision/Ratio/Autonomy	3b – Variation by function/certifications/access needs	O4; O8; O9; O6
Supervision/Ratio/Autonomy	3c – Indirect supervision & remote verification (rural)	O4; O7; O10; O1
Supervision/Ratio/Autonomy	3d – Pharmacy Technologists	O6; O8; O9; O10; O1
Supervision/Ratio/Autonomy	3e – Work from Home	O4; O7; O10; O1

Objective ID	Description
O1	Identify/compare/evaluate other states' legal language & policies.
O2	Review/report stakeholder & public suggestions.
O3	Evaluate appropriate ratios of support personnel.
O4	Evaluate levels/methods of supervision (incl. practice variations).
O5	Evaluate qualifications required for supervision.
O6	Evaluate autonomy or limits upon duties.
O7	Evaluate impact of proposed scope changes.
O8	Indicate minimum competency requirements.
O9	Evaluate education/programs/credentialing opportunities.
O10	Evaluate existing rules/regulations for conflicts.
O11	Document language changes to Minn. Rule 6800.3850 (track changes).
O12	Maintain citations/locations of source material.

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Policy Change Template

1. Topic **Paste the relevant topic or ID from the tracking spreadsheet.*
2. Background on Topic
3. Pros — Why should we make the change?
4. Cons/Risks — Why might this not be good?
5. Recommendation — What should we do?
6. Current MN Rule/Statute — Citations and Impact
7. Recommended Change to Rule/Statute
8. Resources — External Support for Recommendation
9. Impact, including Equity & Access Considerations (Recommended)

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Supporting documentation

- 2025_SurveyofPharmacyLaw Final-Updated Census.pdf
- Adams et al. Advancing Tech Practice - deliberations of a reg...
- Adams et al. Tiered Licensure for Technicians.pdf
- Adams, Pharmacist Delegation an approach to technician reg...
- Bess_2014_Pharmacy technician-to-pharmacist ratios- A sta...
- broughel_pharmacy_technician_ratio_requirements.pdf
- broughel_pharmacy_technicians_rs.pdf
- Closing_the_Gap_Between_Can_and_May_in_Health_Care_Pr...
- Doucette WR, Schommer JC. Pharmacy Technicians' Willingn...
- Halvorson D, etal. Design and Implementation of Tech-Check...
- Hockenberry B, et al. Applicability of pharmacist to technicia...
- Impact of Pharmacy Technicians on Clinician and Nurse Work...
- Implementing Solutions 2.pdf
- Leung M et al. Best possible medication history for hemodialy...
- Michels RD, Meisel SB. Program using pharmacy technicians t...
- NABP-Model-Act 2025.pdf
- NACDS Research on Diff State Tech Ratios and Duties.docx
- NAPT TCT Toolkit 5.4.23.pdf
- Technician Article Summaries.docx
- Technician Practice Literature Summary-1.docx
- Technician Practice Literature Summary.docx
- Technician Ratios.pdf
- Toward Pharmacist Full Practice Authority.pdf

Here are some examples of tech delegation model language. I'll start with the Iowa language that I credit for this new revolution, and I'll then paste the new rule that was finalized this summer, which removed the prohibited duty list! Of note: as per the statute, IA does have a rule that further defines tech verification/certification in the absence of a pharmacist's final check.

Iowa Code Title IV. Public Health [Chs. 123-158] § 155A.33. Delegation of functions

A pharmacist may delegate any technical functions to pharmacy technicians and any nontechnical functions to pharmacy support persons, but only if the pharmacist is available to provide professional oversight of the delegated functions performed by the pharmacy technician or pharmacy support person. Verification of automated dispensing, technician product verification, and telepharmacy practice accuracy and completeness remains the responsibility of the pharmacist and shall be determined in accordance with rules adopted by the board.

Iowa Admin. Code r. 481-552.9

(1) *Technicians and pharmacy support persons.* A supervising pharmacist may delegate any nonclinical function to a pharmacy technician or pharmacy support person in accordance with the individual's registration, training, and education.

Minnesota Pharmacy Alliance's
Proposed Revision of Pharmacy Technician Regulations & Rules

Summary of Proposed Changes

Pharmacy Technician Practice Literature Review

Contributors: Rachel Root, Mai Dang under preceptorship of Sarah Westberg
Last updated: 9.9.25

Advanced Roles & Expanding Patient Care		
Source	***Overview***	***Key Findings***
Abbasi A, Franz N. Assessment of technology-assisted technician verification of compounded intravenous sterile preparations versus pharmacist verification. Am J Health Syst Pharm. 2024;81(4):129-136. doi:10.1093/ajhp/zxad269	Purpose: This study is an evaluation of technology-assisted technician verification (TATV) of the compounded sterile product (CSP) preparation process as an alternative to final verification by a pharmacist. Results: A total of 4,000 doses were checked in each phase. Pharmacist accuracy was 99.600% in phase I, compared to TATV accuracy of 99.575% in phase II. TATV of CSPs was noninferior to pharmacist verification (absolute difference in accuracy, 0.025%; 95% CI, -0.26% to 0.31%; P = 0.0016). Total verification time and total dose processing times were significantly lower in Phase II. Conclusion: This study showed that TATV of CSPs is noninferior to pharmacist final verification and does not negatively impact the time to check CSPs or total CSP processing time.	Safety Outcomes • Incidences of error rate • Verification and Processing Time Strengths • TATV does not compromise accuracy compared to pharmacist verification • Decrease in verification and processing time under TATV • Integrating advanced technologies such as intravenous workflow management systems and barcode-assisted product checking helps minimize human errors, potentially increasing the safety of CSPs. Weaknesses • Accuracy and reliability of TATV heavily rely on the proper function and integration of technological systems, which might pose risks if there are any malfunctions or errors in the technology itself. • Concerns about technical malfunctions or data capture errors

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The First 40 days

Goals and Objectives:

- ❑ To identify, compare, and evaluate legal language and policies of other states
- ❑ To review and report on stakeholder and public suggestions regarding the topic
- ❑ To evaluate existing rules, regulations, and allowances for conflicts in current scope and authority
- ❑ To document language changes to the current rule 6800.3850
- ❑ To account for and maintain citations or locations of source material, if not individual work product
- ❑ To evaluate appropriate levels or ratios of support personnel
- ❑ To evaluate qualifications required for the supervision of support personnel
- ❑ To evaluate either level of autonomy or limits upon duties for support personnel
- ❑ To evaluate the impact of proposed changes in scope of duties for support personnel
- ❑ To indicate minimum competency requirements for support personnel in the duties proposed
- ❑ To evaluate opportunities for education, programs, and credentialing available to pharmacy support personnel

**Goals and Objectives taken from the Charter*

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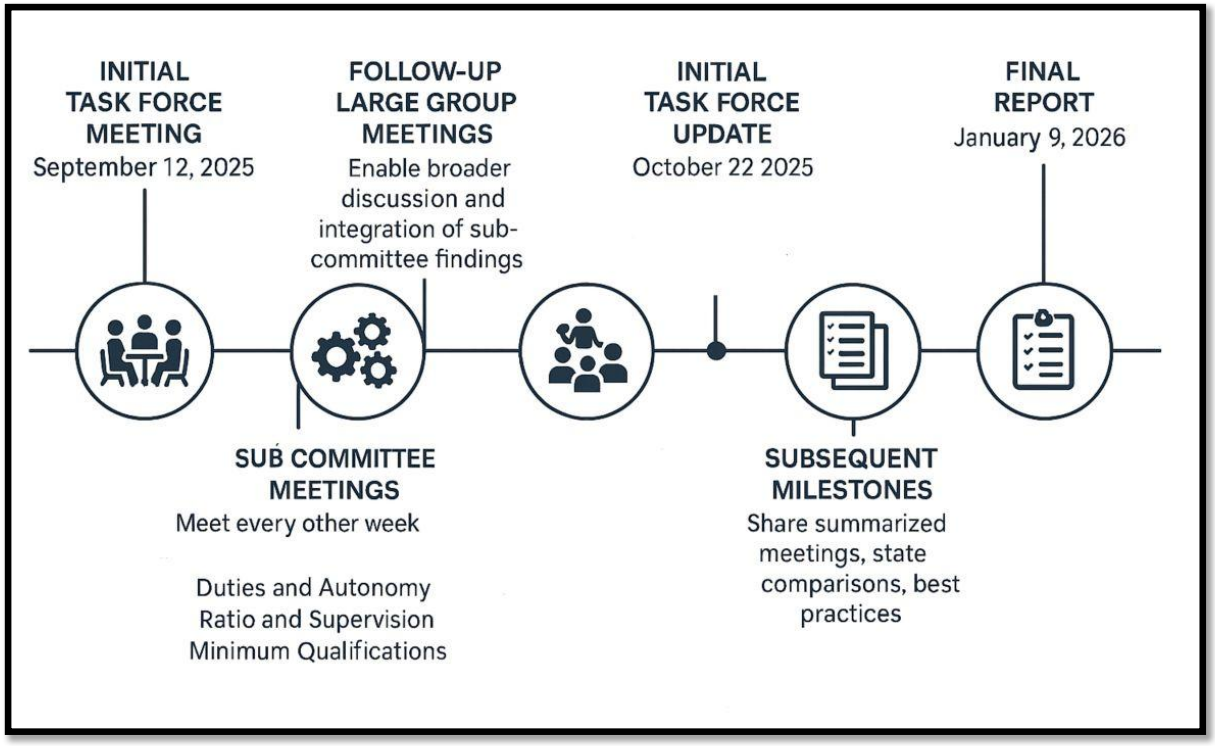
Timeline



*Since the initial meeting, the Task Force has convened 12 times, either as a large group or within subcommittees.

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Task Force Work

Initial Task Force Meeting

The initial task force met on September 12th 2025. Topics discussed included: the MN Board of Pharmacy Mission, The Task Force Charter and Purpose.

Sub Committee Meetings

- Sub committees meet every other week for in-depth exploration and refinement of ideas in three focus areas:
  - Duties and Autonomy
  - Ratio and Supervision
  - Minimum Qualifications

Follow-up Large Group Meetings

- Subsequent Large Group Meetings occur every other week and enable broader discussion and integration of sub-committee findings.

Initial Task Force Update

- The taskforce provided an initial update at the October 22nd Minnesota Board of Pharmacy Meeting.

Subsequent Milestones

- The taskforce will continue to share summarized meetings, state comparisons, and best practices.

Final Report

- The final comprehensive report with recommendations will be delivered on January 9, 2026.

Unified Team Collaboration and Engagement

- Ongoing meetings have kept members informed, engaged, and fostered a unified approach to technician issues.

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THANK YOU!

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