

April 21, 2016

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Michael J. Wright

Via U.S. Mail and email [sunset@sunset.texas.gov](mailto:sunset@sunset.texas.gov)  
Mr. Ken Levine  
Director  
Texas Sunset Advisory Commission  
P.O. Box 13066  
Austin, Texas 78711

Re: Texas Sunset Advisory Commission's review of the Texas State Board of Pharmacy

Dear Mr. Levine,

The Texas Pharmacy Business Council (TPBC) represents the largest coalition of community pharmacists in Texas. Our mission is ensuring that Texas patients receive access to quality and cost-effective community pharmacy services, and to work for the continued success of the community pharmacy profession. Public safety and welfare are at the heart of our community pharmacists' members mission and operations. This essential objective clearly corresponds with the Texas State Board of Pharmacy's (TSBP) same mission, and the corresponding purpose of the Texas Sunset Advisory Commission's (TSAC) review of the current state of TSBP.

We at TPBC agree that the TSBP has established itself as a respected and well-run agency that has worked hard to respond and adapt to an increasingly complex, highly regulated, and ever expanding pharmacy industry. As a primary stakeholder in the pharmacy industry and as a committed partner to TSBP in promoting public safety and welfare, we sincerely appreciate the opportunity to comment on the issues articulated in the TSAC report. Our comments are as follows:

TSAC Report Issue 1--"Texas lacks key tools needed to ensure safe dispensing of dangerous, highly addictive drugs to patients."

It is our understanding that the TSAC recommendations related to this issue are as follows: 1) beginning in 2018, require pharmacists to search the Prescription Monitoring Program (PMP) database before dispensing certain controlled substances; 2) require pharmacists to enter dispensing information in the PMP database within one business day of dispensing controlled substances; 3) authorize TSBP to send push notifications and set related thresholds; and 4) direct TSBP to create delegate accounts for pharmacy technicians, work to integrate the program with pharmacy software systems, and make trend data on dispensing publicly available.

We understand that the community pharmacists are on the frontline in the opioid abuse epidemic, and we recognize that we are in a unique position to be the first responders to stem this crisis. We are saddened by the toll that opioid abuse and overdoses have taken on Texas' families. Our community pharmacists are widely reputed (in Gallup polls) and well-known as America's most trusted healthcare professionals and involved community leaders, and we are entirely committed to protecting the well being of our patients. Specifically, community pharmacists regularly advise prescribers in order to discourage them from prescribing certain high risk opioids, they educate their communities and patients about the risks for addiction and overdose (from use or from sharing), and they encourage the proper and timely disposal of opioids (to get the medications off the streets) via the national "Dispose My Meds" program and in connection with the Drug Enforcement Agency medication take back days.

The majority of our community pharmacy members already utilize pharmacy management software, and it is my understanding from a brief survey that the companies that are predominantly utilized among our community pharmacy members are Computer Rx and QS1. After some research, I believe that these software companies do have software in place for other states where recommendations similar to those suggested by TSAC are already in effect. These software systems allow for a search of the database to occur at the point of the sale, and further, the reporting to the database is then made via the software when the patient picks up the prescription. We would highly encourage TSAC and TSBP to interact with these widely utilized pharmacy management software companies as they consider the most efficient, swift, and cost effective ways to promulgate the rules relating to these recommendations, to ensure that community pharmacies can efficiently maximize patient outcomes.

Further, it is our opinion that a team approach against opioid abuse is best,--an approach that shares responsibility among patients, physicians, manufacturers, wholesalers, and pharmacists. The problem is systemic, and the solution needs to be as well. For this reason, we strongly encourage that TSAC (via its current review of the Texas Medical Board) recommend that the physicians be mandated to adhere to the same requirement,--to utilize software permitting search of the database at the time the prescriber is writing the prescription. It is our perspective that this combined approach between the physician and pharmacist, both conducting the search (at the time of prescribing, the time of dispensing, and finally the report at patient pick up) should help reduce risks greatly. Together, we can reduce opioid abuse one patient at a time, and we are ready to stand up as part of the solution.

TSAC Report Issue 2--"Key elements of the TSBP statute do not conform to common licensing standards."

It is our understanding that the TSAC recommendations related to this issue are to require TSBP to create a system of graduated penalties for late renewal of pharmacy technician registration, authorize the TSBP to deny renewal applications for licenses and registrants who are noncompliant with existing

TSBP order, direct TSBP to remove burdensome requirements that the pharmacy licensure renewal forms be notarized, and direct TSBP to query a national disciplinary database before license renewal.

We thank and commend TSAC for its recommendation related to removing the burdensome requirements with the pharmacy licensure renewal forms; any reduction of the many administrative requirements currently on our community pharmacist members in the licensing process will allow them more time to dedicate to patient counseling and service and growing their businesses to the benefit of their communities. We also appreciate the mention in the report that the processing of a new pharmacy license is typically occurring within four (4) days. That is encouraging to learn of the swift processing, as that is very important to our members.

TSAC Report Issue 3--“The state has a continuing need to regulate the practice of pharmacy.”

It is our understanding that the TSAC recommendations related to this issue are to continue the TSBP for twelve (12) years and that TSBP should develop and implement a succession plan to prepare for impending retirements. We support these recommendations and appreciate the hard work and partnership that TSBP, and particularly its staff members, have had with TPBC in safeguarding patients and ensuring the continued success of the community pharmacy profession.

Thank you for the opportunity to comment on the TSAC report. We appreciate your consideration, and please do not hesitate to contact me if I can be of assistance.

Sincerely,



Michael W. Wright, Executive Director



Bruce Rogers, R.Ph., Chairman

cc:

Sunset Advisory Commission Members  
Representative Larry Gonzales, Chairman  
Senator Van Taylor, Vice Chair  
Senator Juan “Chuy” Hinojosa  
Senator Robert Nichols  
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