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35A

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R084-20

July 20, 2020

EXPLANATION – Matter in *italics* is new, matter in brackets ~~omitted material~~ is material to be omitted

AUTHORITY: §1, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; adding certain immediate precursors to fentanyl to the list of controlled substances set forth in schedule II of the Uniform Controlled Substances Act; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act by regulation. (NRS 453.146) Existing law also provides that if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain exception, to similarly treat the substance under the Uniform Controlled Substances Act. (NRS 453.2182) This regulation adds certain immediate precursors to fentanyl to the list of controlled substances set forth in schedule II of the Uniform Controlled Substances Act, consistent with federal regulations. (21 C.F.R. § 1308.12)

Section 1. NAC 453.520 is hereby amended to read as follows:

453.520 1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrophan, nalbuphine, nalmefene, naloxone and naltrexone, and their respective salts, but including:

Codeine;

Diprenorphine;

Ethylmorphine;

Etorphine hydrochloride;

Granulated opium;

Hydrocodone;

Hydrocodone combination product (meaning any product that contains hydrocodone in combination with any other active ingredient);

Hydromorphone;

Metopon;

Morphine;

Opium extracts;

Opium fluid;

Powdered opium;

Raw opium;

Oxycodone;

Oxymorphone;

Thebaine; and

Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzoylcegonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrophan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil:

Alphaprodine:

Anileridine:

Bezitramide:

Bulk dextropropoxyphene (in nondosage forms):

Carfentanil;
Dihydrocodeine;
Diphenoxylate;
Fentanyl;
Isomethadone;
Levo-alpha-acetylmethadol (some trade or other names: levo-alpha-acetylmethadol;
levomethadyl acetate; LAAM);
Levomethorphan;
Levorphanol;
Metazocine;
Methadone;
Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;
Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;
Pethidine (meperidine);
Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;
Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;
Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
Phenazocine;
Piminodine;
Racemethorphan;
Racemorphan;
Ramifentanil;
Sufentanil; or

Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

(a) Amphetamine, its salts, optical isomers and salts of optical isomers;

(b) Phenmetrazine and its salts;

(c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration;

(d) Methylphenidate; or

(e) Lisdexamfetamine.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital;

Glutethimide;

Pentobarbital; or

Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

(a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or

1-piperidinocyclohexanecarbonitrile (PCC).

(b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

(c) Immediate precursors to fentanyl:

4-anilino-N-phenethylpiperidine (some trade or other names: 4-ANPP; ANPP; 4-anilino-N-phenethyl-4-piperidine; despropionyl fentanyl; 4-Aminophenyl-1-phenethylpiperidine; N-phenyl-1-(2-phenylethyl)-4-piperidinamine)

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H- dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

35B

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R142-20

August 20, 2020

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1 and 3-10, NRS 454.213, 639.070 and 639.1371; §2, NRS 639.070 and 639.1371.

A REGULATION relating to immunizations; authorizing a pharmaceutical technician to administer immunizations under certain conditions; prescribing required training for such a pharmaceutical technician; revising provisions concerning the maintenance of records of immunizations; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires the State Board of Pharmacy to adopt regulations prescribing the services that may be performed by a pharmaceutical technician. (NRS 639.1371) Existing regulations authorize a pharmacist who subscribes to a written protocol established by a physician, or an intern pharmacist acting under the direct and immediate supervision of such a pharmacist, to administer immunizations (NAC 639.2971) **Sections 1 and 3** of this regulation additionally authorize a pharmaceutical technician to administer immunizations under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician. **Sections 3 and 9** of this regulation require a pharmacy and pharmaceutical technician to maintain for at least 2 years a record of each immunization administered by the pharmaceutical technician. **Sections 5 and 6** of this regulation prescribe the required training and continuing education, respectively, for a pharmaceutical technician who administers immunizations. **Section 2** of this regulation requires the managing pharmacist of a pharmacy that employs such a pharmaceutical technician to maintain a record of that training. **Sections 4 and 7-10** of this regulation make conforming changes to make existing provisions concerning the supervision of the implementation of a written protocol, the possession and control of drugs used for immunizations, the reporting of certain information concerning immunizations and the maintenance and security of records applicable to pharmaceutical technicians who administer immunizations.

Section 1. NAC 639.245 is hereby amended to read as follows:

639.245 1. A written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. This record must be:

- (a) Readily retrievable; and
- (b) Retained for 2 years.

2. A pharmaceutical technician under the direct supervision of a pharmacist may:

- (a) Prepackage and label unit dose and unit of use and repackage drugs if a pharmacist:
 - (1) Inspects the final products; and
 - (2) Affixes his or her initials to the appropriate records for controlling quality.
- (b) Prepare, package, compound and label prescription drugs pursuant to prescriptions or orders for medication if a pharmacist:
 - (1) Inspects the final product; and
 - (2) Affixes his or her initials to the appropriate records for controlling quality.
- (c) Prepare bulk compounds if a pharmacist:
 - (1) Inspects the final product; and
 - (2) Affixes his or her initials to the appropriate records for controlling quality.
- (d) Distribute routine orders and stock medications and supplies in the pharmacy or areas where care is provided to patients.
- (e) Maintain inventories of supplies of drugs.
- (f) Maintain pharmaceutical records.
- (g) Request authorization to refill a prescription from the prescribing practitioner.
- (h) Transfer a prescription through a computer network if the:
 - (1) Pharmaceutical technician is employed by a pharmacy that:

(I) Has more than one location; and

(II) Maintains a computer network which provides information between its pharmacies;

and

(2) Prescription is transferred to one of the pharmacies within its computer network.

(i) Enter information into the pharmacy's computer system, including, without limitation, information contained in a new prescription concerning the prescription drug and the directions for its use.

3. *A pharmaceutical technician under the direct and immediate supervision of a pharmacist may administer immunizations under the conditions prescribed in NAC 639.2971 if he or she has received the training required by NAC 639.2973 and the continuing education required by NAC 639.2974.*

4. A pharmaceutical technician may not:

(a) Perform any action requiring a judgmental decision regarding a drug, the interpretation of a prescription or the instructions for the preparation of a prescription.

(b) Take new prescription or chart orders by telephone.

(c) Distribute medications pursuant to a chart order or dispense a prescription unless the order or prescription has been verified by a pharmacist.

~~14.1~~ 5. A pharmaceutical technician shall prepare and distribute drugs only pursuant to written procedures and guidelines established by the pharmacy in which the pharmaceutical technician performs his or her duties.

Sec. 2. NAC 639.254 is hereby amended to read as follows:

639.254 1. The owner and managing pharmacist of a pharmacy shall provide training for pharmaceutical technicians working in or for the pharmacy that ensures the continuing

competency of those technicians. Except as otherwise provided in this section, the training must consist of initial training upon employment and at least 12 hours of in-service training during the 2-year period immediately preceding the renewal of the registration of the pharmaceutical technician. One of the 12 hours of in-service training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State.

2. The managing pharmacist shall maintain a written record of the initial training and the annual training , *including, without limitation, training and continuing education relating to immunizations required by NAC 639.2973 and 639.2974*, completed by each pharmaceutical technician working in or for the pharmacy that contains:

- (a) The name and signature of the person receiving the training;
- (b) The date or dates on which the training was received;
- (c) The number of hours of training received;
- (d) A general description of the topics covered; and
- (e) The name of the person or provider conducting the training.

3. A pharmaceutical technician may substitute the completion of the continuing education necessary for recertification by the Pharmacy Technician Certification Board or the National Healthcareer Association for the biennial in-service training required by subsection 1.

Sec. 3. NAC 639.2971 is hereby amended to read as follows:

639.2971 1. A physician may establish a written protocol authorizing pharmacists to administer immunizations by an intranasal, intramuscular or subcutaneous injection. Except as otherwise limited by the physician pursuant to subsection ~~4~~ 5, any pharmacist who is trained

and certified in accordance with NAC 639.2973 may subscribe to the written protocol and administer immunizations in compliance with the protocol. Such a protocol must contain:

- (a) The name of the physician who is authorizing the administration of immunizations by a pharmacist;
- (b) The immunizations that may be administered by a pharmacist;
- (c) Detailed policies and procedures that a pharmacist must follow while administering immunizations, including, without limitation, procedures to follow in the case of adverse reactions or emergencies following administration;
- (d) A procedure for the review of the protocol and its operation by the physician at least once annually, and the making and keeping of a record of the review;
- (e) When appropriate, specific instructions related to the age of the patient;
- (f) Except as otherwise provided in ~~subsection~~ *subsections 2 and 3*, a restriction that a pharmacist may not delegate his or her authority to administer an immunization;
- (g) A restriction that a pharmacist may not administer an immunization except at an authorized location, which location may not be the home of the patient, unless the patient resides in a licensed facility for long-term care or in a hospital;
- (h) A requirement that the immunizations will be administered according to all applicable federal, state and local laws; and
- (i) The signature of the physician authorizing the administration of the immunizations and the time period for which the written protocol is effective.

2. An intern pharmacist may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician.

3. *A pharmaceutical technician may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician if the pharmacist has determined, in his or her professional judgment, that the patient should be immunized. A record of each immunization administered by the pharmaceutical technician must be maintained in the manner prescribed by NAC 639.2977.*

4. If a physician orders a deviation from the written protocol for the benefit of a specific patient, the physician shall note the deviations from the written protocol in the record of the patient.

~~4.4~~ 5. A physician may include restrictions to a written protocol established by the physician pursuant to subsection 1 by limiting the protocol to any of the following:

- (a) A specific pharmacist or pharmacists;
- (b) A specific location or locations;
- (c) The administration of a specific immunization or immunizations; or
- (d) Other limitations as the physician determines necessary.

Sec. 4. NAC 639.2972 is hereby amended to read as follows:

639.2972 A physician who has authorized pharmacists to administer immunizations by establishing a written protocol shall supervise the implementation of the protocol by each pharmacist who has subscribed to the protocol , and by each intern pharmacist *and pharmaceutical technician* acting under the direct and immediate supervision of the pharmacist ,
by:

1. Being readily accessible to the pharmacist, ~~or~~ intern pharmacist *or pharmaceutical technician* or the patient when the pharmacist is authorized to administer the immunizations for consultation, assistance and direction; and

2. If required by the written protocol, reviewing a periodic status report from a pharmacist, ~~or~~ intern pharmacist *or pharmaceutical technician* concerning any problems, complications or emergencies encountered while administering immunizations.

Sec. 5. NAC 639.2973 is hereby amended to read as follows:

639.2973 1. Before a pharmacist may administer an immunization pursuant to a written protocol or before an intern pharmacist acting under the direct and immediate supervision of a pharmacist may administer such immunizations, the pharmacist or intern pharmacist must be trained and certified to administer immunizations by completing a course approved by the Accreditation Council for Pharmacy Education *or its successor organization* that includes:

(a) Certification in life-saving techniques pursuant to the American Heart Association's Basic Cardiac Life Support for Health Care Providers or its equivalent;

(b) Education and practical training, including, without limitation, written study materials regarding techniques for administering immunizations;

(c) Evaluation of the knowledge and technique of the pharmacist or intern pharmacist in administering immunizations;

(d) Instruction consistent with the current training guidelines of the Centers for Disease Control and Prevention; and

(e) Except as otherwise provided in subsection 2, a minimum of 20 hours of instruction and practical training concerning:

(1) The standards for pediatric, adolescent and adult immunization practices recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices;

- (2) Basic immunology, and vaccine and immunization protection;
- (3) Diseases that are preventable through vaccination and immunization;
- (4) Recommended immunization schedules;
- (5) Vaccine and immunization storage and management;
- (6) Informed consent;
- (7) Physiology and techniques for administration of immunizations;
- (8) Preimmunization and postimmunization assessment and counseling;
- (9) Immunization reporting and records management; and
- (10) Identification, response, documentation and reporting of adverse events.

2. In lieu of complying with the requirements of paragraph (e) of subsection 1, a pharmacist or an intern pharmacist who administers immunizations consisting exclusively of live attenuated influenza vaccine through the nasal passages of a person may complete a program of less than 20 hours of instruction which is accredited by the Accreditation Council for Pharmacy Education *or its successor organization* and includes instruction relating to:

- (a) The epidemiology of influenza;
- (b) The pathophysiology, clinical presentation, diagnosis, prevention and treatment of influenza;
- (c) The administration, storage and handling of influenza vaccines; and
- (d) The counseling of patients who will be immunized with the vaccine.

3. Before a pharmaceutical technician acting under the direct and immediate supervision of a pharmacist may administer an immunization pursuant to a written protocol, the pharmaceutical technician must complete at least 1 hour of training relating to vaccines, immunization and the administration of immunizations provided by:

- (a) Immunize Nevada or its successor organization;**
- (b) An entity approved by the Accreditation Council for Pharmacy Education or its successor organization;**
- (c) The owner or managing pharmacist of the pharmacy at which the pharmaceutical technician is employed; or**
- (d) Another entity approved by the Board.**

Sec. 6. NAC 639.2974 is hereby amended to read as follows:

639.2974 **1.** A pharmacist who administers immunizations or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations shall:

~~1.1~~ **(a)** Maintain certification in basic cardiac life support from the American Heart Association ~~1.1~~ **or its successor organization;** and

~~1.2~~ **(b)** On or before October 31 of each year, complete:

~~1.2(a)~~ **(1)** At least 2 hours of continuing education in a course or courses that address the life cycle of diseases, drugs and administration of immunizations; or

~~1.2(b)~~ **(2)** A course provided by the Centers for Disease Control and Prevention regarding epidemiology and prevention of diseases which are preventable through immunization.

2. On or before October 31 of each year, a pharmaceutical technician acting under the direct and immediate supervision of a pharmacist who administers immunizations shall

complete at least 1 hour of continuing education relating to vaccines, immunization and the administration of immunizations provided by an entity listed in subsection 3 of NAC 639.2973.

Sec. 7. NAC 639.2975 is hereby amended to read as follows:

639.2975 1. The drugs administered as immunizations by a pharmacist , or an intern pharmacist *or pharmaceutical technician* acting under the direct and immediate supervision of a pharmacist , must be in the legal possession of:

(a) The pharmacy that employs the pharmacist , ~~or~~ intern pharmacist *or pharmaceutical technician* who will be administering the immunizations, which pharmacy is responsible for the drugs and the maintenance of records of administration of the immunizations; or

(b) The physician who has established a written protocol for the administration of the immunizations, which physician is responsible for the drugs and the maintenance of records of administration of the immunizations.

2. The drugs used for immunizations must be transported and stored at the proper temperatures indicated for the drugs by the manufacturer.

3. While engaged in the administration of immunizations, a pharmacist , or an intern pharmacist *or pharmaceutical technician* acting under the direct and immediate supervision of a pharmacist , may have in his or her custody and control the drugs for immunization that are identified in the written protocol and any other dangerous drugs listed in the written protocol to treat an adverse reaction.

4. If a pharmacist , or an intern pharmacist *or pharmaceutical technician* acting under the direct and immediate supervision of a pharmacist , administers immunizations at a location other than a pharmacy, the pharmacist , ~~or~~ intern pharmacist *or pharmaceutical technician* must return all unused drugs to the pharmacy or physician responsible for the drugs.

Sec. 8. NAC 639.2976 is hereby amended to read as follows:

639.2976 A pharmacist *who administers immunizations or directly and immediately supervises a pharmaceutical technician who administers immunizations*, or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations, shall report the information required for inclusion in the Immunization Information System established by the Department of Health and Human Services pursuant to NRS 439.265 and the regulations adopted pursuant thereto.

Sec. 9. NAC 639.2977 is hereby amended to read as follows:

639.2977 1. Each record required to be made pursuant to NAC 639.297 to 639.2978, inclusive, must be kept for at least 2 years by the pharmacist, ~~or~~ intern pharmacist *or pharmaceutical technician* administering the immunization and the pharmacy or physician who possessed the drugs administered. Such records must be available for inspection and copying by the Board or its representative, or any other authorized federal, state or local law enforcement or regulatory agency.

2. Records required pursuant to this section may be maintained in an alternative data retention system, including, without limitation, a computer data processing system or direct imaging system, if:

(a) The records maintained in the alternative system contain all the information required for a written record; and

(b) The data processing system is capable of producing a printed copy of the record upon the request of the Board, its representative or any other authorized federal, state or local law enforcement or regulatory agency.

Sec. 10. NAC 639.2978 is hereby amended to read as follows:

639.2978 1. A pharmacist , or an intern pharmacist *or pharmaceutical technician* acting under the direct and immediate supervision of a pharmacist , shall provide adequate security to prevent unauthorized access to confidential records of immunizations. If confidential health information is not transmitted directly between a pharmacy and a physician, but is transmitted through a data communication device, the confidential health information must not be viewed or used by the operator of the data communication device unless the operator is specifically authorized to obtain confidential information pursuant to this subsection.

2. Except as otherwise provided in NRS 49.245, the confidential records of immunizations are privileged and may be released only to:

- (a) The patient or the authorized agent of the patient;
- (b) Physicians and other pharmacists , or intern pharmacists *or pharmaceutical technicians* acting under the direct and immediate supervision of pharmacists , when, in the professional judgment of the pharmacist , ~~or~~ intern pharmacist ~~or~~ *or pharmaceutical technician*, such release is necessary to protect the health and well-being of the patient;
- (c) The Board or other federal, state or local agencies authorized by law to receive such information;
- (d) A law enforcement agency engaged in the investigation of a suspected violation involving a controlled substance or dangerous drug;
- (e) A person employed by any state agency that licenses a physician if such a person is engaged in the performance of his or her official duties; or
- (f) An insurance carrier or other third-party payor authorized by a patient to receive such information.

3. The provisions of this section must not be construed to affect or alter the provisions of NRS 49.215 to 49.245, inclusive, relating to the confidentiality of communications between a doctor and a patient.



July 30, 2020

Dave Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, Nevada 89521

RE: ALLOWING A PHARMACEUTICAL TECHNICIAN THE ABILITY TO ADMINISTER IMMUNIZATIONS

Dear Secretary Wuest,

The National Community Pharmacists Association (NCPA) is writing you today in support of the proposed rule amendment to **NAC 639.245**. NAC 639.245 (2)(j) will authorize pharmaceutical technicians to administer immunizations under the direct supervision of a pharmacist. The proposed rule will help improve vaccine rates while allowing time for expanded advance pharmacy practice services. Much like the pharmacist's scope of practice, pharmaceutical technician roles have advanced from pill counting to remote data entry, completing medication reconciliation, performing tech check tech, and administering pharmacist-authorized point-of-care tests (POCT).

NCPA represents the interest of America's community pharmacists, including the owners of more than 21,000 independent community pharmacies across the United States and 71 independent community pharmacies in Nevada that employ about 809 full-time employees who filled over 4 million prescriptions last year. Our members are small business owners who are among America's most accessible health care providers in many communities and are critical for the expansion of healthcare services, especially in underserved areas and eventually to furnish a COVID-19 vaccine to Nevada residents once available.

Pharmaceutical Technician Participation in Immunizations

To increase vaccination rates, all members of the pharmacy team must be leveraged to their fullest capability to effectively deliver quality patient care. Pharmacists can best serve patients by focusing their time on activities that require their professional judgement, such as assessing clinical vaccination need and reviewing screening questionnaire. They have the flexibility to do so when other members of the pharmacy team perform administrative pharmacy roles, including administrative aspects of furnishing immunizations. During the vaccine administration process, pharmaceutical technicians may offer vaccine information statements, prepare and administer vaccines, and document vaccination notes in medical records. In addition, technician-administered vaccinations have been shown to be safe and effective. A study found that 29 pharmacy technicians administered 953 immunizations with 0 adverse events within a 6-month period.¹ NCPA supports authorizing the pharmacist in charge to utilize their highly trained pharmaceutical technicians in administering immunizations, as is allowed with COVID-19 testing², to increase vaccination capacity while managing the pharmacy's daily workflow to serve all patients well.

¹McKeirnan KC, Frazier KR, Nguyen M, MacLean LG. Training pharmacy technicians to administer immunizations. *J Am Pharm Assoc* (2003). 2018;58(2):174-178.e1. doi:10.1016/j.japh.2018.01.003

²Nevada Board of Pharmacy: [Partial Waiver](#) of Off-Site Pharmacy to Permit Pharmacy Personnel to Perform COVID-19 Testing

July 30, 2020

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Conclusion

NCPA appreciates the opportunity to provide comments in support of rule NAC 639.245 (2)(j) which will authorize pharmaceutical technicians to administer immunizations under the direct supervision of a pharmacist. The increased role of the pharmaceutical technicians is a natural progression to be embraced for its part in supporting a better standard of pharmacy care. We urge the Board to authorize Nevada's highly trained pharmaceutical technicians to administer immunizations. Thank you for your time and consideration, please do not hesitate to contact me at ademola.are@ncpa.org should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ademola Are', written in a cursive style.

Ademola Are
Manager, State Government Affairs
National Community Pharmacists Association

Lauren Paul, PharmD, MS | 200 Highland Corporate Drive | Woonsocket, RI 02895 | T: 540-604-3661

August 13, 2020

J. David Wuest R.Ph.
Executive Secretary
Nevada State Board of Pharmacy
85 Damonte Ranch Pkwy Ste 206
Reno, NV, 89521

Re: Nevada Administrative Code (NAC) 639 Pharmacy Technicians Ability to Administer Immunizations

Dear Executive Secretary Wuest,

I am writing to you in my capacity as Senior Director of Pharmacy Regulatory Affairs for CVS Health. 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 the state of Nevada through our integrated offerings across the spectrum of pharmacy care. CVS Health appreciates the opportunity to submit comments on the proposed amendments to various sections of Nevada Administrative Code allowing pharmacy technicians the ability to administer immunizations. We would also like to thank the Board for their vigilance in continuously improving the laws and regulations that guide pharmacists, pharmacy interns and pharmacy technicians serving Nevada patients.

CVS Health supports and applauds the Board's proposed amendments which allow administration of an immunization by a pharmacy technician. Pharmacy-based immunizations have been one of the most significant public health achievements in recent years.¹ The Centers for Disease Control and Prevention (CDC) has lauded community pharmacies' efforts to increase vaccination rates in the United States.² Various studies have demonstrated that pharmacists increase vaccination rates against influenza, pneumonia, and herpes zoster.³⁻⁵ Patients have demonstrated high acceptance of pharmacy-based immunizations, with 97% of vaccinated patients' surveyed reporting satisfaction with their experience in the pharmacy.⁶ About one in three adults who received the influenza vaccine in recent years did so at their community pharmacy.⁷ In addition, studies have demonstrated that pharmacy-based immunizations are more cost-effective than those provided in other settings, including physician offices.⁸⁻⁹

For more than a decade since the 2009 H1N1 pandemic, government planning to distribute and administer federally purchased pandemic vaccine to the American public rapidly, efficiently, and safely has included modeling that heavily draws on the strength of chain pharmacies, pharmacists, and private sector distribution channels. A 2018 study, modeling the epidemiologic and economic impact of pharmacy-based influenza vaccinations indicated that U.S. community pharmacies could mitigate against 23.7 million pandemic symptomatic cases, yielding a cost savings of nearly \$100 billion.¹⁰ Recent forecast polling shows a significant increase in the percentage of adults interested and planning to receive an influenza vaccine for the 2020-2021 season. CDC guidance for the upcoming 2020-2021 influenza season reflects influenza vaccination as being paramount to reducing the impact of respiratory illnesses in the population and resulting burdens on the healthcare system during the COVID-19 pandemic. Community pharmacies will be a critical public health asset to the probable fall 2020 annual influenza and COVID-19 resurgence. Working together with pharmacists, pharmacy technicians represent a key opportunity to add a team member to play a critical role in contributing to the public health initiative of increasing access to vaccinations. In the last five years, a technical, but seemingly innovative, role for pharmacy technicians, administration of vaccines, has emerged. With recent outbreaks of vaccine preventable diseases, COVID-19, and patient safety at the forefront of missions of boards of pharmacy, the public will benefit from adding another pharmacy team member to help increase access to vaccinations.¹¹

Lauren Paul, PharmD, MS | 200 Highland Corporate Drive | Woonsocket, RI 02895 | T: 540-604-3661

In 2016–17, Idaho adopted rule language that directly permitted pharmacy technicians to administer immunizations.¹² With this, they became the first state within the United States to do so and also became the first state to actively involve pharmacy technicians in a training program and administration at local pharmacies. Since then, five additional states have made changes within their scope of practice permissions to include pharmacy technician administration of vaccinations, including Rhode Island, Utah, Washington, Illinois, and Indiana with others pending.¹³⁻¹⁷

More recently, the American Pharmacist Association (APhA) House of Delegates representing over 60,000 pharmacists nationwide introduced and adopted a policy statement regarding Pharmacy Technicians Role in Immunization Administration at the 2020 Annual Meeting.¹⁸

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

With these amendments, Nevada pharmacists and pharmacy technicians will be ready to meet the increased demand for vaccine services for both the upcoming influenza season as well as the pending COVID-19 vaccine. We look forward to continuing to partner with you to fight the COVID-19 pandemic, safely re-open your state, and increase vaccination rates. We stand ready to begin implementing the pharmacy technician training process with the amendment of these rules.

Sincerely,



Lauren Paul, PharmD., MS
Sr Director, Pharmacy Regulatory Affairs
CVS Health

References:

1. Dylan Atkinson, Alex Adams, and David Bright. "Should pharmacy technicians administer immunizations?." *INNOVATIONS in pharmacy* 8.3 (2017): 16-16.
2. Schuchat A. Letter to Pharmacists. September 28, 2015. Available from: <https://www.pharmacist.com/sites/default/files/files/CDC%20letter%20to%20pharmacists%20vaccinators.pdf> (Accessed June 3, 2020).

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3. Fera T, Bluml BM, Ellis WM, et al. The Diabetes Ten City Challenge: Interim clinical and humanistic outcomes of a multisite pharmacy diabetes care program. *JPhA*. 48:2. 2008. Available from: <http://www.diabetestencitychallenge.com/pdf/DTCCInterimReport.pdf> (Accessed June 30, 2020).
4. Taitel M, Cohen E, Duncan I, Pegus C. Pharmacists as providers: Targeting pneumococcal vaccinations to high risk populations. *Vaccine*. 29(2011)8073-6.
5. Otsuka S, Tayal NH, Porter K, et al. Improving Herpes Zoster Vaccination Rates Through Use of a Clinical Pharmacist and a Personal Health Record. *American Journal of Medicine*. September 2013;832.
6. Taitel M, Cohen E, Terranova B, et al. Pharmacists as Immunization Providers: Patient Attitudes and Perceptions. *Pharmacy Times*. Available from: <http://www.pharmacytimes.com/publications/issue/2011/September2011/Pharmacists-as-Immunization-Providers-Patient-Attitudes-and-Perceptions/> (Accessed June 30, 2020).
7. Lutz R. Pharmacist-Provided Flu Shots Please Patients. *Pharmacy Times*. June 9, 2015. Available from: <http://www.pharmacytimes.com/resourcecenters/cough-cold/pharmacist-provided-flu-shotsplease-patients> (Accessed June 30, 2020).
8. Department of Defense. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)/TRICARE: Inclusion of Retail Network Pharmacies as Authorized TRICARE Providers for the Administration of TRICARE Covered Vaccines. Available from: <http://www.gpo.gov/fdsys/pkg/FR-2011-07-13/html/2011-17516.htm> (Accessed June 30, 2020).
9. Prosser LA, O'Brien MA, Molinari NA, et al. Nontraditional settings for influenza vaccination of adults: costs and cost effectiveness. *Pharmacoeconomics*. 2008;26(2):163-78.
10. Bartsch, Sarah M., et al. "Epidemiologic and economic impact of pharmacies as vaccination locations during an influenza epidemic." *Vaccine* 36.46 (2018): 7054-7063
11. Eid, Deeb, Joseph Osborne, and Brian Borowicz. "Moving the Needle: A 50-State and District of Columbia Landscape Review of Laws Regarding Pharmacy Technician Vaccine Administration." *Pharmacy* 7.4 (2019): 168
12. IDAPA 27.01.100. Practice of Pharmacy: General Approach. 2019. Available from: https://bop.idaho.gov/wp-content/uploads/sites/99/2019/07/2019_Law_Book.pdf (Accessed June 30, 2020).
13. State of Rhode Island Department of Health 216-RICR-40-15-1 Pharmacists, Pharmacies, and Manufacturers, Wholesalers, and Distributors 1.12.1 Pharmacy Technicians. 2020. Available from: <https://rules.sos.ri.gov/regulations/part/216-40-15-1> (Accessed June 30, 2020).
14. Utah Pharmacy Practice Act Rule, R156-17b. 2020. Available from: <https://rules.utah.gov/publicat/code/r156/r156-17b.htm#T1> (Accessed June 30, 2020).
15. Washington Pharmacy Quality Assurance Commission. 2019. Commission SBAR Communication. Available from: <https://www.doh.wa.gov/Portals/1/Documents/Mtgs/2019/HSQAMeetingPackets/DecPharmComm/20191220-4-2.pdf> (Accessed June 30, 2020).
16. Illinois SB 2104. 2020. Available from: <http://www.ilga.gov/legislation/fulltext.asp?DocName=&SessionId=108&GA=101&DocTypeId=SB&DocNum=2104&GAID=15&LegID=120219&SpecSess=&Session=> (Accessed June 30, 2020).
17. Indiana HB 1207. 2020. Available from: <https://www.legiscan.com/IN/text/HB1207/2020> (Accessed June 30, 2020).
18. American Pharmacist Association. APhA House of Delegates Policy and Procedure Manual. 2019. Available from: https://media.pharmacist.com/HOD/18512+-+HOD+Policy+and+Procedures+Manual+2020_online.pdf (Accessed June 30, 2020).

Public Comment

Shannon Reichman

From: David Wuest
Sent: Wednesday, August 5, 2020 4:52 PM
To: Kristopher Mangosing; Shannon Reichman; Shirley Hunting
Cc: Courtney K. Lee
Subject: FW: Laws Regarding Pharmacy Technician Vaccine Administration

For public comment.

Dave

J. David Wuest
 Executive Secretary
 Nevada State Board of Pharmacy



From: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Sent: Wednesday, August 5, 2020 3:49 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Fw: Laws Regarding Pharmacy Technician Vaccine Administration

Candy Nally

From: Denise Chilipka Oltay <dco2@cox.net>
Sent: Wednesday, August 5, 2020 3:28 PM
To: Pharmacy Board
Subject: Laws Regarding Pharmacy Technician Vaccine Administration

Pharmacy technicians are essential for inner workings of pharmacy teams and their depth of involvement in roles continues to evolve. **An innovative role for pharmacy technicians, administration of vaccines, has emerged.** However, barriers to receiving immunizations, less talked about or mentioned are the statutes and regulations surrounding them or who may be authorized (and accountable) to provide them.

I have a Public Safety concern for Nevada. A doctorate with years of training and background knowledge is always a better choice to give immunizations. Why? A narrow focused course on how to give shots, and an immunization eligibility form are not addressing the condition or treatment a patient might have or be receiving. Often, patients are reluctant to answer the questions thoroughly or correctly because of embarrassment or denial and they may be waiting for that one-on-one with the Pharmacist in a private room. A Pharmacist will ask lots of questions, learn more about the current medications the patient is taking, and make the patient feel more relaxed to speak. Their title also puts the patient at ease and provides authority. The Pharmacist is trained and can handle medical questions and handle an emergency on those rare occasions with post-shot reactions. This brings up the concern of unauthorized medical advice being given by a Pharmacy Technician when questions are asked. Who will be responsible for a bad outcome? The Pharmacy Technician? The Pharmacist? Both? (All pharmacy employees need to know WHO is responsible BEFORE this ruling is determined.)

My mother is in her 80's. She doesn't always provide the right answers regarding her medical. She does not always give the true story. I believe she does this because she wants to make herself look great in front of others. If there are others around, like being at the counter of a pharmacy, or reception desk, she will put on her best image. Behind closed doors with a doctor or pharmacist, she becomes real. She listens and shares her health issues and concerns.

Many of the people going to the Pharmacy today for immunizations, are people over 65 years of age. As aging people, many have underlying health issues and do not want the world to know. Having a technician administering shots needs to be thought about carefully. If a medical problem should arise during or after the shot, only the person administering the shot should be held accountable and "specific insurance" should be purchased to cover their potential mistakes.

I trust my concerns will be addressed to keep everyone safe.

Sincerely,

Denise Chilipka
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dco2@cox.net