

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 323 Pharmacy Technicians
SPONSOR(S): Health & Human Services Committee; La Rosa
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	8 Y, 4 N	Guzzo	O'Callaghan
2) Health & Human Services Committee	11 Y, 5 N, As CS	Guzzo	Calamas

SUMMARY ANALYSIS

Current law allows a pharmacist to supervise one registered pharmacy technician, and allows the Board of Pharmacy (Board) to develop guidelines to establish the circumstances under which a pharmacist may be authorized to supervise up to three pharmacy technicians.

The bill allows a pharmacist to supervise more than one pharmacy technician if authorized under guidelines established by the Board. Unless the Board, in its adopted guidelines, establishes a set number of pharmacy technicians that may be supervised by a pharmacist, a pharmacist may supervise an unlimited number of pharmacy technicians.

The bill has an indeterminate, insignificant fiscal impact on DOH.

The bill provides an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Pharmacist and Pharmacy Technician Workforce Demand

Pharmacy technicians assist, and work under the supervision of, licensed pharmacists. Their duties may include dispensing, measuring, or compounding medications; taking information needed to fill a prescription; packaging and labeling prescriptions; accepting payment for prescriptions; answering phones; or referring patients with questions to the pharmacist. Ultimately, the pharmacist reviews all prescriptions. Some reports suggest that the utilization of educated and certified pharmacy technicians allows pharmacists to focus more on direct patient care.¹

Factors that contribute to a high demand for pharmacists and pharmacy technicians include:

- Increased use of prescription medications and the number of prescription medications available;
- Market growth and competition among retail pharmacies resulting in increased job openings and expanded store hours;
- The aging of the U.S. population; and
- An increase in time spent on non-patient care activities, such as office administration.²

Employment of pharmacy technicians in the U.S. has been projected by the U.S. Department of Labor, Bureau of Labor Statistics to increase by 20% between 2012 and 2022.³

According to the October 2013 Aggregate Demand Index compiled by the Pharmacy Manpower Project, Inc., Florida has a ranking of 2.86, meaning Florida does not have a shortage of pharmacists. Specifically, this ranking falls between “demand is less than the pharmacist supply available” and “demand is in balance with supply.”⁴

In January 2014, there were approximately 2,149 unemployed pharmacy technicians, and approximately 1,135 publicly advertised job openings for pharmacy technicians in Florida, meaning Florida had an oversupply of pharmacy technicians by approximately 1,083 in the month of January.⁵

At the end of the first quarter of Fiscal Year 2013-2014, there were 44,492 registered pharmacy technicians, 31,445 licensed pharmacists, and 9,179 licensed pharmacies in Florida.⁶

¹ See “ASHP Long-Range Vision for the Pharmacy Work Force in Hospitals and Health Systems: Ensuring the Best Use of Medicines in Hospitals and Health Systems,” *American Journal of Health-System Pharmacy*, 64(12):1320-1330, June 15, 2007, available at: www.ashp.org/DocLibrary/BestPractices/HRRptWorkForceVision.aspx (visited January 30, 2014); “White Paper on Pharmacy Technicians 2002: Needed changes can no longer wait,” *American Journal of Health-System Pharmacy*, 60(1): 37-51, January 1, 2003, available at: www.acpe-accredit.org/pdf/whitePaper.pdf (last visited January 30, 2014); and “The Adequacy of Pharmacist Supply: 2004 to 2030,” Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, December 2008, available at: bhpr.hrsa.gov/healthworkforce/reports/pharmsupply20042030.pdf (last visited January 30, 2014).

² “The Pharmacist Workforce, A Study of the Supply and Demand for Pharmacists,” Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, December 2000, available at: bhpr.hrsa.gov/healthworkforce/reports/pharmaciststudy.pdf (last visited January 30, 2014).

³ Occupational Outlook Handbook: Pharmacy Technicians, Bureau of Labor Statistics, U.S. Department of Labor, available at: <http://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm> (last visited January 30, 2014).

⁴ Aggregate Demand Index, Supported by Pharmacy Manpower Project Inc., available at: <http://www.pharmacymanpower.com/about.jsp> (last visited January 30, 2014).

⁵ Presentation by Rebecca Rust, Director of the Bureau of Labor Market Statistics of the Florida Department of Economic Opportunity, January 15, 2014, available at: [http://myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=2786&Session=2014&DocumentType=Meeting Packets&FileName=schcwi 1-15-14.pdf](http://myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=2786&Session=2014&DocumentType=Meeting%20Packets&FileName=schcwi%201-15-14.pdf) (last visited February 3, 2014).

⁶ Department of Health, Bill Analysis of HB 323, January 31, 2014, on file with committee staff.

Pharmacist Supervision

Delegated Tasks

Section 465.014, F.S., authorizes a licensed pharmacist to delegate to registered pharmacy technicians those duties, tasks, and functions that do not fall within the definition of the practice of the profession of pharmacy. Registered pharmacy technicians' responsibilities include:⁷

- Retrieval of prescription files;
- Data entry;
- Label preparation;
- Counting, weighing, measuring, pouring, and mixing prescription medication;
- Initiation of communication with a prescribing practitioner or medical staff regarding requests for prescription refill authorization, clarification of missing information on prescriptions, and confirmation of information such as names, medication, and strength; and
- Acceptance of authorization for prescription renewals.

The licensed pharmacist is responsible for acts performed by persons under his or her supervision.⁸

The Board⁹ specifies by rule¹⁰ certain acts that pharmacy technicians are prohibited from performing. Those acts include:

- Receiving new verbal prescriptions or any change in the medication, strength, or directions;
- Interpreting a prescription or medication order for therapeutic acceptability and appropriateness;
- Conducting a final verification of dosage and directions;
- Engaging in prospective drug review;
- Providing patient counseling;
- Monitoring prescription drug usage; and
- Overriding clinical alerts without first notifying the pharmacist.

All registered pharmacy technicians must identify themselves as registered pharmacy technicians by wearing an identification badge with a designation as a "registered pharmacy technician" and verbally identifying themselves as a registered pharmacy technician over the telephone.¹¹

Pharmacist-to-Technician Ratios

Prior to 2008, there was no statutory limit on the number of pharmacy technicians that a pharmacist could supervise. In 2008, the Florida Legislature passed CS/CS 1360, which amended s. 465.014, F.S., to place a cap on the number pharmacy technicians that a pharmacist may supervise.

The law provides that a pharmacist may not supervise more than one registered pharmacy technician, unless otherwise permitted by the guidelines adopted by the Board of Pharmacy (Board), and requires the guidelines to include circumstances under which a pharmacist may supervise more than one, but not more than three pharmacy technicians.¹²

⁷ Rule, 64B16-27.420, F.A.C.

⁸ Rule 64B16-27.1001(7), F.A.C.

⁹ The Board of Pharmacy is created under s. 465.004, F.S., and consists of nine members appointed by the Governor and confirmed by the Senate. Seven members are licensed pharmacists, who are Florida residents and who have practiced pharmacy for at least 4 years. The remaining two members are Florida residents who have no connection to the profession of pharmacy.

¹⁰ *Supra* fn. 10.

¹¹ *Id.*

¹² Section 465.014, F.S.

The guidelines established by the Board require a prescription department manager or consultant pharmacist to submit a written request to the Board to supervise more than one pharmacy technician.¹³ The written request must include a brief description of the workflow needs that justify the ratio request, which must include the operating hours of the pharmacy, and the number of pharmacists, registered interns, and registered pharmacy technicians employed by the pharmacy.¹⁴ The guidelines provide that such requests shall be reviewed and pre-approved by the Board.¹⁵ To date, the Board has never denied a request to supervise more than one pharmacy technician.¹⁶

Florida is among 18 states allowing a maximum 1:3 pharmacist-to-pharmacy technician ratio.¹⁷ Seventeen states and the District of Columbia have no limits; 8 states allowed a maximum 1:2 pharmacist-to-pharmacy technician ratio; 7 states allowed a 1:4 ratio; and 1 state allowed a 1:1 ratio. More recently, Indiana and Idaho have allowed a 1:6 ratio.¹⁸ Some states require that higher ratios are contingent on certification or licensure of technicians, or other quality assurance measures.¹⁹

As of February 2014, 4,436 Florida licensed pharmacies had a ratio of three pharmacy technicians to one pharmacist, and 580 pharmacies had a ratio of two pharmacy technicians to one pharmacist.²⁰

Effect of Proposed Changes

The bill allows a pharmacist to supervise more than one pharmacy technician if authorized under guidelines established by the Board. Unless the Board, in its adopted guidelines, establishes a set number of pharmacy technicians that may be supervised by a pharmacist, a pharmacist may supervise an unlimited number of pharmacy technicians.

B. SECTION DIRECTORY:

Section 1: Amends s. 465.014, F.S., relating to pharmacy technicians.

Section 2: Provides an effective date of July 1, 2014.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill will have an indeterminate, insignificant impact on DOH, associated with the cost of rule-making.²¹

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

¹³ Rule 64B16-27.410, F.A.C.

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ E-mail from Marco Paredes, Legislative Affairs Director, Florida Department of Health, to Health and Human Services Committee staff (Mar. 28, 2014, 12:13 EST) (on file with committee staff).

¹⁷ Presentation by Kevin N. Nicholson, RPh, JD; National Association of Chain Drug Stores, "Standardized Pharmacy Technician Education and Training," May 2009, available at [http://www.nabp.net/events/assets/AnnualMtgTechTrainStd\(Nicholson\).pdf](http://www.nabp.net/events/assets/AnnualMtgTechTrainStd(Nicholson).pdf) (last visited January 30, 2014).

¹⁸ Indiana changed its ratio July 2, 2012. See Indiana Code, 25-26-13-18. See also, Idaho Board of Pharmacy Rule 251, Pharmacy Technicians.

¹⁹ See National Association of Boards of Pharmacy: Kansas News: Pharmacy Technician Ratio (2006), Minnesota Board of Pharmacy (2000), Idaho State Board of Pharmacy News (2009), available at: <http://www.nabp.net/> (last visited January 30, 2014).

²⁰ *Id.*

²¹ *Supra* fn. 6

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No additional rule-making authority is necessary to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 27, 2014, the Health and Human Services Committee adopted one amendment to HB 323 and reported the bill favorably as a committee substitute. The amendment:

- Removed the cap on the number of pharmacy technicians that a pharmacist may supervise, pursuant to the guidelines adopted by the board;
- Required the guidelines adopted by the Board of Pharmacy to include a provision for automatic board approval for certain types of pharmacies.
- Retained current law relating to the formatting requirements on written prescriptions for both the prescribing practitioner and the pharmacist.

This analysis is drafted to the committee substitute as passed by the Health and Human Services Committee.