Department of Health Professions
Board of Health Professions
REGULATORY RESEARCH COMMITTEE
May 14, 2013

TIME AND PLACE:	The meeting was called to order at 11:14 a.m. on Tuesday, May 14, 2013, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, VA, 23233.
PRESIDING OFFICER:	Yvonne Haynes, Acting Chair
MEMBERS PRESENT:	Allison Gregory Yvonne Haynes Charlotte Markva Maureen Clancy
MEMBERS NOT PRESENT:	Irene Farquhar
STAFF PRESENT:	Elizabeth A. Carter, Ph.D., Executive Director for the Board Dr. Dianne Reynolds-Cane, Director Justin Crow, Research Assistant Laura Jackson, Operations Manager
OTHERS PRESENT:	Susan Ward, VHHA Tyler Cox, HDJN Lindsay Walton, MEB PC Lee Bechtel, Virginia Perfusion Society Dave Fitzgerald, Virginia Perfusion Society Mike Brown, Virginia Perfusion Society Tim Musselman, Virginia Pharmacists Association
QUORUM:	A quorum was established with four members in attendance.
EMERGENCY EGRESS PROCEDURES:	Dr. Carter provided the emergency egress procedures.
AGENDA:	There were not edits made to the agenda.
PUBLIC COMMENT:	There was no public comment.
APPROVAL OF MINUTES:	A motion was made by Ms. Clancy and properly seconded to approve the minutes of the February 5, 2013 meeting. All committee members were in favor, none opposed.
EXECUTIVE DIRECTOR:	Dr. Carter reviewed with the Committee the status of the Pharmacy Scope of Practice legislation. H1501 is included as Attachment 1. Dr. Carter reviewed with the Committee a PowerPoint

presentation on Pharmacy Technicians. (Attachment 2) Public comment was received from the Virginia Pharmacy Congress May 13, 2013 and will be added to the public comment for the July 30, 2013 public hearing.

Dr. Carter reviewed with the Committee a PowerPoint presentation on the status of the Military Credentials Review. (Attachment 3)

Dr. Carter reviewed with the Committee information regarding Expanding Retail Clinics. She stated that this new concept is about access to care. There are currently two models that have emerged, the Walgreens and CVS approaches. In various states across the country, CVS has been focusing on establishing collaboration with hospital and healthcare systems while Walgreen's favors coordination with physicians in the communities. She also noted that a new term "Retail Clinician" is being applied to Nurse Practitioners, Pharmacists, and Physician Assistants and other healthcare providers who practice in a retail environment. Other new terms related to the new team delivery models are "Nurse Navigator" and "Care Coordinator." The specific duties are varied and still evolving across the country, but the primary focus is on better ensuring patent centered care coordination.

Comment to Dr. Carter's presentations are as follows:

Dr. Levin stated that corporations have been buying out dentist practice locations. He noted concern that it may be harming the private dentist practices and the ability for graduating students to get a job in a non-corporate environment where they receive a higher wage.

Dr. Pozniak stated that corporations have also been taking over veterinary medicine practices. She shares similar concerns that it may be modifying practitioner's diagnosis and treatment planning to be more in accord with the corporation's systematized approach than previously.

Dr. Reynolds-Cane stated that the Health Workforce Innovation Council she is on is considering providing scholarships for care coordinators.

NEW BUSINESS: There was no new business.

ADJOURNMENT: With no other business to conduct, the meeting adjourned at 12:04 p.m.

Yvonne Haynes Acting Chair	Elizabeth A. Carter, Ph.D. Executive Director for the Board

CHAPTER 192

An Act to amend and reenact §§ 54.1-3300 and 54.1-3300.1 of the Code of Virginia, relating to pharmacy; collaborative agreements.

[H 1501]
Approved March 12, 2013

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3300 and 54.1-3300.1 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3300. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Board" means the Board of Pharmacy.

"Collaborative agreement" means a voluntary, written, *or electronic* arrangement between one pharmacist and his designated alternate pharmacists involved directly in patient care at a *single physical* location where patients receive services and ~~a practitioner of medicine, osteopathy, or podiatry and his designated alternate practitioners~~ *(i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working as part of a patient care team as defined in § 54.1-2900,* involved directly in patient care which authorizes cooperative procedures with respect to patients of such practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. A collaborative agreement is not required for the management of patients of an inpatient facility.

"Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding necessary to prepare the substance for delivery.

"Pharmacist" means a person holding a license issued by the Board to practice pharmacy.

"Pharmacy" means every establishment or institution in which drugs, medicines, or medicinal chemicals are dispensed or offered for sale, or a sign is displayed bearing the word or words "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug sundries," "prescriptions filled," or any similar words intended to indicate that the practice of pharmacy is being conducted.

"Pharmacy intern" means a student currently enrolled in or a graduate of an approved school of pharmacy who is registered with the Board for the purpose of gaining the practical experience required to apply for licensure as a pharmacist.

"Pharmacy technician" means a person registered with the Board to assist a pharmacist under the pharmacist's supervision.

"Practice of pharmacy" means the personal health service that is concerned with the art and science of selecting,

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procuring, recommending, administering, preparing, compounding, packaging, and dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include the proper and safe storage and distribution of drugs; the maintenance of proper records; the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; and the management of patient care under the terms of a collaborative agreement as defined in this section.

"Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern or a pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in the facility in which the pharmacy is located when the intern or technician is performing duties restricted to a pharmacy intern or technician, respectively, and is available for immediate oral communication.

Other terms used in the context of this chapter shall be defined as provided in Chapter 34 (§ 54.1-3400 et seq.)~~ of this title~~ unless the context requires a different meaning.

§ 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the Boards of Medicine and Pharmacy.

A pharmacist and his designated alternate pharmacists involved directly in patient care may participate with ~~a practitioner of medicine, osteopathy, or podiatry and his designated alternate practitioners~~ *(i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working as part of a patient care team as defined in § 54.1-2900,* involved directly in patient care in collaborative agreements which authorize cooperative procedures related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions ~~and/or~~ *or* limitations, for the purpose of improving patient outcomes. *However, no person licensed to practice medicine, osteopathy, or podiatry shall be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.*

No patient shall be required to participate in a collaborative procedure without such patient's consent. *A patient who chooses to not participate in a collaborative procedure shall notify the prescriber of his refusal to participate in such collaborative procedure. A prescriber may elect to have a patient not participate in a collaborative procedure by contacting the pharmacist or his designated alternative pharmacists or by documenting the same on the patient's prescription.*

Collaborative agreements may include the *implementation,* modification, continuation, or discontinuation of drug therapy pursuant to written~~, patient-specific~~ *or electronic* protocols, *provided implementation of drug therapy occurs following diagnosis by the prescriber*; the ordering of laboratory tests; or other patient care management measures related to monitoring or improving the outcomes of drug or device therapy. No such collaborative agreement shall exceed the scope of practice of the respective parties. Any pharmacist who deviates from or practices in a manner inconsistent with the terms of a collaborative agreement shall be in violation of § 54.1-2902; such violation shall constitute grounds for disciplinary action pursuant to §§ 54.1-2400 and 54.1-3316.

Collaborative agreements may only be used for conditions which have protocols that are clinically accepted as the standard of care, or are approved by the Boards of Medicine and Pharmacy. The Boards of Medicine and Pharmacy shall jointly develop and promulgate regulations to implement the provisions of this section and to facilitate the development and implementation of safe and effective collaborative agreements between the appropriate practitioners and pharmacists. The regulations shall include guidelines concerning the use of protocols, and a procedure to allow for the approval or disapproval of specific protocols by the Boards of Medicine and Pharmacy if

review is requested by a practitioner or pharmacist.

Nothing in this section shall be construed to supersede the provisions of § 54.1-3303.

Legislative Information System

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Department of Health Professions

Pharmacy Technician Education and Training

Elizabeth A. Carter, Ph.D.
Executive Director

Virginia Board of Health Professions
Regulatory Research Committee Meeting
Perimeter Center Conference Room
May 14, 2013

Department of Health Professions

Pharmacy Technician

In Virginia, a Pharmacy Technician is registered with the Board of Pharmacy to assist a Pharmacist under the Pharmacist's supervision. Supervision involves the direction and control by a pharmacist who is physically present and available for immediate oral communication. (ref. Code of Virginia §54.1-3300).

Virginia's Requirements

- To be eligible for registration, the individual must hold a current Pharmacy Technician Certification Board (PTCB) certification or have completed a site-specific training program and examination that meets the Board of Pharmacy's criteria.
- Continuing education is required for annual registration renewal.

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Virginia's Requirements

Board Regulations requires every pharmacy that employs or uses Pharmacy Technicians maintain a site-specific training program and manual for training pharmacy technicians to work at that pharmacy.

The program must include training consistent with that specific pharmacy practice.

There are 93 approved programs in Virginia as of May 13, 2013. (See Handout.)

Virginia Requirements

Training content must include but not be limited to:

- Proper use of site-specific computer programs and equipment,
- Proper use of other equipment used at the pharmacy in performing Pharmacy Technician duties, and
- Pharmacy calculations consistent with the duties at that pharmacy.

Virginia Requirements

Pharmacies must maintain documentation of successful completion of the site specific training program for each PhT for the duration of employment and for two years from the date employment's end.

For current employees – records must be kept on site and available for inspection review

For former employees – must be retrievable upon request

National

- U.S. Bureau of Labor Statistics estimates there were 334,400 Pharmacy Technician jobs in 2010 and anticipates a 32% growth between 2010 and 2020—much faster than average.
- Over 40 U.S. States regulate Pharmacy Technicians (licensure, certification, registration). At least 14 have examination requirements.

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National

There are two widely recognized national examinations, both organizations are accredited through the National Commission for Certifying Agencies:

- PTCB Examination, administered since 1995, with over 440,000 certified.
- National Healthcareer Association's Institute for the Certification of Pharmacy Technicians' Exam for the Certification of Pharmacy Technicians (ExCPT®), administered since 2005, with over 2,400 certified.

PTCB (Current)

Three Content Domains:

1. Assisting the pharmacist in serving patients
2. Maintaining medication and inventory control systems
3. The dispensing process

Website: www.ptcb.org

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PTCB (New Blueprint later 2013)

Nine Content Domains (Knowledge Areas)

1. Pharmacology for Technicians
2. Pharmacy Law and Regulations
3. Sterile and Non-Sterile Compounding
4. Medication Safety
5. Pharmacy Quality Assurance
6. Medication Order and Fill Process
7. Pharmacy Inventory Management
8. Pharmacy Billing and Reimbursement
9. Pharmacy Information Systems Usage and Application

ExCPT®

Three Content Domains:

1. Regulation and Technician Duties
2. Drugs and Drug Products
3. The Dispensing Process

www.nationaltechexam.org

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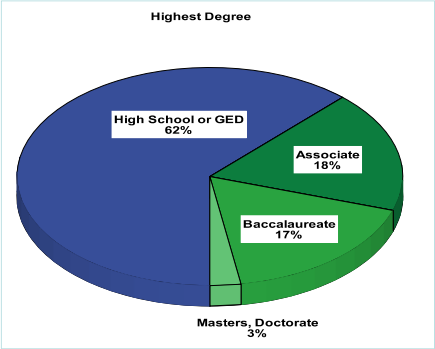
Virginia's Pharmacy Technician Workforce 2011

Over 35 percent of pharmacy technicians had earned a post-secondary degree, including 20 percent who had earned a baccalaureate degree or higher. The remaining 62 percent listed a high school diploma or GED as their highest level of education.



With permission off DHP Healthcare Workforce Data Center

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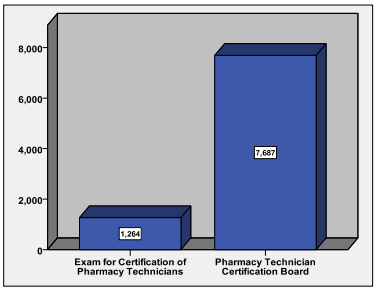
Virginia's Pharmacy Technician Workforce 2011

Almost three-quarters of Virginia's pharmacy technicians, or 8,372 techs, indicated being certified, including 578 pharmacy technicians who indicated having two certifications. The greater majority of these (7,687) held a certification from the Pharmacy Technician Certification Board, while 1,264 held a certification through the Exam for Certification of Pharmacy Technicians.



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Virginia's Pharmacy Technician Workforce 2011

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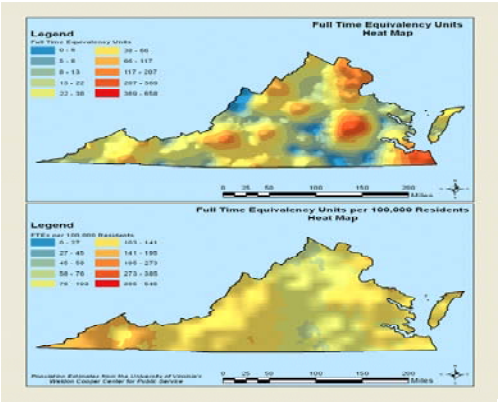

Settings and Roles

The National Association of Boards of Pharmacy characterizes Pharmacy Technician pharmacy practice settings as varied, including community, hospital, military, home health, long-term care, mail order, and managed health. They also are involved in education and training programs.

The Pharmacy Technician role encompasses technical and clerical duties: completing technical aspects of dispensing and medication preparation and labeling to computer coding, insurance billing, to maintenance of supplies.

www.nabp.net;

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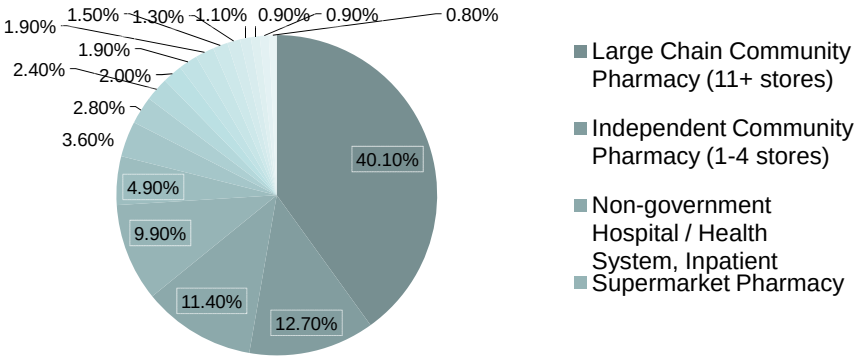
Virginia Pharmacy Technician Workforce 2011



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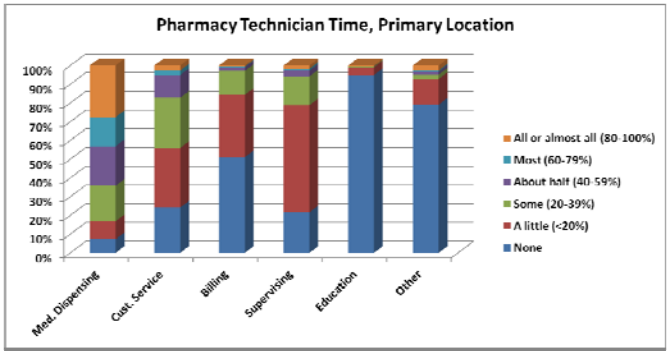
Virginia Pharmacy Technician Workforce 2011



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Next Report: Pharmacy Technician Evolution

- Historical background from the 1950's on
- Movement toward standardization: *Model Curriculum for Pharmacy Technician Training*
- Military Credentialing of Pharmacy Technicians
- American Society of Health-Systems Pharmacists® Pharmacy Technician Initiative
- Latest details on State regulation, pharmacist-technician ratios, hospital/institutional vs. community setting permissible duties and more.

Department of Health Professions

Military Credentials Review: Status Report

Elizabeth A. Carter, Ph.D.
Executive Director

Virginia Board of Health Professions
Regulatory Research Committee Meeting
Perimeter Center Conference Room
May 14, 2013

Department of Health Professions

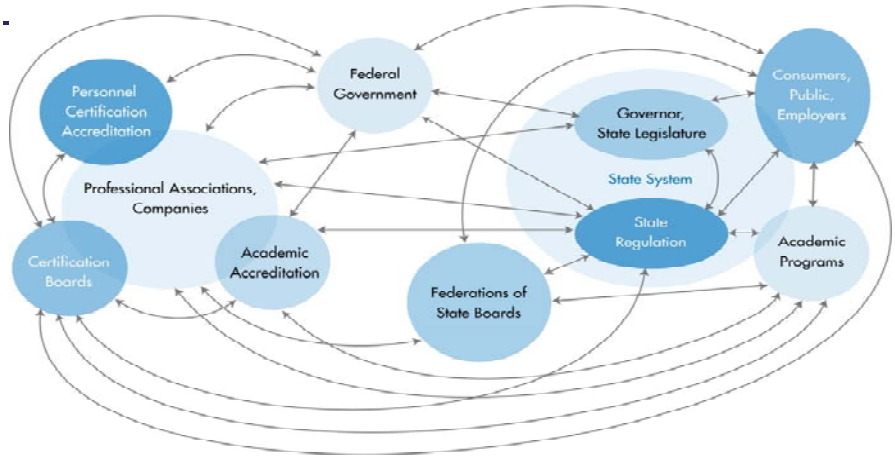
Driving Issues

- Veterans unemployment very high
  (32.5% of 19-24 year olds in March*)
- Looming drawdown of U.S. Armed Services personnel, some with valuable health-related knowledge, skills, and abilities
- Demand for health services likely to increase
- Nationwide problems

Background

- National Credentialing and Licensure Summit (American Legion & U.S. Chamber of Commerce) – Feb 2012
- Request for study from Delegate Christopher Stolle - March 2012
- Federal Task Force on Veterans Employment requested assistance in state partnership – March 2012
- Other broad efforts underway related to credentialing and licensing service members, veterans and their spouses. Much legislative action over the past few years.

Credentialing System in the United States



National Credentialing and Licensure Summit, Feb. 2012

Importance of Credentialing: Transition and Post Service

- May be **required by law or employer** for entry into employment
- Can lead to **higher pay** or improve prospects for **promotion**
- Demonstrates to civilian employers that **training and skills attained in the military are on par with those gained through traditional civilian pathways**

In a 2010 SHRM poll, **60% of employers cited translating military skills to civilian job experience** as a challenge to hiring employees with military experience

National Credentialing and Licensure Summit, Feb. 2012

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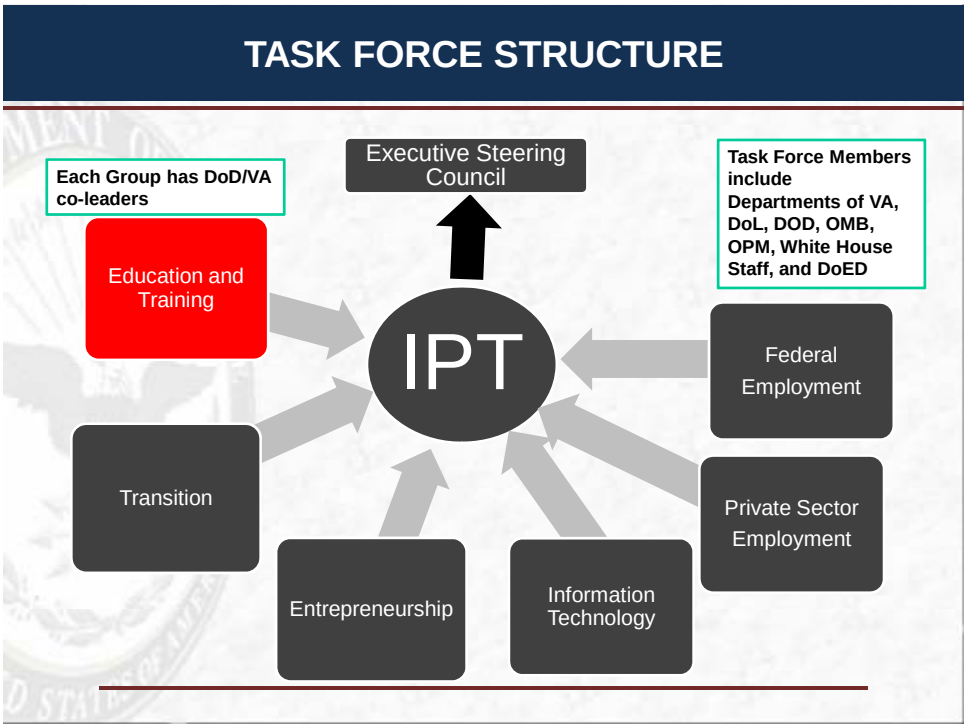
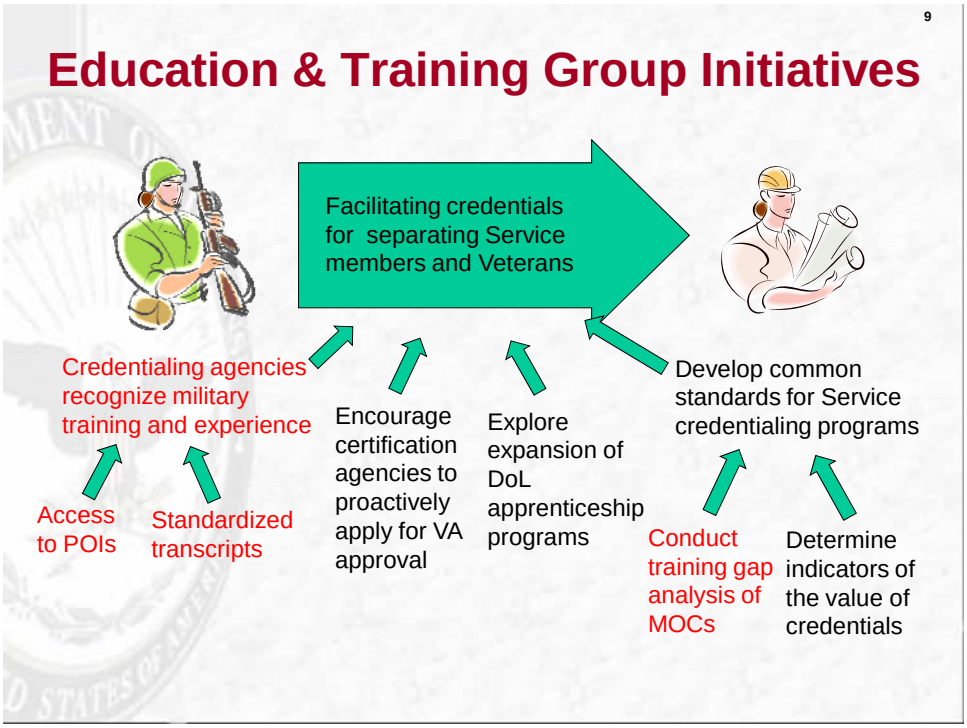
Barriers

1. Lack of awareness of what credentialing is by military service members
2. Gaps between military training and civilian credentialing and access to and costs associated with programs to "fill the gap"
3. Variation in states' licensure requirements
4. Lack of awareness by credentialing organizations and licensing boards about military training and how to determine comparability
5. Lack of accreditation of some civilian credentialing programs.

Our focus: Translation to Licensure

- Main impediment to professional licensure and civilian employment is there is no objective, transparent, and standard mechanism to translate between “military speak” and “civilian”
- Many organizations are working to toward solutions, with the federal Task Force on Veterans Employment being the chief coordinating force.





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Joint Task Force on Veterans Employment Outreach

- State Partnership: Colorado, Illinois, Maryland, New York, Virginia, and Washington State – telephone conference calls approximately every 6 weeks
- Other associations of state boards, education/training accreditation bodies, and examination organizations underway

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Health-Related Professions under Study

- Each military branch has had its own job structures, programs of instruction, documentation format to demonstrate accomplishment
- Push toward standardizing health education across the branches – Army (lead) - Medical Education and Training Campus Fort Sam Houston, TX.

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Health-Related Professions under Study

- Clinical Laboratory Technicians, Dental Assistant, Dental Hygienist,* Licensed Practical Nurse, Pharmacy Technician, Physical Therapy Technician, Veterinary Technician*

* Awaiting receipt

Health-Related Professions under Study

- National Council of State Boards of Nursing Standard Licensed Practical/Vocational Nurse Curriculum – hot off the press April 2013 (See handout).

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Joint Services Transcript

- February 2013 to present -- State Partnership also reviewing the utility of a new service member transcript designed to impart information similar to academic transcripts.

Additional Reviews

- Mortuary Science – Virginia Board of Funeral Directors and Embalmers, Army's Ft. Lee, John Tyler Community College
- Intermediate Care Technician Pilot Project – Drs. Kermit Jones and Jennifer Lee

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Next Steps?

- Continued collaboration and monitoring with report to Delegate Stolle in the Fall