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American Pharmacists Association
House of Delegates – National Harbor, Maryland

To be completed by the Office of the
Secretary of the House of Delegates

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NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Lorri Walmsley (AZ), Jennifer Adams (ID), Chelsea Baker (IN), Julie Akers (WA)
(Name)

2/18/2020
(Date)

Arizona, Idaho, Indiana and Washington Delegations
(Organization)

Subject: Pharmacy Technicians Role in Immunization Administration

Motion:

- Adopt the proposed APhA Pharmacy Practice policy – Pharmacy Technicians Role in Immunization Administration to read as follows:

Pharmacy Technicians Role in Immunization Administration

1. APhA urges state boards of pharmacy and state legislative bodies to authorize immunization administration by qualified pharmacy technicians as a technical function that may be delegated by immunizing pharmacists.
2. APhA supports the development of standardized training in immunization administration and continuing education opportunities for immunizing pharmacy technicians.
3. APhA supports pharmacists individual discretion in delegating immunization administration to qualified pharmacy technicians with the requisite education, training, and experience.
4. APhA supports voluntary participation by pharmacy technicians in the training and provision of immunization administration
5. APhA supports the role of pharmacists as the healthcare professional providing clinical patient assessment, decision making, and patient counseling for all immunizations administered by a pharmacy technician.

Background:

Background Disclaimer:

The italicized information detailed within the background of this policy proposal is a direct incorporation of previously published peer reviewed literature. This background information is not meant to serve as a plagiarized copy of previous research for publication, but rather an excerpt and brief summary of the published evidence supporting the basis of the policy proposal.

Public Health Benefits

Pharmacy-based immunizations have been one of the most significant public health achievements of the profession in recent years. The Centers for Disease Control and Prevention (CDC) has lauded the profession's efforts to increase vaccination rates in the United States. Various studies have demonstrated that pharmacists increase vaccination rates against influenza, pneumonia, and herpes zoster. Patients have demonstrated high acceptance of pharmacy-based immunizations, with 97% of vaccinated patients' surveyed reporting satisfaction with their experience in the pharmacy. One third of all influenza vaccines given during the 2013-2014 flu season were provided in a community pharmacy. In addition, studies have demonstrated that pharmacy-based immunizations are more cost-effective than those provided in other settings, including physician offices. ^[1]

When it comes to barriers to receiving immunizations, less talked about or mentioned are the statutes and regulations surrounding them or who may be authorized to provide them. Given that pharmacies are one of the most accessible health destinations for the general public, they have served as a gateway to increase vaccination rates and improve access to care. According to data reported by the American Pharmacist Association (APhA) and National Alliance of State Pharmacy Associations (NASPA), pharmacists are authorized legally to administer vaccines in all 50 states and D.C. Pending a couple of states that have worked on recent law changes (New Jersey, New York), student pharmacists (interns) will soon be able to administer vaccines in all states as well. ^[2]

As pharmacist roles continue to evolve over time, so will those of pharmacy technicians. Pharmacists' professional delegation has become a key shift towards ensuring workload allocations and safe practices can remain intact. Working together with pharmacists and student pharmacists, pharmacy technicians play a critical role in impacting public health. Technicians represent a key opportunity to add a team member to help attribute to the public health initiative of increasing access to vaccinations. More recently, a technical, but seemingly innovative, role for pharmacy technicians, administration of vaccines, has emerged. With recent outbreaks of vaccine preventable diseases, and patient safety at the forefront of missions of boards of pharmacy, the public may benefit from adding another pharmacy team member to help increase access to vaccinations. ^[2]

Early State Adopters

In 2016-17, Idaho adopted rule language that directly permitted pharmacy technicians to administer immunizations. ^[3] With this, they became the first state within the U.S. to do so and also became the first state to actively involve pharmacy technicians in a training program and administration at local pharmacies. Since then, four additional states have made changes within their scope of practice permissions to include pharmacy technician administration of vaccinations, including Rhode Island, Utah, Washington, and Illinois with others pending. ^[4-7]

Federal Pharmacy Success

From the federal level, the Commissioned Corps of the U.S. Public Health Service announced that credentialed pharmacists have the chance to provide federal pharmacy technicians an opportunity to obtain training to administer vaccines. In White River, Arizona within the Indian Hospital, pharmacy technicians have administered vaccines to patients of all ages (including children) with oversight from a federal pharmacist. With change on the horizon and precedent set, investigation and categorization of laws in other states were identified as gap areas within published literature. ^[2]

Our federal pharmacy leaders have previously reported to the House of Delegates body, of their utilization of pharmacy technicians in many innovative ways, often happening decades before states permitted the authority. Authorizing immunization administration by qualified pharmacy technicians as a technical function that may be delegated by immunizing pharmacists, serves as yet another excellent example.

Education and Training:

APhA current policy and bylaws on “Pharmacy Technician Education, Training, and Development” was addressed and adopted by the House of Delegates in 2017. The 2017 policy details our associations professional expectations for pharmacy technician education and training, and subsequently dovetails nicely with the inclusion of this proposed policy.

McKeirnan et al. and Washington State University (WSU) developed a training program that is specific for pharmacy technicians. The program was designed to be less time intensive or in-depth (2-hour self-study, 4 hour live) compared to the pharmacist/student program (~20 hours) with a clear separation of the technical versus clinical aspects of vaccine administration. ^[2]

A study on the first program [WSU program] to train pharmacy technicians on proper vaccine administration technique described how, following the completion of a home study and live training program, technicians self-reported an increased confidence with vaccine administration skills. These technicians went on to successfully administer 953 immunizations without issue. The program has since expanded, along with at least two other training programs, and to date more than 300 Idaho technicians have completed vaccine administration training. An estimated 25,000 vaccines having been administered by Idaho technicians and no adverse events or errors reported to the state’s Board of Pharmacy. ^[8]

In general, public policy should be established based on the public interest. 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 delegation and supervision of physicians. Further, states continue to explore opportunities to transition to a more permissive “standard of care” approach to regulation that lends itself to all members of the pharmacy team practicing to the full extent of their clinical ability. Thus, additional states should remove their regulatory restrictions and allow properly trained technicians to administer vaccines in the years ahead. ^[8]

More recently, the opinions of pharmacists who supervised immunizing pharmacy technicians (trained through the WSU program) were surveyed regarding initial trust of immunizing technicians, perceived quality of the training program, need for additional on-the-job training, frequency of technician utilization, and recommendations for other pharmacists who are considering implementation of an immunizing technician. The study concluded:

Community pharmacists who supervise pharmacy technicians trained to administer immunizations were receptive to this new advanced technician role. Pharmacists’ opinions revealed that working with newly trained immunizing pharmacy technicians has not only positively affected the morale of their team, but can help to increase the number of vaccinations given by the pharmacy. Understanding pharmacist perceptions about technicians as immunizers may lead to regulation changes and adoption of this advanced technician role. ^[9]

Originally developed by Washington State University (WSU) and recently revised through a partnership between WSU and the American Pharmacists Association (APhA), the APhA/WSU Pharmacy-Based Immunization Administration by Pharmacy Technicians training program explores the expanding role of the pharmacy technician by providing additional skills training to administer immunizations. This two-part program emphasizes a health care team collaboration between pharmacists and technicians which seeks to improve population health by increasing immunization rates in states that allow technicians to immunize. Composed of an online self-study component combined with a live seminar that teaches hands-on immunization techniques, this program will provide a total of six hours of continuing education for technicians and pharmacists.

Pharmacist Workplace Environment and Patient Safety

To address this important issue, the APhA House passionately discussed and adopted a policy on “Pharmacist Workplace Environment and Patient Safety” in 2018. Further in July 2019, a collaboration was formed between the American Association of Colleges of Pharmacy (AACCP), the Accreditation Council for Pharmacist Education (ACPE), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP), and the National Alliance of State Pharmacy Associations (NASPA) and the *Enhancing Well-Being and Resilience Among the Pharmacist Workforce: A National Consensus Conference* was conducted. A total of 50 recommendations were developed and approved by consensus to provide immediate, viable, and sustainable solutions to create improvements in critical areas related to well-being and resilience for pharmacy professionals at the societal level, at the organizational level, and the individual level. The intent of these recommendations is broad, with opportunities for action by any individual or organization within the pharmacy profession to effect change within their spheres of influence.

Recommendations Related to the Improvement of Pharmacist Work Conditions and Patient Safety (2 of 12):

- *State boards of pharmacy should evaluate legislative and regulatory requirements to streamline and remove unnecessary burden on pharmacists and their ability to safely provide patient care.*
- *Employers and pharmacist managers should advocate for expanded roles for pharmacy technicians and support technician career advancement to enhance the pharmacist’s ability to provide patient care.* ^[10]

This proposed policy on pharmacy technicians role in immunization administration, serves as yet another actionable item that perfectly aligns with APhA’s efforts to improve workplace conditions within the pharmacy, and provide for flexibility in patient care services.

“Can” and “Should” Pharmacy Technicians Administer Immunizations

“Can pharmacy technicians be trained to administer immunizations?” In that respect, administering a vaccine encompasses tasks that technicians already perform (e.g., selecting proper needle gauge and length, loading syringe, and safely disposing of needles and syringes) and tasks that would generally be considered new (e.g., identifying the proper site of injection and using the proper route of administration). We believe a technician can master these new tasks as other licensed and unlicensed health professionals with similar career experience and training have mastered them. ^[1]

In discussing technician immunization administration with multiple stakeholders, we have not encountered anyone to date who has openly argued that an appropriately trained technician would not be technically able to safely and effectively administer vaccines at the discretion of their supervising pharmacist. Instead, arguments to date have centered around “Should pharmacy technicians be able to administer immunizations?” We have heard several points to this effect which are reviewed in Table 1. ^[1]

| Point | Counterpoint |
|--|--|
| <i>Pharmacy associations have worked hard to attain pharmacist immunization authority and it is too early to “give this up.”</i> | <i>In the described model, pharmacists would remain in charge of the immunization process. Specifically pharmacists would assess the patient, prescribe the right vaccination, and monitor for adverse events. Thus the pharmacist is not “giving up” immunizations just as pharmacists have not “given up” dispensing by better leveraging technicians in the medication use process. Instead, the pharmacist’s time is better directed at the activities that require professional judgment in the immunization process. Technicians are already critically involved with immunizations; this would just add the technical, non-clinical task of vaccine administration to the roles that a pharmacist could delegate to a technician.</i> |
| <i>Pharmacists in some states are still working to increase the types of vaccines they may provide, and the patient populations they may provide them to. In other states, pharmacists are currently working to allow student pharmacists to administer vaccines. In addition, some interest groups are still increasing their acceptance of pharmacy based immunizations, and delegation to pharmacy technicians could undermine growing support.</i> | <i>We believe that the value of pharmacy-based immunizations has been well documented over the past two decades and is broadly accepted in terms of safety, effectiveness, and cost-effectiveness. This is perhaps most clearly demonstrated by the fact that one in five vaccinated Americans has voluntarily sought a vaccine in a pharmacy when they could have chosen any other venue for care and the fact that one third of all influenza vaccines were provided in pharmacies during the 2013-2014 flu season. Thus, we believe we are beyond the point at which we need to gain additional support for pharmacist immunizations as consumers have clearly embraced pharmacy-based immunizations.</i> |
| <i>Immunizations are one of the few areas where pharmacists are able to demonstrate the expanded role of pharmacist. Technician delegation may forfeit this positive image.</i> | <i>While we believe pharmacy-based immunizations are a significant public health achievement, we do not believe it represents the edge of the clinical profession. Indeed, pharmacists have recently made significant strides with services such as point-of-care testing, prescriptive authority for select conditions, chronic disease state management, and Medication Therapy Management, among other advanced care services. Immunizations have critically and importantly served as a gateway to patient acceptance of these advanced care services and have bolstered pharmacist confidence for the provision thereof, but we believe the time is ripe to move the needle (pun intended).</i> |
| <i>Pharmacist: “I would not trust my technician to administer vaccines” or “My technicians do not have any interest in administering vaccines”</i> | <i>It would be up to each supervising pharmacist to decide whether or not to delegate vaccine administration to an appropriately trained technician once the pharmacist has prescribed it. If a pharmacist is not comfortable with a technician performing this task he or she may simply choose not to delegate it, but it does not seem</i> |

| | |
|---|---|
| <p><i>Technician: "I do not like shots and would not want to give one either."</i></p> | <p><i>reasonable to hold back every other pharmacist and technician just because some pharmacists are uncomfortable with their own support staff. Such regulation to the "lowest common denominator" is rarely in the best interest of patient care.</i></p> <p><i>Similarly, some technicians would embrace this activity, others would not be excited about the prospects of vaccine administration, just as some pharmacists refused to become immunizers. Just because some technicians would not want to administer vaccines is not a reasonable reason to not allow any technician to do so.</i></p> |
| <p><i>The salary for pharmacy technicians is such that additional training and risk of liability may be difficult to take on.</i></p> | <p><i>A broad discussion of appropriate salaries for pharmacy technicians is beyond the scope of the single issue of immunizations and represents more of a business discussion than a regulatory discussion. However, it may be reasonable to assume that salary is in part influenced by value to the employer from a business operations standpoint and by supply and demand. Therefore, if there is a smaller subset of pharmacy technicians adequately trained to administer immunizations, and if the ability for pharmacy technicians to provide immunizations brings additional value to the employer, it would be reasonable to expect market forces to drive up salaries for such appropriately trained pharmacy technicians.^[1]</i></p> |

Other Healthcare Practitioners Delegation Authority

A comparator study would be the 2015 study by Stewart and colleagues which examined the state laws and standing orders for immunization services. Within this study, authors did not examine pharmacy technicians specifically, but looked more broadly at non-physician health professionals. Interestingly, it was found that medical assistants had delegated authority to administer vaccines in fourteen (14) states, own authority in one (1) state and laws were silent within thirty-six (36) states and D.C. State laws also varied, but a general trend noted was that physicians are able to delegate the task of vaccine administration to medical assistants in many states.^[2]

Payment for Immunization Services:

APhA current policy and bylaws on "Pharmacists' Role in Immunizations" was amended and adopted by the House of Delegates in 1996. The policy notes, APhA supports the compensation of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution. Further, APhA current policy and bylaws on "Ensuring Access to Pharmacists' Services" was addressed and adopted by the House of Delegates in 2013. The 2013 policy details our associations expectations of pharmacists being health care providers who must be recognized and compensated by payers for their professional services. The proposed policy provides support to the role of pharmacists as the healthcare professional providing clinical patient assessment, decision making, and patient counseling for all immunizations administered by a pharmacy technician.

Pharmacy Technicians Are People Too:

Some have offered support for technicians performing expanded duties but temper that support by saying that it would be premature to advance technician roles until pharmacists have provider status or some other pharmacist-centric end point. First, in this chicken-versus-egg scenario, provider status will have to be earned and, thus, follow best practices that include positive re-engineering and workflow design for all pharmacy employees. But perhaps even more important, it is dehumanizing to technicians to only consider expanding technician roles to the extent that it benefits pharmacists.^[11]

As with any intervention, new service, workflow redesign, or regulation, the primary concern should be the public interest and safety. If evidence suggests that technicians can perform a function safely and effectively relative to usual care, that alone should compel the function's allowance in practice. Freeing up pharmacist time for higher-order care is indeed a positive corollary to technician advancement, but it need not be a precondition for it. Considering the humanistic side of pharmacists and support personnel concurrently is what truly creates a win-win for the pharmacy organization, its constituent employees, and its patients. Pharmacy technicians are, indeed, people too, and the research is increasingly clear: unlocking the full potential of pharmacy technicians can lead to significant gains in patient care and public health.^[11]

References:

1. Dylan Atkinson, Alex Adams, and David Bright. "Should pharmacy technicians administer immunizations?." INNOVATIONS in pharmacy 8.3 (2017): 16-16.

2. Deeb Eid, Joseph Osborne, and Brian Borowicz. "Moving the Needle: A 50-State and District of Columbia Landscape Review of Laws Regarding Pharmacy Technician Vaccine Administration." *Pharmacy 7.4* (2019): 168.
3. IDAPA 27.01.100. Practice of Pharmacy: General Approach. 2019. Available from: https://bop.idaho.gov/wp-content/uploads/sites/99/2019/07/2019_Law_Book.pdf (Accessed February 1, 2020).
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7. Illinois SB 2104. 2019. Available from: <http://www.ilga.gov/legislation/fulltext.asp?DocName=&SessionId=108&GA=101&DocTypeId=SB&DocNum=2104&GAID=15&LegID=120219&SpecSeq=&Session=> (Accessed February 1, 2020).
8. Alex Adams, Shane Dessel, and Kimberly McKeirnan. "Pharmacy technician-administered vaccines: on perceptions and practice reality." *Pharmacy 6.4* (2018): 124.
9. Taylor Bertsch, Kimberly McKeirnan, Kyle Frazier, Lukas VanVoorhis, Soyoung Shin, and Kimberly Le. "Supervising pharmacists' opinions about pharmacy technicians as immunizers." *Journal of the American Pharmacists Association 59.4* (2019): 527-532.
10. Enhancing Well-being and Resilience Among the Pharmacist Workforce: A National Consensus Conference. 2019. Available from: https://www.pharmacist.com/sites/default/files/audience/APhA_Well_Being_Resilience_Report_%200719.pdf (Accessed February 1, 2019).
11. Alex Adams, Shane Dessel, Zubin Austin, and Tess Fenn. "Pharmacy technicians are people, too! Let's consider their personal outcomes along with other pharmacy outcomes." *Annals of Pharmacotherapy 53.5* (2019): 545-547.

Current APhA Policy & Bylaws:

Pharmacy Technician Education, Training, and Development (2017)

1. APhA supports the following minimum requirements for all new pharmacy technicians:
 - (a) Successful completion of an accredited or state-approved education and training program.
 - (b) Certification by the Pharmacy Technician Certification Board (PTCB).
2. APhA supports state board of pharmacy regulations that require pharmacy technicians to meet minimum standards of education, training, certification, and recertification. APhA encourages state boards of pharmacy to develop a phase-in process for current pharmacy technicians. APhA also encourages boards of pharmacy to delineate between pharmacy technicians and student pharmacists for the purposes of education, training, certification, and recertification.
3. APhA recognizes the important contribution and role of pharmacy technicians in assisting pharmacists and student pharmacists with the delivery of patient care.
4. APhA supports the development of resources and programs that promote the recruitment and retention of qualified pharmacy technicians.
5. APhA supports the development of continuing pharmacy education programs that enhance and support the continued professional development of pharmacy technicians.
6. APhA encourages the development of compensation models for pharmacy technicians that promote sustainable career opportunities.

(JAPhA 57(4): 442 July/August 2017)

Pharmacist Workplace Environment and Patient Safety (2018)

1. APhA supports staffing models that promote safe provision of patient care services and access to medications.
2. APhA encourages the adoption of patient centered quality and performance measures that align with safe delivery of patient care services and opposes the setting and use of operational quotas or time-oriented metrics that negatively impact patient care and safety.
3. APhA denounces any policies or practices of third-party administrators, processors, and payers that contribute to a workplace environment, which negatively impacts patient safety. APhA calls upon public and private policy makers to establish provider payment policies that support the safe provision of medications and delivery of effective patient care.
4. APhA urges pharmacy practice employers to establish collaborative mechanisms that engage the pharmacist in charge of each practice, pharmacists, pharmacy technicians, and pharmacy staff in addressing workplace issues that may have an impact on patient safety.
5. APhA urges employers to collaborate with the pharmacy staff to regularly and systematically examine and resolve workplace issues that may negatively have an impact on patient safety.
6. APhA opposes retaliation against pharmacy staff for reporting workplace issues that may negatively impact patient safety.

(JAPhA 58(4):355 July/August 2018)

Pharmacists' Role in Immunizations (2005, 2003, 1996)

1. APhA encourages pharmacists to take an active role in achieving the goals of the Healthy People program regarding immunizations through:

- (a) advocacy,
- (b) contracting with other health care professionals, or
- (c) pharmacists administering vaccines to vulnerable patients.

2. APhA encourages the availability of all vaccines to all pharmacies in order to meet public health needs.

3. APhA supports the compensation of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution.

4. APhA should facilitate the development of programs that educate pharmacists about their role in immunizations in public health.

(JAPhA NS36(6):395 June 1996) (JAPhA NS43(5):Suppl. 1:S57 September/October 2003) (JAPhA NS45(5):556 September/October 2005)(Reviewed 2007)(Reviewed 2009) (Reviewed 2012)(Reviewed 2014)

Ensuring Access to Pharmacists' Services (2013)

1. Pharmacists are health care providers who must be recognized and compensated by payers for their professional services.

2. APhA actively supports the adoption of standardized processes for the provision, documentation, and claims submission of pharmacists' services.

3. APhA supports pharmacists' ability to bill payers and be compensated for their services consistent with the processes of other health care providers.

4. APhA supports recognition by payers that compensable pharmacist services range from generalized to focused activities intended to improve health outcomes based on individual patient needs.

5. APhA advocates for the development and implementation of a standardized process for verification of pharmacists' credentials as a means to foster compensation for pharmacist services and reduce administrative redundancy.

6. APhA advocates for pharmacists' access and contribution to clinical and claims data to support treatment, payment, and health care operations.

7. APhA actively supports the integration of pharmacists' service level and outcome data with other health care provider and claims data.

(JAPhA 53(4): 365 July/August 2013)(Reviewed 2018)

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 19, 2020** (30 days prior to the start of the first House session).

Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon.

Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.