

**Revised MINUTES  
of the First Meeting of the  
Pharmacy Technicians Technical Review Committee  
June 28, 2022  
1:00 p.m. to 3:00 p.m.**

**Members participating**

**Douglas Vander Broek, DC  
Kevin Low  
Michael J. O’Hara, J.D., Ph.D.  
Stephen Peters, BA, MA  
Mary Sneckenberg  
Marcy Wyrens, RRT**

**Members Absent**

**Theresa Parker, NHA**

**Staff persons participating**

**Matt Gelvin  
Ron Briel  
Jessie Enfield**

**I. Call to Order, Roll Call, Approval of the Agenda**

Chairperson Vander Broek called the meeting to order at 1:00 p.m. The roll was called; a quorum was present. Dr. Vander Broek welcomed all attendees and asked committee members and staff to briefly introduce themselves. The agenda and Open Meetings Law were posted, and the meeting was advertised online at <https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>. The committee members unanimously approved the agenda for the first meeting.

**II. Presentation of the Proposal by the Applicant Group**

Dr. Mackenzie Farr, PharmD, and Dr. Ryan Flugge, RP, PharmD, came forward to present the applicants’ proposal. Dr. Flugge stated that there is currently a shortage of personnel in the pharmacy services area. Pharm techs have helped fill in the gaps in our employment situation since the onset of the pandemic and the 2020 emergency act that provided pharmacies with temporary authority to use Pharm Techs to deliver vaccinations. However, soon (2024) this authority will expire and we’ll revert to the way it was before the pandemic and before the emergency order unless we do something to maintain the services in question. He added that Nebraska needs to continue these services in order to meet the ongoing demands from the public.

**III. Committee Questions and Discussion**

Dr. Low then asked the applicants what proportion of Nebraska Pharmacists are members of the Nebraska Pharmacy Association. Dr. Flugge responded that about 20 percent of Pharmacists are members of the NPA. Dr. Low then asked how we know whether the other 80 percent is supportive of the Pharm Tech proposal. Dr. Flugge responded that there has never been any negative feedback from anyone associated with the emergency act or the vaccination services provided by Pharm Techs, nor have there been any complaints from the public about these services, nor have there been any bad outcomes from these services.

Mary Sneckenberg asked the applicants how one becomes a Pharm Tech. Dr. Farr responded by stating that there are two principal paths to becoming a Pharm Tech, one being a formal training course followed by a certification examination, the other being the on-the-job-training path. Ms.

Sneckenberg continued by stating that both pathways are utilized in Nebraska, each having certain advantages. Each has certain advantages. OJT gets one trained a little faster and is a more “hands-on” approach to getting trained. The other route is more academic and is more helpful to someone who wants to take their skills to another state or jurisdiction.

Mary Sneckenberg then commented that under Iowa law Pharmacists may use telemedicine to oversee the work of their PTs whereas this is not part of the Nebraska proposal. Ms. Sneckenberg asked the applicants if there is any plan to add this component to the Nebraska plan for oversight if the proposal were to pass.

Dr. Farr commented that she sees certain advantages to the Iowa approach to oversight of Pharm Tech services but that as of right now there is no plan to add this feature to the Nebraska Pharm Tech vaccination proposal.

Michael O’Hara asked the applicants if their oversight plan involves direct supervision or just on-site supervision. Dr. Flugge responded that the Nebraska proposal calls for on-site supervision. Mr. O’Hara then asked if adding a virtual camera-based oversight might not make for a better oversight process. The applicants responded that it might have that effect but added that sometimes a supervising pharmacist needs to be on-site to respond to developments.

Mr. Peters asked the applicants why Pharm Techs were not involved in administering vaccinations prior to the pandemic. Dr. Flugge responded that the training and overall professionalism of Pharm Techs has grown steadily in recent years thanks in part to the success of their certification program which has greatly improved their skill level and reliability to the point wherein by 2020 they were ready for the added responsibilities associated with administering vaccinations.

Stephen Peters asked the applicants if over the long haul the scope of Pharm Tech vaccination administration will expand to include other diseases than just the flu and Covid-19. Mackenzie Farr responded that the focus of the application is on influenza and Covid-19 and that there are no plans to expand beyond this mantra at this time. Dr. Flugge responded that there are aging related concerns that mitigate against expanding the services of Pharm Techs beyond flu and Covid-19, one of which has to do with pediatrics and the overall management of the healthcare of very young children. Issues pertinent to pediatric care necessitate interface between Pharmacists and Physicians in the care of young children. Health care for such vulnerable young patients requires that care, including vaccinations, be conducted by Physicians in Physician’s offices rather than by Pharmacists or Pharm Techs, for example.

Stephen Peters asked the applicants about the degree of standardization of the training provided to Pharm Techs to administer vaccinations, adding that this is a matter of importance to public safety. Mackenzie Farr responded that there is a need to improve this aspect of Pharm Tech training and that as time passes the degree of standardization of this training will improve.

Stephen Peters asked the applicants who would be liable if something went wrong. Dr. Flugge and Dr. Farr replied that the supervising Pharmacist would be liable. Dr. Flugge continued by stating that insurance companies know the risks of this procedure and yet continue to support the concept of Pharm Techs doing vaccinations.

Stephen Peters asked the applicants if administering vaccinations would be required as a condition of employment for Pharm Techs. The applicants responded that whereas participation in the administration of vaccinations would be encouraged it would not be required for employment as a Pharm Tech.

Dr. Vander Broek asked the applicants what the ratio of supervising Pharmacists to supervised Pharm Techs would be. Dr. Farr replied that the ratio is three supervisees to one supervising Pharmacist.

Michael O'Hara commented that twenty-one states have already approved proposals similar to the one Nebraska is considering and noted that some of them have gone beyond the rather conservative scenario for services offered by the Nebraska version. He then asked if the applicants would consider a similar expansion of services in the future if the proposal were to pass. The applicants stated that expanding the scope of Pharm Tech functions beyond flu and Covid-19 is not under consideration at this time.

### **Comments by other interested parties**

Amy Reynoldson made comments about the proposal on behalf of the Nebraska Medical Association. Ms. Reynoldson stated that the NMA is supportive of the changes being proposed and recognizes the need to continue the services that Nebraskans have benefited from since 2020. With this said, Ms. Reynoldson further commented that NMA does have concerns pertinent to the care of vulnerable young children and believes that the care of these patients, including vaccinations, would be best provided by Physicians. Care for children typically calls for "well-checks" and the application of special treatments and medicines that Pharmacists are less familiar with or do not have on hand, for example. Dr. O'Hara asked Ms. Reynoldson whether age ten would be the upper limit for the children for which NMA has these concerns. Ms. Reynoldson responded that she would have to consult with NMA representatives regarding the ages that should be excluded from the proposed Pharm Tech authority.

Ms. Reynoldson went on to state that NMA wants to go on record opposing the idea of administering any aspect of this proposal via telehealth, adding that there are too many things that can go wrong managing things that way, and that it is best to have a supervising licensed practitioner physically present "on site" rather than having them attempting to manage a crisis situation from many miles away via a camera, for example.

A representative of NNA also commented on the complications involving the treatment of young children, adding that facilities with nursing care are the best places to provide care for children. Stephen Peters asked the applicants how record-keeping pertinent to accurately recording how many vaccinations have been administered to certain persons, or who has received X,Y,Z doses of a given vaccine, or who has received a booster and who has not would be maintained under the terms of the proposal. Dr. Farr responded that Pharmacies have a database that is continuously updated which records this kind of information on each patient who comes to them for vaccinations.

Amy Reynoldson asked the applicants who oversees this data collection process. Stephen Peters asked the applicants how old a person would have to be to get trained to do what the services being proposed. The applicants responded that a person needs to be at least eighteen years old and be a high school graduate.

Stephen Peters commented that the educational and training component of this proposal is still his greatest concern. He went on to state that how parameters and limits could be defined for this

practice is another concern of his. He commented that it would be good to find out how other states have defined scope limits for this practice.

Dr. Flugge responded that there are as yet no protocols for this practice but that Pharmacists collaborate with Physicians to define the parameters of Pharm Tech practice.

#### **IV. Public Comments**

There were no comments at this time.

#### **V. Other Business and Adjournment**

There being no further business, the committee members unanimously agreed to adjourn the meeting at 2:17 p.m.