

Minnesota Board of Pharmacy

EIGHT HUNDRED AND EIGHTEENTH MEETING

At approximately 9:00 a.m., on February 22, 2012, the Minnesota Board of Pharmacy met in Conference Room A, at the University Park Plaza Building, 2829 University Avenue Southeast, Minneapolis, Minnesota, for the purpose of conducting a general business meeting. All members of the Board were in attendance. Also in attendance were the Board's Executive Director, Dr. Cody Wiberg, and Board of Pharmacy staff, Ms. Candice Fleming, Mr. Steven Huff, Mr. Stuart Vandenberg, Mr. Leslie Kotek, and Ms. Patricia Eggers. The Board's President, Mr. James Koppen, called the meeting to order.

The Board immediately went into a closed, quasi-judicial session.

At the conclusion of the closed session, the meeting was reopened to the public.

The Board then discussed the minutes of the January 11, 2012 business meeting. Mr. Stuart Williams moved and Mr. Bob Goetz seconded that the minutes of the meeting be approved. The motion passed.

Ms. Karen Bergrud moved and Mr. Stuart Williams seconded to approve the items on the Consent Agenda and to approve the Consent Agenda. The motion passed. The Consent Agenda for this meeting was as follows:

- Variances
 - Variance Committee Report – Approve
- Continuing Education
 - CEATF Report - Approve

Mr. Ikram-Ul-Huq moved and Mr. Stuart Williams seconded that the remainder of the agenda be approved. The motion passed.

The Board next considered variances that were deferred to the Board by the Variance Committee:

- ◆ St. Mary's Hospital Pharmacy, Rochester, MN
 - After hours remote order data entry - recommendation of Variance Committee: Approve Until September 2012 or until sufficient number of pharmacists are hired at Immanuel St. Joseph's in Mankato

Ms. Bergrud explained that St. Mary's has hired another pharmacist to help cover the after-hours but Mankato will continue weekend day coverage. After additional

discussion, Mr. Stuart Williams moved and Ms. Laura Schwartzwald seconded that the variance be approved until September 2012 or until a sufficient number of pharmacists be hired at Immanuel St. Joseph's in Mankato. The motion passed with Ms. Karen Bergrud abstaining.

- ◆ Brian Sick, MD - Phillips Neighborhood Clinic
 - Allow pharmacists and pharmacy interns to perform certain functions in a dispensary without being immediately supervised by a physician

Present at the meeting was Chrystian Pereira, Pharm D, BCPS. After much discussion, Mr. Stuart Williams moved and Mr. Bob Goetz seconded that the variance be approved for one year. The motion passed.

- ◆ Thrifty White Drug
 - Operation of several Minnesota tele-pharmacies – Clearbrook, Fertile, Karlstad, and Renville

Present at the meeting was Mr. Timothy Weippert, Executive Vice-President of Pharmacy at Thrifty White Drug. After some discussion, Mr. Stuart Williams moved and Ms. Laura Schwartzwald seconded that the variance be approved until the September 19, 2012 Board Meeting on condition that Thrifty White collect four months of data, specifically the number of prescriptions filled per hour, including deletions. The data must be presented to the board at least 30 days prior to the Variance and Policy Committee meeting prior to the September 19, 2012 Board meeting. A committee will be formed to go over this data prior to the Board meeting. The motion passed.

- ◆ Robert Wittorf
 - Request to have internship experience at a manufacturer count towards the Board's requirement that 800 hours of the required 1,600 hours of internship involve traditional dispensing, compounding and patient counseling.

After some discussion, Mr. Bob Goetz moved and Ms. Laura Schwartzwald seconded that the variance be approved as traditional compounding and dispensing for up to a maximum of 400 hours. The motion passed.

- ◆ Barbara K. Junker
 - Waive requirement to take NAPLEX to reinstate her license (has not practiced as a pharmacist for over two years)

Ms. Junker was present at the meeting. After some discussion, Ms. Laura Schwartzwald moved and Mr. Ikram-UI-Huq seconded that the variance be approved on condition that Ms. Junker complete 640 hours of internship and 60 hours of continuing education that are pertinent to her practice setting with some of these hours being geared toward new drug therapy. The motion passed.

Dr. Wiberg next informed the board of questions he has received regarding the new technician rules. After much discussion, Mr. Stuart Williams moved and Mr. Ikram-UI-Huq seconded that they reaffirm the statements made in the *Analysis and Response* document that was submitted to Judge Lipman, however, they also recommend that the Board formally endorse the answers given by the Executive Director in the attached document. The motion passed.

Dr. Wiberg next updated the Board on the Prescription Monitoring Program. No action was required at this time.

Dr. Wiberg informed the Board that the budget has sufficient funds available to pay for the expenses of each Board Member, the Executive Director and one Pharmacy Surveyor to attend the NABP Annual Meeting. Mr. Bob Goetz moved and Ms. Laura Schwartzwald seconded that the Board pay the expenses for the Executive Director, all Board Members, and one Pharmacy Surveyor. The motion passed. Ms. Eggers next informed the Board on changes in procedures for attending the NABP Annual Meeting. Mr. Stuart Williams moved and Mr. Ikram-UI-Huq seconded that Mr. James Koppen be the delegate to the NABP Annual meeting and that Ms. Laura Schwartzwald be the alternate. The motion passed.

There being no further business requiring action by the Board, Mr. Stuart Williams moved to adjourn the meeting. The motion occurred at approximately 11:48 am. Mr. Ikram-UI-Huq seconded the motion. The motion passed.

The Board then went into closed session for iPad training.

PRESIDENT

EXECUTIVE DIRECTOR

Board of Pharmacy Meeting
Wednesday, February 22, 2012

STATUTES AND RULES

Discussion of new pharmacy technician continuing education rules

The rule changes that the Board began working on in 2008 became effective on September 13, 2011. Changes related to continuing education for pharmacy technicians are as follows (6800.1500):

Subpart 1 D. Continuing pharmacy technician education" is a planned learning experience beyond initial technician training designed to promote the continued development of the knowledge, skills, and attitudes that enable a technician to adequately perform the tasks that a technician is allowed to perform under this part".

Subp. 2a. Minimum hours required for technicians; reporting.

A. A pharmacy technician's registration renewal for calendar year 2014 shall not be issued unless the technician has completed 20 hours of approved continuing pharmacy technician education during the two-year period between August 1, 2011, and July 31, 2013. Thereafter, no annual pharmacy technician registration renewal shall be issued unless the technician presents the board with satisfactory evidence of completion of 20 hours of approved continuing pharmacy technician education per two-year reporting period. Each reporting period shall end on July 31 of odd-numbered years.

B. Continuing education must focus on the competencies that the technician must carry out and the specific duties that the technician performs. Technicians exempted from the payment of all renewal fees and from the filing of any application for renewal under Minnesota Statutes, section 326.56, subdivision 2, shall also be exempted from the requirements of this subpart for a concurrent period of time. The board may grant a technician, on application, an extension of time not to exceed one year to comply with the requirements of this subpart. The extension shall not relieve the technician from complying with the continuing education requirements for any other two-year period. Each technician is responsible for maintaining a complete record of continuing education participation during each continuing education reporting cycle.

Board staff and at least one of the Board's members have received questions about the sentence highlighted above. One specific question, referring to the highlighted language, that was received by the Board member is:

"Would this really be limited to dispensing functions and non-discretionary tasks? What about a CE that provides an overview of a new drug? (Example: a CE on Pradaxa may cover items such as drug interactions and pharmacology, but storage conditions would be covered which would be a good thing for a tech to know). Also, I think the Board should

take the position that any CE program that is ACPE approved for technicians ought to be considered something that “focuses on the duties that they perform”.

The Board's Executive Director responded as follows:

"The thought behind this provision is that technician CE should primarily be related to technician duties. One of the meanings of the word “focus” is to “stress” certain things – but that doesn't mean that all other things are entirely excluded. So, using Tim's example, since at least some of the material in the CE program would relate to what a technician would need to know, the CE would count".

Another question received by the Board member was:

"Statement from January 2012 Newsletter:

'The Board accepts programs developed specifically for technicians by either Accreditation Council for Pharmacy Education-accredited or Board-approved providers'. Will Board refuse to accept ACPE CE that indicates that it may satisfy both pharmacist AND tech CE? (Example: the CE will state 'This accredited activity is targeted to pharmacists and pharmacy technicians')."

The Board's Executive Director responded as follows:

"The answer is – no, the Board will not refuse to accept such programs. What Tim describes is a program that has been deemed appropriate for technicians and so it would be allowed to count towards the CE requirement. The phrase 'specifically for technicians' was not meant to exclude programs developed for both pharmacists and technicians".

Staff is bringing this issue to the attention of the full Board at the request of the member who received these questions.

Background:

The Board's *Analysis and Response To Comments* document that was submitted to Administrative Law Judge Eric Lipman contained the following statements:

Most of the commenters associated with the professional association of hospital pharmacists included the following comment (or indicated support of it):

“The expansion of this section to include technicians is a welcomed and necessary change.

Subpart 2a B states that continuing education for technicians ‘must focus on the competencies that the technician must carry out and the specific duties that the technician performs’. The definition of appropriate Continuing Education should be expanded to be consistent with that defined by the Pharmacy Technician Certification Board in that the

education ‘must be pharmacy related. Subject matter may include medication distribution; inventory control; pharmacy law; drug therapy; pharmacy operations; etc’

. . . (*Board's response to this comment was*):

In regards to the comments made by individuals associated with the professional association of hospital pharmacists, the Board finds no compelling reason to recommend that the definition of pharmacy technician CE be expanded to be consistent with the PTCB definition. PTCB is one of the two national organizations that certify pharmacy technicians. The Board has not given deference to PTCB in the past. To the contrary, the Board recognizes both PTCB and the Institute for the Certification of Pharmacy Technicians. (Note that ICPT is now a part of the National Healthcareer Association). Although both of these organizations require pharmacy technicians to complete 20 hours of continuing education, neither one of them accredits CE programs. Instead, the Accreditation Council for Pharmacy Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. Per the ACPE Web site (emphasis added):

'ACPE does not accredit individual CE activities for pharmacy technicians. ACPE accredits providers of continuing education, and most ACPE-accredited providers have pharmacy technicians as participants in their CE programs.

Some CE providers have pharmacy technicians as their primary target, however, for the majority of ACPE's accredited providers, pharmacists are the primary target.

Ways to better meet the CE needs of pharmacy technicians and identify/designate the target audience(s) for CE activities are being explored'.

In addition, effective in 2008, ACPE told its accredited CE providers that they need to designate CE as being for pharmacists or for technicians, or for both groups. ACPE also issued guidance to its accredited CE providers which includes the following statement (emphasis added):

'What happens if pharmacy technicians attend and participate in a CPE activity designed for pharmacists ("P" designation)? The UPN designation is based upon the content and the intended audience. If the content is geared for pharmacists, the UPN should have a "P" designation and the statements of credit should contain a UPN with the "P" designation. The pharmacy technician would receive a "P" designated statement of credit that **should not be acceptable to the pharmacy technicians' regulatory body**'.

'What happens if pharmacists attend and participate in a CPE activity designed for pharmacy technicians ("T" designation)? The UPN designation is based upon the content and the intended audience. If the content is geared for pharmacy technicians, the UPN should have a "T" designation and the statements of credit should contain a UPN with the "T" designation. The pharmacist would receive a "T" designated statement of credit that **should not be acceptable for credit for relicensure**'.

ACPE makes a distinction between CE programs that are appropriate for pharmacists and CE programs that are appropriate for pharmacy technicians. In crafting its proposed rules, the Board made a similar distinction, creating a separate definition of “continuing pharmacy technician education”. Accepting the suggestion to adopt the rather broad definition of technician continuing education that has been adopted by the PTCB would negate this distinction. If ACPE, the CE accrediting organization for the field of pharmacy, distinguishes between pharmacist and pharmacy technician CE, it seems reasonable for the Board to do so as well.

Also, many pharmacy technicians work in positions that in some way require them to be involved in a variety of activities such as medication distribution, inventory control, claims processing, etc. All pharmacy technicians need to be familiar with those portions of the pharmacy laws and rules that pertain specifically to technicians and to certain portions that deal with tasks that technicians are allowed to be involved in. Consequently, most pharmacy technicians should have a wide variety of CE offerings to choose from when they are working to satisfy the CE requirement – even though the Board’s proposed language states that their training must focus on the competencies that they must have and the specific duties that they must perform.

Staff Recommendation:

Staff recommends that the Board reaffirm the statements made in the *Analysis and Response* document that was submitted to Judge Lipman. However, staff also recommends that the Board formally endorse the answers given by the Executive Director as reproduced above.