

# **REPORT OF RECOMMENDATIONS AND FINDINGS**

By the Pharmacy Technicians  
Technical Review Committee

To the Nebraska State Board of Health, the  
Director of the Division of Public Health, Department of Health and  
Human Services, and the Members of the Health and Human  
Services Committee of the Legislature

November 29, 2022

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## **Part One: Preliminary Information**

### **Introduction**

The Credentialing Review Program is a review process advisory to the Legislature which is designed to assess the need for state regulation of health professionals. The credentialing review statute requires that review bodies assess the need for credentialing proposals by examining whether such proposals are in the public interest.

The law directs those health occupations and professions seeking credentialing or a change in scope of practice to submit an application for review to the Department of Health and Human Services, Division of Public Health. The Director of this Division will then appoint an appropriate technical review committee to review the application and make recommendations regarding whether or not the application in question should be approved. These recommendations are made in accordance with statutory criteria contained in Section 71-6221 of the Nebraska Revised Statutes. These criteria focus the attention of committee members on the public health, safety, and welfare.

The recommendations of technical review committees take the form of written reports that are submitted to the State Board of Health and the Director of the Division along with any other materials requested by these review bodies. These two review bodies formulate their own independent reports on credentialing proposals. All reports that are generated by the program are submitted to the Legislature to assist state senators in their review of proposed legislation pertinent to the credentialing of health care professions.

**LIST OF MEMBERS OF THE PHARMACY TECHNICIANS TECHNICAL REVIEW  
COMMITTEE**

Douglas Vander Broek, DC  
Mary Sneckenberg  
Michael O'Hara, JD, PHD  
Theresa Parker, NHA  
Marcy Wyrens, RRT  
Kevin Low, DDS  
Stephen Peters, BA, MA

## **Part Two: Summary of Committee Recommendations**

The committee members recommended approval of the applicants' proposal.

## **Part Three: Summary of the Applicants' Proposal**

The applicants' proposal would, if approved, incorporate the following wording into the statute that regulates Pharmacy Technicians:

- 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:
  - The vaccines are verified by the pharmacist responsible for the supervision and verification of the activities of the pharmacy technician prior to the administration;
  - Administration is limited to intra-muscular in the deltoid muscle or subcutaneous on the arm to a person three years of age or older;
  - The pharmacy technician is certified as required by section 38-2890;
  - 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;
  - The pharmacy technician is currently certified in basic life support skills for health care providers as determined by the board; and
  - The pharmacist responsible for the supervision and verification of the activities of the pharmacy technician is on site.
- The proposal clarifies that pharmacy technicians who are administering vaccines are assisting a pharmacist in the practice of pharmacy.

**The full text of the most current version of the applicants' proposal can be found under the Pharmacy Technicians topic area of the credentialing review program link at <https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>**

## **Part Four: Discussion on issues by the Committee Members**

### ***Applicant Comments***

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

### ***Questions for the Applicant Group from the Committee***

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

Mary Sneckenberg asked the applicants how one becomes a Pharm Tech. Dr. Farr responded by stating that there are two principal paths to becoming a Pharm Tech, one being a formal training course followed by a certification examination, the other being the on-the-job-training path. Ms. Sneckenberg then asked what the advantages are one way or the other. Dr. Farr responded by stating that each has certain advantages. OJT gets one trained a little faster and is a more "hands-on" approach to getting trained. The other route is more academic and is more helpful to someone who wants to take their skills to another state or jurisdiction.

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

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

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

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

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

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

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

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

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

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



## ***Comments from Other Interested Parties***

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

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

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

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

Stephen Peters commented that the educational and training component of this proposal is still his greatest concern. He went on to state that how parameters and limits could be defined for this practice is another concern of his. He commented that it would be good to find out how other states have defined scope limits for this practice. Dr. Flugge responded that there are as yet no protocols for this practice but that Pharmacists collaborate with Physicians to define the parameters of Pharm Tech practice.

### ***Additional Questions from Attendees and Ensuing Discussion***

Mr. Peters asked the applicants to respond to the following questions:

- Was UNMC research data only about Covid-19 vaccinations or were vaccinations for other diseases included as well?
- If other diseases were included, which ones?
- How extensive is the training for Pharm Techs to provide vaccinations?
- Is this training all OJT or are there aspects of it that are more formal?
- How will this training be standardized?
- Are there age-related concerns about this proposal?

Marcia Mueting, PharmD, RP, and CEO of the Nebraska Pharmacists Association, responded by stating that the UNMC research team did not focus on any specific disease as they accumulated their data on vaccinations by Pharmacy personnel. Allison Dering-Anderson, PharmD, RP, commented that flu shot data appeared in reports from participating pharmacies as did Tetanus, Diphtheria, Pertussis, Rubella, and Pneumonia, for example.

Dr. Dering-Anderson responded to Mr. Peters' questions about Pharm Tech training by stating that the proposal would follow guidelines provided by a National Training Program. Dr. Dering-Anderson continued her remarks by stating that there are no specific age-related criteria in the proposal pertinent to the administration of vaccines by Pharm Techs but that there is a rule applicable which limits vaccine administration by Pharm Techs to the Deltoid muscle mass, and that if a given patient—for whatever reason—cannot be administered a vaccination in this manner, the patient in question would be referred to a physician.

Dr. Vander Broek asked the applicants if there is a didactic component to this training. Dr. Dering-Anderson responded in the affirmative, adding that this is provided on-line. She continued by adding that there are examination components after the completion of each training segment, and that there is a two-hour, "live-training," practicum at the end of the training program wherein the trainee must successfully demonstrate what they've learned.

Marcy Wyrens asked whether or not all who teach in this training program are Pharmacists. Dr. Dering-Anderson responded that most teachers are Pharmacists but that she was not sure if all of them are Pharmacists, adding that anyone who is certifiable under the proposed legislation would be eligible to teach the course, and that could include nurses, for example.

Dr. Mueting commented on age-related concerns by stating that under Federal authority there is a three-year age limit pertinent to the administration of vaccinations to children by auxiliary personnel, but that this limitation does not apply to Pharmacists. A Pharmacist is trusted to be able to use his professional judgement as a licensed health care provider in these cases.

Dr. Vander Broek asked the applicants whether or not there is any data on disciplinary actions that stems from the administration of vaccinations by either auxiliary pharmacy personnel or pharmacists. Dr. Dering Anderson responded that there have been no such complaints.

Mr. Peters asked the applicants what kinds of "targets" are used during the training course, and whether such things as chicken breasts are used for this purpose. Dr. Dering-Anderson responded by stating that only real humans or mannequins of some kind would suffice to satisfy the training standards.

Amy Reynoldson, Executive Vice President, NMA, commented about responses she received from several physicians about the applicants' proposal, as regarding the pros versus cons of this proposal as they see it. Each of them indicated that the proposal would free-up the Pharmacist to do the things that only Pharmacists can do and thereby speed-up the delivery of Pharmacy services. Each of them expressed concerns about patients who were either very young or very elderly but that this was not so great a concern as to necessitate opposition to the proposal. Each indicated that cooperation between Pharmacists and Physicians vis-à-vis collaborative agreements would be able to make the proposal work for the benefit of consumers.

Dr. Vander Broek asked the applicants if these collaborative agreements would be implemented at the local level or at the corporate level in the health care system. Dr. Dering-Anderson responded by stating that both local and corporate entities would be involved in the administration of this proposal, and that as an example both the Board of Medicine and the Board of Pharmacy would need to be notified about the formation of any-and-all collaborative agreements vis-à-vis this particular service.

Mr. Peters asked the applicants if there could ever be a situation wherein a Pharm Tech would be administering vaccinations in a nursing home. Dr. Dering Anderson responded that this could happen but that given the complexity of this situation it would be a very rare occurrence.

Marcy Wyrens asked the applicants who would be recording or administering the progress of this program. Amy Reynoldson responded that the Boards of Pharmacy and Medicine and Surgery would play a major role in overseeing this program. Dr. Dering-Anderson commented that part of the oversight of this program would be ensuring that each auxiliary participant maintains their skills via updates and continuing education pursuant to getting and maintaining their certification which they must have to provide the services in question.

Lina Bostwick, NNA, commented that she is in favor of the proposal even though there can be no doubt that the training program for Pharm Techs is far less rigorous than the training program for Medication Aides, for example, adding that she sees a need for the applicant group to provide greater assurance of competency vis-à-vis the Pharmacy auxiliary personnel in question. Ms. Bostwick went on to state that record keeping is another area of concern with this proposal and that without good record keeping it's going to be hard to maintain effective oversight of this program. Dr. Dering-Anderson responded that Med Aides are always an option for the delivery of the services in question and that nothing in the proposal would in any way impede this option for the delivery of these services.

Dr. O'Hara asked the applicants what the various tests used to measure competency would cost. Dr. Dering-Anderson responded that these costs would range between eighty dollars and one-hundred and twenty-five dollars depending on what organization is administering the tests.

Mr. Peters asked the applicants how many injuries result from the administration of vaccinations done in pharmacies. Dr. Dering-Anderson responded that under three hundreds of one percent of vaccinations has resulted in some kind of injury.

***All sources used to create Part Four of this report can be found on the credentialing review program link at***

***<https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>***

**Part Five: Formulation of Recommendations on the Applicant's Proposal**

***Action taken on the six criteria of the Credentialing Review Program by the Committee members:***

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

Douglas Vander Broek, DC,	ABSTAINED
Mary Sneckenberg voted	YES
Michael O'Hara, JD, PHD voted	YES
Marcy Wyrens, RRT voted	YES
Kevin Low, DDS voted	YES
Stephen Peters, BA, MA voted	YES

**Criterion two: Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.**

Douglas Vander Broek, DC,	ABSTAINED
Mary Sneckenberg voted	YES
Michael O'Hara, JD, PHD voted	YES
Marcy Wyrens, RRT voted	YES
Kevin Low, DDS voted	YES
Stephen Peters, BA, MA voted	YES

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

Douglas Vander Broek, DC,	ABSTAINED
Mary Sneckenberg voted	YES
Michael O'Hara, JD, PHD voted	YES
Marcy Wyrens, RRT voted	YES
Kevin Low, DDS voted	YES
Stephen Peters, BA, MA voted	YES

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

Douglas Vander Broek, DC,	ABSTAINED
Mary Sneckenberg voted	YES
Michael O'Hara, JD, PHD voted	YES
Marcy Wyrens, RRT voted	YES
Kevin Low, DDS voted	YES
Stephen Peters, BA, MA voted	YES

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

Douglas Vander Broek, DC,	ABSTAINED
Mary Sneckenberg voted	YES
Michael O'Hara, JD, PHD voted	YES
Marcy Wyrens, RRT voted	YES
Kevin Low, DDS voted	YES
Stephen Peters, BA, MA voted	YES

**Criterion six: 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.**

Douglas Vander Broek, DC,	ABSTAINED
Mary Sneckenberg voted	YES
Michael O'Hara, JD, PHD voted	YES
Marcy Wyrens, RRT voted	YES
Kevin Low, DDS voted	YES
Stephen Peters, BA, MA voted	YES

**Action taken by the Committee members on the proposal as a whole by way of an up/down roll call vote as follows:**

*The Committee members voted as follows on whether or not to recommend approval of the applicants' proposal:*

Douglas Vander Broek, DC,	ABSTAINED
Mary Sneckenberg voted	YES
Michael O'Hara, JD, PHD voted	YES
Marcy Wyrens, RRT voted	YES
Kevin Low, DDS voted	YES
Stephen Peters, BA, MA voted	YES

By this roll call vote the members of the Pharmacy Technicians Technical Review Committee recommended approval of the Pharmacy Technicians proposal.

