Enactment of mandatory pharmacy technician certification in Kansas

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Purpose. The successful enactment of mandatory pharmacy technician certification in Kansas is described.

Methods. In 2004, Kansas began requiring registration of all pharmacy technicians with the state board of pharmacy. Registration identified individuals working as pharmacy technicians but did not require any specific education or certification. In September 2012, the Kansas Board of Pharmacy created a task force of key stakeholders including pharmacists from multiple areas of practice, the University of Kansas School of Pharmacy, organizational leaders from the Kansas Council of Health-System Pharmacists (KCHP) and Kansas Pharmacists Association, and professional lobbyists. The goals of this task force were to research practices of technician certification in other states and to make recommendations to the state board of pharmacy on how Kansas could accomplish mandatory technician certification.

Results. The task force outlined the steps needed to achieve legislation that could be supported by the members. These topics included the creation of a technician trainee category, grandfathering certain technicians who had been practicing for a designated period of time, state board-approved exemptions, training requirements, age and education requirements, continuing-education requirements, and pharmacist:technician ratio. The recommendations were finalized at the August 2013 Kansas Pharmacy Summit, and the proposed legislation was introduced and passed during the 2014 legislative session. KCHP members learned many valuable lessons about advocacy and the legislative process with this initiative, including building relationships, working with legislators, and working with other professional organizations.

Conclusion. The formation of a task force led to the successful passage of a bill granting the Kansas Board of Pharmacy the authority to issue regulations regarding mandatory pharmacy technician certification.

Several national pharmacy organizations have recognized the need to ensure that the pharmacy technician work force is appropriately educated and trained. In 2009, the Council on Credentialing in Pharmacy prepared a credentialing framework that encouraged boards of pharmacy, national and state pharmacy organizations, and employers to develop regulations and processes to prepare technicians for an expanded role. In 2012, ASHP adopted a policy regarding the qualifications of pharmacy technicians in advanced roles. This included the adoption of uniform state laws and regulations regarding pharmacy technicians, mandatory completion of an accredited education and training program, demonstration of competency via a national standardized examination, and state licensure of pharmacy technicians.

In 2010, ASHP created and launched the Pharmacy Practice...
Model Initiative at the Pharmacy Practice Model Summit in Dallas, Texas. This summit established five concepts or categories that are integral to the advancement of pharmacy practice: (1) new pharmacy practice model imperatives, (2) practice model characteristics, requirements, and challenges, (3) advancement of information technology in the medication-use process, (4) pharmacy technician advancement, and (5) successful model implementation. State boards of pharmacy and professional organizations need to determine how mandatory technician certification can be enacted in each state. This article describes the pursuit of mandatory technician certification in Kansas and highlights the associated successes, challenges, and lessons learned.

Background

In 2004, Kansas began requiring registration of all pharmacy technicians with the state board of pharmacy. Registration identified individuals working as pharmacy technicians but did not necessitate any specific education or certification. At that time, the pharmacist-in-charge was responsible for ensuring that technicians successfully passed an examination approved by the Pharmacy Technician Certification Board (PTCB) within 30 days of registration. The successful completion of a national certification examination, such as the PTCB examination or the Examination for the Certification of Pharmacy Technicians, was encouraged but not required. Many hospital and community pharmacies had their own specific requirements for technician certification, but certification was not a standardized practice throughout the state. In 2012, only 32% of pharmacy technicians in Kansas were nationally certified.

Multiple professional organizations in Kansas expressed interest in pharmacy technician certification and education. The Kansas Pharmacists Association (KPhA) represents pharmacists of all practice settings in Kansas, while the Kansas Council of Health-System Pharmacists (KCHP) specifically focuses on issues relating to hospitals and health systems. These two organizations, in conjunction with the state board of pharmacy and other local pharmacy organizations, hold an annual Kansas Pharmacy Summit to discuss and collaborate on various pharmacy initiatives affecting all areas of pharmacy practice in Kansas. In August 2012, the issue of mandatory technician certification was presented and discussed at this meeting. The consensus was to pursue mandatory certification, a recommendation that was forwarded to the state board of pharmacy for review. In September 2012, the state board of pharmacy created a task force of key stakeholders comprising pharmacists from multiple areas of practice, the University of Kansas School of Pharmacy, organizational leaders from KCHP and KPhA, and professional lobbyists. The goals of this task force were to research practices of technician certification in other states and make recommendations to the state board of pharmacy on how Kansas could accomplish mandatory technician certification.

Task force activities

The task force began meeting regularly in January 2013. Outside of the formal work group, a few KCHP members independently participated in a legislative day with the Kansas Hospital Association. As part of that event, they met with several legislators with whom they discussed technician training and education. After these visits, a well-meaning representative prematurely introduced Kansas House Bill HB2127 requiring technician certification during the 2013 legislative session, but the bill subsequently died in committee. The language in the bill included several key points regarding age and education requirements, training, and grandfathering of technicians that the task force intended to discuss in detail before presenting it to the legislature. The introduction of this bill without the knowledge or support of task force members had an unintended negative effect on the collegiality and cohesiveness of the group.

Some representatives on the task force perceived the premature introduction as individual organizations working outside of the task force, compromising the trust that this was a collaborative effort.

After the unplanned introduction of HB2127, the task force agreed on a charter, mission, and vision statement before beginning work on new certification criteria that the task force could agree on. The alignment that this process created was crucial in moving forward. After creating the charter, the group agreed that further discussions were necessary before proceeding with any legislation, as no consensus had been reached on the mandatory certification terms. They subsequently outlined the steps needed to achieve legislation that could be supported by the members. These topics included the creation of a technician trainee category, grandfathering certain technicians who had been practicing for a designated period of time, state board-approved

KEY POINTS

- Organizations will be more successful with legislative and advocacy efforts if they build relationships with key stakeholders.
- Ongoing communication with legislators is advantageous over reaching out only during a time of need.
- A unified message with a coalition of pharmacy stakeholders keeps advocacy focused on a common goal.

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exemptions, training requirements, age and education requirements, continuing-education requirements, and pharmacist:technician ratio.

Progression of certification requirements

By November 2013, the task force had reached consensus on draft language for a bill that would be presented to the Kansas Board of Pharmacy for review before resubmission to the Kansas Legislature. Members of KCHP presented a summary of the bill at the KPhA annual meeting; however, there was not unanimous support of the language. Consequently, KPhA, KCHP, and the Kansas Independent Pharmacy Service Corporation surveyed their respective memberships to determine whether they supported or opposed mandatory technician certification. Each organization developed its own survey questions using different survey tools.

Overall, 100% of KCHP members who responded were in favor of legislation requiring mandatory technician certification. However, most KCHP members practice in health systems, where technician certification has been established as an institution-specific requirement. The membership of KPhA was split on the issue: 48% supported it, 46% opposed it, and 6% were indifferent. Those who opposed mandatory certification expressed concerns including the grandfathering of existing technician staff, certification of support staff (e.g., buyer, order receiver, clerk at the register, information technology analyst), accreditation of technician programs, and the sustainability of existing certification examinations. Fifty-seven percent of KPhA members who responded felt there would be a negative financial burden on their businesses if this legislation was enacted. KPhA members were also concerned about the impact this legislation would have on community pharmacies in rural areas. The majority of Kansas is rural, and finding qualified competent technicians in rural areas is challenging. The perceived burden of mandatory certification was that the pool of applicants interested in these small-town technician positions would be drastically diminished.

The state board of pharmacy met and reviewed the organizations’ positions, feedback, survey results, and task force recommendations. The board voted to support mandatory technician certification in the form of draft legislation that put the authority of technician certification under the board’s purview. The board would then create rules and regulations within the Kansas Pharmacy Practice Act outlining the specific considerations governing technician certification. Rather than creating specific legislation, the board’s decision would allow flexibility over time for modifications in the rules and regulations as needed. Ultimately, though, the technician certification and licensure requirements would be standardized across all pharmacy practice settings. The recommendations were finalized at the August 2013 Kansas Pharmacy Summit, and the proposed legislation was introduced and passed during the 2014 Kansas legislative session.

Lobbying for a bill

One of the efforts KCHP undertook in 2013 to get legislation passed was to hire a lobbyist. The lobbyist was successful in getting KCHP’s message to individual legislators who may have otherwise been unavailable. However, it was not financially feasible for KCHP to retain the lobbyist’s services beyond one year. It is unclear, however, how much of a part the lobbyist played in getting the final bill passed. In addition, other task force members had their own full-time lobbyists on payroll.

Since the lobbyist was only hired for calendar year 2013, the fact that the revised bill was delayed to 2014 created a lack of representation at the Capitol. This led KCHP to implement grassroots advocacy strategies to get the bill passed, including numerous telephone calls to legislators. Further, the KCHP president-elect visited the Capitol weekly to meet face-to-face with lawmakers. He targeted members of the committees that would hear the bill, including the Health and Human Services Committee in the House of Representatives and members of the Public Health and Welfare Committee in the Senate. When legislators are busy, even a three-minute discussion in the hallway between meetings can be very effective. Involvement from all stakeholders was sought.

In this instance, KCHP contacted the Kansas Foundation for Medical Care, the external quality review organization for Kansas, to ask its chief executive officer to support the Bill.

Legislative outcome

Although there had been extensive lobbying efforts for the bill, the outcome was still very much in question at the end of the 2014 legislative session. The bill had been sent to the Senate Public Health and Welfare Committee. The political landscape in Kansas was not favorable for new regulations, and the committee declined to move forward with the bill. This would have effectively stopped the legislation for that session; however, a Kansas Senator (who is a pharmacist) agreed to amend a separate bill to insert the language developed by the task force. On the morning the bill amendments were scheduled for presentation on the Senate floor, KCHP put this key Senator in contact with Christopher Jerry to obtain additional information about the importance of certified pharmacy technicians. Christopher Jerry is the father of Emily Jerry, a child who died as a result of an incorrectly compounded i.v. medication by an uncertified pharmacy technician in Ohio. The Senator watched one of Christopher Jerry’s very moving videos about his daughter and the importance of certified technicians.
This step likely made a difference in the outcome, and the legislation passed. Although the lobbying and grassroots efforts were successful in getting the bill passed, it must be noted that the legislation did not outline actual requirements for mandatory certification. Rather, the bill granted the Kansas Board of Pharmacy the authority to issue regulations regarding mandatory certification. The regulations are currently under development in conjunction with a new, smaller task force.

**Lessons learned**

**Build personal relationships.** KCHP members learned many valuable lessons about advocacy and the legislative process with this initiative. First, the importance of personal relationships cannot be overemphasized. When attempting to convince a legislator to champion your cause, he or she needs to know why the bill is important and who will benefit. In this instance, since a KCHP member had a longstanding relationship with a state representative, this task was much easier. This relationship was formed through years of service with the representative for a community service organization. The relationship was strengthened when the member invited the representative to tour his hospital and discuss issues concerning pharmacy.

**Work with your legislator.** When meeting with legislators, it is important to deliver a concise message. They want to know who you are, your message, and what they can do for you. A personal story is effective because it is a real-life example and leaves a lasting impression. Also, do not hesitate to ask the legislator sponsoring your bill for the next steps and what you need to do. Ask how you can personally help to keep things moving forward and follow his or her advice. Showing your legislator your willingness to work together strengthens the relationship and demonstrates your dedication to getting a bill passed.

**Work with other pharmacy organizations in the state.** Although there was a clearly defined timeline for the work of the task force, there were times when the plan changed. For example, in one of the first meetings, a consensus was reached that certification would be mandatory. A couple of months later, the question “Are we sure we need to make it mandatory?” was raised. Resistance to mandatory certification was raised by representatives of a couple of pharmacy groups. Bringing these dissenting parties to the table was one of the reasons these advocacy efforts were successful. Other actions that supported these efforts included being prepared with data to show that other states have been passing mandatory certification and how they are doing it, as well as presenting a consistent message. When it was time to advocate for the bill created by the task force, all state pharmacy organizations testified in support of it. There were no individuals or organizations that testified against it. This would not have been possible if KCHP had decided to forego the task force and tried to push the legislation through without support.

**Conclusion**

The formation of a task force led to the successful passage of a bill granting the Kansas Board of Pharmacy the authority to issue regulations regarding mandatory pharmacy technician certification.

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**Disclosures**

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**References**