



Certification Page Regular and Emergency Rules

Revised July 2019

☐ Emergency Rules (Complete Sections 1-3 and 5-6)

☒ Regular Rules

1. General Information

a. Agency/Board Name Administration and Information, Dept of/WY State Board of Pharmacy		
b. Agency/Board Address 1712 Carey Avenue, Suite 200	c. City Cheyenne	d. Zip Code 82002
e. Name of Agency Liaison Matthew R. Martineau		f. Agency Liaison Telephone Number (307) 634-9636
g. Agency Liaison Email Address matt.martineau@wyo.gov		h. Adoption Date 04/30/2020
i. Program Pharmacy, Board of		

2. Legislative Enactment For purposes of this Section 2, "new" only applies to regular (non-emergency) rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these non-emergency or regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

☒ No. ☐ Yes. If the rules are new, please provide the Chapter Numbers and Years Enacted (e.g. 2015 Session Laws Chapter 154):

3. Rule Type and Information For purposes of this Section 3, "New" means an emergency or regular rule that has never been previously created.

a. Provide the Chapter Number, Title* and Proposed Action for Each Chapter. Please use the "Additional Rule Information" form to identify additional rule chapters.

Chapter Number: 10	Chapter Name: Pharmacy Technician Regulations	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 16	Chapter Name: Immunization Regulations	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
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Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed

* If the name of a chapter of rules is changing, please only provide the NEW chapter name on this rules certification form.

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. ☐ No. ☒ Yes. ☐ N/A

b. A public hearing was held on the proposed rules. ☐ No. ☒ Yes. Please complete the boxes below.

Date: 04/30/2020	Time: 1:00 pm	City: Cheyenne	Location: 1712 Carey Ave, Ste 200 Hearing was held over Google Hangouts due to COVID-19
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5. Checklist

a. ☒ For regular rules, the Statement of Principal Reasons is attached to this Certification and, in compliance with Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule

b. ☐ For emergency rules, the Memorandum to the Governor documenting the emergency, which requires promulgation of these rules without providing notice or an opportunity for a public hearing, is attached to this Certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct. By electronically submitting the emergency or regular rules into the Wyoming Administrative Rules System, the undersigned acknowledges that the Registrar of Rules will review the rules as to form and, if approved, the electronic filing system will electronically notify the Governor's Office, Attorney General's Office, and Legislative Service Office of the approval and electronically provide them with a copy of the complete rule packet on the date approved by the Registrar of Rules. The complete rules packet includes this signed certification page; the Statement of Principal Reasons or, if emergency rules, the Memorandum to the Governor documenting the emergency; and a strike and underscore copy and clean copy of each chapter of rules.

Signature of Authorized Individual	
Printed Name of Signatory	Matthew R. Martineau
Signatory Title	Executive Director
Date of Signature	May 4, 2020

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	



Bessie S. McGirr, RPh, President
Kerri Kilgore, RPh, Vice President
Brenda Upton, RPh, Secretary/Treasurer
Patrick Fitzgerald, APRN, Public Member
Jim Massengill, RPh, Member
Robert R. Prentice, MD, Member
Vacant, RPT, Member
Thomas A. Maertens, RPh, Member
Gary Norwood, DVM, Member

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Governor: Mark Gordon

WYOMING PHARMACY ACT RULES AND REGULATIONS

STATEMENT OF PRINCIPAL REASONS FOR REVISIONS

January 2020

The Board of Pharmacy is proposing to revise Chapters 10 and 16 of the Wyoming Pharmacy Act Rules. The changes were made to clarify and reduce the length and wording of the rules. The changes were also made to reflect changing practices and updated guidelines from the CDC. The Board updated grammar and formatting to conform with the Secretary of State's requirements.

As required by Wyoming Statute § 16-3-103(a)(i)(G), these rules meet minimum substantive state statutory requirements.

Chapter 10: Pharmacy Technician Regulations

-) The prohibition on technician in training permit renewals was removed;
-) The pharmacist to technician ratio was removed; and
-) Redundant definitions were deleted, sections were reorganized and clarified, and formatting and grammar issues were corrected.

Chapter 16: Immunization Regulations

-) Redundant definitions were deleted, sections were reorganized and clarified, and formatting and grammar issues were corrected;
-) A definition for "high risk minors" was added;
-) Basic Life Support was designated as the approved certification;
-) The current CDC immunization guidelines were incorporated by reference;
-) The epinephrine requirement was updated;
-) The requirement to provide patients with two (2) copies of the Immunization Questionnaire and Consent form was removed; and
-) Record-keeping requirements were updated to two (2) years.



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SUMMARY OF COMMENTS RECEIVED REGARDING REVISIONS TO THE WYOMING PHARMACY ACT RULES AND REGULATIONS CHAPTERS 10 AND 16.

Chapter 10. Pharmacy Technician Regulations: The Board received a total of twenty (20) comments from seventeen (17) unique individuals or associations during the public comment period and from a public hearing that was held regarding the proposed changes. Most of the comments received were regarding the removal of the pharmacist to pharmacy technician ratio in Section 11(d) in the strikethrough version of the chapter. Nine (9) of the commenters were opposed to removing the ratio. The concerns that were frequently brought up included:

-) A belief that removing the ratio would be detrimental to patient safety;
-) That pharmacists would have their hours cut because more technicians would be hired; and
-) That pharmacists would not have time to perform clinical duties because they would be supervising more technicians.

Six (6) commenters supported removing the ratio. These commenters provided information that included:

-) Twenty-three (23) states have already eliminated the ratio or had never established a ratio;
 - o Utah, Idaho, and Nebraska have removed or are removing the ratio;
 - o An additional fifteen (15) states have relaxed the ratio requirement as a result of COVID-19 including Colorado and South Dakota who have completely waived the ratio requirement;
-) Removing the ratio is an important step toward modernizing pharmacy practice;
-) Rebutted concerns that organizations would eliminate pharmacist jobs;
-) There is no evidence there are patient safety issues with the removal of the technician ratio; and
-) Some independent pharmacy owners in Wyoming supported the change because it allowed them to make the best decisions for their pharmacies.

The Board met and discussed the public comments that were received. In their discussion, some of the Board members echoed similar concerns that were raised in the public comments. The Board discussed those concerns that had been raised and noted the following:

-) The National Association of Boards of Pharmacy (NABP) has encouraged member states to modify or eliminate the technician ratio since 1999;
-) In national meetings with other state Boards and NABP there was discussion that:
 - o States that have removed the ratio did not report worse patient outcomes;

- There is no evidence that suggests public safety is related to the ratio; and
-) The proposed changes allow pharmacist discretion to determine staffing.

Some comments indicated limited support for the removal of the ratio as long as the Board would consider expanding the role and the responsibilities of pharmacy technicians. This section was not part of the proposed revisions. The Board supports expanding the role and responsibilities of pharmacy technicians and will address this in future rulemaking. The Board may form a joint stakeholder task force to determine how this may best be accomplished.

The Board did not make any changes based on the public comments. All comments received are included in the final rules packet.

Chapter 16. Immunization Regulations: The Board received three (3) comments from two (2) unique individuals or associations during the public comment period and from a public hearing that was held regarding the proposed changes. The comments were supportive of the changes and included recommendations that the Board consider alternative language instead of the incorporation by reference of CDC guidelines. The Board addressed these comments by noting that the incorporation by reference follows requirements set for the Board in the Administrative Procedures Act. The Board noted that they will actively monitor the guidelines in order to update the incorporation by reference.

The Board did not make any changes based on the public comments. All comments received are included in the final rules packet.

Written Public Comments			
No.	Comment	Agency Response	
		Yes – Amend Rules	No – Why?
1	<p>My concern is that the employers out of greed will want an increase in the number of technicians to increase the script count at the cost of safety for patients. A pharmacist can only check and “baby sit” so many people. The employers could employ another pharmacist which would increase accuracy of scripts being filled and patient safety. I view this as a patient safety issue for the public, and an incentive to maximize profits for corporate pharmacy. I am adamantly opposed to this. Even day care centers that watch kids have state regulations that control the number of kids that can be watched per supervising adult, and they are dolling out applesauce not amiodarone. If this does not get enough opposition to sway the board against this decision, I would like to request a public hearing on the matter.</p>		<p>Thank you for your comment. The proposed change does not alter the requirement that a pharmacy be under the direct control of the PIC. The proposed change allows the PIC to staff the pharmacy with the number and type of licensed professionals they want to and/or are able to have in the pharmacy.</p>
2	<p>I am writing to voice my concern with the Wyoming State Board of Pharmacy’s intent to amend the pharmacist to technician ratio. I am the PIC at Walgreen’s store 7462 in Casper. I recognize that the current ratio of three technicians to one pharmacist can at times create challenges in regards to workflow and customer service; however, I also believe that this particular ratio was established to maintain an environment that allows for the safe and proper processing of patient prescriptions. I struggle envisioning a safe working environment where I am the only pharmacist on duty and responsible for four, five, six, seven or potentially even more technicians.</p> <p>On the home page of the Board’s website is its mission statement. It reads, “The mission of the Wyoming State Board of Pharmacy is to promote and protect the health and safety of the public by regulating the practice of pharmacy.” I struggle to understand how the Board can justify this decision as being safe to the public. As a pharmacist and PIC, I have an obligation to my patients, my team, and my employer to promote safety. I worry that my ability to provide safe and accurate patient care will be hindered by having to lead and manage even more technicians than the current regulations allow. And the issue here is not with technicians, but with technician-in-training’s. Over my nearly eight years of experience as PIC, I have hired many technician-in-training’s. This is the nature of the profession. The majority of our technicians were hired with zero pharmacy experience. Removing the current ratio opens the door for having even more technician-in-training’s. This further hinders my ability to promote safety, as my focus will inevitably shift from patient safety to staff training. Now, training is an unavoidable task, but it should not put an undue strain on patient safety. Eliminating the current ratio will absolutely lead to loss of focus on patient safety.</p> <p>I would like to request a public hearing on this matter. I would also like to request that the Board provide its reason(s) for amending the current rules. Thank you.</p>		<p>Thank you for your comment. This proposed change does not alter the requirement that a pharmacy be under the direct control of the PIC. This proposed change allows the PIC to staff the pharmacy with the number and type of licensed professionals they want to have in the pharmacy. States that do not have a technician ratio have not reported negative outcomes from removing the ratio. NABP has encouraged states to modify or eliminate technician ratios since 1999.</p>
3	<p>I feel that the changes being proposed in allowing the tech-in-training to reenter the training program under certain circumstances is a wonderful alteration. I understand that it is not intended to create a perpetual tech-in training cycle, but to give those who desire another chance at becoming a registered pharmacy technician. I feel that the board recognizing that there are many reason why someone would be unsuccessful in their original attempt, shows that they care about people and are understanding. I fully support this rule change.</p>		<p>Thank you for your comment.</p>
4	<p>My husband and I are retired Wyoming pharmacists and have a concern about the proposed removal of the pharmacist to technician ratio in the regulations. Without the ratio regulation employers could increase the number of technicians to any number when it was decided more help was needed in</p>		<p>Thank you for your comment. This proposed change does not alter the requirement that a pharmacy be</p>

	the pharmacy. Technicians are of course cheaper than pharmacists. The pharmacist is responsible for checking the work of all techs and there is a limit to how much an individual can do at once. The pharmacist also has his/her own job with injections, counseling, talking to MDs etc. More techs does not help the pharmacist take lunch breaks. It would be better if the employer hired another pharmacist instead of more technicians for patient safety .		under the direct control of the PIC. This proposed change allows the PIC to staff the pharmacy with the number and type of licensed professionals they want to have in the pharmacy.
5	I am writing today to voice my strong opposition to the amendment proposing the removal of the pharmacist to technician ratio. Furthermore I would like to request a public hearing on this matter. I believe this is a huge patient safety issue. The focus of the profession when I graduated from pharmacy school was to be able to educate patients on their medications, promote compliance and be a provider patients could approach with questions. Unfortunately corporate pharmacies are not in this mindset. They want to crank out more scripts. So, the answer is yes, bring on more techs that can count by five and fill more bottles with pills faster. This puts patients at risk, having one pharmacist in charge of multiple techs working on multiple different things, where multiple errors could be made. When is the pharmacist supposed to provide the education to the patients? And of course, the immunizations? It amazes me that the board of pharmacy would see this as an amendment to propose and I ask, who on the board wants this and why? Thank you for your time.		Thank you for your comment. States that do not have a technician ratio have not reported negative outcomes from removing the ratio. There is no data that suggests a public safety imperative for ratio requirements.
6	I wanted to reach out and voice my opinion on the ratio law of technicians to pharmacists. Currently, I consistently have 3 technicians working daily along with a ScriptPro robot that I just implemented back in September, to keep up with our high-volume workload. I would benefit extremely if we could even have a 4:1 ratio allowance to help with coverage throughout the lunches, deliveries, MTM management sessions, etc. I have calculated that throughout the day I have approximately 4 hours of the day with only 2 technicians on staff during those break periods. The ScriptPro automation has helped but it doesn't answer the phone, help customers with questions, or put the drug order away. I am also the owner of the pharmacy business and have struggled with the decreasing reimbursements from insurances (DIR fees especially) and increasing drug costs that doesn't allow me financially to hire 2 pharmacists to work simultaneously daily. I feel that all the prescriptions must go through the pharmacist for a final check anyhow and having more help to assist me would relieve the amount of workload that a technician could perform. This would allow more patient interaction for the pharmacist and less chance of errors occurring during the checking process. I would be thrilled to have an extra technician available to help throughout the day and sincerely hope the Wyoming State Board approves this amendment.		Thank you for your comment.
7	<p>I urge the Board <u>not</u> to amend existing rules on repealing or removing the existing pharmacist to technician ratio of 1:3. Try as I might, I cannot think of a single reason how this would maintain or increase safety for Wyoming residents. Surely you remember days in a retail setting: imagine all the re-prioritizing of immediate tasks, checking counseling, etc. Monitoring the actions of more than three technicians could be impossible.</p> <p>How may I discover any explanations of safety improvement, who initiated this idea, and which Board members voted to forward to this level? May I please see a statement of the Board's position regarding each comment and the action taken as a result of the comments 2 weeks <u>prior</u> to Board consideration for sending to Governor Gordon?</p> <p>It is surprising to read in the Jan. 16, 2020 Public Notice that one may "...request that the Board state its reasons for overruling the consideration urged against the amendment." I hope that phrase doesn't presuppose passage.</p>		Thank you for your comment. The proposed change does not alter the requirement that a pharmacy be under the direct control of the PIC. The proposed change allows the PIC to staff the pharmacy with the number and type of licensed professionals they want to and/or are able to have in the pharmacy. States that do not have a technician ratio have not reported negative outcomes from removing the ratio. There is no

	<p>Please forgive me if this query sounds a little pointed, but after tough days in a retail pharmacy, I am amazed to learn of this dangerous proposal. May the Board never change anything except to maintain or improve safety for WY residents. This one does neither.</p>		<p>data that suggests a public safety imperative for ratio requirements. NABP has encouraged states to modify or eliminate technician ratios since 1999.</p>
8	<p>I would like to comment on the proposed changes to Chapter 10 of the Pharmacy Practice Act Rules. For consistency, under Section 5, a, iii, and Section 7, g, the days allowed for notice should be consistent with Chapter 2 Section 5, vi, F of 15 days. Both of the Chapter 10 days allowed should be 15 days rather than immediately (too much interpretation would be allowed) and 30 days (where pharmacists have only 15).</p> <p>Complete removal of reference to a pharmacist:technician ratio should be carefully considered in the interest of the public's health. At least a reference such as "The pharmacist must be able to maintain a sufficient level of technician supervision to allow for the safe dispensing of prescriptions" should be included. Thank you for consideration of these comments.</p>		<p>Thank you for your comment. A technician-in-training is only permitted to work at the sponsoring pharmacy, thus why the Board must be noticed immediately if the sponsoring pharmacy changes. The Board is aware of the inconsistency with the time allowed to notify the Board. The Board will be working on making the reporting requirement uniform throughout the rules through future rulemaking.</p>
9	<p>I am writing in opposition to the proposed removal of the pharmacist to technician ratio. This ratio is necessary to ensure patients receive the attention and care necessary for positive patient outcomes. Without this protection in place pharmacies can further reduce pharmacist staffing and instead rely on technicians. Pharmacist roles and duties have continued to expand. Most recently we have moved to the front line of the opioid abuse epidemic with increased responsibilities for controlled substance prescription monitoring and naloxone prescribing. With our expanding public health roles, we need more pharmacists, but removing the required ratio will likely have the opposite effect.</p> <p>Nationally there has been an increased awareness of the public health threat posed by pharmacist staffing levels. The New York Times recently published an article entitled "How Chaos at Chain Pharmacies is Putting Patients at Risk," which was an honest and frightening review of this nationwide problem. The Oklahoma State Board of Pharmacy recently confirmed they are investigating inadequate staffing levels at chain pharmacies. Pharmacy boards in at least 24 states have received complaints from pharmacists about staffing models they feel are a danger to patients. Removing the pharmacist to technician ratio is the wrong answer to staffing shortages. Please keep the pharmacist to technician ratio at 3:1 in Wyoming to help protect our patients. Thank you for your consideration of this important patient safety concern.</p>		<p>Thank you for your comment. States that do not have a technician ratio have not reported negative outcomes from removing the ratio. There is no data that suggests a public safety imperative for ratio requirements. The proposed change does not allow a pharmacy to be staffed only by technicians. This proposed change allows the PIC to staff the pharmacy with the number and type of licensed professionals they want to have in the pharmacy.</p>
10	<p>Chapter 10, section 12 spells out APhA and WPhA as two professional organizations approved for providing CE. To avoid the appearance of favoritism for a specific organization I'd prefer to see less specific language allowing for a broader base of providers (ie other pharmacy organizations (ASHP, NCPA, WSHF and other state affiliates) as well as other relevant healthcare related entities (Nursing, Medicine, DEA, CDC, etc)).</p> <p>I disagree with the removal of Section 16 in Chapter 10 "Pharmacist/Technician Ratio". This change feels driven by corporate level lobbying. I have spoken to several retail pharmacists that feel they would be required to supervise more technicians than are safe.</p> <p>This also seems like a subtle step toward moving traditional pharmacist tasks to technicians. Which I'm not opposed to, but it shouldn't happen until we've identified which tasks those are and if the ratio should be increased rather than stricken. Thank you for your time.</p>		<p>Thank you for your comment. The approved CE providers are very broad/inclusive. E.g. there are almost 300 ACPE accredited providers of CPE. The proposed change does not alter the requirement that a pharmacy be under the direct control of the PIC. The proposed change allows the PIC to staff the pharmacy with the number and type of licensed professionals they want.</p>

11	<p>I would like to express a few comments in regards to the proposed rule change to get rid of tech ratio. I was finishing pharmacy school in Utah when they did this and I was very opposed to it as I felt it would kill pharmacist jobs. I still have that concern and wish that reimbursements were in a place that we could afford more pharmacists, but the nature of the business makes this tough. Right now my pharmacy may fill around 300 per day. With a full time compounding technician, current rules allow me to run with two technicians up front typing and filling about 290 regular retail prescriptions. This presents a challenge to the business as it requires me, the pharmacist, to divert my attention away from clinical/pharmacist activities to pull drugs, fill drugs, and help keep the store functioning. This takes away time that could be spent better taking care of my patients. With additional support staff, I would be able to better care for and counsel with my patients.</p> <p>Again, my ideal solution would be for PBM reform that would allow us to be paid fairly so that we could have more pharmacists. However, with current economic conditions, we need more, better trained technicians to help take care of those tasks that a pharmacist doesn't need to be doing. Similar to a physicians office, we need more support staff to help us be the professionals we were trained to be. So, with current economic conditions, I am in FAVOR of increasing the tech ratio to 5:1 or removing it altogether and letting the number of technicians be up to the pharmacist to decide what is safe.</p>		Thank you for your comment.
12	<p>Im a certified pharmacy technician at the hospital in Campbell County. As I over heard the conference call regarding the Tech to RPH ratio I'm thinking about all the positive that would come with eliminating this ratio. I'd like to write a positive email on why I feel this is a great idea. Can you please share the email address of someone who would like to hear my opinion. Id like to email because i fear my opinion has been overshadowed by Pharmacist that disagree with this opportunity.</p>		Thank you for your comment.
13	<p>I am writing to you in my capacity as Advisor of Regulatory Affairs for CVS Health and its family of pharmacies. CVS Health, the largest pharmacy health care provider in the United States, is uniquely positioned to provide diverse access points of care to patients in Wyoming through our integrated offerings across the spectrum of pharmacy care. CVS Health appreciates the opportunity to submit comments on the proposed rules Chapter 10 pharmacy technician regulations and Chapter 16 immunization regulations. We would also like to thank the Board for their vigilance to continuously improve the laws and regulations that guide pharmacists, pharmacy interns, and pharmacy technicians serving Wyoming patients.</p> <p>CVS Health <i>supports</i> the proposed rule removing <i>Chapter 10 – Section 16: Pharmacist/Technician Employee Ratio</i> to permit a pharmacy manager to use their professional discretion to evaluate the needs of their individual pharmacy and determine the appropriate number of pharmacy technicians to safely and efficiently meet the needs of their patients. Increasing the number of pharmacy technicians provided to assist pharmacists in dispensing medications and supporting patient care services, enables the highest order of clinical patient care, and aligns with the Boards mission of promoting public health and safety by establishing the highest standards in the practice of pharmacy.</p> <p>The national landscape reveals an overwhelming safety track record of success and shift towards removing ratio, featuring 23 states that have eliminated or never sought to establish a technician to pharmacist ratio. As there are states with over a century of success in allowing pharmacists to determine and maintain appropriate supervision over support personnel, the National Association of Boards of Pharmacy (NABP) removed all ratio restrictions from The Model State Pharmacy Act and Model Rules in 1999. Surrounding states, Utah and Idaho, have entirely eliminated ratio and permit a pharmacy manager to determine the appropriate amount of staffing and supervision</p>		Thank you for your comments. The Board is considering how to expand pharmacy technician duties and plans to address this in future rulemaking. The incorporation by reference follows requirements set for the Board.

<p>needed to maintain a safe pharmacy environment. Utah transitioned in the early 2000's to a 3:1 ratio, and completely removed ratio in 2010. Similarly, Idaho expanded ratio to 3:1 and 6:1 in 2005 and 2009, respectively. The Idaho Board reported receiving zero formal complaints from pharmacists, technicians, or members of the public regarding the increased ratio from 2009 to present, and as a result promulgated rule change to remove ratio in 2018. Nebraska currently has a 3:1 ratio and is now in the legislative process to remove the ratio. In addition, Colorado and Montana recently increased their pharmacist to pharmacy technician ratio in 2017 and 2019, respectively.</p> <p>CVS Health applauds the Board's leadership in dismissing the unsubstantiated fears associated with paving the path towards a safe pharmacy practice future that is evidence-based and fully wields the entirety of the pharmacy team to promote the delivery of exceptional patient care. We request the Board continue following the lead of the National Association of Boards of Pharmacy (NABP) Model Act and 23 other states to remove the ratio supervision requirements as currently proposed in <i>Chapter 10, Section 16</i>.</p> <p><u>Pharmacist Delegation</u></p> <p>CVS Health <i>supports</i> the majority of the proposed language in <i>Chapter 10 Pharmacy Technician Regulations</i> streamlining the wording of the rules, however there are a few areas we believe can be amended to simplify, strengthen, and continue to bring the practice of pharmacy in the state of Wyoming up to current standards, keeping patient safety in the forefront.</p> <p>Despite a growing need for increased access to patient care services, community pharmacists spend only 21% of their professional time performing patient care services that are not associated with dispensing prescriptions. To further enhance and optimize patient care services delivered at community pharmacies, leveraging trained pharmacy technicians to take on roles that have proven to not require the professional judgment of a pharmacist should be considered. Paramount and centric to all Board rules, including pharmacy technician roles and responsibilities, is patient safety. The national landscape reveals an overwhelming safety track record of success and shift towards pharmacy technicians:</p> <ul style="list-style-type: none">) Transferring prescriptions (permitted in 19 states)) Accepting verbal prescriptions (permitted in 16 states)) Contacting prescriber offices for clarifications (permitted in 16 states)) Technology assisted product verification (permitted in 20 states) <p>Increasing the scope of pharmacy technician practice to include administrative and supportive tasks for pharmacist-provided patient care services will allow pharmacists to more effectively and efficiently provide for patients' medication-related needs. Most importantly, some states have a patient safety track record of success with expanded pharmacy technicians roles that spans over four decades.</p> <p>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, <i>that alone</i> 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. Recently, Idaho, Illinois, and Washington State have embraced this concept through a pharmacist delegation model of regulation, with Arizona, Delaware, Michigan and Oregon also moving in a similar direction. Pharmacist delegation is individualistic and takes into account the individual technician's capabilities, the pharmacist's comfort level, facility policies, and the risk mitigation strategies present at the facility, among other factors. Pharmacist discretion in delegation creates control of which functions to delegate in the interest of</p>		
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<p>patient care, and to whom, rather than supplanting the professional judgment of pharmacists with one-size-fits-all rules.</p> <p>While taking a pure pharmacist delegation approach to pharmacy technician regulation may seem newer to the profession of pharmacy, this practice is common and the standard of care in other health professions. Many state healthcare boards do not delineate a list of specific tasks a provider may delegate to assistants. For example, the Wyoming Medical Practice Act §33-26-202(b)(vi), §33-26-402(a)(xv-xvii) as well as the Board of Medicine Rules and Regulations Chapter 1, Section 3(t,u, and nn) detail the delegation model successfully established and used by Wyoming physicians. Another example, the Wyoming Veterinarian Practice Act §33-30-203(a)(ix) and the Board of Veterinary Medicine Rules and Regulations Chapter 9, Section 4 detail the delegation model implemented by Wyoming veterinarians. The Wyoming Board of Medicine and Board of Veterinary Medicine approach to delegation, acts a mechanism to create the flexibility needed to better leverage all members of the healthcare team within the limits of their education, skill, and experience. CVS Health requests the Board to amend <i>Chapter 10, Section 6, 9, 10, and 14</i> to implement a delegation model of pharmacy practice, similar to the successful approach used by other healthcare professions in the state of Wyoming, which does not specify a minimal list of permitted duties and/or subsequently require a rule amendment for every new delegable function as pharmacy practice evolves. Our suggested rule amendments are listed below in red:</p> <p><u>Suggested Rule Revision Language:</u></p> <p><u>Section 6. Pharmacy Functions for Technicians in Training.</u></p> <p>(a) A pharmacy technician in training may perform the following functions under the direct supervision of a licensed pharmacist:</p> <ul style="list-style-type: none">(i) Retrieve the product from stock, counting, pouring, reconstituting, placing product in a prescription container, and affixing the label;(ii) Make computer entries for new or refill prescriptions;(iii) Contact the practitioner's office and obtaining refill authorizations for any prescription provided there are no changes; and(iv) Restock drugs for those sites where the pharmacy has an emergency drug permit.(v) Stock automated drug dispensing units, floor stock, crash carts, after-hour drug cabinets, sterile solutions and unit dose cart preparation;(vi) Repackage unit dose and/or unit of issue packaging;(vii) Conduct inspections; and(viii) Input practitioner medication orders. <p><u>Section 9. Pharmacy Functions for Pharmacy Technicians.</u></p> <p>(a) A pharmacy technician may perform the pharmacy functions previously mentioned in this chapter for technicians in training, as well as the following:</p> <ul style="list-style-type: none">(i) Compounding—Compounded prescription orders shall be reviewed by a pharmacist. The PIC shall certify competency of the pharmacy technician prior to allowing a pharmacy technician to assist the pharmacist in compounding, and annually thereafter. Documentation of the competency shall remain on file at the pharmacy and be available for inspection by the Board for each pharmacy technician, and shall include, but not be limited to, documentation of the following skills:<ul style="list-style-type: none">(A) Knowledge and understanding of FDA's Good Manufacturing Practices;(B) Weights and measures;		
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- ~~(C) Calculations;~~
- ~~(D) Use of torsion balance or electronic scales;~~
- ~~(E) Knowledge of various techniques utilized to compound products;~~
- ~~(F) Labeling requirements;~~
- ~~(G) Aseptic technique;~~
- ~~(H) Use and maintenance of laminar and/or vertical flow air hood;~~
- ~~(I) Knowledge in handling chemotherapeutic agents;~~
- ~~(J) Dating requirements; and~~
- ~~(K) Record keeping requirements.~~

~~(ii) Transfer prescriptions electronically or via facsimile to another pharmacy with consent of the supervising pharmacist.~~

Section 9. Pharmacy Functions for Pharmacy Technicians.

(a) A pharmacist may delegate to and allow performance by a pharmacy technician or pharmacy technician-in-training only those pharmacy functions performed in pharmacy operations that meet the following criteria:

- (i) The pharmacy function is performed under a pharmacist's direct supervision;
- (ii) The pharmacy function is commensurate with the education, skill, and experience of the pharmacy technician or pharmacy technician in training; and
- (iii) Any pharmacy function that does not require the use of a pharmacist's professional judgment or defined as a pharmacy function not permitted for all technicians.

Section 10. Pharmacy Functions Not Permitted for all Technicians.

(a) No pharmacy technician or technician-in-training shall:

- ~~(i) Receive a new prescription order verbally from a prescriber or other person authorized by law;~~
- (i) Perform clinical evaluations and interpretations of a prescription;
- (ii) Obtain any needed clinical clarifications prior to filling;
- (iii) Review and analyze any clinical data in a patient's medication record or chart;
- (iv) Perform professional consultation with any prescriber, nurse, other health care professional or any patient/customer; and
- ~~(v) Make the offer to counsel; and~~
- (v) Counsel.

Section 14. Legal and Professional Responsibilities.

(a) It shall be considered unprofessional conduct for a pharmacy technician or pharmacy technician-in-training to violate the Wyoming Pharmacy Act or the Wyoming Controlled Substances Act or their rules or regulations.

(b) It shall be considered unprofessional conduct for a pharmacist:

- (i) Failure to appropriately supervise a pharmacy technician or pharmacy technician-in-training to whom the pharmacist has delegated pharmacy functions;
- (ii) Delegating pharmacy functions to a pharmacy technician or pharmacy technician-in-training who is not qualified by training, experience or licensure; and
- (iii) Delegating pharmacy functions to a pharmacy technician or pharmacy technician-in-training who is unable to safely, skillfully and competently provide care to patients.

In July 2019, a collaboration was formed between the American Association of Colleges of Pharmacy (AACP), 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 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.*

The Board's proposed removal of ratio and the suggested rule amendments creating a pharmacist delegation model of regulation, serves as an actionable item that perfectly aligns with national efforts to improve wellbeing within the pharmacy, and provides for flexibility in patient care services while maintaining patient safety. Thus, moving forward, Wyoming pharmacists will be in control of which functions to delegate, and the necessary supervision, rather than replacing the professional judgment of pharmacists with one-size-fits-all rules.

Immunization Services

CVS Health supports the streamlining of the documentation requirements in *Chapter 16 Immunization Regulations*, however there are a few areas we believe can be amended to simplify the immunization standards to align with other jurisdictions successes. *Twenty eight states* do not require an individual separate Board registration/permit to administer immunizations, and far more do not subsequently require such a registration for pharmacy interns. Further, Wyoming statute §33-24-157 places no such restriction as a prerequisite to providing immunization services. In addition, Wyoming statute §33-24-157 already details parental consent as a requirement for administration of immunizations to a minor. CVS Health requests the Board amend *Chapter 16 Section 3-4* removing the immunization administration registration requirements and the duplicative parental consent rule in *Chapter 16 Section 5(b)*.

CVS Health supports the Board permitting immunization administration according to the current guidelines from the Advisory Committee on Immunization Practices (ACIP) of the United States Centers for Disease Control and Prevention (CDC) in Chapter 10 Section 5. However, proposing a direct rule reference incorporation of the guideline as of September 12, 2019 (or any date) does not provide for flexibility when the guidelines are amended or new immunizations come to market. One state example of this type of direct guideline reference not being best practice, is Florida, where pharmacists are limited to administration according to the CDC guidelines from February 1, 2015. Lastly, the

proposed rules do not account for immunizations recommended by the CDC for international travel or public health emergencies such as COVID-19. Our suggested rule amendments are listed below in red:

Suggested Rule Revision Language:

Section 3. Registration.

~~(a) Prior to prescribing or administering immunizations a pharmacist shall submit an application supplied by the Board and pay a \$10.00 fee.~~

~~(i) The Board shall issue a registration to the pharmacist if they meet all of the requirements to prescribe and administer immunizations;~~

~~(ii) Registrations shall expire on December 31 of each year;~~

~~(iii) Registrations shall be renewed annually;~~

~~(iv) Renewal applications will be mailed by the Board annually on or about November~~

~~1.~~

~~(b) Prior to administering immunizations, a pharmacy intern shall submit an application supplied by the Board and pay a \$10.00 fee.~~

~~(i) The Board shall issue a registration to the pharmacy intern if they meet all of the requirements to administer immunizations;~~

~~(ii) Registrations shall expire on September 30 of each year;~~

~~(iii) Registrations shall be renewed annually;~~

~~(iv) Renewal applications will be mailed by the Board annually on or about August 1.~~

Section 4. Qualifications.

(a) A pharmacist shall meet the following qualifications to prescribe and administer immunizations:

~~(i) Register with the Board to prescribe and administer immunizations;~~

~~(ii) (i) Successfully complete:~~

(A) The American Pharmacists Association's (APhA) immunization training certification program entitled "*Pharmacy-Based Immunization Delivery*" or;

(B) The Washington State Pharmacy Association's immunization training certification program entitled "*Vaccinating Adults and Adolescents: An Immunization Program Practicum Session*" or;

(C) Other equivalent training certification program approved by the Board.

~~(iii) (ii) Successfully complete training specific to administering vaccines to the pediatric population if they will be administering to minors;~~

~~(iv) (iii) Hold a current certification in basic life support (BLS) offered by the American Heart Associations or the American Red Cross; and~~

~~(v) (iv) Complete a minimum of one (1) contact hour (0.1 CEU) of continuing education related to immunizations annually. The continuing education must be by a provider approved by the Accreditation Council for Pharmacy Education (ACPE).~~

(b) It is unprofessional conduct for a pharmacist to prescribe or administer an immunization, who is not in compliance with this Chapter.

(c) A pharmacy intern shall meet the following qualifications to administer immunizations:

~~(i) Register with the Board to administer immunizations;~~

~~(ii) (i) Successfully complete:~~

(A) The American Pharmacists Association's (APhA) immunization training certification program entitled "*Pharmacy-Based Immunization Delivery*" or;

(B) The Washington State Pharmacy Association's immunization training certification program entitled "*Vaccinating Adults and Adolescents: An Immunization Program Practicum Session*" or;

(C) Other equivalent training certification program approved by the Board.

~~(iii)~~(ii) Successfully complete training specific to administering vaccines to the pediatric population if they will be administering to minors;

~~(iv)~~(iii) Hold a current certification in basic life support (BLS) offered by the American Heart Association or the American Red Cross; and

(d) A pharmacy intern who is registered to administer immunizations shall do so under the direct supervision of the pharmacist who is registered to administer immunizations.

Section 5. Adults and Minors.

(a) Vaccines which a pharmacist may prescribe and administer to a healthy adult or healthy minor or may be administered by a prescription of a physician for high risk adults or high risk minors shall include ~~all those included in the following documents incorporated by reference:~~

(i) An immunization recommended by the United States Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) in its approved vaccination schedule.

(ii) An immunization recommended by the United States Centers for Disease Control and Prevention (CDC) for international travel.

(iii) Other emergency immunizations in response to a public health emergency.

~~(i) The CDC Recommended Adult Immunization Schedule incorporated by reference in this Chapter of these rules is the 2019 United States CDC Recommended Adult Immunization Schedule for Ages 19 Years or Older as existing on September 12, 2019. Copies of this document can be obtained from the Board at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming, 82002.~~

~~(ii) The CDC Recommended Child and Adolescent Immunization Schedule incorporated by reference in this Chapter of these rules is the 2019 United States CDC Recommended Child and Adolescent Immunization Schedule for Ages 18 and Younger as existing on September 12, 2019. Copies of this document can be obtained from the Board at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming, 82002.~~

~~(iii) For any code, standard, rule or regulation by reference in these rules:~~

~~(A) The Board has determined that incorporation of the full text in these rules could be cumbersome or inefficient given the length or nature of the rules;~~

~~(B) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (ii) of this section;~~

~~(C) The incorporated codes, standards, rules or regulations are maintained at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming 82002 and are available for public inspection any copying at cost as the same location.~~

~~(b) Parental or legal guardian consent shall be required for all minors receiving a vaccination. The parent or legal guardian shall be present during the administration.~~

~~(c) Immunizations authorized by this Chapter shall be prescribed in accordance with the latest notice from the U.S. Department of Health and Human Services, Centers for Disease Control~~

	<p>and Prevention (CDC). Specifically, CDC's "Recommended Adult Immunization Schedule, by Vaccine and Age Group" and "Recommended Adult Immunization Schedule by Vaccine and Medical and Other Indications," or "Recommended Immunization Schedule for Persons Aged 0 Through 18 Years," including the footnotes provided for each schedule, shall be utilized by the pharmacist when considering the eligibility of a healthy individual to receive an immunization. The latest notice from CDC may be found at CDC's website (http://www.cdc.gov).</p> <p>(d) (b) Pharmacists shall utilize the manufacturer's package insert for indications, contraindications, adverse reactions, dosing, route of administration, specifics regarding administration, and storage requirements for each specific immunization authorized by this Chapter.</p> <p>(e) (c) All immunizations shall be administered with the individual receiving the vaccine seated in a chair with back support.</p> <p>(f) (d) A current <i>Vaccine Information Statement</i>, as provided by the CDC, shall be provided to each person receiving an immunization for each immunization administered. The <i>Vaccine Information Statement</i> is available from the CDC's website (http://www.cdc.gov).</p> <p>CVS Health appreciates the opportunity to submit comments for the Board's review.</p>		
14	<p>The Wyoming Pharmacy Association (WPhA) would like to share the following comments in regards to the rule changes to Chapter 10 of the Wyoming Pharmacy Act, specifically the change to remove the Pharmacy Technician to Pharmacist Ratio.</p> <p>While WPhA knew that this change would be somewhat controversial, we were surprised by the number of our members and fellow pharmacy professionals who were opposed to this change. The Wyoming Pharmacy Association facilitated different ways to gather information and comments from our membership.</p> <p>The Facebook poll found that over 80% of respondents were NOT in favor of the proposed rules. Written comments received from members were similar in the numbers of those disapproving of a change. The WPhA Board in conjunction with the University of Wyoming School of Pharmacy also hosted two town hall meetings where members could discuss the pros and cons of the proposed changes with other members. Attendance at the town hall meetings included pharmacists, technicians, and interns from all practice types (community, hospital, government, education, etc.) Based upon the comments and information received, the Wyoming Pharmacy Association would like to make the following comments:</p> <ul style="list-style-type: none">) WPhA appreciates the Board of Pharmacy's intent to allow more time for pharmacists to carryout clinically oriented functions and expand the pharmaceutical care opportunities for our patients. The paradigm shift to the delivery of patient-care services promotes the health and wellbeing of the citizens of Wyoming and is consistent with the education that pharmacy students receive.) Given that the supervising pharmacist is ultimately responsible for all that takes place in the pharmacy, pharmacists expressed concern that having to supervise an increased number of technicians could increase the risk of errors (and pharmacist's liability) if the number of technicians supervised exceeds the pharmacist's management capacity.) Members acknowledged that that there is not a great deal of evidence attributed to an increase error rate in States without ratios, however, it is also not known is if there has been an increased opportunity to provide expanded pharmacy care in these states. 		<p>Thank you for your comment. This proposed change does not alter the requirement that a pharmacy be under the direct control of the PIC. This proposed change allows the PIC to staff the pharmacy with the number and type of licensed professionals they want to have in the pharmacy. States that do not have a technician ratio have not reported negative outcomes from removing the ratio. There is no data that suggests a public safety imperative for ratio requirements. The Board is considering how to expand pharmacy technician duties and plans to address this in future rulemaking. Schools/colleges of pharmacy are producing more graduates than there are pharmacists jobs being created.</p>

	<p>) Members voiced concern that eliminating the technician ratio could undermine the goal of increasing pharmacists time to engage in expanded patient care services if:</p> <ul style="list-style-type: none"> o the current roles or authority of pharmacy technicians is not expanded. o employers take advantage of the rule change to staff a pharmacy with many technicians per pharmacist. o a single pharmacist is (or a smaller number of pharmacists are) responsible for ensuring that dispensing errors are not made while handling other tasks such as communicating with physicians, administering immunizations, approving DURs, product verification, and counseling. <p>) Members were concerned that:</p> <ul style="list-style-type: none"> o the hiring pool of technicians is quite limited currently, so the quality of technicians could become compromised if the technician job market expanded beyond the current supply. o without any education requirements for pharmacy technicians-in-training, the pharmacist's time could be shifted toward training activities and away from patient-care services. o staffing a pharmacy primarily with technicians-in-training (and few to no certified technicians) could potentially decrease the quality of pharmacy services delivered. <p>) Our members definitely understand the current economics of pharmacy, especially in retail pharmacy. There is concern that some businesses will take advantage of an increased ratio, and hire pharmacy technicians for jobs that in the past would be for pharmacists.</p> <p>) The WPhA Board appreciates and understand that that patient safety is the most important concern to the WY Board of Pharmacy, not the economics of a pharmacy. It is our belief that if the ratio is abolished, there will be patient safety issues.</p> <p>) Our members who are pharmacy owners are in support of changing the ratio because it gives them the ability to:</p> <ul style="list-style-type: none"> o make the best decisions for their own pharmacy; and o weigh the risks of proper supervision and the money saved in changing their staffing. <p>) WPhA found support for increasing the pharmacy technician ratio, but not removing it completely.</p> <ul style="list-style-type: none"> o Most members would like to see it increased to 4:1 and then possibly move upward from there if no patient safety issues are identified. o Members would also be in favor of increasing the ratio if there was an assurance or even an incentive in having certified pharmacy technicians working, rather than all technicians-in-training on site. <p>) WPhA recommends that the authority and tasks conducted by pharmacy technicians be expanded. We believe that this is the most reasonable way to achieve the intention of allowing pharmacists to practice at the top of the education they are receiving.</p> <p>Thank you for hearing our comments and concerns.</p>		
15	<p>On behalf of our members operating in Wyoming, the National Association of Chain Drug Stores (NACDS) appreciates the opportunity to comment on proposed rule changes for Chapter 10: Pharmacy Technician Regulations and Chapter 16: Immunization Regulations. NACDS applauds the State</p>		<p>Thank you for your comments. The Board is considering how to expand pharmacy technician duties and plans to address this in future rulemaking.</p>

<p>Board's efforts to benefit public health by modernizing its regulations to reflect current pharmacy practice trends.</p> <p>NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies. In Wyoming, NACDS members operate over 80 pharmacies that employ over 303 pharmacists. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Nationally, they fill over 3 billion prescriptions yearly and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. For more information, please visit nacds.org.</p> <p>I. NACDS supports the removal of antiquated, unnecessary "pharmacist to technician ratio"</p> <p>NACDS supports the Board's current proposal to remove the "pharmacist to technician ratio". Many state boards of pharmacy have relaxed or removed pharmacist to technician ratios to allow for optimal use of pharmacy technicians. For example, the following 22 states, in addition to the District of Columbia, do not limit the number of technicians a pharmacist can oversee: Alaska, Arizona, Delaware, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Missouri, New Hampshire, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Washington, and Wisconsin. NACDS has not heard of any observed or reported excessive technician staffing or patient safety issues arising in those states in which ratios have been eliminated. Testimonials recently collected by NACDS add additional context and are provided below:</p> <p>"I'm not aware of any information which suggests that patients in a state which has no ratio are any safer or worse off than patients in a state which has a ratio. There does not appear to be a public safety imperative for ratio requirements. Since every practice site is different, it would appear prudent to task the pharmacist-in-charge of a pharmacy with the appropriate staffing mix commensurate with the nature and scope of the practice site." – Malcolm Broussard, RPh, Executive Director, Louisiana Board of Pharmacy</p> <p>"The New Mexico Board of Pharmacy eliminated the tech ratio by rule change in June 2013. The Board reserved the right to impose a ratio on a licensee if it could be shown that a violation or complaint resulted from poor supervision due to the number of techs on duty. To date, the Board has not imposed a ratio on any licensee. I am not aware of any complaints or violations that have resulted from tech ratio issues." – Rich Mazzoni, Past President of both the New Mexico Board of Pharmacy and the California Board of Pharmacy</p> <p>"Arizona eliminated the ratio almost 15 years ago. ...In these 15 years, there has never been a case of an error related to an unsafe number of technicians in the pharmacy." – Dennis McAllister, Arizona Board of Pharmacy</p> <p>"In the last several years, Maine migrated to a no ratio regulation and left the technician staffing up to the pharmacist licensed with their board. There have been no negative outcomes from this change. I believe the citizens are getting better and more timely service and taking a greater understanding of how to use their medications effectively home with them." – Mark Polli, RPh, Maine Board of</p>	<p>The incorporation by reference follows requirements set for the Board.</p>
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<p>Pharmacy</p> <p>“I have spent 8 years on the Michigan Board of Pharmacy... Michigan is a state that has no pharmacist to technician ratio. In my 8 years on the board (2001-2009,) I did not review a case in either the full board or the DSC that involved an issue with a pharmacist that encountered a quality incident involving too many technicians to supervise. ... The idea of restricting the amount of technicians a pharmacist can utilize in their practice setting, works to the detriment of the patient and inhibits the pharmacist to provide patient care at the top of their license since the technicians are there to assist the pharmacist and patient, not make decisions regarding patient care or quality decisions.” – Laura A. Shaw, Michigan Board of Pharmacy</p> <p>“I have been a Pennsylvania pharmacist for 27 years and served on the Pennsylvania Board of Pharmacy for 15 years, eight of those years as Chairman. During my tenure on the Board of Pharmacy, there was NEVER a disciplinary case, nor allegation that came before us, that alleged that an error or patient harm was caused by too many technicians on duty in the pharmacy.” – Mike Podgurski, RPh, Pennsylvania Board of Pharmacy</p> <p>Notably, the National Association of Boards of Pharmacy (NABP) has long supported the complete elimination of the pharmacist to technician ratio, and the cutting edge pharmacy care models implemented by the Department of Veterans Affairs (VA) health systems/military do not include the use of a pharmacist to technician ratio, which has not appeared to negatively impact patient safety in those programs.</p> <p>NACDS supports the removal of ratio restrictions as an important step toward modernizing pharmacy practice in the state and aligning rules and regulations with the healthcare needs of today’s patients. Accordingly, it will empower pharmacists to best determine what staffing and optimal workflow models best meet their needs given the specific volume and patient care requirements of their pharmacy.</p> <p>II. Expand Permissible Duties for Pharmacy Technicians in Wyoming to Better Serve Patients</p> <p>In the context of an aging population with increased chronic disease prevalence and medication use, and a looming physician shortage, community pharmacists are well-positioned and trained to deliver a wide range of relevant care services to help fill gaps, improve care coordination, and complement the care delivered by others across the healthcare continuum – all while maintaining the opportunity and privilege to dispense medications. However, the extent to which a pharmacist can engage in direct patient care activities and meet dynamic needs depends heavily upon the ability for pharmacists to more fully utilize pharmacy technicians to perform non-judgmental tasks.</p> <p>Given their accessibility and expertise, pharmacists are often cited as a seriously underutilized asset to improve health and care experiences for patients and reduce healthcare costs. Healthcare researchers, thought leaders and policymakers more and more are advocating for pharmacist-provided clinical patient care as one strategy to advance the “Triple Aim” of improved health, reduced costs, and improved patient experience. Given increasing prevalence of chronic disease and a shortage of healthcare professionals in many pockets across the United States, leverage of community pharmacists is increasingly important.</p> <p>However, if community pharmacists spend too much of their time performing administrative and technical tasks, opportunities to evolve clinical community pharmacy practice as part of the value</p>		
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<p>transformation of healthcare may remain largely out of grasp. This is not only disadvantageous for the viability and advancement of the pharmacy profession; it is harmful for patient health and the efficiency of our healthcare system based a myriad of evidence showing the value of pharmacy care. By shifting the roles of pharmacy technicians to better support pharmacists, we can move the dial toward solving this problem.</p> <p>For example, based on research published in 2017, at least 17 states allow technicians to accept verbal prescriptions called in by a prescriber or prescriber's agent, or transfer a prescription order from one pharmacy to another. The authors of this research concluded that these tasks can be performed safely and accurately by appropriately trained technicians, and the track record of success with these tasks spans four decades. The authors note that the delegation of verbal orders and prescription transfers removes undue strain on pharmacists and frees up pharmacist time for clinical care. This concept has also been demonstrated by multiple pilots evaluating technician product verification. Based on a recent survey of nearly 650 pharmacy technicians across the country, more than 56% are already regularly involved in clarifying prescriptions, and more than 75% are “very willing” to perform this activity. Additionally, 50% are “very willing” to accept and transcribe a verbal prescription and to transfer prescriptions.</p> <p>Expanding pharmacy technician duties does not, however, increase prescription volume or workload, but instead, better balances responsibilities across the pharmacy team, leveraging the unique skills and qualifications of all members. These research examples, among a great deal of other literature over multiple decades, proves that pharmacy technicians are highly capable of performing all administrative, non-discretionary duties. And in fact, studies show that when pharmacists delegate more technical tasks, the satisfaction of the entire pharmacy team goes up, pharmacists have more time to provide clinical care, and perceived value to patients is enhanced.</p> <p>In addition, recently conducted qualitative research on the expansion of pharmacy technician duties supports the tremendous potential not only to improve care for patients, but also to reduce excessive and needless strain on the community pharmacy workforce. For example, a survey of pharmacists, managers, and pharmacy technicians who implemented technician product verification across three states described highly positive outcomes of this model, including patient care delivery expansion, effectiveness based on “freed-up” pharmacist time, and positive impacts on roles and job satisfaction of personnel. Quotes from the research include:</p> <p><i>“There’s definitely a lot more time to spend with the patient...I think it’s almost like the whole atmosphere of our job changes. ... I just feel that the pharmacist is able to step back for a moment from the product and just be like, “Okay, so who can I help today?” (Pharmacist Manager)</i></p> <p><i>“It’s allowed every member of the pharmacy care team to practice at the top of their job description and enable pharmacists to really use that license.” (Pharmacist Manager)</i></p> <p><i>“It’s really been helpful because it’s been less stressful just being able to focus...” (Pharmacist Manager)</i></p> <p><i>“The pharmacists feel that they are able to step back for a moment and not be in that kind of pressurized feeling all the time ...” (Pharmacist Manager)</i></p>		
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"I would hate to go back to the way that things were before... [The pharmacist] can go take their blood pressure or go over their meds with them [and] we have more time to call the doctor and ask about questions." (Pharmacy Technician)

NACDS supports expanded duties permitting pharmacy technicians to receive new prescription orders verbally from a prescriber or other person authorized by law, to obtain any needed non-clinical clarifications prior to filling, and perform other non-prohibited functions as delegated by the pharmacist to the pharmacy technician. In summary, expanded duties are a win – win – win: for patients to receive more access to clinical care, for pharmacists to provide the clinical care they were trained to provide, and for pharmacy technicians to have an opportunity to advance in their careers and develop their skills.

NACDS recommends the following amendments:

~~Section 10.~~Section 9. Pharmacy Functions for Pharmacy Technicians.

(a)A pharmacy technician may perform the pharmacy functions previously mentioned in this chapter for technicians-in-training, as well as the following:

(i)Compounding - ~~The~~Compounded prescription orders shall be reviewed by a pharmacist. The PIC shall certify competency of the pharmacy technician prior to allowing a pharmacy technician to assist the pharmacist in compounding, and annually thereafter. Documentation of the competency shall remain on file at the pharmacy and be available for inspection by the Board for each pharmacy technician, and shall include, but not be limited to, documentation of the following skills:

- (A)Knowledge and understanding of FDA's Good Manufacturing Practices;
- (B)Weights and measures;
- (C)Calculations;
- (D)Use of torsion balance or electronic scales'
- (E)Knowledge of various techniques utilized to compound products;
- (F)Labeling requirements;
- (G)Aseptic technique;
- (H)Use and maintenance of laminar and/or vertical flow air hood;
- (I)Knowledge in handling chemotherapeutic agents;
- (J)Dating requirements; and
- (K)Record keeping requirements.

(ii)Transfer prescriptions electronically or via facsimile to another pharmacy with consent of the supervising pharmacist;

(iii)Receive a new prescription order verbally from a prescriber or other person authorized by law;

(iv)Obtain any needed non-clinical clarifications prior to filling.

(v)Other non-prohibited functions as delegated by the pharmacist to the pharmacy technician.

~~Section 11.~~Section 10. Pharmacy Functions Not Permitted for all Technicians Levels.

(a)No pharmacy technician or technician-in-training shall:

~~(i)Receive a new prescription order verbally from a prescriber or other person authorized by law;~~

~~(iii)(i)~~ Perform evaluations and interpretations of a prescription and obtain any needed clinical clarifications prior to filling;
~~(iii)(ii)~~ Obtain any needed clinical clarifications prior to filling;
~~(iii)(iv)~~ Review and analyze any clinical data in a patient's medication record or chart;
~~(iv)(v)~~ Perform professional consultation with any prescriber, nurse, other health care professional or any patient/customer;
~~(v)(vi)~~ Make the offer Offer to counsel; and
~~(vi)(vii)~~ Counsel.

II. NACDS supports expansion of pharmacists' vaccination authority to benefit public health

Community pharmacists are valuable, but often underutilized members of the healthcare team who have an important role in improving vaccination rates. As the face of neighborhood health care, community pharmacies and pharmacists provide accessible and cost-effective health services including immunizations to their local communities. Highly educated to provide patient care services, pharmacists are well-suited to help states increase their vaccination rates and further reduce the incidence of vaccine preventable diseases. Pharmacists complement the efforts of other healthcare professionals to increase vaccination rates by reaching populations less likely to be seen by clinicians. Pharmacists' ability to vaccinate is increasingly important to protect public health. Pharmacists have been called upon in recent years to vaccinate patients during vaccine-preventable infectious disease outbreaks, e.g., H1N1, measles, hepatitis A, and meningococcal disease.

NACDS commends the State Board for its timely action to expand pharmacists' vaccination authority. The ability to leverage pharmacists and pharmacies as vaccine destinations – especially during significant disease outbreaks that can or will eventually be preventable through vaccination – will be critical to meeting public health goals. As the Board goes through the rulemaking process to implement this, we ask the Board to further revise the proposed rule language regarding qualifications for pharmacists and pharmacy interns who prescribe and administer immunizations to align the certification and training program requirements with existing programs for this purpose. Additionally, for clarity and to ensure that patient access to break-through vaccines is not inadvertently limited, NACDS offers amendments to the proposed rules to address regular, periodic updates to both CDC and FDA guidelines and resources related to vaccines and vaccine administration. Finally, we suggest the addition of diphenhydramine as an alternative to epinephrine, if appropriate for an acute allergic reaction to an immunization.

NACDS recommends the following amendments:

Section 4. ~~Definitions.~~ Qualifications.

a) A pharmacist shall meet the following qualifications to prescribe and administer immunizations:

(i) Register with the Board to prescribe and administer immunizations;

(ii) Successfully complete:

(A) The American Pharmacists Association's (APhA) immunization training certification program entitled "Pharmacy-Based Immunization Delivery" or;

(B) The Washington State Pharmacy Association's immunization training certification program entitled "Vaccinating Adults and Adolescents: An Immunization Program Practicum Session" or;

(C) Other equivalent training certification program approved by the Board.

(iii) Successfully complete training specific to administering vaccines to the pediatric population if they will be administering to minors **and if this was not covered under the certification programs required for pharmacists who will prescribe and administer immunizations pursuant to subsection (ii) of this section;**

(iv) Hold a current certification in basic life support (BLS) offered by the American Heart Associations or the American Red Cross; and

(v) Complete a minimum of one (1) contact hour (0.1 CEU) of continuing education related to immunizations annually. The continuing education must be by a provider approved by the Accreditation Council for Pharmacy Education (ACPE).

(b) It is unprofessional conduct for a pharmacist to prescribe or administer an immunization, who is not in compliance with this Chapter.

(c) A pharmacy intern shall meet the following qualifications to administer immunizations:

(i) Register with the Board to administer immunizations;

(ii) Successfully complete:

(A) The American Pharmacists Association's (APhA) immunization training certification program entitled "*Pharmacy-Based Immunization Delivery*" or;

(B) The Washington State Pharmacy Association's immunization training certification program entitled "*Vaccinating Adults and Adolescents: An Immunization Program Practicum Session*" or;

(C) Other equivalent training certification program approved by the Board.

(iii) Successfully complete training specific to administering vaccines to the pediatric population if they will be administering to minors **and if this was not covered under the certification programs required for pharmacists who will prescribe and administer immunizations pursuant to subsection (ii) of this section;**

(iv) Hold a current certification in basic life support (BLS) offered by the American Heart Association or the American Red Cross; and

(d) A pharmacy intern who is registered to administer immunizations shall do so under the direct supervision of the pharmacist who is registered to administer immunizations.

Section 5. Adults, Adults and Minors.

(a) Vaccines which a pharmacist may prescribe and administer to a healthy adult or healthy minor or may be administered by a prescription of a physician for high risk adults or high risk minors shall include all those included in the following documents incorporated by reference:

(i) Immunizations or vaccines is listed in the United States Centers for Disease Control and Prevention's (CDC's) Recommended Immunization Schedules; or immunizations or vaccines is recommended in the United States CDC's Health Information for International Travel; or immunizations or vaccines listed in the US Food and Drug Administration's (FDA's) Vaccines Licensed for Use in the United States. The CDC Recommended Adult Immunization Schedule incorporated by reference in this Chapter of these rules is the 2019 United States CDC Recommended Adult Immunization Schedule for Ages 19 Years or Older as existing on September 12, 2019. Copies of **these** ~~this~~ documents can be obtained from the Board at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming, 82002.

(ii) The CDC Recommended Child and Adolescent Immunization Schedule incorporated by reference in this Chapter of these rules is the 2019 United States CDC Recommended Child and Adolescent Immunization Schedule for Ages 18 and Younger as existing on September 12, 2019. Copies

of this document can be obtained from the Board at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming, 82002.

~~(ii)(iii)~~ For any code, standard, rule or regulation by reference in these rules:

(A) The Board has determined that incorporation of the full text in these rules could be cumbersome or inefficient given the length or nature of the rules;

~~(B) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (ii) of this section;~~

~~(B)(C)~~ The incorporated codes, standards, rules or regulations are maintained at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming 82002 and are available for public inspection any copying at cost as the same location.

(b) Parental or legal guardian consent shall be required for all minors receiving a vaccination. The parent or legal guardian shall be present during the administration.

(c) Immunizations or vaccines authorized by this Chapter shall be prescribed in accordance with the latest notice from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). Specifically, CDC's "Recommended Adult Immunization Schedule for ages 19 years or older, by Vaccine and Age Group" and "Recommended Adult Immunization Schedule by Vaccine and Medical and Other Indications," or "Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger Persons Aged 0 Through 18 Years," including the footnotes provided for each schedule, or the "CDC Yellow Book" (Health Information for International Travel) or the FDA's "Vaccines Licensed for Use in the United States" shall be utilized by the pharmacist when considering the eligibility of a healthy individual to receive an immunization. The latest notice from CDC may be found at CDC's website (<http://www.cdc.gov>).

(d) Pharmacists shall utilize the manufacturer's package insert for indications, contraindications, adverse reactions, dosing, route of administration, specifics regarding administration, and storage requirements for each specific immunization authorized by this Chapter.

(e) All immunizations shall be administered with the individual receiving the vaccine seated in a chair with back support.

(f) A current Vaccine Information Statement, as provided by the CDC, shall be provided to each person receiving an immunization for each immunization administered. The Vaccine Information Statement is available from the CDC's website (<http://www.cdc.gov>).

Section 7. Emergencies.

(a) A pharmacist authorized to prescribe and administer immunizations may administer epinephrine or diphenhydramine in the management of an acute allergic reaction to an immunization. The pharmacist shall follow guidelines as outlined in the American Pharmacists Association's (APhA) or Washington State Pharmacy Association's immunization training certification program.

(b) A pharmacist shall post a protocol as outline in APhA's or Washington State Pharmacy Association's immunization training certification program in the private space or maintain a handout within the emergency kit. The emergency kit must be maintained and readily retrievable to manage an acute allergic reaction to a vaccine administered.

Conclusion

	NACDS supports your proposal to eliminate pharmacy technician ratios and thanks you for consideration of our recommendations to expanded duties for pharmacy technicians and to expand pharmacist immunization authority.		
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Public Hearing Comments			
No.	Comments	Agency Response	
		Yes – Amend Rules	No – Why?
1	<p>Public Comment Received From: Wyoming Pharmacy Association (WPhA) – Represented by Craig Frederick, Executive Director and Melinda Carroll, President</p> <p>Craig and Melinda presented comments on behalf of the members of WPhA. The comments are specific to the technician ratio. This was a highly emotional topic for the membership and there were more concerns than were anticipated by leadership. WPhA did submit written comments and are highlighting the most important comments at this time.</p> <p>These comments were put together with information that was gathered from a Facebook poll, Zoom meetings with membership and emails from membership. The poll was not restricted to WPhA members and had 90 respondents. The response was overwhelmingly not in favor of removing the ratio. 80% of those that voted, voted not to remove the ratio. There were respondents from many different pharmacy settings. In Zoom meetings membership was confirmed, so the comments put forward by WPhA are directly on behalf of their membership.</p> <p>The primary concern was that increasing the ratio without expanding the role of technicians will be counterproductive as it would not allow the pharmacist more time for clinical opportunities</p> <p>Another concern is that pharmacists are worried about their hours being cut in favor of hiring more technicians.</p> <p>Another concern is that the current education level of technicians is not consistent and this could get worse if there are more jobs available for technicians.</p> <p>The final concern was that there is no different supervision requirement between technicians-in-training and technicians. Currently, technicians-in-training require greater oversight and this could be counterproductive as pharmacists have to be more involved with oversight and training, and have less time for clinical opportunities.</p> <p>WPhA membership suggest that the ratio should be increased to 4 to 1 and use a more conservative approach in the future, with incremental increases to the ratio over time. This would help ensure that safety and oversight are being matched before removal of the ratio.</p> <p>WPhA is willing to help in any way and wants to improve the education and qualifications for technicians around the state.</p> <p>Thank you to the Board for hearing the concerns of the members of the WPhA.</p>		<p>Thank you for your comments. The proposal to remove the technician ratio does not alter the requirement that a pharmacy be under the direct control of the PIC. This proposed change allows the PIC to staff the pharmacy with the number and type of licensed professionals they want to have in the pharmacy. States that do not have a technician ratio have not reported negative outcomes from removing the ratio. There is no data that suggests a public safety imperative for ratio requirements. The Board is considering how to expand pharmacy technician duties and plans to address this in future rulemaking.</p>
2	<p>Public Comment Received From: Tim Frost – CVS Regulatory Affairs</p> <p>Chapter 10: Pharmacy Technician Regulations</p> <p>CVS supports the removal of the technician ratio. They recommend taking a national and holistic look at the practice of pharmacy. Currently, 23 states have removed or have never had a ratio. In 1999, NABP removed the ratio from their model provision act –they did not find any correlation with patient safety and the profession was at a shortage at that time. CVS believes that everyone can agree that practice models are different and it is impossible to create a one size fits all model. With regard to Wyoming’s neighbors, Utah removed their ratio in 2010, Idaho removed theirs in 2018, and Montana and Colorado have expanded their ratios.</p>		<p>Thank you for your comments. The Board is considering how to expand pharmacy technician duties and plans to address this in future rulemaking. The incorporation by reference follows requirements set for the Board.</p>

	<p>With regard to the current COVID-19 pandemic, 15 additional states have expanded or removed their ratios to allow for increased flexibility.</p> <p>Removal of the ratio allows for pharmacist to exercise their professional judgment in staffing their pharmacy.</p> <p>CVS encourages the Board to take a look at how other healthcare practitioners have amended their practice acts. There is a trend to not define a list of duties that people can perform, and allow for the delegation of specific functions, that can be curated to the education or training level of each individual. This would allow each pharmacist to determine what tasks are most appropriate. Currently Illinois, Idaho and Washington have this delegation model.</p> <p>Chapter 16: Immunization Regulations</p> <p>CVS recommends looking at direct incorporation of CDC guidelines. When the incorporation limits a state to a specific guideline date, it does not allow for flexibility for administering new vaccines as they become available. An example of this is Florida which is currently using the 2015 CDC guidelines. CVS asks for amendment to allow for flexibility as guidelines change.</p> <p>Please also consider scenarios where pharmacists can provide travel vaccines per the Yellow book and in emergency health situations such as COVID-19. CVS believes that this is a good solution for a front-line response given the current public health emergency.</p>		
3	<p>Public Comment Received From: Dan Davis - Director of Pharmacy at Elkhorn Valley Rehabilitation Hospital</p> <p>Dan is opposed to the removal of the technician ratio. He reiterated the motto of the Board of Pharmacy, which is to protect and promote the health and safety of the public. Dan believes that removing the ratio will compromise patient health and that the stress and duties of pharmacists are very high so much so, that people are leaving the profession. Pharmacists are required to do too many things in order to make sure that compliance and safety are high, as well as monitoring staff that are not highly educated and require babysitting. Pharmacists have a responsibility to make sure that everything leaving the pharmacy is safe.</p>		Thank you for your comment. The proposed change does not alter the requirement that a pharmacy be under the direct control of the PIC. The proposed change allows the PIC to staff the pharmacy with the number and type of licensed professionals they want to and/or are able to have in the pharmacy.
4	<p>Public Comment Received From: Donna Artery - WY Department of Health Medicaid</p> <p>Donna is opposed to the ratio being removed and wants it to remain the same.</p>		Thank you for your comment.
5	<p>Public Comment Received From: Lori Walmsley - Walgreens</p> <p>Chapter 10: Pharmacy Technician Regulations</p> <p>Walgreens supports the elimination of the technician ratio. They would like to rebut earlier comments regarding the concerns about organizations eliminating pharmacist jobs. This has not happened in other states and is not something that occurs within the current Walgreens model. There is also no evidence that there is a patient safety issue with the removal of the technician ratio.</p> <p>Currently in Arizona, where there is no ratio, there are no issues with patient safety related to not having a ratio or issues of having too many technicians in pharmacies. Walgreens would like the Board to elaborate on expanding the role of technicians further, such as allowing technicians to administer immunizations if properly trained and certified. This could help in the event that a</p>		Thank you for your comments. The Board is considering how to expand pharmacy technician duties and plans to address this in future rulemaking. Allowing technicians to administer vaccinations would likely require a statute change.

	<p>COVID-19 vaccine becomes available and Walgreens would encourage an amendment to allow this.</p> <p>Chapter 16: Immunization Regulations</p> <p>Walgreens would like the Board to look at incorporating FDA approved vaccines and expanding technician roles with regard to administering vaccinations.</p>		
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Chapter 10

Pharmacy Technician Regulations

Section 1. Authority.

These rules are promulgated as authorized by the Wyoming Pharmacy Act W.S. § 33-24-101 through -301.

Section 2. Definitions.

“Pharmacy Technician-in-Training” means an individual who is registered with the Board to receive on-the-job training in preparation for licensure as a pharmacy technician.

Section 3. Qualifications for Pharmacy Technicians and Pharmacy Technician-in-Training.

- (a) Be at least 18 years of age;
- (b) Complete a background check through the Wyoming division of Criminal Investigation (DCI);
- (c) Have no history of drug abuse or provide satisfactory evidence of rehabilitation;
- (d) Hold a high school diploma or its equivalent; and
- (e) Have complete requirements for registration.

Section 4. Requirements for Pharmacy Technicians and Pharmacy Technicians-in-Training.

- (a) Wear a name badge with the appropriate designation “Pharmacy Technician” or “Pharmacy Technician-in-Training” at all times when in or near the pharmacy area; and
- (b) Identify themselves as the appropriate level of technician in all telephone conversations while on duty.

Section 5. Pharmacy Technician-in-Training Registration.

- (a) A pharmacy technician-in-training shall apply to the Board for a training permit on an application supplied by the Board and shall pay the fee required before starting on-the-job training.
 - (i) This permit shall be valid for two years from the date of original issuance;
 - (ii) This permit shall include the sponsoring pharmacy; and
 - (iii) If the sponsoring pharmacy changes, the technician-in-training shall immediately submit a pharmacy sponsor transfer form.

(b) A pharmacy technician-in-training may only perform pharmacy functions at their sponsoring pharmacy.

Section 6. Pharmacy Functions for Technicians-in-Training.

(a) A pharmacy technician-in-training may perform the following functions under the direct supervision of a licensed pharmacist:

- (i) Retrieve the product from stock, count, pour, reconstitute, place product in a prescription container, and affix the label;
- (ii) Make computer entries for new or refill prescriptions;
- (iii) Contact the practitioner's office and obtain refill authorizations for any prescription provided there are no changes; and
- (iv) Restock drugs for those sites where the pharmacy has an emergency drug permit.
- (v) Stock automated drug dispensing units, floor stock, crash carts, after-hour drug cabinets, sterile solutions and unit dose cart preparation;
- (vi) Repackage unit dose and/or unit of issue packaging;
- (vii) Conduct inspections; and
- (viii) Input practitioner medication orders.

Section 7. Pharmacy Technician Registration; Fees; Licenses.

(a) Individuals shall apply for pharmacy technician licensure by completing an application, providing evidence of current certification by the Pharmacy Technician Certification Board (PTCB) or National Healthcareer Association (ExCPT) and paying the required fee. The Board reserves the right to require an interview of the applicant prior to a pharmacy technician license being issued;

(b) A pharmacy technician must apply to renew their license each year on or before December 31 and submit payment of the required renewal fee. The Board shall assess a late payment fee for any renewal application postmarked or filed after December 31;

(c) If the pharmacy technician fails to renew before December 31, the license expires ten (10) days after a written notice to renew is sent to the holder by certified mail, to the address last recorded for the licensee;

(d) An expired license may be restored by the Board upon compliance with this section no later than March 31 following expiration of the license;

(e) A pharmacy technician may petition the Board for reinstatement of an expired license. To be considered for reinstatement, the pharmacy technician must submit the following:

- (i) A letter requesting reinstatement;
- (ii) Payment of annual fees, including late payment fees, for those years which the license was expired up to a maximum of five (5) years;
- (iii) Evidence of current certification by the PTCB or ExCPT; and
- (iv) Proof of continuing pharmacy education for those years the license was expired, up to a maximum of five (5) years.

(f) A pharmacy technician who fails to obtain the required number of continuing education credits may be issued an “inactive” license. A pharmacy technician may not practice in Wyoming with an “inactive” license. An “inactive” license may be converted to “active” status by providing the necessary hours of continuing education credits for those years the license has been “inactive” to a maximum of five (5) years;

(g) If change of employment or mailing address occurs, the Board shall be notified within 30 days of date of change by the pharmacy technician; and

(h) A pharmacy technician shall not practice in this state with an expired technician license.

Section 8. Reinstatement of a Revoked or Suspended Pharmacy Technician License.

(a) A pharmacy technician whose license has been revoked or suspended by the Board may file an application, on a form supplied by the Board, requesting a hearing to present evidence to show why the license should be reinstated subject to the following:

(i) A pharmacy technician whose license was revoked by the Board may not file an application requesting a hearing until thirty-six (36) months have elapsed from the date the order revoking the pharmacy technician license became final;

(ii) A pharmacy technician whose license was suspended by the Board may not file an application requesting a hearing until one-half (1/2) of the suspension so ordered by the Board has elapsed;

(iii) A pharmacy technician shall submit an application fee of one hundred twenty five dollars (\$125.00) and pay for the cost of the hearing, if the Board issues an order denying reinstatement. The application fee is nonrefundable;

(iv) The applicant must complete all questions and provide all information requested on the application;

(v) An incomplete application and the accompanying fee will be returned and a hearing date will not be set by the Board; and

(vi) In the application, the pharmacy technician shall authorize any health professional who has examined or treated the applicant to disclose a diagnosis and the reasons for it to the Board and the Board staff.

(b) Applications received by the Board will be reviewed by the Executive Director. The Executive Director shall:

(i) Review the application for completeness. If information or attachments are missing, the application and fee will be returned to the applicant with a letter stating the reason(s) for the rejection; and

(ii) If the application is complete, the Executive Director, in consultation with a Compliance Officer, a member of the Board and the Board's Prosecuting Attorney shall make a decision if the evidence submitted supports reinstatement. The Executive Director will notify the applicant whether the Board staff will support or oppose the request for reinstatement. If not, a hearing for reinstatement shall be scheduled by the Executive Director, if requested by the applicant.

(c) The Executive Director may require the applicant to submit to an examination by a health professional chosen by Board staff. The health professional shall report on the examination to Board staff and may testify at a hearing on reinstatement. Cost for the examination shall be the responsibility of the applicant.

(d) To be reinstated, a pharmacy technician must prove that he or she has been rehabilitated so that further violation of Wyoming Statutes and Board rules is not likely to occur, and that he or she is competent to function as a pharmacy technician. The Board, as a condition to establish competency, may require successful completion of the PTCB Pharmacy Technician Certification Examination (PTCE) or ExCPT.

Section 9. Pharmacy Functions for Pharmacy Technicians.

(a) A pharmacy technician may perform the pharmacy functions previously mentioned in this chapter for technicians-in-training, as well as the following:

(i) Compounding – Compounded prescription orders shall be reviewed by a pharmacist. The PIC shall certify competency of the pharmacy technician prior to allowing a pharmacy technician to assist the pharmacist in compounding, and annually thereafter. Documentation of the competency shall remain on file at the pharmacy and be available for inspection by the Board for each pharmacy technician, and shall include, but not be limited to, documentation of the following skills:

(A) Knowledge and understanding of FDA's Good Manufacturing Practices;

- (B) Weights and measures;
- (C) Calculations;
- (D) Use of torsion balance or electronic scales’
- (E) Knowledge of various techniques utilized to compound products;
- (F) Labeling requirements;
- (G) Aseptic technique;
- (H) Use and maintenance of laminar and/or vertical flow air hood;
- (I) Knowledge in handling chemotherapeutic agents;
- (J) Dating requirements; and
- (K) Record keeping requirements.

(ii) Transfer prescriptions electronically or via facsimile to another pharmacy with consent of the supervising pharmacist.

Section 10. Pharmacy Functions Not Permitted for all Technicians.

- (a) No pharmacy technician or technician-in-training shall:
 - (i) Receive a new prescription order verbally from a prescriber or other person authorized by law;
 - (ii) Perform evaluations and interpretations of a prescription;
 - (iii) Obtain any needed clinical clarifications prior to filling;
 - (iv) Review and analyze any clinical data in a patient’s medication record or chart;
 - (v) Perform professional consultation with any prescriber, nurse, other health care professional or any patient/customer;
 - (vi) Offer to counsel; and
 - (vii) Counsel.

Section 11. Functions When a Pharmacist is Absent.

(a) When no pharmacist is in the pharmacy, but at least one supervising pharmacist remains in the building, the pharmacy technician or pharmacy technician-in-training may perform functions as outlined in this Chapter, provided no prescription product leaves the pharmacy until the pharmacist returns and authorizes the release;

(b) When no supervising pharmacist is in the building, a retail pharmacy may not remain open, and staff may not remain in the pharmacy; and

(c) An institutional pharmacy may not remain open. A pharmacy technician or pharmacy technician-in-training may remain in the pharmacy, but may not perform pharmacy functions. If a drug needs to be removed from the pharmacy, those procedures as outlined in Chapter 12 shall be followed.

Section 12. Pharmacy Technician Continuing Education Requirements.

(a) Every pharmacy technician seeking renewal of a pharmacy technician license shall complete, during each calendar year, six (6) contact hours of approved continuing pharmacy education programs to be applied to the upcoming renewal year; and

(i) The following are approved technician continuing education providers:

(A) Pharmacist supervisor at place of employment, utilizing a format for documentation developed by Board staff;

(B) Continuing education hours approved by the PTCB or ExCPT;

(C) Continuing education hours approved by the American Pharmacists Association (APhA);

(D) Continuing education hours of providers of continuing education accredited by the Accreditation Council for pharmacy Education (ACPE); or

(E) Continuing education hours presented by the Wyoming Pharmacy Association.

(b) Excess continuing education hours may not be carried forward to subsequent years.

Section 13. Continuing Education Audits.

(a) The Board shall randomly select submitted renewal applications for verification of reported continuing education contact hours;

(b) The Board shall review records in the NABP database CPE Monitor for compliance with continuing education hours for pharmacy technicians; and

(c) Upon written request by the Board, a pharmacy technician shall provide to the Board copies of certificates of completion for all continuing education contact hours reported during a specified license period. Failure to provide all requested records constitutes prima facie evidence of knowingly false or misleading information to the Board for the renewal of a license and may subject the pharmacy technician to disciplinary action by the Board.

Section 14. Legal and Professional Responsibilities.

A pharmacy technician or pharmacy technician-in-training shall not violate the Wyoming Pharmacy Act or the Wyoming Controlled Substances Act or their rules or regulations.

Chapter 16

Immunization Regulations

Section 1. Authority.

These rules are promulgated as authorized by the Wyoming Pharmacy Act W.S. § 33-24-157.

Section 2. Definitions.

(a) “Healthy Adults” means those individuals who are eighteen (18) years of age or older and have no absolute contraindications to receive immunizations allowed by this Chapter.

(b) “Healthy Minor” means those individuals who are seven (7) years of age or older but have not attained the age of eighteen (18) years old and have no absolute contraindications to receive immunizations allowed by this Chapter.

(c) “High Risk Adults” means for the purpose of this Chapter those adults eighteen (18) years of age or older who may have an absolute or relative contraindication to receive immunizations as allowed by this Chapter for whom a physician has issued a prescription authorizing a pharmacist to dispense and administer an immunization.

(d) “High Risk Minors” means for the purpose of this Chapter those individuals seven (7) years of age or older but who have not attained the age of eighteen (18) who may have an absolute or relative contraindication to receive immunizations as allowed by this Chapter for whom a physician has issued a prescription authorizing a pharmacist to dispense and administer an immunization.

(e) “Private Space” means a physical area separate from the pharmacy that is no less than 48 square feet and has a partition at least six (6) feet tall to ensure patient safety and confidentiality. The partition cannot be a curtain.

Section 3. Registration.

(a) Prior to prescribing or administering immunizations a pharmacist shall submit an application supplied by the Board and pay a \$10.00 fee.

(i) The Board shall issue a registration to the pharmacist if they meet all of the requirements to prescribe and administer immunizations;

(ii) Registrations shall expire on December 31 of each year;

(iii) Registrations shall be renewed annually;

(iv) Renewal applications will be mailed by the Board annually on or about November 1.

(b) Prior to administering immunizations, a pharmacy intern shall submit an application supplied by the Board and pay a \$10.00 fee.

(i) The Board shall issue a registration to the pharmacy intern if they meet all of the requirements to administer immunizations;

(ii) Registrations shall expire on September 30 of each year;

(iii) Registrations shall be renewed annually;

(iv) Renewal applications will be mailed by the Board annually on or about August 1.

Section 4. Qualifications.

(a) A pharmacist shall meet the following qualifications to prescribe and administer immunizations:

(i) Register with the Board to prescribe and administer immunizations;

(ii) Successfully complete:

(A) The American Pharmacists Association's (APhA) immunization training certification program entitled "*Pharmacy-Based Immunization Delivery*" or;

(B) The Washington State Pharmacy Association's immunization training certification program entitled "*Vaccinating Adults and Adolescents: An Immunization Program Practicum Session*" or;

(C) Other equivalent training certification program approved by the Board.

(iii) Successfully complete training specific to administering vaccines to the pediatric population if they will be administering to minors;

(iv) Hold a current certification in basic life support (BLS) offered by the American Heart Associations or the American Red Cross; and

(v) Complete a minimum of one (1) contact hour (0.1 CEU) of continuing education related to immunizations annually. The continuing education must be by a provider approved by the Accreditation Council for Pharmacy Education (ACPE).

(b) It is unprofessional conduct for a pharmacist to prescribe or administer an immunization, who is not in compliance with this Chapter.

(c) A pharmacy intern shall meet the following qualifications to administer immunizations:

(i) Register with the Board to administer immunizations;

(ii) Successfully complete:

(A) The American Pharmacists Association's (APhA) immunization training certification program entitled "*Pharmacy-Based Immunization Delivery*" or;

(B) The Washington State Pharmacy Association's immunization training certification program entitled "*Vaccinating Adults and Adolescents: An Immunization Program Practicum Session*" or;

(C) Other equivalent training certification program approved by the Board.

(iii) Successfully complete training specific to administering vaccines to the pediatric population if they will be administering to minors;

(iv) Hold a current certification in basic life support (BLS) offered by the American Heart Association or the American Red Cross; and

(d) A pharmacy intern who is registered to administer immunizations shall do so under the direct supervision of the pharmacist who is registered to administer immunizations.

Section 5. Adults and Minors.

(a) Vaccines which a pharmacist may prescribe and administer to a healthy adult or healthy minor or may be administered by a prescription of a physician for high risk adults or high risk minors shall include all those included in the following documents incorporated by reference:

(i) The CDC Recommended Adult Immunization Schedule incorporated by reference in this Chapter of these rules is the 2019 United States CDC Recommended Adult Immunization Schedule for Ages 19 Years or Older as existing on September 12, 2019. Copies of this document can be obtained from the Board at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming, 82002.

(ii) The CDC Recommended Child and Adolescent Immunization Schedule incorporated by reference in this Chapter of these rules is the 2019 United States CDC Recommended Child and Adolescent Immunization Schedule for Ages 18 and Younger as existing on September 12, 2019. Copies of this document can be obtained from the Board at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming, 82002.

(iii) For any code, standard, rule or regulation by reference in these rules:

(A) The Board has determined that incorporation of the full text in these rules could be cumbersome or inefficient given the length or nature of the rules;

(B) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (ii) of this section;

(C) The incorporated codes, standards, rules or regulations are maintained at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming 82002 and are available for public inspection any copying at cost as the same location.

(b) Parental or legal guardian consent shall be required for all minors receiving a vaccination. The parent or legal guardian shall be present during the administration.

(c) Immunizations authorized by this Chapter shall be prescribed in accordance with the latest notice from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). Specifically, CDC's *"Recommended Adult Immunization Schedule, by Vaccine and Age Group"* and *"Recommended Adult Immunization Schedule by Vaccine and Medical and Other Indications,"* or *"Recommended Immunization Schedule for Persons Aged 0 Through 18 Years,"* including the footnotes provided for each schedule, shall be utilized by the pharmacist when considering the eligibility of a healthy individual to receive an immunization. The latest notice from CDC may be found at CDC's website (<http://www.cdc.gov>).

(d) Pharmacists shall utilize the manufacturer's package insert for indications, contraindications, adverse reactions, dosing, route of administration, specifics regarding administration, and storage requirements for each specific immunization authorized by this Chapter.

(e) All immunizations shall be administered with the individual receiving the vaccine seated in a chair with back support.

(f) A current *Vaccine Information Statement*, as provided by the CDC, shall be provided to each person receiving an immunization for each immunization administered. The *Vaccine Information Statement* is available from the CDC's website (<http://www.cdc.gov>).

Section 6. Record-keeping.

(a) An Immunization Questionnaire and Consent Form shall be completed for each individual receiving and immunization. The consent form shall include:

(i) Documentation that the pharmacist has discussed the side effects with the patient; and

(ii) A recommendation that the patient stays in the vicinity for fifteen (15) minutes; and if the patient chooses not to stay, the pharmacist has discussed how to seek treatment for side effects should they occur.

(b) The Immunization Questionnaire and Consent Form shall be filed in a manner that will allow timely retrieval and shall be on file for two (2) years. All records shall be

maintained in the pharmacy where the pharmacist who administered the immunization is employed.

Section 7. Emergencies.

(a) A pharmacist authorized to prescribe and administer immunizations may administer epinephrine in the management of an acute allergic reaction to an immunization. The pharmacist shall follow guidelines as outlined in the American Pharmacists Association's (APhA) or Washington State Pharmacy Association's immunization training certification program.

(b) A pharmacist shall post a protocol as outline in APhA's or Washington State Pharmacy Association's immunization training certification program in the private space or maintain a handout within the emergency kit. The emergency kit must be maintained and readily retrievable to manage an acute allergic reaction to a vaccine administered.

Section 8. Immunizations Administered Off-Site.

(a) Vaccines may be administered by a pharmacist at a site away from the pharmacy if proper storage, transportation and disposal of vaccines and supplies are followed.

Chapter 10

Pharmacy Technician Regulations

Section 1. Authority.

These rules are promulgated as authorized by the Wyoming Pharmacy Act W.S. § 33-24-101 through -301.

~~Section 2. Purpose.~~

~~—— To regulate the practice of pharmacy technicians.~~

~~Section 3. Scope.~~

~~—— Applies to all applicants.~~

~~Section 4.~~Section 2. Definitions.

~~(a) — “Pharmacy Technician” means an individual, other than an intern, who performs pharmacy functions under the direct supervision of a licensed pharmacist.~~

~~(b) — “Pharmacy Technician-in-Training” means an individual who is registered with the Board to receive on-the-job training in preparation for licensure as a pharmacy technician.~~

~~Section 5.~~Section 3. Qualifications and Requirements for Pharmacy Technicians and Pharmacy Technician-in-Training.

(a) Be at least 18 years of age;

(b) Complete a background check through the Wyoming division of Criminal Investigation (DCI);

(c) Have no history of drug abuse or provide satisfactory evidence of rehabilitation;

(d) Hold a high school diploma or its equivalent; and

(e) Have complete requirements for registration;

~~(f) — Wear a name badge with the appropriate designation “Pharmacy Technician” or “Pharmacy Technician-in-Training” at all times when in or near the pharmacy area; and~~

~~—— (g) — Identify themselves as the appropriate level of technician in all telephone conversations while on duty.~~

Section 4. Requirements for Pharmacy Technicians and Pharmacy Technicians-in-Training.

(a) Wear a name badge with the appropriate designation “Pharmacy Technician” or “Pharmacy Technician-in-Training” at all times when in or near the pharmacy area; and

(b) Identify themselves as the appropriate level of technician in all telephone conversations while on duty.

~~Section 6.~~Section 5. Pharmacy Technician-in-Training Registration; ~~Length of Registration Period; Training; Place of Employment; Change of Employment.~~

(a) A pharmacy technician-in-training shall apply to the Board for a training permit on an application supplied by the Board and shall pay the fee required before starting on-the-job training. ~~This permit shall be valid for two years from the date of original issuance. It shall not be renewed. The sponsoring pharmacy shall be printed on the technician-in-training permit. A change in sponsoring pharmacy requires immediate submission of a transfer form;~~

(i) This permit shall be valid for two years from the date of original issuance;

(ii) This permit shall include the sponsoring pharmacy; and

(iii) If the sponsoring pharmacy changes, the technician-in-training shall immediately submit a pharmacy sponsor transfer form.

~~(b) A pharmacy technician-in-training may perform pharmacy functions commensurate with his/her ability to perform those tasks as identified in this Chapter, and then only to the extent allowed by the pharmacist-in-charge (PIC). The pharmacy technician-in-training is considered a trainee. The supervising pharmacist shall not allow the pharmacy technician-in-training to perform any pharmacy function for which the individual has not demonstrated competency; and~~

~~(c)~~(b) A pharmacy technician-in-training may only perform pharmacy functions ~~only at the pharmacy location specified on the permit~~ at their sponsoring pharmacy.

~~Section 7.~~Section 6. Pharmacy Functions for Technicians-in-Training.

(a) A pharmacy technician-in-training may perform the following functions under the direct supervision of a licensed pharmacist~~The following are those pharmacy functions a registered pharmacy technician-in-training may perform under the direct supervision of a licensed pharmacist:~~

~~(i) Retail Pharmacy.~~

~~(i)(A) Prescription Preparation—retrieving~~ Retrieve the product from stock, counting, pouring, reconstituteing, ~~placing~~ place product in a prescription container, and affixing the label;

~~(ii)(B) Prescription input—making~~ Make computer entries for new or refill prescriptions;

~~(iii)(C) Prescription refill authorizations — contacting~~ Contact the practitioner's office and obtaining refill authorizations for any prescription provided there are no changes; and

~~(iv)(D) Restocking emergency drug supply — restocking~~ Restock drugs for those sites where the pharmacy has an emergency drug permit.

~~(ii) — Institutional Pharmacy.~~

~~(v)(A) Distributive functions — stocking~~ Stock automated drug dispensing units, floor stock, crash carts, after-hour drug cabinets, sterile solutions and unit dose cart preparation;

~~(vi)(B) Repackaging~~ Repackage unit dose and/or unit of issue packaging;

~~(vii)(C) Inspections — conducting~~ Conduct inspections; and

~~(viii)(D) Input practitioner medication orders.~~

~~Section 8.~~Section 7. Pharmacy Technician Registration; Fees; Licenses.

(a) Individuals shall apply for pharmacy technician licensure by completing an application ~~supplied by the Board~~, providing evidence of current certification by the Pharmacy Technician Certification Board (PTCB) or National Healthcareer Association (ExCPT) and paying the required fee. The Board reserves the right to require an interview of the applicant prior to a pharmacy technician license being issued;

(b) A pharmacy technician must apply to renew their ~~his/her~~ license each year on or before December 31 and submit payment of the required renewal fee. The Board shall assess a late payment fee for any renewal application postmarked or filed after December 31;

(c) If the pharmacy technician fails to renew before December 31, the license expires ten (10) days after a written notice to renew is sent to the holder by certified mail, to the address last recorded for the licensee; ~~An expired license may be restored by the Board upon compliance with this section no later than March 31 following expiration of the license. A pharmacy technician shall not practice in this state with an expired technician license;~~

~~(d)~~ An expired license may be restored by the Board upon compliance with this section no later than March 31 following expiration of the license;

~~(d)(e)~~ A pharmacy technician may petition the Board for reinstatement of an expired license. To be considered for reinstatement, the pharmacy technician must submit the following:

(i) A letter requesting reinstatement;

- (ii) Payment of annual fees, including late payment fees, for those years which the license was expired up to a maximum of five (5) years;
- (iii) Evidence of current certification by the PTCB or ExCPT; and
- (iv) Proof of continuing pharmacy education for those years the license was expired, up to a maximum of five (5) years.

~~(e)~~(f) A pharmacy technician who fails to obtain the required number of continuing education credits may be issued an "inactive" license. A pharmacy technician may not practice in Wyoming with an "inactive" license. An "inactive" license may be converted to "active" status by providing the necessary hours of continuing education credits for those years the license has been "inactive" to a maximum of five (5) years; ~~and~~

~~(f)~~(g) If change of employment or mailing address occurs, the Board shall be notified within 30 days of date of change by the pharmacy technician; and

(h) A pharmacy technician shall not practice in this state with an expired technician license.

~~Section 9.~~Section 8. Reinstatement of a Revoked or Suspended Pharmacy Technician License.

(a) A pharmacy technician whose license has been revoked or suspended by the Board may file an application, on a form supplied by the Board, requesting a hearing to present evidence to show why the license should be reinstated subject to the following:

(i) A pharmacy technician whose license was revoked by the Board may not file an application requesting a hearing until thirty-six (36) months have elapsed from the date the order revoking the pharmacy technician license became final;

(ii) A pharmacy technician whose license was suspended by the Board may not file an application requesting a hearing until one-half (1/2) of the suspension so ordered by the Board has elapsed;

(iii) A pharmacy technician shall submit an application fee of one hundred twenty five dollars (\$125.00) and pay for the cost of the hearing, if the Board issues an order denying reinstatement. The application fee is nonrefundable;

(iv) The applicant must complete all questions and provide all information requested on the application;

(v) An incomplete application and the accompanying fee will be returned and a hearing date will not be set by the Board; and

(vi) In the application, the pharmacy technician shall authorize any health professional who has examined or treated the applicant to disclose a diagnosis and the reasons for it to the Board and the Board staff.

(b) Applications received by the Board will be reviewed by the Executive Director. The Executive Director shall:

(i) Review the application for completeness. If information or attachments are missing, the application and fee will be returned to the applicant with a letter stating the reason(s) for the rejection; and

(ii) If the application is complete, the Executive Director, in consultation with a Compliance Officer, a member of the Board and the Board's Prosecuting Attorney shall make a decision if the evidence submitted supports reinstatement. The Executive Director will notify the applicant whether the Board staff will support or oppose the request for reinstatement. If not, a hearing for reinstatement shall be scheduled by the Executive Director, if requested by the applicant.

(c) The Executive Director may require the applicant to submit to an examination by a health professional chosen by Board staff. The health professional shall report on the examination to Board staff and may testify at a hearing on reinstatement. Cost for the examination shall be the responsibility of the applicant.

(d) To be reinstated, a pharmacy technician must prove that he or she has been rehabilitated so that further violation of Wyoming Statutes and Board rules is not likely to occur, and that he or she is competent to function as a pharmacy technician. The Board, as a condition to establish competency, may require successful completion of the PTCB Pharmacy Technician Certification Examination (PTCE) or ExCPT.

~~Section 10.~~Section 9. Pharmacy Functions for Pharmacy Technicians.

(a) A pharmacy technician may perform the pharmacy functions previously mentioned in this chapter for technicians-in-training, as well as the following:

(i) Compounding —~~The Compounded~~ prescription orders shall be reviewed by a pharmacist. The PIC shall certify competency of the pharmacy technician prior to allowing a pharmacy technician to assist the pharmacist in compounding, and annually thereafter. Documentation of the competency shall remain on file at the pharmacy and be available for inspection by the Board for each pharmacy technician, and shall include, but not be limited to, documentation of the following skills:

(A) Knowledge and understanding of FDA's Good Manufacturing Practices;

(B) Weights and measures;

- (C) Calculations;
- (D) Use of torsion balance or electronic scales;
- (E) Knowledge of various techniques utilized to compound products;
- (F) Labeling requirements;
- (G) Aseptic technique;
- (H) Use and maintenance of laminar and/or vertical flow air hood;
- (I) Knowledge in handling chemotherapeutic agents;
- (J) Dating requirements; and
- (K) Record keeping requirements.

(ii) Transfer prescriptions electronically or via facsimile to another pharmacy with consent of the supervising pharmacist.

~~Section 11.~~Section 10. Pharmacy Functions Not Permitted for all Technicians Levels.

- (a) No pharmacy technician or technician-in-training shall:
 - (i) Receive a new prescription order verbally from a prescriber or other person authorized by law;
 - (ii) Perform evaluations and interpretations ~~of~~ a prescription ~~and obtain any needed clinical clarifications prior to filling;~~
 - (iii) Obtain any needed clinical clarifications prior to filling;
 - ~~(iii)~~(iv) Review and analyze any clinical data in a patient's medication record or chart;
 - ~~(iv)~~(v) Perform professional consultation with any prescriber, nurse, other health care professional or any patient/customer;
 - ~~(v)~~(vi) ~~Make the offer~~ Offer to counsel; and
 - ~~(vi)~~(vii) Counsel.

~~Section 12.~~Section 11. Pharmacy Technician or Pharmacy Technician in Training Pharmacy Functions When a Pharmacist is Absent.

- (a) When no pharmacist is in the pharmacy, but at least one supervising pharmacist remains in the building, the pharmacy technician or pharmacy technician-in-training may

perform functions as outlined in this Chapter, provided no prescription product leaves the pharmacy until the pharmacist returns and authorizes the release;

(b) When no supervising pharmacist is in the building, a retail pharmacy may not remain open, and staff may not remain in the pharmacy; and

(c) An institutional pharmacy may not remain open. A pharmacy technician or pharmacy technician-in-training may remain in the pharmacy, but may not perform pharmacy functions. If a drug needs to be removed from the pharmacy, those procedures as outlined in Chapter 12 shall be followed; and

~~(d) Where there are two or more pharmacists working in a pharmacy, the pharmacy may remain open if a pharmacist leaves the building as long as at least one pharmacist remains in the pharmacy. However, the number of pharmacy technicians or pharmacy technicians-in-training present in the pharmacy may not exceed the 3 to 1 ratio.~~

~~Section 13.~~Section 12. Pharmacy Technician Continuing Education Requirements.

(a) Every pharmacy technician seeking renewal of a pharmacy technician license shall complete, during each calendar year, six (6) contact hours of approved continuing pharmacy education programs to be applied to the upcoming renewal year; and

(i) The following are approved technician continuing education providers:

(A) Pharmacist supervisor at place of employment, utilizing a format for documentation developed by Board staff;

(B) Continuing education hours approved by the PTCB or ExCPT;

(C) Continuing education hours approved by the American Pharmacists Association (APhA);

(D) Continuing education hours of providers of continuing education accredited by the Accreditation Council for pharmacy Education (ACPE); or

(E) Continuing education hours presented by the Wyoming Pharmacy Association.

(b) Excelss continuing education hours may not be carried forward to subsequent years.

~~Section 14.~~Section 13. Continuing Education Audits.

(a) The Board shall randomly select submitted renewal applications for verification of reported continuing education contact hours;

(b) The Board shall review records in the NABP database CPE Monitor for compliance with continuing education hours for pharmacy technicians; and

(c) Upon written request by the Board, a pharmacy technician shall provide to the Board copies of certificates of completion for all continuing education contact hours reported during a specified license period. Failure to provide all requested records constitutes prima facie evidence of knowingly false or misleading information to the Board for the renewal of a license and may subject the pharmacy technician to disciplinary action by the Board.

~~Section 15. Pharmacy Technician Approved Continuing Education Providers.~~

~~(a) Pharmacist supervisor at place of employment, utilizing a format for documentation developed by Board staff;~~

~~(b) Continuing education hours approved by the PTCB OR EXCPT;~~

~~(c) Continuing education hours approved by the American Pharmacists Association (APhA);~~

~~(d) Continuing education hours of providers of continuing education accredited by the Accreditation Council for Pharmacy Education (ACPE); or~~

~~(e) Continuing education hours presented by the Wyoming Pharmacy Association (WPhA).~~

~~Section 16. Pharmacist/Technician Employee Ratio.~~

~~A pharmacist is permitted to be a direct supervisor of three (3) pharmacy technicians and/or technicians in training who is enrolled with a Pharmacy Technician Accreditation Commission (PTAC) accredited pharmacy technician training program during required experiential training hours and who possesses a pharmacy technician in training permit issued by the Board shall not be included in this ratio.~~

~~Section 17.~~Section 14. Legal and Professional Responsibilities.

~~It shall be considered unprofessional conduct for a~~ A pharmacy technician or pharmacy technician-in-training ~~to shall not~~ violate the Wyoming Pharmacy Act or the Wyoming Controlled Substances Act or their rules or regulations.

Chapter 16
Immunization Regulations

Section 1. Authority.

These rules are promulgated as authorized by the Wyoming Pharmacy Act W.S. § 33-24-157.

Section 2. ~~Purpose-Definitions.~~

~~To describe procedures for pharmacists prescribing and administering immunizations.~~

(a) "Healthy Adults" means those individuals who are eighteen (18) years of age or older and have no absolute contraindications to receive immunizations allowed by this Chapter.

(b) "Healthy Minor" means those individuals who are seven (7) years of age or older but have not attained the age of eighteen (18) years old and have no absolute contraindications to receive immunizations allowed by this Chapter.

(c) "High Risk Adults" means for the purpose of this Chapter those adults eighteen (18) years of age or older who may have an absolute or relative contraindication to receive immunizations as allowed by this Chapter for whom a physician has issued a prescription authorizing a pharmacist to dispense and administer an immunization.

(d) "High Risk Minors" means for the purpose of this Chapter those individuals seven (7) years of age or older but who have not attained the age of eighteen (18) who may have an absolute or relative contraindication to receive immunizations as allowed by this Chapter for whom a physician has issued a prescription authorizing a pharmacist to dispense and administer an immunization.

(e) "Private Space" means a physical area separate from the pharmacy that is no less than 48 square feet and has a partition at least six (6) feet tall to ensure patient safety and confidentiality. The partition cannot be a curtain.

Section 3. ~~Scope-Registration.~~

~~Applies to pharmacists.~~

(a) Prior to prescribing or administering immunizations a pharmacist shall submit an application supplied by the Board and pay a \$10.00 fee.

(i) The Board shall issue a registration to the pharmacist if they meet all of the requirements to prescribe and administer immunizations;

(ii) Registrations shall expire on December 31 of each year;

(iii) Registrations shall be renewed annually;

(iv) Renewal applications will be mailed by the Board annually on or about November 1.

(b) Prior to administering immunizations, a pharmacy intern shall submit an application supplied by the Board and pay a \$10.00 fee.

(i) The Board shall issue a registration to the pharmacy intern if they meet all of the requirements to administer immunizations;

(ii) Registrations shall expire on September 30 of each year;

(iii) Registrations shall be renewed annually;

(iv) Renewal applications will be mailed by the Board annually on or about August 1.

Section 4. Definitions. Qualifications.

~~(a) "Healthy Adults" means those individuals who are eighteen (18) years of age or older and have no absolute contraindications to receive immunizations allowed by this Chapter.~~

~~(b) "Minor" means those individuals who are seven (7) years of age or older but have not attained the age of eighteen (18) years old and have no absolute contraindications to receive immunizations allowed by this Chapter.~~

~~(c) "High Risk Adults" means for the purpose of this Chapter those adults eighteen (18) years of age or older who may have an absolute or relative contraindication to receive immunizations as allowed by this Chapter for whom a physician has issued a prescription authorizing a pharmacist to dispense and administer an immunization. Only those pharmacists that meet the qualifications of this Chapter may administer an immunization to a high risk adult.~~

~~(d) "Immunizations" means treatment by vaccination of an organism for the purpose of making it immune to a particular pathogen.~~

~~(e) "Private Space" means a physical area separated from the pharmacy that is no less than 48 square feet and has at least a six (6) feet tall partition to ensure patient safety and confidentiality. The partition cannot be a curtain.~~

~~(f) "Vaccine" means a preparation of killed microorganisms, toxoids, living attenuated organisms, or living fully virulent organisms, that is administered to produce or artificially increase immunity to a particular disease.~~

(a) A pharmacist shall meet the following qualifications to prescribe and administer immunizations:

(i) Register with the Board to prescribe and administer immunizations;

(ii) Successfully complete:

(A) The American Pharmacists Association's (APhA) immunization training certification program entitled "Pharmacy-Based Immunization Delivery" or;

(B) The Washington State Pharmacy Association's immunization training certification program entitled "Vaccinating Adults and Adolescents: An Immunization Program Practicum Session" or;

(C) Other equivalent training certification program approved by the Board.

(iii) Successfully complete training specific to administering vaccines to the pediatric population if they will be administering to minors;

(iv) Hold a current certification in basic life support (BLS) offered by the American Heart Associations or the American Red Cross; and

(v) Complete a minimum of one (1) contact hour (0.1 CEU) of continuing education related to immunizations annually. The continuing education must be by a provider approved by the Accreditation Council for Pharmacy Education (ACPE).

(b) It is unprofessional conduct for a pharmacist to prescribe or administer an immunization, who is not in compliance with this Chapter.

(c) A pharmacy intern shall meet the following qualifications to administer immunizations:

(i) Register with the Board to administer immunizations;

(ii) Successfully complete:

(A) The American Pharmacists Association's (APhA) immunization training certification program entitled "Pharmacy-Based Immunization Delivery" or;

(B) The Washington State Pharmacy Association's immunization training certification program entitled "Vaccinating Adults and Adolescents: An Immunization Program Practicum Session" or;

(C) Other equivalent training certification program approved by the Board.

(iii) Successfully complete training specific to administering vaccines to the pediatric population if they will be administering to minors;

(iv) Hold a current certification in basic life support (BLS) offered by the American Heart Association or the American Red Cross; and

(d) A pharmacy intern who is registered to administer immunizations shall do so under the direct supervision of the pharmacist who is registered to administer immunizations.

Section 5. ~~Adults.~~ Adults and Minors.

~~(a) Vaccines which a pharmacist may prescribe and administer to healthy adults or may be administered by a prescription of a physician for high risk adults shall be restricted to:~~

- ~~(i) Human papillomavirus (HPV);~~
- ~~(ii) Hepatitis A;~~
- ~~(iii) Hepatitis B;~~
- ~~(iv) Influenza;~~
- ~~(v) Measles, mumps, rubella (MMR);~~
- ~~(vi) Meningococcal;~~
- ~~(vii) Pneumococcal;~~
- ~~(viii) Tetanus, diphtheria, pertussis (Td, Tdap);~~
- ~~(ix) Varicella; and~~
- ~~(x) Zoster.~~

(a) Vaccines which a pharmacist may prescribe and administer to a healthy adult or healthy minor or may be administered by a prescription of a physician for high risk adults or high risk minors shall include all those included in the following documents incorporated by reference:

(i) The CDC Recommended Adult Immunization Schedule incorporated by reference in this Chapter of these rules is the 2019 United States CDC Recommended Adult Immunization Schedule for Ages 19 Years or Older as existing on September 12, 2019. Copies of this document can be obtained from the Board at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming, 82002.

(ii) The CDC Recommended Child and Adolescent Immunization Schedule incorporated by reference in this Chapter of these rules is the 2019 United States CDC Recommended Child and Adolescent Immunization Schedule for Ages 18 and Younger as existing on September 12, 2019. Copies of this document can be obtained from the Board at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming, 82002.

(iii) For any code, standard, rule or regulation by reference in these rules:

(A) The Board has determined that incorporation of the full text in these rules could be cumbersome or inefficient given the length or nature of the rules;

(B) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (ii) of this section;

(C) The incorporated codes, standards, rules or regulations are maintained at 1712 Carey Avenue, Suite 200, Cheyenne, Wyoming 82002 and are available for public inspection any copying at cost as the same location.

(b) Parental or legal guardian consent shall be required for all minors receiving a vaccination. The parent or legal guardian shall be present during the administration.

(c) Immunizations authorized by this Chapter shall be prescribed in accordance with the latest notice from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). Specifically, CDC's "Recommended Adult Immunization Schedule, by Vaccine and Age Group" and "Recommended Adult Immunization Schedule by Vaccine and Medical and Other Indications," or "Recommended Immunization Schedule for Persons Aged 0 Through 18 Years," including the footnotes provided for each schedule, shall be utilized by the pharmacist when considering the eligibility of a healthy individual to receive an immunization. The latest notice from CDC may be found at CDC's website (<http://www.cdc.gov>).

(d) Pharmacists shall utilize the manufacturer's package insert for indications, contraindications, adverse reactions, dosing, route of administration, specifics regarding administration, and storage requirements for each specific immunization authorized by this Chapter.

(e) All immunizations shall be administered with the individual receiving the vaccine seated in a chair with back support.

(f) A current Vaccine Information Statement, as provided by the CDC, shall be provided to each person receiving an immunization for each immunization administered. The Vaccine Information Statement is available from the CDC's website (<http://www.cdc.gov>).

Section 6. Minors. Record-keeping.

~~(a) Vaccines which a pharmacist may prescribe and administer to a minor shall be restricted to:~~

~~(i) Influenza; and~~

~~(ii) Human papillomavirus (HPV); and~~

~~(b) Parental or legal guardian consent shall be required for all minors receiving a vaccination. The parent or legal guardian shall be present during the administration.~~

(a) An Immunization Questionnaire and Consent Form shall be completed for each individual receiving and immunization. The consent form shall include:

(i) Documentation that the pharmacist has discussed the side effects with the patient; and

(ii) A recommendation that the patient stays in the vicinity for fifteen (15) minutes; and if the patient chooses not to stay, the pharmacist has discussed how to seek treatment for side effects should they occur.

(b) The Immunization Questionnaire and Consent Form shall be filed in a manner that will allow timely retrieval and shall be on file for two (2) years. All records shall be maintained in the pharmacy where the pharmacist who administered the immunization is employed.

Section 7. ~~Qualifications. Emergencies.~~

~~———— (a) A pharmacist licensed by the Board may prescribe and administer immunizations to healthy individuals, age seven (7) years of age and older, or administer immunizations to high risk adults authorized by a physician provided the pharmacist has:~~

~~———— (i) Registered with the Board to prescribe and administer immunizations;~~

~~———— (ii) Successfully completed the American Pharmacists Association's (APhA) immunization training certification program entitled "*Pharmacy-Based Immunization Delivery*" or the Washington State Pharmacy Association's immunization training certification program entitled "*Vaccinating Adults and Adolescents: An Immunization Program Practicum Session*" or other equivalent training certification program approved by the Board;~~

~~———— (iii) Successfully completed training specific to administering vaccines to the pediatric population if they will be administering to minors;~~

~~———— (iv) Current certification in healthcare cardiopulmonary resuscitation (CPR) offered by the American Heart Association or the American Red Cross; and~~

~~———— (v) Completed a minimum of one (1) contact hour (0.1 CEU) of continuing education related to immunizations annually. The continuing education must be by a provider approved by the Accreditation Council for Pharmacy Education (ACPE).~~

~~———— (b) It is unprofessional conduct for a pharmacist to prescribe or administer and immunization, who is not in compliance with this Chapter.~~

~~———— (c) A pharmacy intern who is registered to administer immunizations must do so under the direct supervision of the pharmacist who is registered to administer immunizations.~~

(a) A pharmacist authorized to prescribe and administer immunizations may administer epinephrine in the management of an acute allergic reaction to an immunization. The pharmacist shall follow guidelines as outlined in the American Pharmacists Association's

(APhA) or Washington State Pharmacy Association's immunization training certification program.

(b) A pharmacist shall post a protocol as outline in APhA's or Washington State Pharmacy Association's immunization training certification program in the private space or maintain a handout within the emergency kit. The emergency kit must be maintained and readily retrievable to manage an acute allergic reaction to a vaccine administered.

Section 8. ~~Registration.~~ Immunizations Administered Off-Site.

~~—— (a) — Prior to prescribing or administering immunizations a pharmacist shall submit an application supplied by the Board and a \$10.00 fee. Provided all requirements of this Chapter have been met, the board shall issue a registration. Registrations shall expire on December 31 of each year.~~

~~—— (b) — Renewal applications will be mailed by the Board annually on or about November 1.~~

~~—— (c) — A pharmacist may not prescribe or administer an immunization unless currently registered with the Board under this Chapter.~~

(a) Vaccines may be administered by a pharmacist at a site away from the pharmacy if proper storage, transportation and disposal of vaccines and supplies are followed.

Section 9. ~~Immunizations.~~

~~—— (a) — Immunizations authorized by this Chapter shall be prescribed in accordance with the latest notice from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). Specifically, CDC's "*Recommended Adult Immunization Schedule, by Vaccine and Age Group*" and "*Recommended Adult Immunization Schedule by Vaccine and Medical and Other Indications*," or "*Recommended Immunization Schedule for Persons Aged 0 Through 18 Years*," including the footnotes provided for each schedule, shall be utilized by the pharmacist when considering the eligibility of a healthy individual to receive an immunization. The latest notice from CDC may be found at CDC's website (<http://www.cdc.gov>).~~

~~—— (b) — In addition to the requirements of this Chapter, the pharmacist shall utilize the manufacturer's package insert for indications, contraindications, adverse reactions, dosing, route of administration, specifics regarding administration, and storage requirements for each specific immunization authorized by this Chapter.~~

~~—— (c) — All immunizations shall be administered with the individual receiving the vaccine seated with back support.~~

~~—— (d) — A current *Vaccine Information Statement*, as provided by the CDC, shall be provided to each person receiving an immunization for each immunization administered. The *Vaccine Information Statement* is available from the CDC's website (<http://www.cdc.gov>).~~

~~Section 10. Record keeping.~~

~~(a) An Immunization Questionnaire and Consent Form shall be completed for each individual receiving and immunization. Two (2) copies shall be provided to the patient. Patients shall be instructed to send one copy to their medical provider. The consent form shall include:~~

~~(i) Documentation that the pharmacist has discussed the side effects with the patient; and~~

~~(ii) A recommendation that the patient stays in the vicinity for fifteen (15) minutes; and if the patient chooses not to stay, the pharmacist has discussed how to seek treatment for side effects should they occur.~~

~~(b) The Immunization Questionnaire and Consent Form shall be filed in a manner that will allow timely retrieval and shall be on file for a time period not less than six (6) years. All records shall be maintained in the pharmacy where the pharmacist who administered the immunization is employed.~~

~~Section 11. Emergencies.~~

~~(a) A pharmacist authorized to prescribe and administer immunizations under this Chapter may administer auto inject epinephrine in the management of an acute allergic reaction to an immunization following guidelines issued by the American Pharmacists Association's (APhA) or Washington State Pharmacy Association's immunization training certification program.~~

~~(b) A pharmacist shall post a protocol as outlined in APhA's or Washington State Pharmacy Association's immunization training certification program and maintain an emergency kit which is readily retrievable to manage an acute allergic reaction to a vaccine administered.~~

~~Section 12. Immunizations Administered Off Site.~~

~~(a) Vaccines may be administered by a pharmacist at a site away from the pharmacy if proper storage, transportation and disposal of vaccines and supplies are followed, in addition to all other requirements of this Chapter.~~

~~(b) The sponsoring organization shall keep the records of administration for a period of not less than six (6) years.~~