

**1/11/2023**

The following information is being provided pursuant to the requirements of Executive Order 2011-01K and Senate Bill 2 of the 129th General Assembly, which require state agencies, including the State of Ohio Board of Pharmacy, to draft rules in collaboration with stakeholders, assess and justify an adverse impact on the business community (as defined by S.B. 2), and provide an opportunity for the affected public to provide input on the following rules.

**New:**

- 4729:3-3-06 – Immunization administration.

Comments on the proposed rule will be accepted until close of business on January 25, 2023. Please send all comments to the following email address: [RuleComments@pharmacy.ohio.gov](mailto:RuleComments@pharmacy.ohio.gov)

In addition, please copy your comments to: [CSIPublicComments@governor.ohio.gov](mailto:CSIPublicComments@governor.ohio.gov)



## Common Sense Initiative

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Carrie Kuruc**, Director

### Business Impact Analysis

Agency, Board, or Commission Name: State of Ohio Board of Pharmacy

Rule Contact Name and Contact Information: Kylynne Johnson  
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Regulation/Package Title (a general description of the rules' substantive content):

Rule Number(s): 4729:3-3-06 – Immunization Administration.

Date of Submission for CSI Review: 1/11/2023

Public Comment Period End Date: 1/25/2023

**Rule Type/Number of Rules:**

New/ 1 rules

No Change/      rules (FYR?     )

Amended/      rules (FYR?     )

Rescinded/      rules (FYR?     )

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

### **Reason for Submission**

1. R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.

Which adverse impact(s) to businesses has the agency determined the rule(s) create?

The rule(s):

- a. ☒ **Requires a license, permit, or any other prior authorization to engage in or operate a line of business.**
- Only certified or registered technicians may administer immunizations under the rule.
  - Certified and registered technicians are required to complete a training program which meets requirements established under the rule prior to administering immunizations.
  - Requires immunizing technician to receive and maintain basic life support certification.
- b. ☒ **Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.**

Violation of this rule may result in administrative licensure discipline for a pharmacy, pharmacy technician and supervising pharmacist. Discipline might include reprimand, suspension of a license, continuing education (pharmacy technician and pharmacist), monetary fine and/or revocation of a license.

- c. ☐ **Requires specific expenditures or the report of information as a condition of compliance.**
- d. ☒ **Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.**

Pharmacies may experience additional costs to maintain compliance with record keeping, training, and other administrative requirements established by the rule.

### **Regulatory Intent**

**2. Please briefly describe the draft regulation in plain language.**

*Please include the key provisions of the regulation as well as any proposed amendments.*

**New:**

4729:3-3-06 – Allows certified and registered technicians to administer immunizations and establishes training requirements.

**3. Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.**

The proposed rule is authorized by sections 4729.26 and 4729.94 of the Ohio Revised Code.

**4. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?**

*If yes, please briefly explain the source and substance of the federal requirement.*

These rules do not implement a federal requirement. However, the federal government authorized pharmacy technicians to provide immunizations under a temporary provision of the Federal PREP Act.

**5. If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.**

This rule package exceeds federal requirements because the regulation of the pharmacy profession, including technicians, has traditionally been done at the state level by legislatively created state boards of pharmacy.

**6. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?**

Section 4729.26 of the Ohio Revised Code authorizes the Board of Pharmacy to adopt rules governing the practice of pharmacy and distribution of dangerous drugs.

Section 4729.94 permits the Board to add any additional activities that may be performed by a registered or certified pharmacy technician.

Without these regulations, the Board of Pharmacy would not be able to ensure uniform standards for immunization administration by pharmacy technicians.

**7. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?**

The success of the regulation will be measured by having a rule written in plain language, licensee compliance with the rule, and minimal questions from licensees regarding the provisions of the rule.

**8. Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?**

*If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.*

No.

**Development of the Regulation**

**9. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.**

*If applicable, please include the date and medium by which the stakeholders were initially contacted.*

This package was published on the Board's website for public comment.

**10. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?**

The Board received comments from stakeholders on the rule. After reviewing the comments, the Board did incorporate the option to take a basic-life support course that has a virtual "hands-on" assessment and expanded the pharmacist supervision requirements. An overview and response to all the comments received can be found in **Appendix A** of this document.

**11. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?**

Scientific data was not used to develop or review this rule.

**12. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?**

As the rule is essential to protecting the public's safety by ensuring uniform standards for the administration of immunizations, the State of Ohio Board of Pharmacy did not consider any regulatory alternatives.

**13. Did the Agency specifically consider a performance-based regulation? Please explain.**

*Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.*

The agency did not consider a performance-based regulation for this rule package. It is the Board's responsibility to ensure uniform practice standards across Ohio. At this juncture, it was the determination of the Board that the rule package did not lend itself to a performance-based regulations.

**14. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?**

The Board of Pharmacy's Director of Policy and Communications reviewed the proposed rule to ensure that the regulation does not duplicate another State of Ohio Board of Pharmacy regulation.

**15. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.**

The rule will be posted on the Board of Pharmacy's web site, information concerning the rule will be included in materials e-mailed to licensees, and notices will be sent to associations, individuals and groups. Board of Pharmacy staff are also available via phone or email to answer questions regarding implementation of the rule. In addition, the Board's compliance agents are trained to educate licensees on current and/or new regulations during on-site inspections.

Board of Pharmacy staff receive regular updates on rules via a monthly internal newsletter, regular compliance staff meetings featuring a regulatory update, mandatory all-day law reviews for new employees, email updates, webinars from the Director of Policy and Communications and feedback from the Board's legal department for every citation submitted.

**Adverse Impact to Business**

**16. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:**

**a. Identify the scope of the impacted business community; and**

The rule impacts the following:

- Pharmacy technicians;
- Pharmacies;
- Pharmacists.

**b. Identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance,); and**

Violation of these rules may result in administrative discipline for a pharmacy technician, pharmacist, or pharmacy. Discipline might include reprimand, continuing education (for pharmacist and pharmacy technicians), denial of a license, suspension of a license, monetary fine and/or revocation of a license.

**c. Quantify the expected adverse impact from the regulation.**

*The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a “representative business.” Please include the source for your information/estimated impact.*

**New:**

4729:3-3-06 – Allows certified and registered technicians to administer immunizations and establishes training requirements. Pharmacies may experience an increase in administrative costs to comply with the training, record keeping, and competency assessment requirements. Additionally, the BLS requirements may cost a technician anywhere between \$60 - \$100 dollars to complete. For example, a Red Cross BLS course that meets the training requirements in rule is \$80 dollars.<sup>1</sup>

**17. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?**

The Board believes that the regulatory intent of the proposed rules is necessary to protect the health and safety of all Ohioans by providing uniform regulations for immunization administration.

**Regulatory Flexibility**

**18. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.**

The rule does not provide any exemptions or alternative means of compliance for small businesses. The law does not differentiate on the size of the business and therefore the regulation is uniform across Ohio.

**19. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?**

The State of Ohio Board of Pharmacy does not fine licensees or impose penalties for first-time paperwork violations. However, any failure of a standard of care in the distribution of dangerous drugs is not considered a paperwork error but a quality assurance issue by the licensee that is necessary for the protection of the public.

**20. What resources are available to assist small businesses with compliance of the regulation?**

Board of Pharmacy staff is available by telephone and e-mail to answer questions. Board staff members also provide presentations to groups and associations who seek updates on current regulations. Additionally, staff are trained to educate licensees on compliance with all Board of Pharmacy rules and regulations.

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<sup>1</sup> <https://www.redcross.org/take-a-class/classes/adult-and-pediatric-first-aid%2Fcp%2Faed-bl-r.21/a653o000002ZCSR.html?cgid=hidden&isCourse=true&storedistance=10.95#latitude=39.9929821&longitude=-83.00122100000002&searchtype=class&zip=Columbus%2C+OH+43201%2C+USA&zipcode=43201&start=1&cgid=hidden>

**Rule 4729:3-3-06 – Immunization administration. (NEW)**

(A) A certified and registered pharmacy technician who meets the requirements of paragraph (B) of this rule and is working under the direct supervision of a pharmacist who meets the requirements of rule 4729:1-3-02, may do any of the following:

(1) In the case of an individual who is seven years of age or older but not more than thirteen years of age, administer to the individual an immunization for any of the following:

(a) Influenza;

(b) COVID-19; or

(c) Any other disease, but only pursuant to a prescription.

(2) In the case of an individual who is thirteen years of age or older, administer to the individual an immunization for any disease, including an immunization for influenza or COVID-19.

(3) The pharmacist on duty who is supervising the technician may prohibit, limit, or restrict the type of immunizations administered, including the age of the patient, by the technician.

(B) For a certified or registered pharmacy technician to be authorized to engage in the administration of immunizations, comply with all the following requirements:

(1) Complete a practical training program that meets the requirements set forth in paragraph (C) of this rule.

(2) Administer immunizations authorized by a physician-established protocol that meets the requirements of rule 4729:1-3-02 of the Administrative Code.

(3) Be authorized by the supervising pharmacist to administer immunizations. The supervising pharmacist may restrict the type of immunizations provided by a certified or registered technician.

(4) Receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course certified by the American red cross, American heart association or other training course approved by the board. Certification shall be obtained and maintained through courses that are conducted in-person or, at a minimum, offer an in-person or electronic hands-on training component.

(5) The pharmacist on duty who is supervising the technician shall be on-site to administer epinephrine or diphenhydramine, or both, to individuals in emergency

situations resulting from adverse reactions to the immunizations administered by the registered or certified pharmacy technician.

(6) The pharmacist on duty who is supervising the technician determines if the technician is competent to administer immunizations.

(C) A course in the administration of immunizations developed pursuant paragraph (B) of this rule shall meet the following requirements:

(1) The instructor shall be a licensed health care professional and have the appropriate education and experience to teach a course in the administration of immunizations.

(2) The content must meet the standards established for such courses by the centers for disease control and prevention in the public health service of the United States department of health and human services.

(3) The course shall be conducted by an accreditation council for pharmacy education (ACPE) accredited provider.

(4) The course must be a minimum of six hours in length and include, at a minimum, the following topic areas:

(a) A review of immunology that includes a discussion of the body's immune system reaction to immunizations.

(b) A review of each immunization recommended by the committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services (8/5/2022):

(i) Disease states associated with the immunization;

(ii) Type or nature of activity of the immunization;

(iii) Administration schedules;

(iv) Routes of administration;

(v) Injection sites;

(vi) Dosages;

(vii) Monitoring and treatment of the patient for adverse reactions;

(viii) Patient populations;

(ix) Precautions and contraindications; and

(x) Proper storage requirements for the immunization.



(c) A review of sterile technique in injectable dosage preparation and administration.

(d) A minimum of one hour of instruction and physical participation in administration techniques.

(e) A review of the proper disposal procedures for contaminated needles and immunizations.

(f) A review of the proper procedures for accidental needle sticks.

(5) The course must provide a method to evaluate the successful comprehension of the content.

(6) The course must provide a method to demonstrate the participant has successfully completed the course.

(D) Courses on immunization administration may be reviewed by the state board of pharmacy. A training course that fails to comply with the requirements set forth in this rule shall be considered in violation of this rule.

(E) The pharmacy employing the technician shall ensure informed consent is obtained pursuant to rule 4729:5-5-04 of the Administrative Code prior to the administration of an immunization.

(F) The pharmacy employing the technician shall ensure the technician maintains the competency and skills necessary to safely administer immunizations. The pharmacy shall ensure the technician has initial and annual documented assessment of competency in immunization administration.

(G) Immunization records shall be maintained in accordance with rule 4729:5-5-04 of the Administrative Code.

(H) The pharmacy where a technician is administering immunizations in accordance with this rule shall comply with the vaccine information statement requirements of the National Vaccine Childhood Injury Act, 42 USC Section 300aa-26 (12/14/1993).

(I) For each immunization administered to an individual by a certified or registered pharmacy technician, other than an immunization for influenza administered to an individual eighteen years of age or older, the pharmacy employing the technician shall be responsible for ensuring the notification of the individual's primary care provider or, if the individual has no primary care provider, the board of health of the health district in which the individual resides or the authority having the duties of a board of health for that district under section 3709.05 of the Revised Code. The notice shall be given not later than thirty days after the immunization is administered. Notification shall be conducted using one of the following methods that is capable of confirming delivery of the required notification:

- (1) Electronic mail;
- (2) Interoperable electronic medical records system;
- (3) Facsimile;
- (4) Electronic prescribing system;
- (5) Electronic pharmacy record system;
- (6) Reporting to the state's immunization registry;
- (7) Documented verbal communication; or
- (8) Any other method of notification that might reasonably be expected to allow for the confirmed transmission of the required notification.

(J) The pharmacy employing a certified or registered technician authorized to provide immunizations in accordance with this rule, shall maintain, or have immediate access to, the following records on file at the location(s) where the pharmacy technician administers immunizations in accordance with this rule:

- (1) Proof of successful completion of a training course specified in paragraph (C) of this rule;
- (2) Proof of maintenance of certification to perform basic life-support procedures in accordance with paragraph (B)(4) of this rule; and
- (3) Proof competency assessments as required in paragraph (F) of this rule.

(K) A pharmacist practicing within an outpatient pharmacy shall not supervise more than three pharmacy personnel engaged in the administration of immunizations pursuant to this rule and rule 4729:2-3-03 of the Ohio Administrative Code.

(L) A pharmacist supervising an immunization clinic outside of an outpatient pharmacy shall not supervise more than six pharmacy personnel engaged in the administration of immunizations pursuant to this rule and rule 4729:2-3-03 of the Ohio Administrative Code.

## Appendix A – Comments Received During Initial Stakeholder Outreach

Commenter	Comment	Board Response
Ohio Council of Retail Merchants	(C)(4) Why have different hourly requirements for training for pharmacists and pharmacy interns as opposed to pharmacy technicians? What greater knowledge will technicians gain from the extra hour? Having differing hourly requirement for training would force pharmacies to have two separate training programs. We request that the hourly training for technicians be the same five hours as it is for pharmacists and pharmacy interns.	<p>Technicians require additional training because they are not provided the same foundational knowledge during pharmacy school that pharmacists and interns receive. Additionally, the Board reviewed nationally recognized training courses for pharmacy technicians and founds that most programs average 6 hours.</p> <p>For example, one of the most popular courses offered for technicians by the <a href="#">American Pharmacists Association</a> is a 6-hour course. <b>Therefore, the Board did not incorporate this suggestion into its rule.</b></p>
	(C)(4)(b) Review of every single immunization isn't practical as it would require training on vaccines that pharmacies may not administer. We request that you add "that the pharmacy administers" to this section. This will allow training to focus on vaccines the technicians will actually be administering.	<p>The goal of this training is to provide a foundational overview of the most common immunization schedules so that a technician is prepared to work at any pharmacy location. Therefore, limiting it does not provide the technician with the proper foundational training. <b>As such, the Board did not incorporate this suggestion into its rule.</b></p>
	(K) Quite frankly, the subjective 1:3 ratio for pharmacists to supervise immunizing technicians is without merit. What evidence of harm/adverse reactions has been experienced with technicians immunizing throughout the pandemic that would support this provision? How does the Board justify this significantly limiting 1:3 ratio? As we are coming into flu season and continuing to experience variants of the COVID-19 virus without an end in sight, pharmacies need the flexibility to staff technicians based on	<p>The Board is very concerned about the ability for pharmacists to provide proper oversight. Especially, considering <a href="#">recent survey data on pharmacist stress and working conditions</a>.</p> <p>The Board has implemented similar ratios for interns providing immunizations. <b>Therefore, the Board did not incorporate this suggestion</b></p>

	immunization demand and not an arbitrary ratio.	<b>into the rule. The Board did increase the ratio if the technician is participating mass vaccination clinic (1:6).</b>
<b>National Association of Chain Drug Stores</b>	<p>Additionally, we note the proposed rule includes certain restrictions and requirements for pharmacy technicians who assist with vaccine administration that are inconsistent with the existing parameters under the federal PREP Act allowances and associated implementation guidance provided by the Ohio Board of Pharmacy. Specifically, under 4729:3-3-06 (K), the Board has proposed that “[u]nless otherwise approved by the Board, a pharmacist shall not supervise more than three pharmacy technicians engaged in the administration of immunizations...” Imposing this arbitrary staffing limitation is unwarranted – especially considering that pharmacy technicians have been safely and effectively participating in vaccine administration without a pharmacy technician ratio throughout the pandemic. Moreover, such a staffing limit may impede pharmacies’ capacity in conducting mass vaccine clinics such as those that have been held in recent years at the request of the state. No evidence exists to support any particular ratio, nor are there any reports or studies showing that ratios improve patient safety. Establishing a pharmacy technician ratio now would undermine pharmacists’ ability to optimize use of pharmacy technicians to assist with nondiscretionary and technical tasks that do not otherwise require pharmacists’ professional judgment. <i>Given the nonexistence of evidence supporting ratios, and the imperative to reduce undue strain on pharmacy personnel, NACDS urges the Board to eliminate the proposed pharmacy technician ratio in the rule language before finalizing this rulemaking.</i></p> <p>Also, we note that the Board has proposed various requirements pharmacy technician training courses for vaccine administration under 4729:3-3-06 (C) that go beyond the federal PREP Act requirements. Under</p>	<p>The Board is very concerned about the ability for pharmacists to provide proper oversight. Especially, considering <a href="#">recent survey data on pharmacist stress and working conditions</a>.</p> <p>The Board has implemented similar ratios for interns providing immunizations. <b>Therefore, the Board did not incorporate this suggestion into the rule. The Board did increase the ratio if the technician is participating mass vaccination clinic (1:6).</b></p> <p>To ensure consistency, the Board modeled its technician immunization rule on its existing training standards for pharmacists and pharmacy</p>

	<p>federal PREP Act allowances, pharmacy technicians who participate in vaccine administration are required to complete an ACPE-approved practical training program that “include[s] hands-on injection technique and the recognition and treatment of emergency reactions to vaccines.” <i><b>We encourage the Board to simplify the pharmacy technician training program requirements under 4729:3-3-06 (C) to align with the immunization training requirements that are currently in place for technicians administering vaccines pursuant to PREP Act allowances.</b></i></p>	<p>interns. The Board did not think it was appropriate or prudent to develop standards based upon an emergency declaration. Instead, the Board implemented standards similar to pharmacist and intern training to ensure consistency across all pharmacy personnel.</p>
<b>Walgreens</b>	<p>In (A)(4), the rule as proposed would require an in-person component of basic life support, however the statute, (Section 4729.41 - Ohio Revised Code   Ohio Laws) does not have the in-person requirement. If this component is not able to be stricken completely, would an option be have this performed virtually? Per (F), the pharmacy would have to document tech’s competency initially and at least annually, would it be possible to strike this requirement?</p>	<p>During COVID-19, many training organizations developed virtual evaluation methods for chest compressions. <b>Therefore, the Board did incorporate a virtual evaluation component.</b></p>
<b>VillageMD</b>	<p>Patients who have primary care providers are significantly more likely to fill more prescriptions and have a routine preventative visit in the past year.<sup>1</sup> Also, adults who have PCPs as their regular source of care experience lower mortality and incur reduced healthcare costs.<sup>2</sup> We propose adding the requirement of the pharmacist providing a list of nearby primary care providers to the patients who do not currently have one.</p> <p><i>For each immunization administered to an individual by a certified or registered pharmacy technician, other than an immunization for influenza administered to an individual eighteen years of age or older, the pharmacy employing the technician shall be responsible for ensuring the notification of the individual's primary care provider or, if the individual has no primary care provider, <u>provide a list of nearby primary care providers to the patient and notify</u> the board of</i></p>	<p>The Board believes that the burden of maintaining a current list would be difficult given that the availability of primary care providers is variable.</p> <p>Additionally, there are online resources patients may avail themselves to locate a primary care provider.</p> <p><b>Therefore, the Board did not incorporate this suggestion into the rule.</b></p>

	<p><i>health of the health district in which the individual resides or the authority having the duties of a board of health for that district under section 3709.05 of the Revised Code. The notice shall be given not later than thirty days after the immunization is administered. Notification shall be conducted using one of the following methods that is capable of confirming delivery of the required notification:</i></p>	
<b>Individual Commenter</b>	<p>I have just been reading the newsletter regarding Rule 4729:3-3-06 about pharmacy technicians being able to administer vaccines. I believe that it would be highly difficult to have this service be provided by technicians in a safe manner unless the technicians doing the administrations are Certified Pharmacy Technicians and possess APhA vaccination training with some practical hours that fulfill that certificate. It would also be important to notate which specific vaccinations the CPhT pharmacy technicians would be able to provide. Live vaccines may possess higher risk to patients as well as those that contain egg components for patients with allergies i.e. to eggs. Additionally, technicians should also be trained on screening which candidates are not good candidates for specific vaccines based on health conditions. Furthermore, when asking CPhT's to administer vaccines to patients under 18 years of age - that would require a lot of skill on behalf of the CPhT, especially if the child is moving around a lot. I believe it would be great to have support staff administer vaccines to patients, however it should only be done with very highly trained CPhT's or nurses who are also highly trained. Some CPhT's do not have more than a high school degree, and having had anatomy and infectious diseases courses like microbiology or immunology would be of benefit for technicians who would be interested to administer the vaccines.</p> <p>Also, they should be trained on how to use an EpiPen. I believe this would then require all CPhT's to at least have an associates degree in that case. I think the</p>	<p>The commenter seeks to limit the rule to certified pharmacy technicians.</p> <p>While the Board understands the need to ensure competency amongst pharmacy technicians, it contends that the training standards and the required annual training will ensure the competency of the technician regardless of registration level.</p> <p><b>Therefore, the Board did not incorporate this suggestion into the rule.</b></p>

	<p>rule is do-able, however, it would require the technicians to possess more skill and educational training. Considering the pay for technicians is considerably lower and at some chains is close to minimal wage comparing for what the pay is for nurses and considering the cost for a college degree, I think it would be more difficult to implement these requirements and keep the staff interested in working in the field. I believe it would be more appropriate to utilize nurses until the educational and skill requirements for the CPhTs to be able to administer vaccines are met. These statements are of my own opinion based on my experience and what I've seen at pharmacies while working as a registered technician and now as an intern. Maybe it would be better if each pharmacy would have a designated nurse vaccinator until the CPhT requirements for vaccination trainings are met.</p>	
<b>Individual Commenter</b>	<p>Allowing Nationally Certified pharmacy technicians who have completed immunization training to give shots is critical to improving workflow in the pharmacy. Trying to meet all of the company metrics (such as ready when promised) while giving every shot other than COVID is both stress inducing and potentially unsafe . 47/50 states have already approved this measure. It obviously makes sense. It also encourages technicians to want to broaden their knowledge base and become the best technician they can possibly be.</p>	<p>The Board appreciates the supportive comment.</p>
<b>Individual Commenter</b>	<p>I am a licensed and registered pharmacy technician who would be more than happy to administer vaccines. I have always wanted to get my certification to administer vaccines but have delayed to do so because of Ohio not allowing it, as I work and live in Ohio. I believe it would help the pharmacist tremendously and would provide more flexibility for the pharmacy technician's abilities to help in vaccine clinics or during an extremely busy vaccine season such as influenza or during an outbreak like we had when COVID was ramped. It would also give the technician more credentials to help carry them</p>	<p>The commenter suggests requiring technicians to work 3- 5 years before being allowed to administer immunizations.</p> <p>While the Board appreciates this comment, it contends the training standards (including annual competency training) ensures that technicians will be ready to administer immunizations.</p>

	<p>through their career. My only suggestion would be to possibly request that the technician have a certain amount of time in the field of pharmacy before they would be eligible to administer vaccines. I believe 3-5 years of experience would suffice, unless the technician has prior medical experience or other licenses to administer vaccines. I have worked as a pharmacy technician for almost 20 years and I would agree that at 3-5 years in my career I would have felt experienced and prepared enough to take on this extra task. Maybe sooner than 3 years, but definitely not without a decent amount of pharmacy experience. Patient safety should also be the goal and pledge of a pharmacy technician.</p>	<p><b>Therefore, the Board did not incorporate this suggestion into the rule.</b></p>
Individual Commenter	<p>As a public health nurse, I have to object to pharmacy technicians administering vaccines. Routine, non pandemic vaccine administration is plainly- medication administration. We don't allow them to administer prescription medications, then they should not be allowed to administer vaccines. This is a nursing function.</p>	<p>Pharmacy technicians have been administering immunizations under the federal PREP Act since 2021. Therefore, this is not just a function of nursing.</p> <p>In fact, the Medical Board authorizes medical assistants to administer drugs, including immunizations. Therefore, medication administration is not just a function of nursing.</p> <p><b>Therefore, the Board did not incorporate this suggestion into the rule.</b></p>
Individual Commenter	<p>Although I currently practice in Kentucky, I'm still licensed in Ohio. I was educated at UC's College of Pharmacy and worked in the state until 2009. After moving to Kentucky I paid and was further trained in giving safe injections. Pharmacist's have fought long and hard for every advanced responsibility they have received. I will acknowledge every good pharmacist stands on the shoulders of a licensed, experienced technician. I'm truly appreciative of a good job done by them. I actually pay out of my pocket within 24 hours, a small bonus for record breaking or extremely hard days.</p> <p>I feel this consideration for increased</p>	<p>While the Board understands the concerns of the commenter, the Board feels the proposed supervision limits and training standards will ensure the safe administration of immunizations by pharmacy technicians.</p> <p><b>Therefore, the Board did not incorporate this suggestion into the rule.</b></p>



	<p>technician responsibilities comes from pressure for large corporate chains and independent pharmacies seeking to increase profits. It is a slap in the face giving away what pharmacist's trained and worked so diligently to attain.</p> <p>Pharmacies need to hire more pharmacists to cover what is already an overloaded working environment to cover vaccination hours, higher volume and counseling patients.</p> <p>Being a pharmacist and taking on the responsibility of being the "bottom line" for all that goes on in the pharmacy, I consider this a dangerous line to cross.</p> <p>I am not willing to be the one that bears the responsibility for an error or dire situation because I didn't give the injection.</p> <p>I'm willing to concede the technicians being certified in sterile fields and setting up injection areas, including bringing drug to be injected, running the paperwork, and bringing patient back.</p> <p>However, my job is to to run the DUR, access patient, counsel, and give the drug safely according to my education.</p> <p>This is a slippery slope that will degrade the value of our degree and line the pockets of chain and independent pharmacies pushing for this.</p> <p>Ten to fifteen years from now a pharmacist's job will be so watered down because of lower standards that technicians will be checking prescriptions with a minuscule of education pharmacists have.</p> <p>Our extremely expensive, time consuming, and challenging education will not be worth the paper it's printed on.</p> <p>Stop letting money dictate laws and decisions over our responsibilities.</p> <p>Teach technicians advanced administrative duties and let pharmacists do what their training focuses on. Which is taking care of the patient in a safe qualified way.</p>	
<b>Individual Commenter</b>	<p>First, let me state that I am supportive of properly trained pharmacy technicians administering immunizations.</p> <p>That being said, I would like to express</p>	<p>The Board understands the concerns raised by the commenter. It should be noted that contraindications are included in all physician</p>

	<p>one concern. Throughout the proposed rule there are numerous statements about the oversight provided by the supervising pharmacist. I would like to see some specific wording requiring the supervising pharmacist to oversee and approve the individual screening process. Although this is implied, I would recommend that it be spelled out as a specific requirement.</p> <p>For example, pregnant females should not receive some vaccines (live vaccines) and additionally they should receive some vaccines on a specific schedule ( TdaP given in the third trimester with each pregnancy regardless of previous vaccination receipt). Some vaccines are contraindicated in patients with suppressed immune system and other given even if the immune system is suppressed The Institute for Safe Medication Practices</p>	<p>authorized protocols, which are required by both law and rule.</p> <p>Additionally, the Board believes the level of required training along with the supervision limitations in the rule will mitigate some of the concerns raised by the commenter.</p> <p><b>Therefore, the Board did not incorporate this suggestion into the rule.</b></p>
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