



Nebraska
Pharmacists
Association

May 3, 2022

Nebraska Department of Health and Human Services
Attn: Dr. Gary Anthonie
301 Centennial Mall South
Lincoln, NE 68509

Dear Dr. Anthonie,

As hundreds of millions more COVID-19 vaccine doses are manufactured and distributed throughout the country, more locations and more healthcare personnel qualified to administer those vaccine doses are needed. Through the Public Readiness and Emergency Preparedness (PREP) Act Declaration, the federal government provided a pathway for states to rapidly expand and support their vaccination workforces – including pharmacy technicians. In addition, states are encouraged to further expand the categories of persons authorized to administer COVID-19 vaccines in their states, as authorized under the PREP Act, to respond to local needs and availability of potential vaccinators.

The PREP Act currently allows a pharmacy technician acting under the supervision of a qualified pharmacist to administer FDA authorized or FDA-licensed COVID-19 vaccines to persons ages three or older and to administer FDA-authorized or FDA-licensed U.S. Advisory Committee on Immunization Practices (ACIP)-recommended vaccines to persons ages three through 18 according to ACIP's standard immunization schedule. Such qualified pharmacy technicians currently qualify as "covered persons" under the PREP Act receiving immunity under the PREP Act with respect to all claims for loss caused by, arising out of, relating to, or resulting from, the administration or use of such vaccines. 42 U.S.C. § 247d-6d(a)(1). The provisions of the PREP Act, however, will end on October 1, 2024, or when an end to the Declaration of Emergency is issued.

To date, 21 states have made changes within scope of practice to include pharmacy technician administration of vaccinations, including Arkansas, Colorado, Florida, Iowa, Idaho, Illinois, Indiana, Kentucky, Massachusetts, Michigan, Missouri, Nevada, New Mexico, North Dakota, Rhode Island, Tennessee, Utah, Virginia, Washington, Wisconsin, and Wyoming. The experience in Idaho lends credence to the strong safety profile that has accompanied pharmacy-technician-administered vaccines. This track record is of little surprise, as technicians have a similar educational background to other health professions (namely, medical assistants) that have administered vaccines for years under the supervision of physicians.

Similarly, states vary on licensure and registration requirements for pharmacy technicians. Some states require certain education, training, and/or certification for licensure or registration; others either have no prerequisites for licensure or registration or do not require



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licensure or registration at all. In Nebraska, pharmacy technicians are required to be registered with the Department of Health and Human Services prior to employment and must become certified within one year by a national certifying body or a state program which is approved by the Board of Pharmacy.

Nebraska should continue to allow a certified pharmacy technician, supervised by a pharmacist, to administer vaccinations. Prior to administration by a pharmacy technician, these vaccinations are reviewed and verified by a pharmacist. A pharmacy technician would be limited to administering vaccinations to patients who are three of age and older, and only in the deltoid muscle of the arm. Nebraska should mirror the current PREP Act authorities which requires the pharmacy technician to hold a current certificate in basic life support, be certified and trained to administer vaccinations, and their supervising pharmacist must be on-site.

Please find enclosed the Application for Pharmacy Technicians to Continue Administering Vaccinations for consideration by the Nebraska Credentialing Review Program.

Warmest regards,

A handwritten signature in black ink that reads 'Marcia Mueting, PharmD, R.P.' The signature is written in a cursive style.

Marcia Mueting, PharmD, RP
NPA Chief Executive Officer

**Nebraska Credentialing
Review Program:
Application for Pharmacy
Technicians to Continue
Administering
Vaccinations**

Submitted by the Nebraska
Pharmacists Association

May 2022

Narrative Section

C. Questions Comprising an Application for Credentialing Review Description of the Applicant Group and its Proposal

1. Provide the following information for the applicant group(s):

a. name, address, telephone number, e-mail address, and website of the applicant group in Nebraska, and any national parent organization;

Nebraska Pharmacists Association (NPA)

6221 South 58th Street, Ste A

Lincoln, NE 68516

info@npharm.org

www.npharm.org

The NPA has no parent organizations.

b. composition of the group and approximate number of members in Nebraska; and

Pharmacists, Pharmacist Interns, Pharmacy Technicians, and Friends of Pharmacy

Pharmacists: 950

Pharmacist Interns: 220

Pharmacy Technicians: 150

Friends of Pharmacy: 30

c. relationship of the group to the occupation dealt with in the application.

Pharmacists supervise pharmacy technicians and pharmacy technicians are the professionals addressed in this application.

2. Identify by title, address, telephone number, e-mail address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:

a. members of the same occupation or profession as that of the applicant group;

Rich Otto

Nebraska Retail Federation

5935 South 56th Street Suite B

Lincoln, NE 68516-3307

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Office: (402) 474-5255

Mobile: (402) 440-2311

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Phone: 402-423-5533

Cell: 308-631-2165

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Sandra Kay Guckian, IOM, MS, RPh
National Association of Chain Drug Stores (NACDS)
Vice President, State Relations
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P: (703) 837.4195
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www.nacds.org
1776 Wilson Blvd. Suite 200 Arlington, VA 22209

b. members of the occupation dealt with in the application;

There is no other state association which represents pharmacy technicians.

c. employers of the occupation dealt with in the application;

Nearly all of the 473 community pharmacies and 121 hospitals, employ pharmacy technicians.

d. practitioners of the occupations similar to or working closely with members of the occupation dealt with in the application;

Pharmacists and Pharmacist Interns work closely with Pharmacy Technicians in all areas of Pharmacy.

e. educators or trainers of prospective members of the occupation dealt with in the application;

Educational Pharmacy Technician Training Programs in Nebraska
SECC
UNMC

Pharmacy Technician Certification Programs Approved by the Board of Pharmacy

- State Certification Program offered through the UNMC College of Pharmacy:
<http://www.unmc.edu/pharmacy/programs/pharmtech/index.html>
- State Certification Programs offered by Southeast Community College
<https://www.southeast.edu/pharmacytech/>
- State Certification (participation limited) Certification in Nuclear Pharmacy (limited to Pharmacy Technicians employed by Cardinal Health)
- State Certification Program offered by Nebraska Methodist College
<https://www.methodistcollege.edu/allied-health/certificates/pharmacy-technician>
- State Certification Program offered by Quality Career Pathways
<https://enrollatquality.com/pharm-tech-calendar-2020/>

National Pharmacy Technician Vaccination Training Programs

APhA
NPTA

f. citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g., advocacy groups, patient rights groups, volunteer agencies for particular diseases or conditions, etc.);

AARP

g. any other group that would have an interest in the application.

Nebraska Nurses Association

3. If the profession is currently credentialed in Nebraska, provide the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.

Nebraska Revised Statute Section 38-2891

Pharmacy technicians; authorized tasks.

(1) A pharmacy technician shall only perform tasks which do not require the professional judgment of a pharmacist and which are subject to verification to assist a pharmacist in the practice of pharmacy.

(2) The functions and tasks which shall not be performed by pharmacy technicians include, but are not limited to:

(a) Receiving oral medical orders from a practitioner or his or her agent except as otherwise provided in subsection (4) of section 38-2870;

(b) Providing patient counseling;

(c) Performing any evaluation or necessary clarification of a medical order or performing any functions other than strictly clerical functions involving a medical order;

(d) Supervising or verifying the tasks and functions of pharmacy technicians;

(e) Interpreting or evaluating the data contained in a patient's record maintained pursuant to section 38-2869;

(f) Releasing any confidential information maintained by the pharmacy;

(g) Performing any professional consultations; and

(h) Drug product selection, with regard to an individual medical order, in accordance with the Nebraska Drug Product Selection Act.

(3) The director shall, with the recommendation of the board, waive any of the limitations in subsection (2) of this section for purposes of a scientific study of the role of pharmacy technicians approved by the board. Such study shall be based upon providing improved patient care or enhanced pharmaceutical care. Any such waiver shall state the length of the study and shall require that all study data and results be made available to the board upon the completion of the study. Nothing in this subsection requires the board to approve any study proposed under this subsection.

Nebraska Revised Statute Section 38-2891.01

Pharmacy technician; validate acts, tasks, and functions of pharmacy technician; policies and procedures.

(1) A pharmacy technician may validate the acts, tasks, and functions of another pharmacy technician only if:

(a) Both pharmacy technicians are certified by a state or national certifying body which is approved by the board;

(b) Both certified pharmacy technicians are working within the confines of a hospital preparing medications for administration in the hospital;

(c) Using bar code technology, radio frequency identification technology, or similar technology to validate the accuracy of medication;

- (d) Validating medication that is prepackaged by the manufacturer or prepackaged and verified by a pharmacist; and
 - (e) Acting in accordance with policies and procedures applicable in the hospital established by the pharmacist in charge.
- (2) The pharmacist in charge in a hospital shall establish policies and procedures for validation of medication by two or more certified pharmacy technicians before such validation process is implemented in the hospital.

Change proposed in LB 812 of 2022 Unicameral Session:

- (2) A pharmacy technician may administer vaccines, and such administration shall not be considered to be performing a task requiring the professional judgment of a pharmacist, when:
- (a) The vaccines are verified by the pharmacist responsible for the supervision and verification of the activities of the pharmacy technician prior to administration;
 - (b) Administration is limited to intra-muscular in the deltoid muscle or subcutaneous on the arm to a person three years of age or older;
 - (c) The pharmacy technician is certified as required by section 38-2890;
 - (d) The pharmacy technician has completed certificate training in vaccine administration that includes, at a minimum, vaccine administration, blood-borne pathogen exposure, safety measures during administration, and biohazard handling;
 - (e) The pharmacy technician is currently certified in basic life support skills for health care providers as determined by the board; and
 - (f) The pharmacist responsible for the supervision and verification of the activities of the pharmacy technician is on site.

There is disagreement regarding “assist a pharmacist in the practice of pharmacy.” This proposal clarifies that pharmacy technicians who are administering vaccine are assisting a pharmacist in the practice of pharmacy. (38-2837(1) (d))

Nebraska Revised Statute Section 38-2837

Practice of pharmacy, defined.

- (1) Practice of pharmacy means (a) the interpretation, evaluation, and implementation of a medical order, (b) the dispensing of drugs and devices, (c) drug product selection, (d) the administration of drugs or devices, (e) drug utilization review, (f) patient counseling, (g) the provision of pharmaceutical care, (h) medication therapy management, and (i) the responsibility for compounding and labeling of dispensed or repackaged drugs and devices, proper and safe storage of drugs and devices, and maintenance of proper records.
- (2) The active practice of pharmacy means the performance of the functions set out in this section by a pharmacist as his or her principal or ordinary occupation.

4. If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and / or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitutes the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation and other materials that are provided in support of the proposal.

The profession is currently credentialed.

5. Describe in detail the functions typically performed by practitioners of this occupation and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why the Legislature created these restrictions.

Typical functions of a pharmacy technician:

- Preparation of a label
- Counting or measuring the drug
- Access the PDMP with delegation
- Compounding
- Inventory management
- Insurance billing
- Point of Care Testing
- Record keeping
- Packaging
- Administration of vaccine (currently allowed under COVID waiver) 38-2891 (see previous note)
 - Receiving oral orders is currently prohibited because these conversations are not readily verifiable by the supervising pharmacist. This proposal does not change that.
 - Patient counseling requires a pharmacist's professional judgement. This proposal does not change that.
 - Complex clarification of a medical order requires a pharmacist's professional judgement. This proposal does not change that.
 - Supervision and verification of pharmacy technicians currently is reserved for pharmacists only. This proposal does not change that.
 - The performance of drug utilization review requires a pharmacist's professional judgement. This proposal does not change that.
 - The determination to release confidential information requires a pharmacist's professional judgement. This proposal does not change that.
 - Consultation with other professional members of the health care team requires a pharmacist's professional judgement. This proposal does not change that.
 - Determination of the drug product to be dispensed requires professional judgement. This proposal does not change that. 38-2891.01 (see previous note)

6. Identify other occupations that perform some of the same functions or similar functions.

No other profession is supervised by a pharmacist to assist a pharmacist without using the professional judgement of a pharmacist. The following professions currently administer vaccine:

- Pharmacists
- Pharmacist Interns
- Physicians
- Nurse Practitioners
- Physician Assistants
- Nurses
- Medication Aides

7. What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?

None. Because they are limited by statute to assisting a pharmacist in the practice of pharmacy. Pharmacy technicians, and in some instances medication aides, require a pharmacist's supervision. Physicians and nurses do not.

8. Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.

It is expressly illegal for anyone other than a Nebraska-licensed pharmacist to supervise a pharmacy technician practicing in Nebraska. Pharmacy technicians are prohibited from supervising any other professional.

9. What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice, autonomous?

None. Pharmacy technicians are not allowed to practice without supervision.

10. Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?

There are 4,463 pharmacy technicians registered in Nebraska. We do not know if they are all currently employed. Pharmacy technicians are registered by the state and governed by the Nebraska Board of Pharmacy. Pharmacy technicians who have been registered for a year or more must also achieve certification from a private certifying body approved by the Nebraska Board of Pharmacy.

11. Describe the general level of education and training possessed by practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?

Pharmacy technicians must have a high-school diploma or a G.E.D.

Pharmacy technicians have two current options for training. They can complete a formal educational program as indicated in question 2 e or they may be trained on-site in the employing pharmacy. Regardless of education chosen, pharmacy technicians must be certified as outlined in the law.

12. Identify the work settings typical of this occupation (e.g., hospitals, private physicians' offices, clinics, etc.) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g., private physician, dentist, optometrist, etc.).

Pharmacies including hospital pharmacies. Pharmacy technicians cannot be self-employed because of the supervisory requirements in the law.

13. Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.

Yes. Pharmacy technicians routinely serve all patients of the pharmacy where they are employed.

14. Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify.

Because pharmacy technicians assist pharmacists in the practice of pharmacy, the people they serve are seeking pharmacy services. No. Pharmacy technicians do not have independent practice and are prohibited from using pharmacist professional judgement in providing these services.

15. Identify typical referral patterns to and from members of this occupational group. What are the most common reasons for referral?

Because pharmacy technicians assist pharmacists in the practice of pharmacy, the people they serve are seeking pharmacy services. Pharmacy technicians do not have independent practice and are prohibited from using pharmacist professional judgement in providing these services.

16. Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?

Not all services provided in a pharmacy require an order from a practitioner. Pharmacy technicians, however, may only provide those services as directed by the supervising pharmacist.

17. How is continuing competence of credentialed practitioners evaluated?

Nebraska is a mandatory reporting state, as such all supervising pharmacists and other credentialed individuals in the pharmacy must report any practitioner who is not competent. Pharmacy technicians must complete continuing education hours to maintain certification.

18. What requirements must the practitioner meet before his or her credentials may be renewed?

The pharmacy technician must demonstrate current certification as a pharmacy technician to renew his or her registration.

19. Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.

Pharmacy technicians are regulated in all 50 states to varying degrees. In each instance pharmacy technicians are limited to assisting pharmacists in the practice of pharmacy. Please see Appendix C for states where pharmacy technicians are authorized to administer vaccine beyond the current PREP Act waivers.

Additional Questions an Applicant Group Must Answer about their Proposal

1) What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?

Currently, pharmacy technicians are permitted to administer vaccine as directed by a pharmacist. This practice increases efficiency and access to vaccinations. The current practice is expressly allowed under government waivers implemented due to the COVID pandemic. These waivers are set to expire in October of 2024. Failure to clarify that vaccine administration is allowed by pharmacy technicians will remove the current efficiencies and access that have been developed over the previous 24 months.

2) If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public. · Inspection requirements · Injunctive relief · Regulating the business enterprise rather than individual providers · Regulating or modifying the regulation of those who supervise the providers under review · Registering the providers under review · Certifying the providers under review by the State of Nebraska · Licensing the providers under review

Pharmacy technicians are currently regulated.

3) What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?

Currently, pharmacy technicians are permitted to administer vaccine as directed by a pharmacist. This practice increases efficiency and access to vaccinations. The current practice is allowed under government waivers {The PREP Act} implemented due to the COVID pandemic. These waivers are set to expire in October of 2024. Failure to clarify that vaccine administration is allowed by pharmacy technicians will remove the current efficiencies and access that have been developed over the previous 24 months.

4) What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?

A study conducted at the University of Nebraska College of Pharmacy demonstrated that there has been no increased risk to patients in Nebraska when pharmacy technicians administer vaccine. This practice is currently happening and data relating to this practice are available.

5) What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?

The proposal includes specific educational requirements and successful completion of an approved pharmacy technician vaccination administration program. Please see LB 812 from 2022 Unicameral Session included as Appendix A.

6) What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?

Currently third-party insurance pays for vaccine and the administration of vaccine, including vaccines administered by Pharmacy Technicians, and this proposal has no impact on these contracted payments.

7) What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.

Currently there is a federal waiver {The PREP Act} allowing pharmacy technicians with proper training to administer vaccines nationwide. Complete national data evaluating these services are just beginning to be published. Please see Appendix B listing those states where pharmacy technicians are statutorily allowed to administer vaccine.

8) What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?

There are no expected costs to pharmacy technicians other than the need for appropriate training in vaccine administration. It is expected that these expenses will be borne by the employer. Currently pharmacy technicians can administer vaccine as registered medication aides. That process costs each technician a registration fee and does not require the same safety training as this proposal. Following the introduction of LB 812 in 2022, it was estimated that there are no additional costs to the Department of Health and Human Services. There would be a loss in credentialing and licensure revenue. There are 262 pharmacy technicians registered as medication aides. They would no longer be required to register as medication aides. The biennial registration fee is \$18, reducing revenue by \$5,256. See Appendix C for the fiscal note accompanying LB 812. There is no increase in the cost to the general public.

9) Is there any additional information that would be useful to the technical committee members in their review of the proposal?

Appendix D - Guidance Issued on Authority of the PREP Act Pharmacy Technicians to Administer Vaccines

Appendix E - Comparison of PREP and Med Aide Requirements to Proposal

Appendix F - LB 812 Hearing Transcript

Appendix G - Letters of Support

G1 - Retail Federation/Grocers Association AARP

G2 - APhA-ASP UNMC and Creighton

G3 - AARP

G4 - NCPA, APhA, NASPA

G5 - Julie Wohlberg

G6 - Walmart

G7 - NPTA

Appendix H - APhA Training Information

Appendix I - Summary of How This Proposal Meets the Evaluation Criterion for Changes in Scope of Practice

LB812
2022

LB812
2022

LEGISLATURE OF NEBRASKA
ONE HUNDRED SEVENTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 812

Introduced by Hilkeemann, 4.

Read first time January 06, 2022

Committee: Health and Human Services

- 1 A BILL FOR AN ACT relating to the Pharmacy Practice Act; to amend section
- 2 38-2891, Revised Statutes Supplement, 2021; to provide for vaccine
- 3 administration by pharmacy technicians; to harmonize provisions; to
- 4 repeal the original section; and to declare an emergency.
- 5 Be it enacted by the people of the State of Nebraska,

LB812
2022

LB812
2022

1 Section 1. Section 38-2891, Revised Statutes Supplement, 2021, is
2 amended to read:

3 38-2891 (1) A pharmacy technician shall only perform tasks which do
4 not require the professional judgment of a pharmacist and which are
5 subject to verification to assist a pharmacist in the practice of
6 pharmacy.

7 (2) A pharmacy technician may administer vaccines, and such
8 administration shall not be considered to be performing a task requiring
9 the professional judgment of a pharmacist, when:

10 (a) The vaccines are verified by the pharmacist responsible for the
11 supervision and verification of the activities of the pharmacy technician
12 prior to administration;

13 (b) Administration is limited to intra-muscular in the deltoid
14 muscle or subcutaneous on the arm to a person three years of age or
15 older;

16 (c) The pharmacy technician is certified as required by section
17 38-2890;

18 (d) The pharmacy technician has completed certificate training in
19 vaccine administration that includes, at a minimum, vaccine
20 administration, blood-borne pathogen exposure, safety measures during
21 administration, and biohazard handling;

22 (e) The pharmacy technician is currently certified in basic life-
23 support skills for health care providers as determined by the board; and

24 (f) The pharmacist responsible for the supervision and verification
25 of the activities of the pharmacy technician is on site.

26 (3) (2) The functions and tasks which shall not be performed by
27 pharmacy technicians include, but are not limited to:

28 (a) Receiving oral medical orders from a practitioner or his or her
29 agent except as otherwise provided in subsection (4) of section 38-2870;

30 (b) Providing patient counseling;

31 (c) Performing any evaluation or necessary clarification of a

APPENDIX A

LB812
2022

LB812
2022

1 medical order or performing any functions other than strictly clerical
2 functions involving a medical order;

3 (d) Supervising or verifying the tasks and functions of pharmacy
4 technicians;

5 (e) Interpreting or evaluating the data contained in a patient's
6 record maintained pursuant to section 38-2869;

7 (f) Releasing any confidential information maintained by the
8 pharmacy;

9 (g) Performing any professional consultations; and

10 (h) Drug product selection, with regard to an individual medical
11 order, in accordance with the Nebraska Drug Product Selection Act.

12 (4) ~~(3)~~ The director shall, with the recommendation of the board,
13 waive any of the limitations in subsection (3) ~~(2)~~ of this section for
14 purposes of a scientific study of the role of pharmacy technicians
15 approved by the board. Such study shall be based upon providing improved
16 patient care or enhanced pharmaceutical care. Any such waiver shall state
17 the length of the study and shall require that all study data and results
18 be made available to the board upon the completion of the study. Nothing
19 in this subsection requires the board to approve any study proposed under
20 this subsection.

21 Sec. 2. Original section 38-2891, Revised Statutes Supplement,
22 2021, is repealed.

23 Sec. 3. Since an emergency exists, this act takes effect when
24 passed and approved according to law.

Appendix B - States Where Pharmacy Technicians are Statutorily Allowed to Administer Vaccines

State	Technician Immunization Administration	Additional Requirements	Language
Arkansas	Any vaccine/age a pharmacist can administer, as delegated	Appropriate education/training Pharmacist supervision	Arkansas Code § 17-92-101(17)(c) (ii) A pharmacy technician may administer vaccines and immunizations to a person three (3) years of age or older if delegated to do so by a supervising pharmacist, but may not administer other medications.
Colorado	Any vaccine/age a pharmacist can administer, as delegated	4 hours of training, include didactic and hands-on, ACPE accredited Pharmacist supervision	19.00.00 ADMINISTRATION. 19.01.00 Vaccines and Immunizations. 19.01.10 Qualifications. a. A pharmacist certified in immunization, or pharmacy intern, or pharmacy technician under the supervision of a pharmacist certified in immunization, may administer vaccines and immunizations per authorization of a physician. A copy of the authorization shall be maintained at the prescription drug outlet. Routine childhood immunizations, as defined by the Colorado State Board of Health, shall comply with CDC guidelines.
Florida	Any vaccine/age a pharmacist can administer, as delegated	Complete certificate training program, at least 6 hours 2 hours CE every renewal cycle	Bill passed 2022: https://flsenate.gov/Session/Bill/2022/1209/BillText/er/PDF
Iowa	Any vaccine/age a pharmacist can administer, as delegated	Pharmacist supervision Appropriate education/training Pharmacist supervision	Iowa Code § 155A.33 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.

<p>Idaho</p>	<p>Any vaccine/age a pharmacist can administer, as delegated</p>	<p>Appropriate education/training Pharmacist supervision</p>	<p>IDAPA 27.01.01.100 100. PRACTICE OF PHARMACY: GENERAL APPROACH. To evaluate whether a specific act is within the scope of pharmacy practice in or into Idaho, or whether an act can be delegated to other individuals under their supervision, a licensee or registrant of the Board must independently determine whether: Effective date (7-1-18) 01. Express Prohibition. The act is expressly prohibited by: Effective date (7-1-18) a. The Idaho Pharmacy Act, Title 54, Chapter 17, Idaho Code; Effective date (7-1-18) b. The Uniform Controlled Substances Act, Title 37, Chapter 27, Idaho Code; Effective date (7-1-18) c. The rules of the Idaho State Board of Pharmacy; or Effective date (7-1-18) d. Any other applicable state or federal laws, rules or regulations. Effective date (7-1-18) 02. Education, Training, and Experience. The act is consistent with licensee or registrant's education, training, and experience. Effective date (4-11-19) 03. Standard of Care. Performance of the act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training and experience. Effective date (7-1-18) IDAPA 27.01.01.012 012. DEFINITIONS AND ABBREVIATIONS (O - Z) 11. Technician. Unless specifically differentiated, a term inclusive of pharmacy technician, certified technician, student technician, and technician-in-training to indicate an individual authorized by registration with the Board to perform pharmacy support services under the supervision of a pharmacist. Effective date (6-30-19) Idaho Code § 54-1704 "Practice of pharmacy" means: (2) Participation in drug and device selection, drug administration, prospective and retrospective drug reviews 225 ILCS 85/9 Sec. 9. Licensee as registered pharmacy technician. (a) ... The Department shall issue a license as a registered pharmacy technician to any applicant who has qualified as aforesaid, and such license shall be the sole authority required to assist licensed pharmacists in the individual under a drug order or prescription as delegated by the pharmacist IC 25-26-13-31.7 [EFFECTIVE JULY 1, 2022 - until then, just influenza and COVID-19 vaccines] (a) Subject to rules adopted under subsection (c), a pharmacy technician may administer any immunization to an individual under a drug order or prescription as delegated by the pharmacist Section 4. Pharmacy Technician Requirements. A pharmacy technician may administer a vaccine under the general supervision of a pharmacist to an individual if the pharmacy technician: (1) Completes a minimum of two (2) hours of immunization-related continuing education accredited by the Accreditation Council for Pharmacy Education (ACPE) per each state registration period; (2) Completes or has completed a practical (1) Subject to subsections (2) to (6), a licensee who holds a license other than a health profession subfield license may delegate to a licensed or unlicensed individual who is otherwise qualified by education, training, or experience the performance of selected acts, tasks, or functions where the acts, tasks, or functions fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision. A licensee shall not delegate an act, task, or function under this section if the act, task, or function, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of the licensee under this article.</p>
<p>Illinois</p>	<p>Any vaccine/age a pharmacist can administer, as delegated</p>	<p>Appropriate education/training Pharmacist supervision</p>	<p>Sec. 9. Licensee as registered pharmacy technician. (a) ... The Department shall issue a license as a registered pharmacy technician to any applicant who has qualified as aforesaid, and such license shall be the sole authority required to assist licensed pharmacists in the individual under a drug order or prescription as delegated by the pharmacist</p>
<p>Indiana</p>	<p>Any vaccine/age a pharmacist can administer, as delegated</p>	<p>Not yet established; pending board rules</p>	<p>[EFFECTIVE JULY 1, 2022 - until then, just influenza and COVID-19 vaccines] (a) Subject to rules adopted under subsection (c), a pharmacy technician may administer any immunization to an individual under a drug order or prescription as delegated by the pharmacist</p>
<p>Kentucky</p>	<p>Any vaccine/age a pharmacist can administer, as delegated</p>	<p>Must complete 2 hours of immunization CE every renewal period.</p>	<p>Section 4. Pharmacy Technician Requirements. A pharmacy technician may administer a vaccine under the general supervision of a pharmacist to an individual if the pharmacy technician: (1) Completes a minimum of two (2) hours of immunization-related continuing education accredited by the Accreditation Council for Pharmacy Education (ACPE) per each state registration period; (2) Completes or has completed a practical</p>
<p>Massachusetts</p>	<p>Limited</p>	<p></p>	<p></p>
<p>Michigan</p>	<p>Any vaccine/age a pharmacist can administer, as delegated</p>	<p></p>	<p>(1) Subject to subsections (2) to (6), a licensee who holds a license other than a health profession subfield license may delegate to a licensed or unlicensed individual who is otherwise qualified by education, training, or experience the performance of selected acts, tasks, or functions where the acts, tasks, or functions fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision. A licensee shall not delegate an act, task, or function under this section if the act, task, or function, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of the licensee under this article.</p>
<p>Missouri</p>	<p>Any vaccine/age a pharmacist can administer, as delegated</p>	<p></p>	<p></p>

Nevada	Any vaccine/age a pharmacist can administer, as delegated		
New Mexico	Any vaccine/age a pharmacist can administer, as delegated		
North Dakota	Any vaccine/age a pharmacist can administer, as delegated		
Rhode Island	Any vaccine/age a pharmacist can administer, as delegated	Complete certificate training course CPR training certificate Direct supervision and authorization of immunizing pharmacist	<p>216 RICR 040-15-1 Section 1.2 Definitions A. Wherever used in this Part the following terms shall be construed as follows: 115. "Pharmacy technician" means an individual who meets minimum qualifications established by the Board, that are less than those established by the Act as necessary for licensing as a pharmacist; and who work under the direction and supervision of a licensed pharmacist. There shall be two levels of licensure for Pharmacy Technicians: a. Pharmacy Technician I; and b. Pharmacy Technician II. (See also § 1.1.10 of this Part). As used in these Regulations, a "Pharmacy Technician II" is one who is licensed by the Board as a Pharmacy Technician and who is also currently certified by the Pharmacy Technician Certification Board (PTCB) of the American Pharmacists' Association or other national certifying organization as may be approved by the Board.</p> <p>Section 1.11 Administration of Immunizations and Performance of Limited-Function Tests by Pharmacists 1.11.1 Administration of Immunizations B. Qualifications 1. A pharmacist may administer immunizations to persons who are at least eighteen (18) years of age, as provided in § 1.11 of this Part. 2. A pharmacist may administer influenza vaccine to a person between the ages of nine (9) and eighteen (18) years old inclusive. 3. A pharmacist may administer any immunization, pursuant to §§ 1.11(B)(1) and (2) of this Part, available in accordance with manufacturers' guidelines or established guidelines issued by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) or American Academy of Pediatrics (AAP) for administration to patients. 8. A pharmacist shall not delegate the administration of immunizations to another person, except; b. A technician II who has completed a recognized certificate training course on appropriate immunization administration technique and holds a current basic cardiopulmonary resuscitation (CPR) training certificate, shall be permitted to administer vaccinations under the direct supervision and with the authorization of an immunizing pharmacist when; (1) The immunizing pharmacist has completed all of the requirements pursuant to § 1.11 of this Part prior to</p>
Tennessee	Any vaccine/age a pharmacist can administer, as delegated	Appropriate education/training Pharmacist supervision	<p>Tennessee Code Annotated, Section 63-10-204 "Pharmacy technician" means an individual who is specifically trained and designated to assist a pharmacist and may perform tasks delegated by the pharmacist, including participation in drug, dietary supplement and device selection, storage, and distribution and administration, consistent with the pharmacy technician's education, training, and experience, as defined by rules promulgated by the board.</p>

Utah	Any vaccine/age a pharmacist can administer, as delegated	Appropriate training + two hours CE each licensure renewal cycle Direct, on-site supervision by pharmacist Follow vaccine protocol: https://dopl.utah.gov/pharm/vaccine_administration_protocol.pdf	<p>U.A.C. R156-17b-601 (3) A pharmacy technician may administer vaccines and emergency medications pursuant to delegation by a pharmacist under the Vaccine Administration Protocol: Standing Order to Administer Immunizations and Emergency Medications, adopted March 26, 2019, by the Division in collaboration with the Utah State Board of Pharmacy and Utah Physicians Licensing Board, as posted on the Division website, if the pharmacy technician:</p> <p>(a) has completed the initial training required by Section R156-17b-621; (b) is under "direct", on-site supervision by the delegating pharmacist as defined in R156-1-102a(4)(a); and (c) for each renewal cycle after the initial training, has completed a minimum of two hours of continuing education in immunization or vaccine-related topics in accordance with R156-17-309.</p> <p>U.A.C. R156-17b-621 (2) A pharmacy technician who will administer a prescription drug or device shall complete the appropriate training described in Subsections (1)(a), (b), and (e) prior to engaging in administration. (3) Sources for the appropriate training include: (a) ACPE approved programs; (b) curriculum-based programs from an ACPE accredited college of pharmacy, or an ASHP accredited pharmacy technician program; (c) state or local health department programs; and (d) other Board recognized providers. (4) An individual who engages in the administration of prescription drugs or devices shall: (a) maintain documentation that they obtained their required training; and (b) for each renewal cycle after their initial training, complete at least two hours of continuing education related to their administration of prescription drugs or devices, in accordance with Section R156-17b-309. (5) The "Vaccine Administration Protocol: Standing Order to Administer Immunizations and Emergency Medications", adopted March 26, 2019, by the Division in collaboration with the Utah State Board of Pharmacy and the Utah Physicians Licensing Board, as posted on the Division website, is the guideline or standard for pharmacist administration of vaccines and emergency medications, and for pharmacy intern or pharmacy technician administration pursuant to delegation by a pharmacist.</p>
Virginia	Any vaccine/age a pharmacist can administer, as delegated	Pharmacist supervision	<p>U.A.C. R156-17b-309 Code of Virginia 54.1-3321. Registration of pharmacy technicians. 8. Under the supervision of a pharmacist, meaning the supervising pharmacist is at the same physical location of the technician or pharmacy intern, and consistent with the requirements of 54.1-3303.1, administration of the following drugs and devices to persons three years of age or older as set forth in regulations of the Board: vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19. An interpretation of current WA state law in December 2019 allows technicians to administer medications as a delegated function with documentation of training included in the Pharmacy Ancillary Personnel Utilization Plan. Guidance document forthcoming. Bill passed 2022: https://docs.legis.wisconsin.gov/2021/related/proposals/sb300</p>
Washington	Any vaccine/age a pharmacist can administer, as delegated	Pharmacist supervision	<p>33-24-157. Immunization administration. (d) A pharmacy technician or pharmacy intern licensed under this act shall only administer immunizations under the supervision of a pharmacist licensed under this act. A pharmacy technician or pharmacy intern who intends to administer immunizations shall register with the board, but nothing in this subsection shall be deemed to require any pharmacy technician to administer immunizations to individuals who are less than thirteen (13) years of age. No employer shall discriminate against a pharmacy technician on the basis that the pharmacy technician determines not to administer immunizations to individuals who are less than thirteen (13) years of age.</p>
Wisconsin	Any vaccine/age a pharmacist can administer, as delegated	Pharmacist supervision	
Wyoming	Any vaccine/age a pharmacist can administer, as delegated	Registration with board of pharmacy Pharmacist supervision	

PREPARED BY: Liz Hruska
 DATE PREPARED: January 31, 2022
 PHONE: 402-471-0053

LB 812

Revision: 00

FISCAL NOTE
LEGISLATIVE FISCAL ANALYST ESTIMATE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)				
	FY 2022-23		FY 2023-24	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS				
CASH FUNDS		(\$5,256)		
FEDERAL FUNDS				
OTHER FUNDS				
TOTAL FUNDS		(\$5,256)		

Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.

This bill would allow pharmacy technicians to administer vaccines after completing certificate training in vaccine administration and under the supervision of an onsite pharmacist.

There are no additional costs to the Department of Health and Human Services. There would be a loss in credentialing and licensure revenue. There are 262 pharmacy technicians registered as medication aides. They would no longer be required to register as medication aides. The biennial registration fee is \$18, reducing revenue by \$5,256.

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE			
LB: 812	AM:	AGENCY/POLT. SUB: Nebraska Department of Health and Human Services	
REVIEWED BY: Ann Linneman	DATE: 1-18-2022	PHONE: (402) 471-4180	
COMMENTS: No basis to disagree with the Nebraska Department of Health & Human Services' assessment of fiscal impact.			

LB⁽¹⁾ 812

FISCAL NOTE

2022

ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION

State Agency or Political Subdivision Name:(2) Department of Health and Human Services

Prepared by: (3) John Meals

Date Prepared 1-18-2022

Phone: (5) 471-6719

	FY 2022-2023		FY 2023-2024	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS				
CASH FUNDS				
FEDERAL FUNDS				
OTHER FUNDS				
TOTAL FUNDS	\$0	\$0	\$0	\$0

Return by date specified or 72 hours prior to public hearing, whichever is earlier.

Explanation of Estimate:

LB 812 would allow a pharmacy technician to deliver vaccines without holding a medication aide registration. There will be no added expenses that would impact the Department of Health and Human Services (DHHS). There would be an impact on the revenue for DHHS. There are currently 292 pharmacy technicians who are active on the medication aide registry. Registration is \$18, creating a loss of \$5,256 of revenue biannually for DHHS.

MAJOR OBJECTS OF EXPENDITURE

PERSONAL SERVICES:

POSITION TITLE	NUMBER OF POSITIONS		2022-2023	2023-2024
	22-23	23-24	EXPENDITURES	EXPENDITURES
Benefits.....				
Operating.....				
Travel.....				
Capital Outlay.....				
Aid.....				
Capital Improvements.....				
TOTAL.....				



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Guidance
Office of the Secretary

Office of the Assistant Secretary for Health
Washington, D.C. 20201

U.S. Department of Health & Human Services
Office of the Assistant Secretary for Health
October 20, 2020

Guidance for PREP Act Coverage for Qualified Pharmacy Technicians and State-Authorized Pharmacy Interns for Childhood Vaccines, COVID-19 Vaccines, and COVID-19 Testing

On January 31, 2020, the Secretary of Health and Human Services declared that the 2019 novel coronavirus disease (COVID-19) is a public health emergency for the United States.¹ The United States Department of Health and Human Services (HHS) is the lead agency for the federal government’s response to the COVID-19 pandemic.

Key components of that response are rapidly expanding COVID-19 testing across America, expanding access to childhood vaccinations to help address a decrease in childhood vaccination rates due to the COVID-19 pandemic, and expanding access to COVID-19 vaccines when they become available. Within HHS, the Office of the Assistant Secretary for Health (OASH) leads federal efforts to support such expansions.

Childhood and COVID-19 Vaccine Guidance for Qualified Pharmacy Technicians And State-Authorized Pharmacy Interns

Pharmacies, in partnership with other healthcare providers, are well positioned to increase access to vaccinations—particularly in certain areas that have too few pediatricians and other primary care providers, or that are otherwise medically underserved.² For example, pharmacists already play a significant role in annual influenza vaccination. In the early 2018-19 season, pharmacists administered the influenza vaccine to nearly a third of all adults who received the vaccine.³ Some states permit pharmacy technicians to administer vaccines to both adults and children under certain circumstances.⁴

¹ The Secretary’s declaration of a public health emergency was retroactively effective on January 27, 2020.

² See, e.g., *Guidance for Pharmacists and Pharmacy Technicians in Community Pharmacies during the COVID-19 Response*, CDC, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html> (last updated June 28, 2020) (“As a vital part of the healthcare system, pharmacies play an important role in providing medicines, therapeutics, vaccines, and critical health services to the public.”); Kimberly McKeirnan & Gregory Sarchet, *Implementing Immunizing Pharmacy Technicians in a Federal Healthcare Facility*, 7 PHARMACY 1, 7 (2019), <https://www.mdpi.com/2226-4787/7/4/152/htm> (last visited Aug. 5, 2020) (Indian Health Service study demonstrating “the effective implementation of immunization-trained pharmacy technicians and the positive impact utilization of pharmacy support personnel can create” on childhood vaccination rates in medically underserved populations).

³ *Early-Season Flu Vaccination Coverage — United States, November 2018*, CDC, <https://www.cdc.gov/flu/fluview/nifs-estimates-nov2018.htm> (last visited July 14, 2020).

⁴ Deeb Eid, et al., *Moving the Needle: A 50-State and District of Columbia Landscape Review of Laws Regarding Pharmacy Technician Vaccine Administration*, Pharmacy 7, 168 (2019) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6958442/>.

On March 10, 2020, the Secretary of Health and Human Services (Secretary) issued a Declaration under the Public Readiness and Emergency Preparedness (PREP) Act.⁵ On August 19, 2020, the Secretary amended the March 10, 2020 declaration to identify an additional category of persons who are qualified persons for liability protection under 42 U.S.C. § 247d-6d(i)(8)(B) of the PREP Act.⁶ The definition of qualified persons in this Third Amendment included pharmacy interns authorized to administer to persons ages three through 18 childhood vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends according to ACIP's standard immunization schedule, provided that certain conditions are met.⁷ For PREP Act liability protection to attach, the Third Amendment also required the pharmacy intern to act under the supervision of a pharmacist and to be licensed or registered by his or her State board of pharmacy.⁸ On September 3, 2020, OASH issued guidance authorizing State-licensed pharmacists to order and administer, and State-licensed or registered pharmacy interns acting under the supervision of the qualified pharmacist to administer, to persons ages three or older, COVID-19 vaccinations that have been authorized or licensed by the Food and Drug Administration (FDA), provided that certain conditions are met—thereby making them “covered persons” under the PREP Act with respect to this activity.⁹

Some states do not require pharmacy interns to be licensed or registered by the State board of pharmacy.¹⁰ This guidance clarifies that the pharmacy intern must be authorized by the state or board of pharmacy in the state in which the practical pharmacy internship occurs, but this authorization need not take the form of a license from, or registration with, the State board of pharmacy.

Similarly, states vary on licensure and registration requirements for pharmacy technicians. Some states require certain education, training, and/or certification for licensure or registration; others either have no prerequisites for licensure or registration or do not require licensure or registration at all. For purposes of this guidance, to be a “qualified pharmacy technician,” pharmacy technicians working in states with licensure and/or registration requirements must be licensed and/or registered in accordance with state requirements; pharmacy technicians working in states without licensure and/or registration requirements must have a Certified Pharmacy Technician (CPhT) certification from either the Pharmacy Technician Certification Board or National Healthcareer Association.

Therefore, as an Authority Having Jurisdiction under the Secretary's March 10, 2020 declaration under the PREP Act, OASH issues this guidance. Subject to satisfaction of the requirements listed below, this guidance authorizes both qualified pharmacy technicians and State-authorized

⁵ See Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19, 85 Fed. Reg. 15,198 (Mar. 17, 2020); 85 Fed. Reg. 21,012 (Apr. 15, 2020); 85 Fed. Reg. 35,100 (June 8, 2020); 85 Fed. Reg. 52,136 (Aug. 24, 2020); *see also* Pub. L. No. 109-148, Public Health Service Act § 319F-3, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e.

⁶ See Third Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19, 85 Fed. Reg. 52,136, 52,140 (Aug. 24, 2020) (Third Amendment).

⁷ *Id.*

⁸ *Id.* Pharmacists, pharmacy interns, and pharmacy technicians might have already been subject to PREP Act immunity for certain activities prior to this amendment.

⁹ See <https://www.hhs.gov/sites/default/files/licensed-pharmacists-and-pharmacy-interns-regarding-covid-19-vaccines-immunity.pdf> (last visited Sept. 28, 2020).

¹⁰ See *e.g.*, 21 N.C.A.C. 46.1317 (West 2020) (requiring an intern to be registered with the State board of pharmacy or be enrolled in approved academic internship program); Tenn. Code Ann. § 63-10-204 (West 2020) (requiring enrollment in or graduation from recognized school or college of pharmacy under rules established by board); Wis. Stat. § 450.03 (West 2020) (requiring completion of second year of and current enrollment at accredited school of pharmacy).

pharmacy interns acting under the supervision of a qualified pharmacist¹¹ to administer FDA-authorized or FDA-licensed COVID-19 vaccines to persons ages three or older and to administer FDA-authorized or FDA-licensed ACIP-recommended vaccines to persons ages three through 18 according to ACIP's standard immunization schedule.

Such qualified pharmacy technicians and State-authorized pharmacy interns will qualify as "covered persons" under the PREP Act, subject to other applicable requirements of the Act and the requirements discussed below. They may also receive immunity under the PREP Act with respect to all claims for loss caused by, arising out of, relating to, or resulting from, the administration or use of such vaccines. 42 U.S.C. § 247d-6d(a)(1).¹²

To qualify as "qualified persons" under 42 U.S.C. § 247d-6d(i)(8)(B) when administering FDA-authorized or FDA-licensed COVID-19 vaccines to persons ages three or older or ACIP-recommended childhood vaccinations to persons ages three through 18, qualified pharmacy technicians and State-authorized pharmacy interns must satisfy the following requirements:

- The vaccination must be ordered by the supervising qualified pharmacist.
- The supervising qualified pharmacist must be readily and immediately available to the immunizing qualified pharmacy technicians.
- The vaccine must be FDA-authorized or FDA-licensed.
- In the case of a COVID-19 vaccine, the vaccination must be ordered and administered according to ACIP's COVID-19 vaccine recommendation(s).
- In the case of a childhood vaccine, the vaccination must be ordered and administered according to ACIP's standard immunization schedule.
- The qualified pharmacy technician or State-authorized pharmacy intern must complete a practical training program that is approved by the Accreditation Council for Pharmacy Education (ACPE). This training program must include hands-on injection technique and the recognition and treatment of emergency reactions to vaccines.
- The qualified pharmacy technician or State-authorized pharmacy intern must have a current certificate in basic cardiopulmonary resuscitation.
- The qualified pharmacy technician must complete a minimum of two hours of ACPE-approved, immunization-related continuing pharmacy education during the relevant State licensing period(s).
- The supervising qualified pharmacist must comply with recordkeeping and reporting requirements of the jurisdiction in which he or she administers vaccines, including informing the patient's primary care provider when available and submitting the required immunization information to the state or local immunization information system (vaccine registry).

¹¹ For purposes of this guidance, "qualified pharmacist" means those pharmacists who satisfy the requirements listed in Section V(d) of the Third Amendment. *See* 85 Fed. Reg. at 52140 (Aug. 24, 2020).

¹² Regarding vaccines subject to the National Vaccine Injury Compensation Program, the Third Amendment to the COVID-19 PREP Act Declaration states: "Nothing in this Declaration shall be construed to affect the National Vaccine Injury Compensation Program, including an injured party's ability to obtain compensation under that program. Covered countermeasures that are subject to the National Vaccine Injury Compensation Program authorized under 42 U.S.C. 300aa-10 et seq. are covered under this Declaration for the purposes of liability immunity and injury compensation only to the extent that injury compensation is not provided under that Program." 85 Fed. Reg. at 52140 (Aug. 24, 2020).

- The supervising qualified pharmacist is responsible for complying with requirements related to reporting adverse events.
- The supervising qualified pharmacist must review the vaccine registry or other vaccination records prior to ordering the vaccination to be administered by the qualified pharmacy technician or State-authorized pharmacy intern.
- The qualified pharmacy technician and State-authorized pharmacy intern must, if the patient is 18 years of age or younger, inform the patient and the adult caregiver accompanying the patient of the importance of a well-child visit with a pediatrician or other licensed primary-care provider and refer patients as appropriate.
- The supervising qualified pharmacist must comply with any applicable requirements (or conditions of use) as set forth in the CDC’s COVID-19 vaccination provider agreement and any other federal requirements that apply to the administration of COVID-19 vaccine(s).

This authorization preempts any state and local law that prohibits or effectively prohibits those who satisfy these requirements from administering COVID-19 or routine childhood vaccines as set forth above. It does not preempt state and local laws that permit additional individuals to administer COVID-19 or routine childhood vaccines to additional persons.¹³

COVID-19 Testing Guidance for Qualified Pharmacy Technicians and State-Authorized Pharmacy Interns

For the reasons stated herein, pharmacies, in partnership with other healthcare providers, are also well positioned to aid COVID-19 testing expansion. Pharmacists are trusted healthcare providers with established relationships with their patients. As of 2018, nearly 90 percent of Americans lived within five miles of a community pharmacy.¹⁴ That proximity reduces travel to testing locations, which is an important mitigation measure. Pharmacies often offer extended hours and added convenience. Pharmacists supervising qualified pharmacy technicians and State-authorized pharmacy interns also have strong relationships with medical providers and hospitals to appropriately refer patients when necessary.

Therefore, as an Authority Having Jurisdiction under the Secretary’s PREP Act Declaration, OASH issues this guidance authorizing qualified pharmacy technicians and State-authorized pharmacy interns to administer COVID-19 tests, including serology tests, that the FDA has approved, cleared, or authorized.¹⁵ By doing so, such qualified pharmacy technicians and State-authorized pharmacy interns will qualify as “covered persons” under the PREP Act. And they may receive immunity under the PREP Act with respect to all claims for loss caused by, arising out of, relating to, or resulting from, the administration or use of FDA-authorized COVID-19 tests. 42 U.S.C. § 247d-6d(a)(1).

¹³ Nothing herein shall affect federal-law requirements in 42 C.F.R. Part 455, subpart E regarding screening and enrollment of Medicaid and Children's Health Insurance Program (CHIP) providers. This guidance does not speak to or change reimbursement policy with respect to whether a qualified pharmacy technician or State-authorized pharmacy intern may obtain reimbursement from a government or private payer for ordering or administering an FDA-authorized test, administering a COVID-19 vaccine, or administering routine childhood immunizations.

¹⁴ *Get to Know Your Pharmacist*, CDC, <https://www.cdc.gov/features/pharmacist-month/index.html> (last visited July 14, 2020).

¹⁵ FDA’s Emergency Use Authorizations for diagnostic and therapeutic medical devices to diagnose and respond to particular public health emergencies are available at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

APPENDIX D

This authorization preempts any state and local law that prohibits or effectively prohibits those who satisfy these requirements from administering COVID-19 tests as set forth above. It does not preempt state and local laws that permit additional individuals to administer COVID-19 tests to additional persons.¹⁶

¹⁶Nothing herein shall affect federal-law requirements in 42 C.F.R. Part 455, subpart E regarding screening and enrollment of Medicaid and CHIP providers. This guidance does not speak to or change reimbursement policy with respect to whether a qualified pharmacy technician or State-authorized pharmacy intern may obtain reimbursement from a government or private payer for ordering or administering an FDA-authorized test, administering a COVID-19 vaccine, or administering routine childhood immunizations.

APPENDIX E

Element / Skill / Training	Current Federal Waiver	Proposed in LB 812	Medication Aide option 172 NAC 95
Injection skill	Nationally certified training program	Nationally certified training program	Determined by the pharmacist
Oral administration ¹	Rotavirus vaccine allowed	Not allowed	Required training ³
Nasal administration ²	Nasal influenza allowed	Not allowed	Required training ³
Ophthalmic administration	No ophthalmic vaccines	Not allowed	Required training ³
Otic administration	No otic vaccines	Not allowed	Required training ³
Topical administration	No topical vaccines	Not allowed	Required training ³
Supervision	Not directly addressed	Pharmacist on-site	Monitoring is required, on-site is NOT expressly required
CPR training	Required	Required	Not required
Continuing Education (CE) requirement	Depends on training program, CE required to be a certified technician	Depends on training program, CE required to be a certified technician	Not required
On-going state fees other than pharmacy technician registration	None	None	\$25 biennially
Supervising Professional Board	Pharmacy	Pharmacy	Nursing
Vaccinating children under 3 years of age	Allowed	Not allowed	Allowed
Vaccines covered	All childhood vaccines, COVID, influenza	All vaccines for people over the age of 3 years of age ⁴	All
Monitoring adverse reactions	Required, epinephrine training provided	Required, epinephrine training provided	Required, no epinephrine training provided
Supervisory ratio	None listed in Federal waiver. Nebraska limits to 1:3	No change in the existing 1:3 ratio	No ratio, unlimited supervision is allowed

1. The existing federal waiver would allow for the administration of rotavirus vaccine to children 8 months of age and younger. We have no evidence of pharmacy technicians administering rotavirus vaccine using this waiver. Would be expressly disallowed under LB 812, is expressly allowed under the Medication Aide option, if authorized by the pharmacist.
2. Nasal influenza vaccine is not commonly used, but technically allowed under the current Federal waiver. Would be expressly disallowed under LB 812, is expressly allowed under the Medication Aide option, if authorized by the pharmacist.
3. To register as a Medication Aide, this training is required, even when not desired by the supervising pharmacist.
4. LB 812 would allow for shingles vaccine which is currently NOT allowed under the Federal waiver.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services February 2, 2022
LB812
Rough Draft

ARCH: Good afternoon. Welcome to the Health and Human Services Committee. My name is John Arch. I represent the 14th Legislative District in Sarpy County and I serve as Chair of the HHS Committee. I'd like to invite the members of the committee to introduce themselves starting on my right with Senator Murman.

MURMAN: Hello. I'm Senator Dave Murman from District 38 and I represent seven counties and part of an eighth along the southern border south of the middle part of the state.

WILLIAMS: Matt Williams from Gothenburg, represent Legislative District 36.

M. CAVANAUGH: Machaela Cavanaugh, District 6, west-central Omaha, Douglas County.

ARCH: Also assisting the committee, one of our legal counsels, Paul Henderson, our committee clerk Geri Williams, and our committee pages Savana and Aleks. A few notes about our policies and procedures. First, please turn off or silence your cell phones. This afternoon, we will be hearing four bills in-- and we'll be taking them in the order listed on the agenda outside the room. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. For those of you who are planning to testify, you will find green testifier sheets on the tables near the entrance of the hearing room. Please fill one out, hand it to one of the pages when you come up to testify. This will help us keep an accurate record of the hearing. When you do come up, please begin by stating your name clearly into the microphone and then please spell both your first and last name. We use the light system for testifying. Each testifier will have five minutes to testify. When you begin, the light will be green. When the light turns yellow, that means you have one minute left, you speed up at that point. When the light turns red, it is time to end your testimony. We will ask you to wrap up your final thoughts. If you wish to appear on the committee statement as having a position on one of the bills before us today, you need to testify. If you simply want to be a part of the official record of the hearing, you may submit written comments for the record online via the Chamber Viewer page for each bill. Those comments must

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be submitted prior to noon on the work day before the hearing in order to be included in the official record. However, additionally, there is a white sign-in sheet at the entrance where you may leave your name and position on the bills before us today. And with that, we will begin today's hearing with LB812 and welcome Senator Hilkemann.

HILKEMANN: Good afternoon, Chairman Arch and members of the Health and Human Services Committee. I am Robert Hilkemann, that's R-o-b-e-r-t H-i-l-k-e-m-a-n-n, and I represent District 4. LB812 would allow a pharmacy technician under the supervision of a pharmacist, under the supervision of a pharmacist to administer vaccinations in Nebraska. It is important to begin by understanding that pharmacy technicians in Nebraska have been delivering vaccinations for several months under the Public Readiness and Emergency Preparedness Act, or PREP. This action by Congress provided a pathway for states to rapidly expand and support their vaccination workforces. Additionally, Governor Ricketts issued an executive order expanding the flexibility of pharmacists to utilize pharmacy technicians as they determined necessary when administering vaccinations. The provisions of the PREP Act are currently scheduled to expire on October 1, 2024, or when the end of the declaration of the emergency is issued. LB812 will essentially codify the existing pandemic waivers for the administration of vaccine by pharmacy technicians, thereby allowing pharmacy technicians with appropriate training to continue to help pharmacists meet the vaccination needs of their patients. The requirements of the pharmacists and pharmacy technicians for the delivery of vaccinations in this bill are as follow: first, prior to the administration of a vaccine by a pharmacy technician, the vaccine must be reviewed and verified by the pharmacist. Secondly, the pharmacy tech would be limited to administering a vaccination to patients three years of age or older. Third, the vaccination can only be given in the deltoid muscle of the arm. Fourth, the pharmacy technician is required to hold a current certificate in basic life support. Fifth, the pharmacy technician must be certified and trained to administer vaccinations and finally, the supervising pharmacist would be required to be on site. A survey of pharmacists and pharmacy technicians practicing in Nebraska conducted by the University of Nebraska College of Pharmacy reflected no increased risk to Nebraskans as a result of current pandemic waivers and overall support for allowing pharmacy technicians to continue to administer vaccinations. At a time when our healthcare workforce is facing unprecedented challenges, pharmacy technicians have administered vaccinations during this waiver period in a safe and

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sound fashion. They have been integrated by pharmacists into their workflow from administration of the vaccines and LB812 would allow a pharmacist to continue this practice on a permanent basis. I'd be happy to try to answer any questions you may have or there's certainly other pharmacists behind who--

ARCH: Thank you, Senator Hilkemann. Are there any questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you, Senator Hilkemann. You said that this-- their-- the emergency staff status expires when?

HILKEMANN: October 1, 2024.

M. CAVANAUGH: And is there currently a specific waiver that they're using?

HILKEMANN: Yes, they're under-- it's under the-- called the PREP Act.

M. CAVANAUGH: PREP, P-R-E-P?

HILKEMANN: P-R-E-P, the, the Public Readiness and Emergency Preparedness Act.

M. CAVANAUGH: OK, thank you.

HILKEMANN: Um-hum.

ARCH: Other questions? Senator Williams.

WILLIAMS: Thank you, Chairman Arch, and thank you, Senator Hilkemann. And just so that we are all on the same page, this is all vaccinations that they could give. This is not just a COVID-19 vaccine.

ARCH: There's a lot of--

HILKEMANN: Yes, I think--

ARCH: There's a lot of--

HILKEMANN: Yes, I think that's correct.

ARCH: --nodding heads behind you.

HILKEMANN: Yes, OK. Yes, OK. Yeah, I believe it's--

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WILLIAMS: I just wanted to have that on the record.

HILKEMANN: I'm going to, I'm going to-- and certainly ask the pharmacists that question for sure--

WILLIAMS: Thank you.

HILKEMANN: --but yes.

ARCH: Any other questions? Seeing none, thank you very much. Are you going to stay close?

HILKEMANN: I will be here.

ARCH: OK, thank you. First proponent for LB812.

ROBERT LASSEN: Chairman Arch, members of the Health and Human Services Committee, my name is Robert Lassen, that's R-o-b-e-r-t L-a-s-s-e-n. I'm a pharmacist testifying today on behalf of AARP Nebraska as a volunteer in support of LB812. Pharmacy technicians are critical team members who facilitate a variety of pharmacy services in the medication-dispensing workflow. The Public Readiness and Emergency Preparation Act, the PREP Act, was designated into law December 2005. The act limited liability to providers for the manufacture, testing, development, distribution, administration, and use of covered countermeasures. On March 10, 2020, the Secretary of Health and Human Services invoked the PREP Act and determined that COVID-19 constituted a public health emergency. Under the provisions of the PREP Act, pharmacy technicians and interns were allowed to administer COVID-19 vaccines and other immunizations to help with increased pharmacy demand. It has been a model that has seen continued success. The eighth amendment to the PREP Act, issued on August 4, 2021, expands upon the third and fourth amendments. The first amendment clarifies that qualified pharmacy technicians and supervised pharmacy interns are included as qualified persons authorized to administer these vaccines. The second amendment expands the vaccine these persons can administer to include seasonal influenza vaccines for adults. In 2020, that scope was expanded to include pharmacist testing and delivering a vaccine to ages 3 through 18. Finally, the eighth amendment reinstates the effective time period for the PREP Act liability protections, which are generally extended through October 1, 2024. This is unless the declaration of emergency is rescinded earlier. The pharmacist oversight under this act must have the following components: the

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vaccinations must be ordered by a supervising qualified pharmacist, supervising qualified pharmacists must be readily and immediately available, a qualified pharmacy technician or state-authorized pharmacy intern must complete a practical training program that is approved by the Accreditation Council of the Pharmacy Education. This training must include hands-on injection techniques and the recognition and treatment of emergency reactions to vaccinations. A qualified technician or state-authorized pharmacy intern must have a current certificate of basic cardiopulmonary resuscitation. A qualified pharmacy technician must complete a minimum of two hours of approved immunization-related continuing education during the relevant state licensing. Now, a typical flow of-- through the pharmacy for vaccination would be a staff member would be taking and checking in the patients, which includes running the prescription for requests for vaccine, providing the vaccine information sheets, vaccination safety information, and other pertinent information. The pharmacist does a quick check to make sure that the right vaccine is selected, preparation of the dose is completed, and prints the paperwork. The patient fills out a vaccine questionnaire, including allergies, health conditions, and other questions that may affect the safety and administration of the vaccine. The pharmacist reviews the questionnaire with the patient and answers any questions and the technician is free to administer the medication. The bill doesn't so much bring us into compliance with the PREP Act as it guarantees our technicians may keep doing what they currently are doing once the pandemic has ended and we've reached that 2024. Pharmacy technicians are critical to the increasing pharmacy role that pharmacies play in patient care, whether administering the vaccine themselves or supporting the workflow for other pharmacy team members. As our population ages, those needing pharmacy services will continue to increase. Pharmacy technicians play a critical role in assisting to meet those challenges and the growing needs surrounding our aging population. Allowing pharmacy technicians to continue with administering vaccinations makes sense and it's the right thing to do, allowing all Nebraskans better access to care and services. Thank you for the opportunity to comment and to Senator Hilkemann for introducing LB812. We would ask the committee to support and advance the bill to the floor. I would be happy to answer any questions.

ARCH: Thank you. Are there any questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you for being here. I was just reviewing the Department of-- DHHS's website and it says that the PREP

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Act authorized pharmacists to order and administer COVID-19 vaccines, but it doesn't talk about pharmacy techs.

ROBERT LASSEN: Yes, that's part of-- if you remember the second amended-- excuse me, the first amendment to that PREP Act--

M. CAVANAUGH: OK.

ROBERT LASSEN: --which is under the eighth. It clarifies qualified pharmacy technicians and supervised pharmacy interns to-- are included as qualified persons authorized to administer these--

M. CAVANAUGH: OK. Great.

ROBERT LASSEN: --vaccines.

M. CAVANAUGH: Thank you. I appreciate that.

ROBERT LASSEN: Um-hum.

M. CAVANAUGH: And then my other question is the October 2024 date, that's a federal date--

ROBERT LASSEN: That's in the act.

M. CAVANAUGH: --that's not the state.

ROBERT LASSEN: Yeah, right.

M. CAVANAUGH: OK.

ROBERT LASSEN: That's in the original declaration.

M. CAVANAUGH: OK, thank you

ROBERT LASSEN: Um-hum.

ARCH: Thank you. Other questions? Senator Walz.

WALZ: Thank you. So I was just thinking about all vaccinations. It includes all vaccinations, correct?

ROBERT LASSEN: Well, it was extended-- initially it was COVID then it was-- included flu and then it's actually into the pediatric [INAUDIBLE].

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WALZ: OK, that was going to be my question. Does this include vaccinations that children get, vaccinations that they would normally get at their Well-Child checkups?

ROBERT LASSEN: Um-hum.

WALZ: OK.

ROBERT LASSEN: Right.

WALZ: So is the information-- is the pharmacy then forwarding that vaccination information to the pediatrician just to make sure that there's a consistent--

ROBERT LASSEN: That's a good question. I'll hold it for the people behind me.

WALZ: OK.

ROBERT LASSEN: Any other questions?

ARCH: Are there any questions? Seeing none--

ROBERT LASSEN: Thank you.

ARCH: --thank you very much for your testimony. Next proponent.

MARCIA MUETING: Good afternoon, Senator Arch and members of the Health and Human Services Committee. My name is Marcia, M-a-r-c-i-a. My last name is Mueeting, M-u-e-t-i-n-g. I am a pharmacist and I am the chief executive officer of the Nebraska Pharmacists Association and I am grateful to be here and testify in support of LB812. Senator Hilkemann did a terrific job of, of teeing up this bill and I don't really have any further comments about the bill itself. I did want to make a comment so that you would know that to date, five states in the United States have already made changes within the scope of practice for pharmacy technicians to allow them administration of vaccines. Those include Idaho, Rhode Island, Utah, Michigan, and Nevada, and lots of other states pending legislation. The experience in Idaho lends credence to the strong safety profile that has accompanied pharmacy technician-administered vaccines. This track record is really not a big surprise, as we already require each pharmacy technician in Nebraska to be registered with Department of Health and Human Services. That requirement has been in place for a long time. So they

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have to be registered prior to employment and they must become certified already within a year of being employed as a pharmacy technician. Excuse me. This means that pharmacy technicians would have similar backgrounds to other medical professionals like a medical assistant in a physician's office, as far as background training requirements for people that have been administering vaccines for years under the supervision of a physician, for example. So I think that's really important. I do want to let you know that my second COVID vaccine I received from a pharmacy technician. The first one was from a pharmacist and I couldn't tell the difference. One thing that this is going to help without a doubt: I don't know if you've been to a pharmacy lately. The lines are long. There's a lot of people that want to talk to the pharmacist about their prescriptions or they want to ask questions about COVID vaccines or they want a vaccination. This is going to help relieve that-- the burden. If the pharmacist is the only person in that pharmacy that can give a vaccination, people will have to wait. And, you know, sometimes people that don't want to wait just leave and they, they won't get their vaccination. Is it that important? I think it is. And I think pharmacy technicians are well poised to do this because they are going to be supervised all the time by a pharmacist. Our pharmacy technicians in Nebraska must be high school graduates or equivalent. They need to be 18 years of age. And as I noted, they're, they are already registered with the Department of Health and Human Services. So for those reasons, I'd like for you to support LB812 and forward it to the committee-- or forward it to the body of the Legislature for debate and passage. I'd be happy to answer any questions.

ARCH: Thank you. Are there questions? Senator Williams.

WILLIAMS: Thank you, Chairman Arch, and thank you, Ms. Mueting for being here. Especially in our rural areas, I think many of us are in a situation where we rely on pharmacies to provide this service and COVID has allowed this to, to increase, but do you think the need for this service with all the vaccines will stay at or above the same level when COVID wanes?

MARCIA MUETING: Absolutely. In fact, I know there's, there's others that are prepared to testify and actually give you some data that's going to talk about what we anticipate the need, the increased need for vaccinations is going to be.

WILLIAMS: Thank you.

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MARCIA MUETING: And Senator Cavanaugh, the, the section you were looking at was about pharmacists, about pharmacists ordering the immunizations. Under the PREP Act, a pharmacist can actually order that. It doesn't have to be from a physician or another prescriber. So the Feds have given pharmacists the ability to order immunizations. That was the first-- before the PREP Act was amended. Does that help?

M. CAVANAUGH: Thank you.

ARCH: Other questions? I have one.

MARCIA MUETING: Sure.

ARCH: And, and it's, it's a, it's a question of process. It is unusual for the committee to hear a scope-of-practice bill without going through the 407 process.

MARCIA MUETING: Um-hum, sure.

ARCH: Why should we consider this without going through the 407?

MARCIA MUETING: I don't want to sound disrespectful, but pharmacy technicians don't really have a scope of practice. You can't have a pharmacy technician without a pharmacist. So if you, if you look at what they can do, it's help a pharmacist.

ARCH: So they're not independent.

MARCIA MUETING: They're not at all independent. That's a great question. They're not at all independent.

ARCH: OK.

MARCIA MUETING: In fact, in those very few seven or eight instances in Nebraska where we allow a technician to run a pharmacy, we call it remote dispensing. So you have a pharmacy out here that is manned by a technician and remotely supervised by a supervising location. Under this bill, we're not-- we don't even want that technician who is out there being supervised via audio/video link to be able to administer a vaccination because there's not a pharmacist on site. That oversight, I think, is the key here. You know, a lot of other professionals administer vaccinations and they don't have a direct supervisor.

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ARCH: Could a, could a pharmacy technician today-- without, without the PREP Act, could a pharmacy technician today direct, allow a pharmacy technician to provide a vaccine? In other words, were it not for the PREP Act, could a pharmacy-- could a pharmacist direct a-- and supervise a pharmacy technician to do a vaccine? Do they need, do they, do they need statutory authorization? Now, it might be a good idea to do it--

MARCIA MUETING: Um-hum.

ARCH: --but do they need to have this or can they, under the direction of the pharmacist now, do a vaccine administration?

MARCIA MUETING: If we set aside the PREP Act-- OK, so as someone who's been with the pharmacy association for a few years, pharmacists were really initially very resistant to allowing a technician and, and going through any kind of a process to change what a technician can and can't do in Nebraska, very resistant and I'll tell you why. Because I myself, as a pharmacist, feel that administering immunizations, vaccinations to Nebraskans was the single thing that propelled my profession forward in the last 20 years. I touched my patients, I talked to them, and I-- and they saw me administering a medication to them. That's huge. I didn't want to give that up. So when we asked our members over and over again, do you want help? Do you want your technicians to be able to do this? It took me a long time to realize that doing this does not require professional judgment, but the professional judgment comes in when you bring me the, the form you filled out that says, do you have a fever? Are you being treated for cancer? Are you taking any oral steroids like prednisone? That's when the professional judgment comes in and the pharmacist reviews that and says you are a candidate for a COVID shot, but you are not. That's where the professional judgment occurs. What we want to be able to have our pharmacy technicians do is this and that's, that's a trainable event. That's something that we can train people to do, without a doubt. And you know, it's kind of funny; now that pharmacy technicians are doing this under the PREP Act, they don't want to give it up because they feel the same way. They feel involved in that patient's care and it has elevated them in healthcare. So before the PREP Act, our pharmacists weren't interested in making that change, but I'm telling you now that COVID has occurred, they're begging for help.

ARCH: All right. OK, thank you. Any other questions? Senator Hansen.

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B. HANSEN: I got to disagree a little bit on the scope of practice thing. Scope of practice typically means the law allows you to do something, right?

MARCIA MUETING: Um-hum.

B. HANSEN: And so technically, you do have a scope of practice, so do pharmacists and so do pharmacist technicians, because the law, us or the federal government, allows you to do something or it does not. So anything that falls in the purview of that is considered a scope of practice, in my opinion, and I think, according to definition too. However, one of-- the other question that I have-- that is more of a comment-- is do, do you think, in your mind, pharmacist technicians, do they ask contraindications to, to, to treatment before injecting a vaccine?

MARCIA MUETING: Yeah, it's, it's that, that consent form that you fill out.

B. HANSEN: Yes.

MARCIA MUETING: So if you have-- if you're immunocompromised, if you are taking an anticoagulant, most of the-- I mean, your pharmacist is going to say, are you-- what, what anticoagulant are you taking? If someone would say I am taking this anticoagulant, they might say, you know what? I want you to get your, your, your influenza vaccine from your doctor's office.

B. HANSEN: Gotcha.

MARCIA MUETING: We-- you know, we want to be prepared for anything and you might be higher risk than I want to-- and I'm going to refer you on to a, to another professional. And I want to talk a little bit about a technician scope of practice because if you actually look at Nebraska law, it's, it's kind of interesting. I got to be honest-- maybe the people behind me can explain how we got where we are-- but if you look at it, it's a list of things that technicians cannot do. It's not this is what they can do, so I'm not really sure if a list of things that a person in their capacity can't do is considered their scope of--

B. HANSEN: Define a scope of practice.

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MARCIA MUETING: --practice. I don't think it's defined very well, to be honest with you. I don't like the way the law's written, but it is what it is. So without a, a pharmacist, a technician can do nothing.

B. HANSEN: Yes and I appreciate that. That was my concern--

MARCIA MUETING: Um-hum.

B. HANSEN: --when you were saying we just want pharmacy technicians to do this.

MARCIA MUETING: And we do.

B. HANSEN: Yes, but also the informed consent portion too.

MARCIA MUETING: Oh no, no, no. That's the pharmacist stuff.

B. HANSEN: OK.

MARCIA MUETING: That is the pharmacist stuff.

B. HANSEN: So pharmacists will look at an informed consent--

MARCIA MUETING: Absolutely.

B. HANSEN: --and decide whether the vaccine is appropriate for that person or not?

MARCIA MUETING: Absolutely.

B. HANSEN: So when somebody comes in, we have a line of people, the pharmacist looks at the forms, says OK, OK, I think, yes, you can get a vaccination when there are contraindications, here's a pharmacy technician, they can do the injection.

MARCIA MUETING: Yep.

B. HANSEN: OK.

MARCIA MUETING: Not only that, not only that, but I, as a pharmacist would say this is the right dose, this is the right immunization, the right vaccine for this patient. Will you give it to the patient--

B. HANSEN: OK.

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MARCIA MUETING: --OK? So--

B. HANSEN: So for instance, so for instance, like, if we're at a pharmacy, the pharmacist is gone, somebody comes in, requests a COVID-19 vaccine, the pharmacy technician cannot give it to them until the pharmacist comes back.

MARCIA MUETING: That's right.

B. HANSEN: That's what I was wondering.

MARCIA MUETING: Right.

B. HANSEN: OK.

MARCIA MUETING: Right and if you remember in the bill, it actually says on site.

B. HANSEN: Yep, just-- I just wanted to verify just to make sure--

MARCIA MUETING: Yep, I think that's an important, that's an important piece--

B. HANSEN: Yep.

MARCIA MUETING: --super important--

B. HANSEN: All right.

MARCIA MUETING: --to me as a pharmacist because I'm liable as well.

B. HANSEN: Thank you.

ARCH: Other questions? Seeing none, thank you very much for your testimony.

MARCIA MUETING: Thank you.

ARCH: Next proponent for LB812.

ALLY DERING-ANDERSON: Senator Arch, members of the committee, my name is Ally, A-l-l-y, Dering-Anderson, D-e-r-i-n-g-A-n-d-e-r-s-o-n. I would very much like to thank Senator Hilkemann for his introduction of this bill and for sponsoring it. I am a faculty member at the University of Nebraska College of Pharmacy. I'm testifying today on

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behalf of myself, not on behalf of my college or my campus, but I'm the one who did the survey that Senator Hilkemann indicated was the basis for the chosen language in this bill. It became very clear that under the PREP Act and the other things that were allowing pharmacy technicians to assist with the administration of vaccine, that that was an important piece of our workflow. And while-- Dr. Mueting was right, initially, pharmacy wasn't real excited about that until we saw it happen. And once we saw it happen, we realized it was safe, it was efficient, and it freed us to do some other things. But what were we going to do when the PREP Act expired? There's an old way to allow technicians to get a second credential and then they can give some immunizations. It is unwieldy, it costs them money, it makes us train them for things they will never do, but it's possible or we could come to the Unicameral and say, look, we can show you this is safe and it's efficient and patients like it. And let's plan ahead for October of 2024 or whenever this pandemic is over because I think the other piece of being a health professional, especially right now, is believing it's going to be over and looking forward to that day. And saying we will have 1 million dead Americans, 1 million and if we can't learn anything from the experience, then sadly all we have over 1 million dead, but if we can learn, like pharmacy technicians improve workflow and pharmacy technicians improve access and they are well-trained in this skill, then we've learned something. So I did the survey asking pharmacists and pharmacy technicians in Nebraska, what do you want? Where is your comfort level? What can exist in this piece of legislation? That's where the three-year-old limit came from because that's where we stop injecting little ones in their thigh and start injecting them in their arm. I appreciated your question about a pediatric medical home. That's not our goal. Children with a pediatric medical home need to stay there because that's where they get all their records. But fascinatingly, when a pharmacist gives a vaccine, we report it to the PDMP. Not everybody does, not everybody reports it anywhere so that we run out of records because they don't exist and pharmacy doesn't do that. We report every vaccine administered. I've been at this for a while. When pharmacists were first allowed to immunize in Nebraska, it was 1994. I gave the first pharmacist-authorized immunization in Nebraska, in Crete, Nebraska, in my daddy's drugstore. Last month, I gave my 50,000th vaccine. I've stuck a needle in 50,000 arms. So when I tell you that this is a love and a professional passion, I, I can prove it. I would be honored to answer any questions that you may have. I think this is a fabulous bill and I urge you to support it.

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ARCH: Thank you. Are there questions? Senator Williams.

WILLIAMS: Thank you, Chairman Arch, and, and thank you for being here. I asked Ms. Muetting the question about whether the, the need for this will change much when hopefully COVID goes. Do you have a reaction to that?

ALLY DERING-ANDERSON: I mean, my, my reaction is while it is inconceivable that we could need more, I think it's reality. The data show us that we are 12 percent below measles, mumps, rubella vaccines for teenage children and for adult-age immigrants. Somebody is going to have to do those. Two months ago, ACIP, the Advisory Council on Immunization Practices, changed the standards for giving Shingrix, the vaccine to treat and prevent shingles. We at that point estimated that we added 750,000 eligibles annually because of the change in the age recommendations for that vaccine and it's a two-dose series, so that's 1.5 million. Last week, ACIP changed all of the recommendations for hepatitis B vaccine. That's either a two-dose or a three-dose series that will now impact approximately 14 million adults, including, amazingly, my husband and my parents. Those vaccines, I got those covered. I will do those, but I don't know about any folks other than those three. So, Senator Williams, the need is actually going to increase and we have other vaccines that have fallen behind because of pandemic. People are afraid to go out in some cases and in some cases, we're so busy shooting people for COVID and influenza that some of the others have fallen through the cracks. The numbers on people who are behind on their tetanus vaccine. When you go home tonight, check if you haven't had yours in the last ten years. Think about it. All of those things and then we can add in the new pediatric recommendations that everyone in the child circle of care be immunized against pertussis while a woman is pregnant to protect this newborn. Whooping cough as an adult is an annoyance. Whooping cough as an infant is fatal.

ARCH: Thank you.

ALLY DERING-ANDERSON: So yes.

ARCH: I want to, I want to make sure we have time for other questions as well. Any other questions? I, I do have one. How would we know-- OK, I'm back to the 407 question.

ALLY DERING-ANDERSON: OK.

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ARCH: We, we've had two years, almost two years of experience now with pharmacy techs delivering COVID vaccines and some other vaccines, perhaps, I don't know. But at any rate, how would we know if there's been any safety issues in that two years?

ALLY DERING-ANDERSON: Well, we have a number of ways to know. In my survey, I said, free text, tell me if there have been any problems. And there were three that were reported, which is actually below statistical standards, but they were common vaccine-related issues. There is a VAERS system, the Vaccine Adverse Event Reporting System, at the federal government and they have, they have reported no uptick in skills-based problems. Now we remember that, that we had one vaccine that in certain susceptible people may increase blood clots. That would have happened regardless of who was holding the syringe. And lastly, we can ask the state about error reporting, that is have you had a report of an error or worst case scenario, has there been a report of unprofessional conduct? And they can't ever tell you who before an investigation is complete, but they can certainly tell you yes or no. And as we are working to prepare the manuscript on this survey, the answer from the state is no. They have had no reports. So I'm really confident that a 407 kind of helps you plan for the what if--

ARCH: That's correct.

ALLY DERING-ANDERSON: I got two years of data--

ARCH: That is--

ALLY DERING-ANDERSON: --so it isn't what if anymore.

ARCH: That's, that's where my thinking is going in, in that--

ALLY DERING-ANDERSON: Yeah.

ARCH: --in that, you know, the 407 is usually in anticipation of somebody's scope changing, not retroactive--

ALLY DERING-ANDERSON: Right.

ARCH: --not looking back. We've had two years of experience and so for that reason-- you know, again, I say it's very unusual that this committee would ever consider this without, without--

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ALLY DERING-ANDERSON: Oh, it is very unusual.

ARCH: --without a 407, but having two years of experience, having the evidence regarding safety issues, we, we-- I think we have some freedom to experience. It's an unusual situation that we have here.

ALLY DERING-ANDERSON: And God willing, sir, we will never have another pandemic--

ARCH: Right.

ALLY DERING-ANDERSON: --to do it again.

ARCH: OK. All right. Thank you. Other questions? Seeing none, thank you very much for your testimony. Next proponent for LB812.

TODD LARIMER: Good afternoon, Chairman Arch, members of committee. My name is Todd Larimer. It's T-o-d-d, last name, L-a-r-i-m-e-r, and I am proud to serve the community as a pharmacy in the state of Nebraska for the last 31 years. I'm also currently a member of the Nebraska Board of Pharmacy, but I'm not here in that capacity. I'm also a member of the NPA. In my day-to-day work, I rely on the support and expertise of pharmacy technicians I supervise in providing care and services to our community members. I appreciate the opportunity to present testimony in favor of LB812. Community-based pharmacists, pharmacy technicians, and pharmacy interns are integral members of their community and bring significant value to the individuals they serve. We provide convenient, high-quality care and education to our patients and are more frequently the most accessible and frequent touchpoints a patient has with their healthcare systems. And that has to do whether it be availability, geography, whatever the case may be. In rural areas, we are very much the only touchpoint. I was in western Nebraska for a number of years, owned my own pharmacy, little town of Benkelman, and we provided services 24/7. It seemed like we were always busy doing something, and we were available constantly to our community members when doctors weren't available at certain times, so we did provide a lot, a lot of benefit at that point. Evidence of the number of immunizations that we are administering in my location are, are almost mind boggling to me when I looked at the numbers. In the past 12 months, we provided over 5,100 COVID shots and this is a single-pharmacist operation. This is not two pharmacists, three pharmacists, this is one pharmacists working with two, three, or four technicians, depending on what we got going on. We also provided over

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another 1,000 of influenza and expanded-- and expanded as everything else; that's the Shingrix, that's the tetanus, that's pneumonia, that's everything. And so you combine those into two to basically equate it down to 17 shots per day every day we were open. We were open 360 day-- 363 days out of the year. We only close twice and that's, that's corporate America, but we only close twice. There were some days that we would give 180 COVID shots. Imagine 180. We had four people scheduled every 20 minutes at times, would not even been close to possible without having a technician able to do that and that was their only function all day long is to provide those COVID vaccines to adults. Currently in Nebraska, there are none the pharmacies and pharmacy technicians to adequately serve the healthcare needs of the entire population of 1.2 million Nebraskans. According to UNL, in 2019, there were 2,048 pharmacists and 3,500 pharmacy technicians. Seventeen counties had no active pharmacists and 13 counties had no licensed pharmacy technicians. There were also more than 50 state-designated shortage areas for four pharmacists in the state of Nebraska. Shortages don't mean that there was a lack of patient demand. It just meant that we didn't have the people to fill those, fill those voids and that void is getting worse. There is a terrible crisis in healthcare right now. It has to do not only with pharmacists and technicians. It has to do with doctors, nurses, everybody across the healthcare spectrum. I mean, people are-- they call it the great resignation. It has had a big impact on healthcare. The COVID-19 public health emergency has amplified the central role of pharmacists, pharmacy technicians, and pharmacy interns in providing essential clinical services to the public. Aided by the federal preemptive authorities and temporary state-level scope of practice changes-- which I would like to thank the Governor's Office for the executive orders that they have issued for pharmacy technicians to be able to provide immunizations. Subsequently, Health and Human Services granted additional authority to pharmacy technicians, including the administration of influenza vaccine to adults and COVID oral therapeutics. Operating under the supervision of pharmacists, pharmacy technicians have administered tens of thousand COVID-19 vaccines to our fellow Nebraskans without really any issues. I have not had one issue with any of my patients having a problem getting a vaccine from a technician, zero, none. Not only have pharmacists and pharmacy technicians demonstrated their ability to safely and effectively deliver services like administration of vaccines to children or adults, the public now comes to expect this service from pharmacies because we are providing it. Here in the last board of pharmacy

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meeting, we did receive a message from the State Medical Board thanking us, the practice of pharmacy, for administering the number of vaccines that we have administered to Nebraskans in the state. It's by all estimates that we have given over 70 percent of all COVID vaccines in the state are done by pharmacies, which is amazing when you think about it. This past summer, I was authorized to conduct a survey of Wal-Mart pharmacists and technicians in Nebraska. The results indicate overwhelming pharmacist support for allowing technicians to immunize, with 91 percent of those pharmacists surveyed saying they would use technicians if a law was passed to provide vaccines. Sixty-seven percent of the technicians surveyed said they would be willing to provide vaccines. You know, some of the hesitancy I could see from technicians is can I get properly trained? They want to make sure they can do it safely because that was a concern when we started vaccinating as pharmacists. Are we going to be able to do this, do it properly, and not have any issues? The answer to that is yes. We can do that and we can train them to do it effectively.

ARCH: Your, your red light is on--

TODD LARIMER: Oh, sorry--

ARCH: --so.

TODD LARIMER: --I'll wrap up.

ARCH: OK, please.

TODD LARIMER: Demand, demand will not subside moving forward, as Dr. Dering said, there are so many things that are coming down the pipeline with ACIP, with , with, with hep B being done, shingles changing. Pneumovax, a pneumonia vaccine, has also got a new recommendation. Things are going to be ramping up, even though the pandemic at some point, we hope will subside. I want to thank you for the opportunity. I hope you guys will please submit LB812 to the floor.

ARCH: Thank you. Are there any questions? Seeing none, thank you very much for your testimony--

TODD LARIMER: Thank you.

ARCH: --very much. Next proponent for LB812.

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JULIE WOLLBERG: Hi. My name is Julie Wollberg. It's J-u-l-i-e, Wollberg, W-o-l-l-b-e-r-g. I am a certified pharmacy technician and I have been for over 25 years. I currently work full time as a program director at Southeast Community College and the pharmacy technician program, but I also work as a senior certified pharmacy technician in a local pharmacy. I'm here today to testify in favor of LB812 to provide for vaccine administration for pharmacy technicians. So the last two years have highlighted the significance of our role in the healthcare team. We've proven that we are essential frontline healthcare workers and critical team members who are well trained to provide a variety of services. We worked through the pandemic with constant exposure to the public and we found innovative ways to stay safe, all while our profession has evolved into a COVID-19 point-of-care testing centers and vaccine administration sites. We continue-- we also are continuing our primary role to safely fill and dispense prescriptions. So prior to the pandemic, several states had already adopted regulations to allow for pharmacy technicians to administer vaccines. 2017 was the first-- Idaho was the first state to allow technicians to immunize and since then, Michigan, Washington, Rhode Island, Utah, and Nevada have followed. Technicians in these states have vaccinated hundreds of thousands of patients for influenza, shingles, pneumonia, and other childhood diseases and now COVID, so. This proves that technicians can safely and efficiently administer vaccines. So the pandemic has significantly increased the pharmacist/pharmacy technician workload, allowing for qualified, well-trained technicians to administer vaccinations would help lessen the burden. As part of our training, we do complete a practical training program, which includes a hands-on, hands-on injection skills check, emergency response to reactions. We have to complete OSHA bloodborne pathogen training and be CPR certified, so allowing technicians to immunize has greatly improved public access to vaccines. It has reduced the need for public clinics and likely freed up doctor's offices to treat patients for other conditions. It also significantly elevates the role technicians play in healthcare. With the current pharmacist staffing challenges in retail pharmacy, technician immunizers have allowed pharmacists to focus on patient care and safety. My technician colleagues and I have vaccinated thousands of patients since the PREP Act was announced. Passing this bill would allow us to continue our work to provide public access to immunizations. So therefore, I urge the committee to support LB812. Thank you.

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ARCH: Thank you. Are there questions? Seeing none, thank you very much for your testimony. Next proponent for LB812. Hello.

JEANIE SHIPMAN: Good afternoon. My name is Dr. Jeanie Shipman, J-e-a-n-i-e S-h-i-p-m-a-n, she/her pronouns, and I am providing testimony today in support of LB812. Thank you, Senator Hilkemann, for putting forth this legislation and to the committee for considering my comments. I am a pharmacist actively practicing in Nebraska, including a retail pharmacy position with Walgreens. Though I do have several pharmacy affiliations, today I'm here to speak on my personal opinions and experiences with technician vaccinations. Allowing technicians to continue administering vaccines is important to promote public health in Nebraska. Technicians are currently administering influenza and COVID vaccines under the authorization of the federal PREP Act, demonstrating that this practice can safely be done. LB812 will secure the continued authorization of pharmacy technicians as immunizers and increase access to healthcare services in Nebraska. Retail pharmacies are an integral part of healthcare, as they are easily accessible to the public. That accessibility is an important factor when looking at vaccine administration. Many patients would often skip or delay vaccines because of the challenges associated with taking the time to go into the provider's office. Retail pharmacies have adapted their workflow to provide vaccines and other services like COVID testing both safely and quickly. Allowing technicians to immunize increases the pharmacies' capacity to provide vaccine services, saves patients' time, and reduces barriers to care. Before the COVID-19 pandemic, vaccines were being administered solely by the pharmacist on duty. While I do sincerely enjoy patient care activities, it can be difficult to balance the vaccine administration with the other pharmacist duties. Allowing technicians to administer vaccines takes something off the plate of the pharmacist without compromising patient care. The patient is still getting the vaccine information and the opportunity to talk to the pharmacist about any questions or concerns that they have about the vaccine and its safety. The vaccine administration area is typically just outside of the secured pharmacy area and allowing the pharmacist to remain in the main pharmacy space makes sure they are available for other patient questions. When I step out to give an immunization, I can tell you it doesn't feel like a lot of time to me, but I can tell you that parent that's standing there waiting for me to talk to them about how to care for their sick child or another patient waiting for me to talk to them about their medication allergy to see if it's something that's safe for them to

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take or any other patient in one of many different circumstances where they need my professional judgment, I don't want to leave those patients waiting and what that comes down to is my professional judgment. In those circumstances, my professional judgment is required and that is not a task that can be delegated to a technician. The administration of vaccines does not require professional judgment. The restrictions in the PREP Act and LB812 clearly spell out the training required for technicians to be able to administer vaccines. I am comfortable with technicians administering vaccines under my supervision when these requirements are met. I am eternally grateful to work with amazing pharmacy technicians who can help promote public health by administering vaccines. If there are any opponents to this bill that question the ability of technicians to safely administer vaccines, I challenge them to observe a tech performing these duties. Technicians in hospital settings perform even more complex tasks and manipulations than what is required to prepare and administer a vaccine. I trust technicians in their training and even brought my own children to the pharmacy for their flu and COVID vaccines. If I felt this was an unsafe practice, I would not have put my children in a situation where I felt they could be harmed. Again, I state my support for LB812 and would be happy to answer any questions that you may have. Thank you.

ARCH: Thank you. Are there any questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Are you familiar with whether or not the PREP Act covered children?

JEANIE SHIPMAN: Yes, the PREP Act allowed for the administration of any childhood vaccine, any COVID vaccines, so all of those would be authorized vaccines under the PREP Act.

M. CAVANAUGH: OK, thank you.

JEANIE SHIPMAN: You're welcome.

ARCH: Senator Hansen.

B. HANSEN: Thank you. Just a question about the difference between hospitals and pharmacies. So when a pharmacy technician administers a vaccine, are the requirements the same as of being in a pharmacy versus a hospital? Like are they-- do they both have to be under

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direct supervision of, like, a medical doctor or a nurse practitioner versus a pharmacist, do you know?

JEANIE SHIPMAN: The supervision-- I mean, even in a hospital, a technician is supervised by a pharmacist.

B. HANSEN: OK.

JEANIE SHIPMAN: I'm not familiar with all the different rules, but basically technicians are still just pharmacist helpers.

B. HANSEN: OK. I didn't know for sure if they could still be there when the pharmacist or somebody can take their place instead of the pharmacist or like-- just a little unsure about how the whole process works, so. OK, thank you.

JEANIE SHIPMAN: Thank you.

ARCH: Questions? Senator Walz.

WALZ: Thank you. Thank you for being here today. Ms. Wollberg before talked about-- and I wasn't quick enough to answer-- ask the question or think about it-- talked about the training and said they must have training in emergency response to reactions. So I was just thinking-- it's a general question. Who are they supposed to contact? If, if they come to you for the vaccination, what are the instructions from you on if there's a reaction or, you know, some type of harm due to the vaccination on who they contact if there's a problem?

JEANIE SHIPMAN: So that would go down to the basic life support training that's required by the bill. In that training, it's kind of a instincts kick in. So if a person would start to have a reaction, they would know that an EpiPen needs to be administered. The technician would come talk to the pharmacist, emergency services would be activated, but a lot of how to handle those situations is covered in the basic life support classes.

WALZ: Reactions usually occur pretty quickly?

JEANIE SHIPMAN: If a person is going to experience anaphylaxis, typically, yes. That is why there is a recommended 15-minute observation period after any administered vaccine.

WALZ: OK. All right, thank you.

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JEANIE SHIPMAN: You're welcome.

ARCH: Any other questions? I have one. Does, does-- and I don't-- I'm not familiar with-- do, do vaccines come all prepared? Do-- does anybody have to draw up the vaccine?

JEANIE SHIPMAN: Yes, sir. So there's several different forms of the, the COVID vaccine at this point, so I'll use that as an example. Initially, the Pfizer adult was kind of the most standard where that one needed to be constituted, so diluent needed to be added to the actual medication and then appropriately mixed and then drawn up into separate syringes from that.

ARCH: And is that the duty of the pharmacist?

JEANIE SHIPMAN: That depends. Technicians are fully capable of being trained in that. If you look at hospital technicians, they're making IVs, all sorts of complex add mixtures. Retail pharmacy technicians, if they are comfortable with that and if the pharmacist supervising them is comfortable with that, the technicians are definitely well-trained and capable of reconstituting a vaccine if it is required for that specific vaccine. Some of them come in prefilled syringes where all you have to do is attach a needle, but yes, some manipulation is required for certain vaccines.

ARCH: OK. All right, thank you. And I'm assuming that the language here would cover that if it needs to be, if it needs to be compounded, if it needs to be, if it needs to be drawn up, that a, that a pharmacy technician could do that if the pharmacist decides that's appropriate.

JEANIE SHIPMAN: It is something that would be covered in their training and the pharmacist is supervising it, so yes, it would be allowed.

ARCH: OK, thank you. Any other questions? Senator Murman.

MURMAN: Thank you and thank you for coming in. If I-- before this emergency declaration, I assume most vaccines were administrated in a medical clinic, doctor's clinic. If it's done in that way, if it's administrated, administered there, is there a pharmacist on hand at the clinic to supervise?

JEANIE SHIPMAN: In those situations, pharmacists are generally not in clinics, not saying that they couldn't and there are some great

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clinical pharmacists out there, but typically when vaccines are administered at the provider's office, there's other staff. I mean, technically a doctor could administer a vaccine. They're generally going to delegate that task to a medication aide or a nurse, somebody that is certified in the exact same way that a pharmacist would delegate the administration to a pharmacy technician.

MURMAN: But a pharmacist typically would not be--

JEANIE SHIPMAN: Correct.

MURMAN: --there to supervise or mix the vaccine or anything like that?

JEANIE SHIPMAN: Correct.

MURMAN: Thank you.

ARCH: Any other questions? Seeing none, thank you very much for your testimony.

JEANIE SHIPMAN: Thank you.

ARCH: Next proponent for LB812.

RICH OTTO: Good, good afternoon, Chairman Arch, members of the committee. My name is Rich Otto, R-i-c-h O-t-t-o, testifying in support of LB812 on behalf of the Nebraska Retail Federation and the Nebraska Grocery Industry Association. We do appreciate Senator Hilkemann introducing this legislation. First of all, I have to just thank all of our pharmacy associates. Obviously, they always work hard, but this last 18 months has been extremely stressful for them and all healthcare workers and I am just so appreciative of the job they've done. That job has included giving 1.2 million vaccinations in retail pharmacy-- in pharmacies in Nebraska, but only 87,000 of those were COVID vaccinations, which somewhat caught me by surprise. So this is needed for beyond COVID, even though that's the whole reason we're here, the PREP Act, all of that. One in 14 shots administered in the pharmacies is COVID, so it just shows that it is needed for all of these other vaccinations that were mentioned before and again, we don't see demand diminishing. Just quickly, all of these waivers, we have the federal PREP Act, which they have discussed, many waivers in that, gave the authorization for our technicians to do this. Then at the state level, we have many executive orders that Governor Ricketts has issued that we're very appreciative of. Todd and the pharmacy--

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department of pharmacy-- excuse me, Board of Pharmacy, and then Marcia with NPA, Nebraska Pharmacy Association, has given their recommendations to the administration and we're just so appreciative of their work and the administration's work to issue these executive orders. My point in all of this, we have all of these waivers; the one thing we're asking of the Legislature is to continue this and let our techs keep giving shots, one thing. Again, it's been discussed where there will be training that the technicians will have to go through. We've had 18 months of experience with this. I don't need to reiterate all that. I just wanted to mention that again and I'm just so proud of our pharmacy workers. I encourage the committee to advance this and would gladly answer any questions you may have.

ARCH: Thank you. Thank you for your testimony. Are there questions?
Senator Hansen.

B. HANSEN: Thank you. Do you know was there like a legitimate reason why-- previous to this all taking effect and their ability to provide vaccinations, was there like a legitimate reason why they were unable to or is it just something we never addressed before, something we never looked into and this is just kind of something new since the pandemic?

RICH OTTO: My best answer is kind of Marcia with NPA's answer when she came-- I don't know if you're in here for all of her testimony, Senator Hansen. Pharmacists, I think she said in the '90s, were allowed to do this. Basically, the industry didn't know if they wanted to give this over to techs. We were somewhat reluctant. We though, OK, let's keep this with pharmacists. Well, now that we've been able to do it, we are so I guess, proud and amazed of how well it's worked and that pharmacists continually want to now delegate and practice at the highest level of their license. The other testifiers have shown where we haven't had the adverse effects, so I think we are just happy with the results. It's now something that we're very confident delegating in a safe fashion and we're willing to move forward in that approach.

B. HANSEN: Thanks, appreciate that.

ARCH: Any other questions? Seeing none, thank you very much for your testimony. Next proponent for LB812. Is there anyone else that would like to speak as a proponent? Are there anyone-- is there anyone here that would like to speak as an opponent? Good afternoon.

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RITA WEBER: How are you?

ARCH: Great.

RITA WEBER: Well, that was impressive. What I would like to say, my name is Rita Weber, R-i-t-a W-e-b-e-r, and I'm speaking today on behalf of the Nebraska Nurses Association and we're speaking in opposition to LB812 and that may shock everybody. The Nurses Association is the voice of registered nurses in Nebraska and patient safety and improved health is certainly a priority for our association. NNA seeks to support the delivery of safe, cost-effective care for Nebraskans and we recognize the truly critical services that have been provided by pharmacy techs during the challenges with COVID-19. Section 1 (2) of the bill makes permanent a pharmacy technician's ability to administer vaccines in a pharmacy setting, provided they meet the requirements as outlined in the bill. Currently, this can be done by pharmacy technicians under the Public Readiness and Emergency Preparedness, the PREP Act, and it's also, under normal circumstances, if the pharmacy technician is registered as a medication aide. They have always been able to give not only immunizations, but they can give a variety of, of medications and administration of meds if they're on the medication aide registry in the state of Nebraska. Vaccine administration is not within the current education to be certified as a pharmacy tech in Nebraska. The medication aide piece is a core requirement in order to administer medications in Nebraska. There are currently 292 pharmacy technicians who are also on the medication aide registry. Checks and balances already exist in statutory requirements and they've been tested over and over again over the years. Pharmacists are among those who can provide direction and monitoring for medication aids. It's unnecessary to try to reinvent or duplicate the system that is working well. We would ask that LB812 be amended to authorize pharmacy technicians to administer COVID vaccine, but set a sunset date at October 1, 2023. Now that actually falls before-- the, the dates keep flying around and it gets confusing because the executive order at the state level from the Governor would expire at the end of March, but there are federal exceptions that would go longer than that, so that's where those dates get confusing. We believe, excuse me, such an amendment to LB812 would address our concerns of public safety. And it's not so much public safety, I should amend that to say we are more concerned with just the duplication and the complication that it, it creates by creating yet another statute that tries to define who can do what when it's already out there in the statutes in Nebraska. And so by-- in, in its big

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sense, we don't think this piece of legislation is necessary because there is an option for pharmacy techs now to be able to give or administer medications and there are a number of pharmacy techs-- I have over the last year and a half worked with quite a few pharmacy techs at immunization clinics that they were also medication aides. And because they were also medication aides, they can be supervised by quite a number of, of other professionals. Pharmacists is one of them. Nurses can supervise them at that-- if they're are medication aid. Physicians can supervise them. And so they, they have a broad range of utilization if they're, if they're on the medication aide registry and, and it makes them useful in a, in a variety of, of places. To be flexible in utilizing physician or pharmacy technicians, we would recommend these amendments. I would answer questions if you have any for me. Yes.

ARCH: Thank you. Senator Williams.

WILLIAMS: Thank you, Chairman Arch, and thank you, Ms. Weber, for being here. A medication aide is trained in a lot of things, many things beyond just giving injections, if I understand that right, is that correct?

RITA WEBER: That's right and some of the pharmacy techs I've worked with who are medication aides, they do more than just give immuniza-- vaccines.

WILLIAMS: So what we're, what we're talking about here today is the administration or administering vaccinations.

RITA WEBER: That's right.

WILLIAMS: Can you compare for me the training that a med aide would have to administer vaccinations to the training that a pharmacy tech receives to do the same thing?

RITA WEBER: They are trained in looking for side effects of medication, things that would be untoward. They are trained--

WILLIAMS: Can, can you described to me, though, if the training is any different for a med aide in administering a vaccination versus a pharmacy tech administering a vaccination?

RITA WEBER: No.

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WILLIAMS: Thank you.

RITA WEBER: It wouldn't be.

WILLIAMS: It would be the same training?

RITA WEBER: It would be the same training.

WILLIAMS: Thank you.

ARCH: Any other questions? Seeing none, thank-- oh, I'm sorry--

RITA WEBER: Senator Murman.

ARCH: --Senator Murman.

MURMAN: Sorry, I was a little slow on-- is there any cost involved with being a medication aide?

RITA WEBER: Twenty-five dollars to register.

MURMAN: OK and then--

RITA WEBER: And the assessment that they have to do-- and I brought this in because I thought it might be a question, but it wasn't, so I'll tell you anyway because, because a question was posed to me outside of the hearing of so do they have to go through the 20- or 40-hour med aide class? No, they don't. Because the statutes under Chapter 71-6725 state that a medication aide, except those who are working in a nursing home, disability, assisted living, several other facilities, do not have to take a course. Medication aides are assessed to determine that the medication aide has the competencies listed in Section 1 and those competencies are that they maintain confidentiality, complying with recipients' rights, maintaining hygiene, documenting accurately and completely. The, the list of competencies here, that's what they have to be assessed for to make sure that they are competent to provide those medications. And once they've had that assessment, they can be put on the medication aide registry for a \$25 fee.

MURMAN: So a follow-up question, so there is an assessment periodically for-- to be a medication aide for being a medication aide. Is that what you just--

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RITA WEBER: I don't know that it's periodic. I'd have to go back and check on that, but this is how they become a medication aide.

MURMAN: OK, so at least a one-time assessment?

RITA WEBER: Yes.

MURMAN: And then to be a pharmacist aide, as far as you know, there's no assessment or, you know, regular type assessment?

RITA WEBER: I'm a registered nurse. I don't know what the pharmacy techs have to do.

MURMAN: OK and as far as you know, there's no cost either for pharmacist aide?

RITA WEBER: Yeah.

MURMAN: OK, thanks.

ARCH: Thank you. Other questions? Senator Walz.

WALZ: Thank you. I'm just curious, what's the benefit to the state or constituents if someone's on the medication aide registry as opposed to not being on it? What's the benefit for--

RITA WEBER: If they're on the medication aide registry, it's-- they're trackable. We know where they're at, what they're doing, we know who they are, but they're also able to work in a variety of settings as a medication aide. They can administer a broader range of, of medications.

WALZ: OK.

RITA WEBER: I mean, not just vaccines.

WALZ: All right.

ARCH: OK. Thank you. Other questions? Seeing none, thank you very much for your testimony.

RITA WEBER: Thank you.

ARCH: Any other opponents for LB812? Is there anyone that would like to speak in a neutral capacity on LB812? Seeing none, Senator

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Hilkemann, you're welcome to close. As you're coming up, I would mention that we have received letters for testimony; four proponents, no opponents, and one neutral.

HILKEMANN: Well, thank you for this interesting afternoon here. Senator Arch, when this was presented to me, the very first thing I said, doesn't that have to go through 407? And when it was explained to me-- and you and I have had this conversation. As you well know, I'm not a big fan of 407, but at either rate, I learned a lot about what this was all about before I agreed to testify. And then I went with my own experience. I was a little late coming to the table about going to a pharmacist to get my vaccinations. My dear wife would go and say, you know, well, I got my flu shot or I got this. Got get it at-- and several years ago, I went for my first shot. I thought now that's the way to do this sort of thing. You can just go to your pharmacy like that. It's safe, it's convenient, it's well supervised. That's what we have with the pharmacy techs. And the other thing that I-- and when I went for my annual physical a few years back, doctor asked if I'd had my shingles shot. I though, don't think-- we checked and said go to your pharmacy and get it. I said, really? You know what, he said, go to your pharmacy. Better-- yeah, it's-- that's the way to do that. And we were traveling some this summer and we had some of our vaccinations while we were in another area of the state-- of the country. It was so convenient the other-- about two weeks ago, my wife wanted to, to-- she had to get a record. She was able to call a national chain pharmacy and go down and get her record right there. It was all there. This is the future of these-- of, of a lot of the injections down the line. Let's help the pharmacists carry out their role and that's why I think the pharmacy techs are well supervised by the pharmacist and so that's why I was willing to carry that. And I think Senator Arch, we're going to have to take-- as Dr. Anderson said from the college of pharmacy and her research, that's probably about as close to 407 as we've gotten anyway.

ARCH: Thank you. Any final questions? Seeing none, thank you very much for introducing--

HILKEMANN: Thank you very much.

ARCH: --and your testimony. We will now turn to LB752, which I will be introducing. And so Senator Williams will handle the hearing.



April 14, 2022

Ron Briel
Program Manager Licensure Unit
DHHS Licensure Unit
Attn: Credentialing Review
PO Box 94986
Lincoln NE 68509-4986

Dear Mr. Briel:

The Nebraska Grocery Industry Association and the Nebraska Retail Federation are writing in support of the Nebraska Pharmacists Association's credentialing review of the Nebraska statutes relating to pharmacy technicians. Our membership consists of more than 200 retail pharmacy locations in Nebraska including B&R Stores, Hy-Vee, Walgreens, and Walmart, among others.

Currently, pharmacy technicians are permitted to administer vaccines as directed by a pharmacist. This practice increases efficiency and access to vaccination. The current practice is expressly allowed under government waivers implemented due to the COVID pandemic. These waivers are set to expire in October of 2024. Failure to clarify that vaccine administration is allowed by pharmacy technicians will undermine the efficiencies and access achieved over the last 24 months.

Our Associations and pharmacy members support the credentialing review and the subsequent proposed changes to Nebraska statute which will allow a trained and supervised pharmacy technician to administer vaccines. Training includes a national certification requirement, certified training in vaccine administration, and basic life-support certification. The pharmacy technicians will be limited to intra-muscular injections in the arm in patients who are three years of age and older. The vaccines administered by a pharmacy technician will be reviewed and verified by the pharmacist on site.

We thank you for your time and hope you share our commitment to making vaccines more accessible to all Nebraska residents.

Sincerely,

Ansley Fellers, Executive Director
Nebraska Grocery Industry Association

Jim Otto, President
Nebraska Retail Federation

Date: Saturday, April 16, 2022

To: Ron Briel, Matthew Gelvin, Members of the Vaccinating Pharmacy Technicians Technical Review Committee
From: Megan Edwards, Policy Chairman, American Pharmacists Association Academy of Students of Pharmacy, University of Nebraska College of Pharmacy
Re: Support for Pharmacy Technicians Administering Vaccines

I am writing today to support the Nebraska Pharmacists Association's proposal to clarify that pharmacy technicians are able to safely administer vaccines. The University of Nebraska chapter of the American Pharmacists Association Academy of Students of Pharmacy (ASP) has a national award-winning operation immunization program. Our students administered over 45,000 vaccines during the 2020-2021 school year. Even with our work, pharmacist interns alone would not have been a sufficient work-force to meet the needs of Nebraska. Pharmacies across the state stepped up and vaccinated walk-in patients and patients in nursing homes. This was only possible because pharmacy technicians were trained to help.

I received my vaccination training through the American Pharmacists Association's Pharmacy-Based Immunization Delivery certificate training program. All student pharmacists in Nebraska receive training via this certificate program which is based on national educational standards for immunization training from the Centers for Disease Control and Prevention. Most pharmacy technicians also receive comprehensive immunization training provided by the American Pharmacist Association. Like pharmacists and student pharmacists, pharmacy technicians go through training that provides them with the appropriate knowledge, skills, and resources necessary to provide immunization services to their patients.

Pharmacy technicians are currently administering vaccinations to their patients all across our state. They play an integral role in ensuring that vaccinations are administered safely and efficiently to patients. Allowing pharmacy technicians to participate in administering vaccinations greatly helps pharmacies to operate with minimal disruptions in their normal workflow. This frees up the pharmacist's and pharmacist intern's time to perform essential tasks that pharmacy technicians are unable to perform such as verifying prescriptions, counseling patients, and communicating with other healthcare providers via phone. As the Policy Chairman of my chapter, my job is to represent the voices of student pharmacists from the American Pharmacists Association Academy of Students of Pharmacy (ASP), and I can assure you pharmacist interns across Nebraska agree that pharmacy technicians administering vaccinations is a great aid to the delivery of services to Nebraska citizens that we believe should continue indefinitely.

I currently work with pharmacy technicians who participate in administering vaccinations at the Hy-Vee Pharmacy where I am employed. These technicians enthusiastically stepped up during the pandemic to receive the proper training and start administering vaccines at a time when our pharmacy was extremely stressed with the immense demand for COVID vaccinations. The manpower provided by the pharmacy technicians enabled my pharmacy to meet the need during the ongoing pandemic, and they have continued to do so. Being able to rely on the pharmacy technicians to step in and safely administer vaccinations has allowed our pharmacy to continue providing high-quality service to our patients in the most safe and efficient manner possible.

Sincerely,



Megan Edwards



301 South 13th St., Suite 201 | Lincoln, NE 68508
866-389-5651 | Fax: 402-476-0087 |
aarp.org/ne | neaarp@aarp.org | twitter: @aarpne
facebook.com/aarpnebraska

April 19, 2022

DHHS Licensure Unit
Attn: Credentialing Review
PO Box 94986
Lincoln, NE 68509-4986

RE: Credentialing Review (407) Application – Pharmacy Technicians

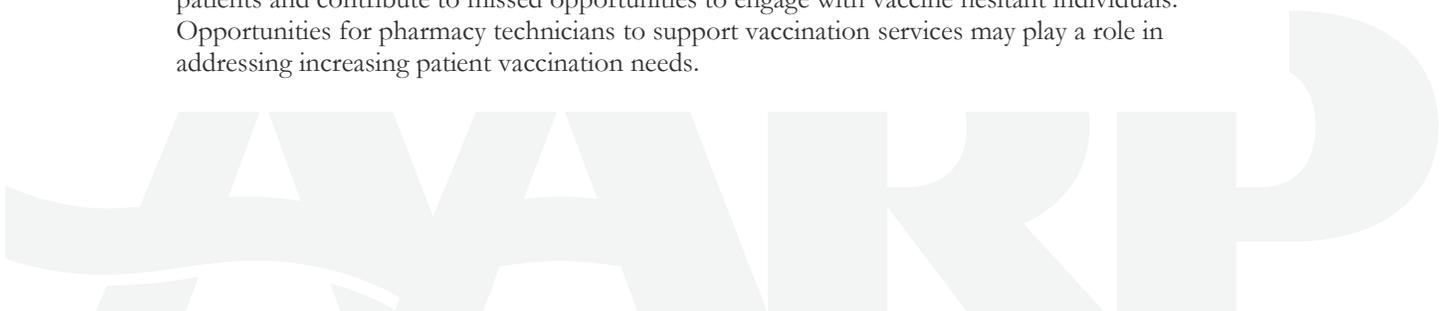
Members of the Optometry Technical Review Committee:

AARP Nebraska is a non-profit, non-partisan organization that works across Nebraska to strengthen communities and advocates for the issues that matter most to families and those 50+ such as caregiving, health care, employment and income security, retirement planning, affordable utilities and protection from financial abuse. Key components of AARP's advocacy agenda include helping to ensure that Nebraskans and all Americans alike are financially secure and can age in their own homes and communities, among family and friends. AARP strongly believes that all individuals have the right to be self-reliant and live with dignity.

Since the arrival of the global COVID-19 pandemic, the health care community has experienced an increased demand on services. In the US, the health care system continues to be pushed to its breaking point with rising workload demands on health care providers. These demands include preparing for the implementation of pandemic-related services and delivering those services; such as point-of-care testing, vaccinations, increased inpatient census, triaging of care and others.

Pharmacy technicians are critical team members who facilitate a variety of pharmacy services. Just as they perform many roles in the medication-dispensing workflow process, they will assume multiple roles in the delivery of clinical services such as immunizations. The pandemic pushed the Department of Health and Human Services to issue emergency orders calling on pharmacy technicians to administer COVID and other immunizations to help with pharmacy demand. And it's a model that has seen continued success.

A busy pharmacy workload may limit a pharmacist's ability to meet the needs of vaccine-willing patients and contribute to missed opportunities to engage with vaccine hesitant individuals. Opportunities for pharmacy technicians to support vaccination services may play a role in addressing increasing patient vaccination needs.



Despite the success of this service in community pharmacies, research has identified that community pharmacists' workload and prioritization of other clinical services may limit their ability to meet the needs of vaccine-willing patients and contribute to missed opportunities to engage with vaccine hesitant individuals. Increasing volumes of vaccination workloads, limited time, inadequate staffing, paperwork, billing, communication, and record keeping are to both vaccine administration and patient engagement for pharmacists.

With proper training and pharmacist supervision, pharmacy technicians can participate in activities to support vaccination such as information gathering, screening, promotion, marketing, record keeping, procurement, billing, and vaccine administration. Currently, Rhode Island, Utah, Michigan, Washington, Nevada, and Idaho in the United States allow trained pharmacy technicians to administer vaccinations, with many more jurisdictions considering similar legislative changes.

Pharmacy technicians are critical to the increasing role pharmacies play in patient care, whether administering the vaccine themselves or supporting the workflow for other pharmacy team members involved in administration. As our population age continues to rise and the needs of those aging rise, pharmacy technicians play a critical role in assisting to meet the ever changing and growing needs surrounding our aging population. Allowing pharmacy technicians to continue with administering vaccinations makes sense and is the right thing to do, allowing all Nebraskans to better access to care and services; especially as it allows Nebraskans 50+ to age in place in their communities and often assisting them in remaining in their homes and at the lowest level of care.

Thank you for the opportunity to comment in support of this initiative. We would encourage your support of the proposal in your findings.

Sincerely,



Todd Stubbendieck
State Director
AARP Nebraska



February 2, 2022

Nebraska Legislative Health & Human Services Committee
Nebraska State Capitol
1445 K St
Lincoln, NE 68508

Support for Legislative Bill 812: Pharmacy Technician Vaccine Administration

Chairman Arch and Members of the Health & Human Services Committee,

We thank you for the opportunity to submit testimony on **Legislative Bill 812**, a bill that permits pharmacy technicians to administer vaccines under the supervision of the pharmacist. We **support** this bill as it ensures pharmacy technicians will be able to continue administering vaccines after their temporary federal authority to administer expires.

With over 2,500 pharmacists practicing within Nebraska, passage of this bill will allow pharmacists, pharmacy personnel, and pharmacies to meet the demand for health care services and continue to be a gateway for patients to access quality care. Nebraska pharmacy technicians have been administering vaccines under the supervision of pharmacists since October 2020, when the U.S. Department of Health and Human Services (HHS) issued guidance related to the HHS Declaration Under the Public Readiness and Emergency Preparedness (PREP) Act for Medical Countermeasures Against COVID-19. This federal guidance authorized qualified pharmacy technicians, acting under the supervision of a qualified pharmacist, to administer Food and Drug Administration (FDA)-authorized or FDA-licensed COVID-19 vaccines to persons ages three or older and to administer FDA-authorized or FDA-licensed ACIP-recommended vaccines to persons ages three through 18 according to Advisory Committee on Immunization Practice's (ACIP's) standard immunization schedule.¹ In August 2021, this temporary federal authority was expanded to authorize qualified pharmacy technicians to administer seasonal influenza vaccines, under the supervision of a qualified pharmacist, to persons ages 19 and older consistent with ACIP recommendations.² As beneficial as this temporary federal authority has been in expanding access to care and relieving some of the burden on an overstressed healthcare system, it is set to expire in 2024. Approval of this bill makes this temporary federal authority permanent under state scope of practice, and it expands the authority to cover adult immunizations beyond influenza and COVID-19 as well.

Over 90% of Americans live within five miles of a community pharmacy,³ and more than any other segment of the pharmacy industry, independent community pharmacies are often located in underserved rural and urban areas. These pharmacies are frequently the most accessible healthcare providers in many Nebraska communities and are vital in the provision of immunizations, testing, and

¹ Guidance for PREP Act Coverage for Qualified Pharmacy Technicians and State-Authorized Pharmacy Interns for Childhood Vaccines, COVID-19 Vaccines, and COVID-19 Testing (October 20, 2020), <https://www.hhs.gov/sites/default/files/prep-act-guidance.pdf>

² Eighth Amendment to Declaration Under the PREP Act for Medical Countermeasures Against COVID-19 (August 4, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16681.pdf>

³ NCPDP Pharmacy File, ArcGIS Census Tract File, NACDS Economics Department.

other services. This bill will not only allow pharmacies to expand their vaccination capacity but could also be an opportunity for patients without a medical home or primary care provider to be plugged in to the healthcare system and to access other services they might not otherwise receive.

NCPA, NASPA and APhA strongly support the Nebraska Pharmacists Association (NPA) in their advocacy for this bill. We appreciate the bill's sponsor, Senator Hilkemann, for his attention to this important issue and urge approval from this committee.

Sincerely,

American Pharmacists Association
National Alliance of State Pharmacy Associations
National Community Pharmacy Association



Area Office	301 S. 68th St. Place	Lincoln, NE	68510-2449	402-323-3400/800-642-4075	FAX: 402-323-3420
Beatrice Campus	4771 W. Scott Rd.	Beatrice, NE	68310-7042	402-228-3468/800-233-5027	FAX: 402-228-8935
Lincoln Campus	8800 O St.	Lincoln, NE	68520-1299	402-471-3333/800-642-4075	FAX: 402-437-2402
Milford Campus	600 State St.	Milford, NE	68405-8498	402-761-2131/800-933-7223	FAX: 402-761-2324
Learning Centers	In Falls City, Hebron, Nebraska City, Plattsmouth, Wahoo, and York				
Deaf TOD	402-437-2702				

www.southeast.edu

Dear Pharmacy Technician Technical Review Committee,

I have been a certified pharmacy technician for over 25 years. Currently I am the Southeast Community College Pharmacy Technician Program Director and work part-time as a senior certified pharmacy technician. I strongly support a change to the Pharmacy Practice Act allowing for vaccine administration by pharmacy technicians.

For the last 12 months I have been vaccinating patients for COVID-19 and influenza. Current PREP emergency orders have allowed pharmacy technicians to vaccinate patients. Once these emergency orders expire and without a change to the Pharmacy Practice Act I will no longer be able to provide this service to the patients I serve. This will significantly impact the workload put on the pharmacist and reduce patient access to vaccines. It will also diminish my ability to practice to the full extent of my training and education.

Prior to the pandemic several states had already adopted regulations to allow for pharmacy technicians to administer vaccines. In 2017, Idaho was the first state to allow technicians to immunize and since then Michigan, Washington, Rhode Island, Utah and Nevada have followed. Technicians in these states have vaccinated hundreds of thousands of patients for influenza, shingles, pneumonia, and other childhood diseases and now COVID. Proving that technicians can safely and efficiently administer vaccines.

The pandemic has significantly increased the pharmacist and pharmacy technician workload. Allowing qualified, well-trained technicians to continue to administer vaccinations would help lessen the burden. As part of the training requirements the technician must complete a practical training program which includes a hands-on injection skills check, they must have training in emergency response to reactions, they must complete OSHA approved blood-borne pathogen training and be CPR certified.

Allowing technicians to continue to immunize will greatly improve public access to vaccines. It will reduce the need for public clinics, and likely free up doctors' offices to treat patients for other conditions. It also significantly elevates the role technicians play in healthcare. With the current pharmacist staffing challenges in retail pharmacy, technician vaccinators have allowed pharmacist to focus on patient care and safety. My technician colleagues and I have vaccinated thousands of patients since the PREP Act was announced without incident and we hope to continue this important role in the future.

Sincerely,

A handwritten signature in cursive script that reads 'Julie Wollberg'. The signature is written in black ink and is positioned above the typed name.

Julie Wollberg, CPhT



April 26, 2022

Ron Briel
Program Manager Licensure Unit
DHHS Licensure Unit
Attn: Credentialing Review
PO Box 94986
Lincoln NE 68509-4986

Dear Mr. Briel:

On behalf of Walmart, I am writing in support of the Nebraska Pharmacists Association's credentialing review of the Nebraska statutes relating to pharmacy technicians. In Nebraska, Walmart and Sam's Club operate 42 pharmacies and 4 pharmacies, respectively.

Currently, pharmacy technicians are permitted to administer vaccines as directed by a pharmacist. This practice increases efficiency and access to vaccination. The current practice is expressly allowed under government waivers implemented due to the COVID-19 pandemic. These waivers are set to expire in October of 2024 unless an end to the public health emergency is declared sooner. Failure to clarify that vaccine administration is allowed by pharmacy technicians will undermine the efficiencies and access achieved over the previous 24 months.

We support the credentialing review and the subsequent proposed changes to Nebraska statute which will allow a trained and supervised pharmacy technician to administer vaccines. Training includes a national certification requirement, certified training in vaccine administration, and basic life-support certification. The pharmacy technicians will be limited to intra-muscular injections in the arm of a person three years of age or older. The vaccines administered by a pharmacy technician will be reviewed and verified by the pharmacist on site.

We thank you for your time and hope you share our commitment to making vaccines more accessible to all Nebraska residents.

Sincerely,

Ryan Irsik
Director
Walmart Public Affairs & Government Relations

April 19, 2022

The Honorable John Arch
Nebraska Legislature
Room 11147
PO Box 94604
Lincoln, NE 68509

Dear Senator Arch,

The National Pharmacy Technician Association (NPTA) is the leading professional organization for pharmacy technicians in the United States, with over 80,000 members, including nearly 1,000 working in the state of Nebraska. We are dedicated to advancing the vital roles pharmacy technicians play in providing safe and efficient patient care, such as administering immunizations.

LB 812 calls for amending section 38-2891, Revised Statutes Supplement, 2021, of the Pharmacy Practice Act, to provide for vaccine administration by pharmacy technicians. We believe that there should be a permanent authorization for qualified pharmacy technicians to continue administering immunizations in Nebraska, seeing that pharmacy technicians have demonstrated their ability and willingness to play a vital and direct role in immunization administration during the pandemic.

On behalf of our members in Nebraska, NPTA would like to express our full support for LB 812.

Sincerely,

Mike Johnston, CPhT-Adv
Chairman & CEO, NPTA

Learning Objectives from the 2 national vaccinating pharmacy technicians programs¹

American Pharmacists Association:

Self-Study Learning Objectives:

- Describe proper technique when drawing up and administering immunizations
- Recognize commonly used vaccines and their corresponding routes of administration
- Distinguish proper needle length selection based on vaccine and patient age and size
- Identify proper documentation procedures
- Recall vaccine storage requirements
- Describe safety measures to avoid accidental needle stick injuries
- Recognize appropriate actions to take in emergency situations

Live Seminar Learning Objectives:

- Demonstrate a successful technique when administering an intramuscular and subcutaneous injection.
- Demonstrate appropriate distraction techniques during immunization administration.
- Demonstrate the use of universal precautions as they pertain to blood borne pathogens
- Explain the procedures for managing a vaccine reaction emergency

Total Program Duration 8 to 12 hours

National Pharmacy Technician Association:

Self-Study Learning Objectives:

- Explain proper technique for handling vaccine and drawing doses
- Identify potential for look-alike, sound-alike drug vaccine issues
- Complete necessary documentation, including vaccine registry notification, if applicable
- Describe the cold-chain concept for vaccine storage
- Explain the use of epinephrine in the event of a vaccine reaction
- List PPE and safety precautions, including placement of the sharps container

Skills Assessment Learning Objectives:

- Demonstrate proper vaccine draw
- Demonstrate intramuscular injection
- Demonstrate subcutaneous injection
- Properly dispose of used injection supplies, including timing and correct receptacle
- Demonstrate proper use of epinephrine autoinjector, using trainer device
- Demonstrate proper documentation, including provision of VIS

Total Program Duration 6 to 12 hours

1. There are multiple state, regional, and corporate training programs, these are the only 2 identified nationally offered programs.

Summary of How this Proposal Meets the Evaluation Criterion for Change in Scope of Practice

Criterion 1 – The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.

The Present scope of practice for a pharmacy technician does not specifically allow for administration of vaccinations. Pharmacy technicians are currently administering vaccines under the federal waiver allowed by the PREP Act until October 1, 2024, or whenever the health emergency is declared to be over.

Criterion 2 – Enactment of the proposed change in scope of practice would benefit the health, safety or welfare of the public.

Allowing pharmacy technicians to continue to administer vaccines increases the public’s access to vaccines. If pharmacy technicians are no longer allowed to administer vaccines, it will create a change in newly adopted workflow which is inherently unsafe.

Criterion 3 – The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.

There have been no reports of problems or complaints to the Nebraska Board of Pharmacy that we are aware of. Additional information will be submitted regarding studies which demonstrate that pharmacy technician vaccine administration is safe.

Criterion 4 – The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

Pharmacy technicians who are currently administering vaccines are required under the federal waiver to meet education/training requirements outlined in the PREP Act and offered nationally by the American Pharmacists Association or the National Pharmacy Technician Association. (See Appendix H) Part of this training includes a demonstration of competency.

Criterion 5 – There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill or service in a safe manner.

Pharmacy technicians who are currently administering vaccines were required under the federal waiver to meet education/training requirements in the PREP Act and offered nationally by the American Pharmacists Association or the National Pharmacy Technician Association. (See Appendix H) Part of this training includes a demonstration of competency.

Criterion 6 – There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently.

Competence of a pharmacy technician who is currently administering vaccines is assessed by the supervising pharmacist. The federal government receives reports of vaccine adverse events or injuries through the Vaccine Adverse Event Reporting System. The state can investigate and discipline pharmacy technicians when a complaint is filed against a pharmacy technician who is currently vaccinating. To date, no complaints have been made to the Nebraska Board of Pharmacy.