



Key Elements for Pharmacy Technician Scope of Authority

**A REPORT OF THE PHARMACY
TECHNICIAN WORKGROUP**

**CONVENED BY THE NATIONAL ALLIANCE OF STATE
PHARMACY ASSOCIATIONS**

September 2025

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This report has been supported by the following organizations:



PROJECT OVERVIEW

The National Alliance of State Pharmacy Associations (NASPA) Pharmacy Technician Scope of Authority Project aims to address inconsistencies in the scope of authority granted to pharmacy technicians under state pharmacy practice acts. These variations often limit the full utilization of pharmacy technicians' skills and hinder their potential to optimize patient care. Currently, no universally accepted framework exists to guide policymakers and pharmacy professionals in advancing pharmacy technician roles across the 50 states. This project seeks to fill that gap by developing best practice recommendations and tools to support policy changes that will expand the pharmacy technician scope of authority.

The initiative involved conducting comprehensive research on existing state laws and regulations regarding pharmacy technician scopes of authority. A workgroup comprised of national and state-level leaders—including pharmacists, pharmacy technicians, and policy experts—was convened to analyze the findings and develop consensus-based policy recommendations. These recommendations focused on establishing best practice recommendations in regulating pharmacy technician roles. The project deliverables include a 50-state policy analysis, a report on identified best practices, an advocacy toolkit, and a dedicated online resource page for stakeholders.

The findings and tools produced will empower advocates and policymakers to implement meaningful changes in state laws and regulations, enhancing the utilization of pharmacy technicians and improving patient care. This project envisions scaling and replicating its outcomes, providing a foundation for ongoing collaboration among stakeholders interested in advancing pharmacy technician roles to optimize the broader pharmacy practice model.

The project also emphasizes the critical role pharmacy technicians play in improving access to pharmacist-delivered patient care services and enhancing overall efficiency in pharmacy operations. By addressing current barriers and inconsistencies in scope of authority laws, this initiative seeks to unlock new opportunities for technicians to contribute meaningfully to patient care. Optimal utilization of pharmacy technicians is expected to result in increased job satisfaction for both pharmacists and technicians, improvements in public health and patient care, and a more sustainable business model for pharmacies. This aligns with the broader goal of advancing community pharmacy practice and ensuring pharmacies can meet the evolving needs of patients and the healthcare system.

Beyond its immediate deliverables, the project aims to foster a deeper understanding among policymakers and stakeholders of the value that pharmacy technicians bring to healthcare. The consensus-based recommendations and advocacy tools will serve as a foundation for building coalitions of stakeholders who share a common vision for advancing the profession.

METHODS

NASPA convened a workgroup to examine existing state pharmacy technician laws and regulations. Using a modified Delphi method, the workgroup conducted this analysis guided by five principles for decision-making. These principles include:

1. Does this policy maximize pharmacy technicians' contributions to patient care?
2. Does it enhance access to pharmacy-provided patient care services?
3. Is it aligned with available pharmacy technician training and education opportunities?
4. Is it supported by evidence or informed reasoning where evidence is unavailable?
5. Does it avoid the creation of unnecessary barriers to effective practice or patient care?

EDUCATION AND TRAINING OF PHARMACY TECHNICIANS

Pharmacy technicians play a vital role in the healthcare system by supporting pharmacists in dispensing medications and managing pharmacy operations. The education and training pathways for pharmacy technicians in the United States are governed by a combination of state regulations and professional standards established by accrediting bodies, professional associations, and employers.

Educational Requirements

Pharmacy technicians typically begin their careers with a high school diploma or equivalent. Formal education is not federally mandated but is often required or preferred by employers and state boards of pharmacy. Some pharmacy technicians complete a postsecondary pharmacy technician training program offered by community colleges, vocational schools, employer-based programs, or online institutions. These programs usually last 6–12 months and include coursework in pharmacology, pharmacy law, dosage calculation, medical terminology, and hands-on experience in a pharmacy. Employers of pharmacy technicians offer robust on-the-job training experiences. Standardized pharmacy education across all states may ensure consistent skill development, improve service quality across all healthcare settings, and support expansion of pharmacy technician roles.

Accreditation of Pharmacy Technician Training Programs

National accreditation ensures program quality and consistency. The American Society of Health-System Pharmacists (ASHP), in collaboration with the Accreditation Council for Pharmacy Education (ACPE), accredits pharmacy technician training programs through the [ASHP/ACPE Accreditation Standards for Pharmacy Technician Education and Training Programs](#). These standards are designed to provide quality training to protect the public by ensuring a competent workforce, outlining the development of pharmacy technician education and training programs at both entry and advanced levels, providing criteria for evaluating new and established education and training programs, and fostering the continuous improvement of existing programs.¹

Objectives of the ASHP/ACPE accreditation program include:²

- Upgrade and standardize the formal education and training pharmacy technicians receive.
- Guide, assist, and recognize those organizations and/or providers operating such programs.
- Provide criteria to the prospective technician trainee in the selection of a program by identifying ASHP/ACPE-accredited pharmacy technician programs.
- Benefit pharmacy practice by identifying those pharmacy technicians who have completed an ASHP/ACPE accredited pharmacy technician program.
- Assist in the advancement and professional development of pharmacy technicians.



Programs that meet these standards and regulations are recognized for preparing students for practice in a variety of pharmacy settings.

1. American Society of Health System Pharmacists. ASHP/ACPE Accreditation Standards For Pharmacy Technician Education And Training Programs. July 10, 2018. Available at: <https://www.ashp.org/-/media/assets/professional-development/technician-program-accreditation/docs/ashp-acpe-pharmacy-technician-accreditation-standard-2018.pdf>. Accessed April 24, 2025.

2. American Society of Health System Pharmacists. ASHP/ACPE Regulations on Accreditation of Pharmacy Technician Education and Training Programs. February 8, 2025. Available at: <https://www.ashp.org/-/media/assets/professional-development/technician-program-accreditation/docs/0225-pharmacy-technician-accreditation-regulations-BOD-Approved-2025-0211.pdf>. Accessed April 24, 2025.

Pharmacy Technician Certification

Pharmacy technicians may also pursue national certification and earn the Certified Pharmacy Technician (CPhT) credential. CPhTs assist pharmacists in delivering patient care across various settings, including community pharmacies, hospitals, and other facilities. While CPhTs generally support the medication dispensing process, the legal scope of authority for CPhTs is determined by individual State Boards of Pharmacy.

Certification is required by Boards of Pharmacy in 17 states*. Even in states where CPhT is not required, employers may require the credential. The two national certifying bodies in the United States are:

- The Pharmacy Technician Certification Board (PTCB) offers the Pharmacy Technician Certification Exam® (PTCE®).
- The National Healthcareer Association (NHA) offers the ExCPT® exam.

PTCB also offers the Certified Sterile Preparation Technician® (CSPT®) Certification, which recognizes pharmacy technicians who have demonstrated specialized knowledge and skills in preparing medications in sterile environments to ensure patient safety. In addition, the Advanced Certified Pharmacy Technician® (CPhT-Adv®) credential provides a pathway for technicians to showcase advanced expertise beyond the foundational CPhT certification. This advanced credential acknowledges technicians who have completed specialized training, gained practical experience, and earned additional credentials—such as the CSPT Certification—in focused areas of pharmacy practice. As of 2025, the recognized focused areas include:³

- **Medication History:** Gathering accurate and comprehensive medication histories to support clinical decision-making and reduce medication errors.
- **Controlled Substances Diversion Prevention:** Supporting systems to monitor, prevent, and respond to controlled substance misuse and diversion in pharmacy settings.
- **Hazardous Drug Management:** Ensuring the safe handling, preparation, and disposal of hazardous drugs, including those used in chemotherapy and sterile compounding.
- **Immunization Administration:** Assisting with or directly administering vaccines under pharmacist supervision, where permitted by law and training.
- **Point-of-Care Testing (POCT):** Performing CLIA-waived diagnostic tests (e.g., for COVID-19, glucose, cholesterol) and supporting test result interpretation.
- **Regulatory Compliance:** Maintaining pharmacy operations in accordance with laws, regulations, and accreditation standards such as HIPAA, OSHA, and USP <800>.
- **Technician Product Verification (TPV):** Verifying the accuracy of prescription filling, especially in institutional settings, under protocols that support pharmacist-led delegation.
- **Medication Therapy Management (MTM) Support:** Assisting in patient outreach, documentation, and preparation of materials that support pharmacist-delivered MTM services.
- **Billing and Reimbursement:** Managing pharmacy billing, coding, and reimbursement processes to ensure compliance and financial viability.
- **Supply Chain and Inventory Management:** Overseeing procurement, storage, and inventory controls to ensure efficient and compliant medication supply systems.
- **Nonsterile Compounding:** Preparing customized, nonsterile medications to meet individual patient needs while adhering to USP <795> standards, regulatory requirements, and pharmacy procedures.

By completing at least four PTCB-recognized certificates, or 3 certificates and the PTCB CSPT credential, and meeting additional eligibility criteria (such as three years of experience and an active CPhT), pharmacy technicians can earn the CPhT-Adv credential, demonstrating their expertise in specialized, high-impact areas of pharmacy practice. The CPhT-Adv designation is designed to support career progression, expand scope of authority, and position pharmacy technicians for roles with increased responsibility.

* In New York, certification is currently only required for pharmacy technicians working in health systems.

3. Pharmacy Technician Certification Board. Advanced Certified Pharmacy Technician (CPhT-Adv). Available at: <https://www.ptcb.org/credentials/advanced-certified-pharmacy-technician-cpht-adv>. Accessed April 24, 2025.

State Licensing and Registration

Regulation of pharmacy technicians is inconsistent and varies by state. Most states require pharmacy technicians to register with the state board of pharmacy, and many mandate certification and continuing education. Some states also require background checks or additional training in topics such as sterile compounding or controlled substances. In many states, pharmacy technicians must complete continuing education to maintain their license or registration—typically 20 hours every two years, including specific topics such as law and patient safety, which mirrors national certification renewal requirements.

Value of Pharmacy Technician Education and Training

Education and training are essential to ensuring that pharmacy technicians are well-prepared to take on both entry-level and advanced responsibilities in the medication-use process. The education and training pathways for pharmacy technicians in the United States provide flexible entry points—ranging from high school completion to formal accredited programs—while encouraging professional development through certification and continuing education. Accredited programs, certification requirements, and continuing education standards work together to build a workforce that is competent, consistent, and adaptable to the evolving needs of healthcare. These pathways ensure that technicians not only master foundational skills in medication preparation and dispensing support but also develop specialized expertise in critical areas such as sterile compounding, immunization administration, controlled substance management, and medication history.

As pharmacy practice evolves, so too do the roles and requirements for pharmacy technicians, making ongoing training a critical component of career success. Given the variability of pharmacy technician training programs across the country, certification, service-specific training, and documented competency assessments are particularly valuable mechanisms to ensure consistency and quality. Pharmacy technicians who complete accredited programs and pursue certification demonstrate a commitment to quality and professionalism, which enhances trust among patients, providers, and regulators. As pharmacy technicians advance through specialized training and credentials such as the CPhT-Adv credential, they are positioned to assume greater responsibility in pharmacy operations, freeing pharmacists to focus on direct patient care. In this way, education and training serve as the foundation for expanding pharmacy technician scope of authority while maintaining the safeguards necessary to protect patients and improve health outcomes.

PHARMACIST SUPERVISION OF PHARMACY TECHNICIANS

Pharmacist supervision is a foundational element of the pharmacy care model and a critical safeguard for patient safety. While pharmacy technicians perform many technical and administrative functions, pharmacists retain ultimate responsibility for the appropriateness of medication therapy and the accuracy of the dispensing process.

Supervision requirements are inherent in the delegation process. When a pharmacist authorizes a pharmacy technician to perform a task, the pharmacist remains accountable for ensuring it is completed safely and in alignment with professional standards. Modern communication and dispensing systems further support this oversight, providing alerts, documentation, image and video capture, and verification processes that help maintain accuracy and patient safety.

Importantly, supervision does not always require a pharmacist's physical presence. States and employers may determine whether supervision must be direct—such as being on-site and readily available—or whether it can be conducted remotely through technology-enabled communication. Provided that systems are in place to ensure timely pharmacist involvement when clinical judgment or clarification is needed, both models can effectively protect patient safety. Telepharmacy and centralized service models have demonstrated that remote supervision, when supported by strong procedures and secure technology, can extend pharmacy services without compromising safety.

By embedding pharmacist supervision across any delegated task, pharmacists' clinical expertise is always accessible, and pharmacy technicians assume a growing role in technical functions within pharmacy practice. This balance optimizes the pharmacy workforce with technicians

managing routine and technical activities, while pharmacists focus on clinical decision-making, therapeutic optimization, and direct patient care. Together, this model advances efficiency, expands access, and safeguards the integrity of the medication-use process.

BEST PRACTICE RECOMMENDATIONS

The following is a summary of the workgroup's recommendations.

Once appropriately trained according to state requirements, pharmacy technicians can safely and effectively:

- Accept verbal orders for new prescriptions.
- Accept verbal orders for a refill prescription.
- Transfer prescriptions.
- Operate an automated dispensing system (such as a prescription fulfillment robot or automated dispensing cabinet).
- Electronically process prescriptions outside the primary physical pharmacy location.
- Fill prescriptions at a remote pharmacy location (also referred to as “technology assisted filling”).
- Complete final product verification (excluding compounded sterile preparations [“CSPs”]).
- Administer vaccines.
- Administer other medications.
- Administer point-of-care tests.
- Reconstitute medications.
- Compound nonsterile preparations.
- Compound sterile preparations under policies and procedures (such as supervision, verification, or technology) in alignment with the standard of care that ensures patient safety.

Brief context from workgroup conversations is provided around each recommendation below.

Recommendation: Accepting Verbal Orders for New Prescriptions

Pharmacy technicians can safely and effectively accept verbal orders for new prescriptions in community settings. Hospitals and long-term care facilities allow verbal orders only in urgent and emergent situations so verbal orders should generally not be utilized in these settings. This responsibility of accepting verbal orders is primarily administrative in nature and is already authorized in 22 states without evidence of increased patient safety risk.⁴ Verbal orders in the community setting are typically routine, low-complexity transcription activities, especially since the vast majority of prescriptions are now transmitted electronically. Technician authority for accepting verbal orders must align with state and federal laws regarding controlled substances. Some states limit this responsibility to non-controlled medications, outpatient practice settings, or require certification for the individual performing this function.

Importantly, pharmacists maintain accountability through the final verification of all prescriptions, ensuring that patient safety and quality of care are preserved. Empowering pharmacy technicians to accept verbal orders for new prescriptions streamlines workflow. Patients can receive their medications more quickly and reliably, while pharmacists can devote more time to safety verification and direct clinical care.

Recommendation: Accepting Verbal Orders for Prescription Refills

Pharmacy technicians can safely and effectively accept verbal orders for prescription refills in community settings. This task, allowed in 38 states and the District of Columbia, is usually a simple extension of existing therapy and has minimal clinical complexity. Delegating refill authorizations to trained technicians streamlines workflow, enhances patient access to medications, and allows pharmacists to dedicate more time to direct patient care and clinical decision-making.

The workgroup recognizes that states may choose to include requirements, such as limiting authority to

4. Frost TP, Adams AJ. Expanded pharmacy technician roles: accepting verbal prescriptions and communicating prescription transfers. *Res Social Adm Pharm.* 2017 Nov;13(6):1191-1195. doi: 10.1016/j.sapharm.2016.11.010. Epub 2016 Nov 29. PMID: 27923641.

outpatient settings, clarifying that technicians cannot make changes to the original prescription, or requiring that individuals performing these tasks be certified. In all cases, refill orders accepted by technicians require pharmacist oversight and final verification to ensure patient safety and quality of care.

Recommendation: Transferring Prescriptions

Pharmacy technicians can safely and effectively transfer prescriptions between community pharmacies. This activity, already authorized in 41 states and the District of Columbia, is mainly administrative and can be performed accurately and reliably when standardized procedures are followed. When technicians are empowered to complete prescription transfers, patients experience fewer delays, and pharmacists can dedicate more of their time to providing clinical services.

The workgroup recognizes several important considerations. States may choose to limit technician transfers to non-controlled medications, require certification or additional training, or specify that verbal transfers be restricted to particular practice settings. Regardless of the model adopted, all transfers should occur under pharmacist supervision, with pharmacists retaining ultimate responsibility for clinical review and verification.

Recommendation: Operating Automated Dispensing Systems

Pharmacy technicians can safely and effectively operate automated dispensing systems, including prescription fulfillment robots, automated dispensing cabinets, and similar technologies. This task is authorized in all 50 states and the District of Columbia and is a technical function well-suited to the pharmacy technician role. Expanding pharmacy technician authority in this area supports timely and accurate medication distribution, enhances workflow efficiency, and allows pharmacists to focus on patient care and clinical decision-making.

Some states or employers may implement additional safeguards, such as requiring pharmacist verification after medication loading, incorporating barcode or assistive technologies, providing service-specific training on system operation and diversion prevention, or requiring technician certification. Regardless of the model, pharmacy technicians can reliably manage these systems under established policies and pharmacist oversight, ensuring safety and accountability are maintained.

Recommendation: Remote Electronic Prescription Processing

Pharmacy technicians can safely and effectively process prescriptions electronically outside the primary physical pharmacy location. This practice, authorized in 42 states, has been shown to enhance workflow efficiency, improve access to pharmacy services in underserved areas, and support timely patient care by distributing workload across multiple sites.

The workgroup recognizes that some jurisdictions or employers may wish to implement additional safeguards, such as requiring certification, ensuring supervised onboarding and competency assessment, or utilizing electronic/video supervision and diversion-prevention protocols. In all cases, technicians performing remote order entry must remain under pharmacist oversight, with pharmacists available via technology for consultation and clinical review.

Recommendation: Remote Prescription Filling (Technology-Assisted Filling)

Pharmacy technicians can safely and effectively fill prescriptions at a remote pharmacy location, often referred to as “technology-assisted filling.” This practice, authorized in 41 states, broadens access to pharmacy services, especially in rural and underserved areas, and enhances workflow efficiency by utilizing technology and technician expertise.

The workgroup recognizes that some jurisdictions or employers may adopt additional safeguards, such as requiring certified or experienced technicians, implementing barcoding and video monitoring technologies, or conducting pharmacist inventory audits for controlled substances. Regardless of the model, pharmacists remain responsible for oversight and final verification, ensuring that safety, accuracy, and accountability are maintained.

Recommendation: Final Product Verification (Excluding Compounded Sterile Preparations)

Pharmacy technicians can safely and effectively perform final product verification (FPV), also referred to as technician product verification (TPV) or “tech-check-tech.” This function is authorized to some degree in 31 states and has been repeatedly demonstrated through research and pilot programs to be as accurate, or more accurate, than pharmacist verification, while enabling pharmacists to focus more time on direct patient care.^{5,6}

The workgroup recognizes that states or employers may establish safety measures, such as limiting FPV to non-sterile medications, institutional settings, or requiring technology assistance, certification, or task-specific training. Final product verification may explicitly exclude compounded sterile preparations, given their higher risk and need for pharmacist oversight. FPV can be implemented safely and effectively to optimize the pharmacy workforce and enhance patient access to pharmacist-provided clinical services.

Recommendation: Vaccine Administration

Pharmacy technicians can safely and effectively administer vaccines. This practice, now authorized in 47 states and the District of Columbia, has been proven safe and widely accepted by patients, while significantly expanding access to immunizations and allowing pharmacists to devote more time to clinical care and patient counseling.^{7,8} The PREP Act authorizes this practice federally for COVID-19 and influenza until 2029.

The workgroup acknowledges that some states may apply certain restrictions, such as patient age, limits on specific vaccine types, or requirements for hands-on training and Cardiopulmonary Resuscitation/Basic Life Support (CPR/BLS) certification. In all models, pharmacists retain responsibility for oversight, ensuring patient safety and quality of care. With these protections in place, pharmacy technician vaccine administration is a safe, effective, and essential strategy to strengthen immunization infrastructure and advance public health.

Recommendation: Administration of Medications Beyond Vaccines

Pharmacy technicians can safely and effectively administer certain medications in addition to vaccines, such as epinephrine. Sixteen states currently authorize this activity and delegation of specific medication administration tasks can expand access to care and improve workflow efficiency while preserving pharmacist oversight.

The workgroup recognizes that states may limit authority to particular medications or routes of administration, requiring task-specific training and competency assessments, or ensuring pharmacist presence for direct supervision. With these protections in place, pharmacy technician participation in medication administration can be a safe and effective means to strengthen pharmacy-delivered care and improve patient access.

Recommendation: Point-of-Care Testing

Pharmacy technicians can safely and effectively administer CLIA-waived point-of-care (POC) tests. Technicians in 29 states and the District of Columbia have this authority, which enables pharmacists to focus on interpreting results, providing patient counseling, and making clinical decisions, while technicians handle the technical task of specimen collection and test administration. Expanding pharmacy technician involvement in POC testing enhances pharmacy capacity, improves efficiency, and increases timely access to care.

The workgroup notes that some limits may be appropriate, such as requiring pharmacy technician authority

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5. Adams AJ, Martin SJ, Stolpe SF. "Tech-check-tech": a review of the evidence on its safety and benefits. *Am J Health Syst Pharm*. 2011 Oct 1;68(19):1824-1833. doi: 10.2146/ajhp110022. PMID: 21930641.
 6. Frost TP, Adams AJ. Tech-Check-Tech in community pharmacy practice settings. *J Pharm Technol*. 2017 Apr;33(2):47-52. doi: 10.1177/8755122516683519. Epub 2016 Apr 1. PMID: PMC5998445.
 7. Valeiro C, Silva V, Balteiro J, et al. Pharmacy technicians in immunization services: mapping roles and responsibilities through a scoping review. *Healthcare (Basel)*. 2025 Jul 30;13(15):1862. doi: 10.3390/healthcare13151862. PMID: 40805896; PMCID: PMC12346832.
 8. Adams AJ, Bright D, Adams J. Pharmacy technician-administered immunizations: a five-year review. *J Am Pharm Assoc* (2003). 2022 Mar-Apr;62(2):419-423. doi: 10.1016/j.japh.2021.11.011. Epub 2021 Nov 14. PMID: 34857489; PMCID: PMC8590632.

for test administration only, requiring hands-on training, or ensuring pharmacist oversight of result interpretation and treatment decisions. With these protections in place, pharmacy technician participation in POC testing is a safe and effective means to expand pharmacy services, improve patient access to care, and strengthen the profession's role in public health.

Recommendation: Reconstitution of Non-Sterile Medications

Pharmacy technicians can safely and effectively reconstitute non-sterile medications. This function is already authorized in all 50 states and the District of Columbia, as it is a straightforward technical task that supports timely dispensing and allows pharmacists to focus on clinical responsibilities.

Some safeguards may be appropriate, such as excluding hazardous or complex products, requiring pharmacist verification, or periodically reaffirming pharmacy technician competency at the site level. With these protections in place, reconstitution by pharmacy technicians is a safe, efficient, and widely supported practice.

Recommendation: Nonsterile Compounding

Pharmacy technicians can safely and effectively compound nonsterile preparations. This function, already authorized in all 50 states and the District of Columbia, supports timely access to customized medications and allows pharmacists to focus on clinical responsibilities, such as verification and patient counseling.

Appropriate safeguards, including requiring pharmacist verification of compounded products, excluding hazardous drugs, and ensuring adherence to USP <795> standards, may be considered. Some states also require specific training and oversight for technicians engaged in nonsterile compounding. Technicians should not be designated as the "compounder of record." Pharmacy technicians can perform nonsterile compounding safely and effectively, optimizing pharmacy workflow while maintaining patient safety.

Recommendation: Sterile Compounding

Pharmacy technicians can safely and effectively compound sterile preparations when working under policies and procedures that align with the standard of care to ensure patient safety. This function is authorized to some degree in all 50 states and the District of Columbia and is critical to supporting the timely preparation of sterile products while allowing pharmacists to focus on oversight, verification, and clinical responsibilities.

Sterile compounding carries a higher risk than other technical tasks and therefore warrants additional safeguards. States or employers may require pharmacist verification of certain or all preparations, mandate task-specific training or certification, or incorporate technology, such as barcode scanning or gravimetric measurement, to support accuracy. With these protections in place, pharmacy technician participation in sterile compounding is a safe and effective means to optimize workflow while preserving patient safety and product integrity.

CONCLUSION

The NASPA Pharmacy Technician Scope of Authority Project underscores the critical importance of fully utilizing pharmacy technicians to meet the evolving needs of patients, pharmacists, pharmacy practice, and the healthcare system. Through a consensus-driven process, the workgroup identified best practice recommendations that reflect both the evidence from decades of pharmacy practice and the expertise of diverse stakeholders. These recommendations demonstrate that, with appropriate education, training, and pharmacist oversight, technicians can safely and effectively perform a wide range of functions that improve workflow efficiency, expand access to care, and preserve pharmacist time for clinical services.

Implementing these recommendations across states will help resolve inconsistencies in pharmacy technician authority and establish a clear, evidence-based framework for policy advancement. By recognizing the value of accredited education programs, certification, and ongoing competency assessments, states can ensure that pharmacy technicians are prepared to assume these responsibilities safely and confidently. Equally

important, pharmacist supervision remains a cornerstone of patient safety, providing assurance that clinical expertise is always accessible.

By adopting these best practice recommendations, policymakers, regulators, and pharmacy leaders can optimize the pharmacy team, advance public health, and ensure patients receive the highest quality of care.

Appendix A

Workgroup Participants

The Pharmacy Technician Workgroup was established by NASPA to bring together leaders in the field. The workgroup members bring extensive knowledge of pharmacy technician roles, training, and certification requirements. They also possess a deep understanding of state and federal regulations governing pharmacy technicians, enabling the group to provide valuable insights on advancing the profession. CEOs of several national organizations were invited to appoint one representative to participate. It was recommended that professional affairs staff be considered for these appointments to ensure expertise and relevance to the workgroup's objectives.

Workgroup representatives include a combination of representatives from national associations and participants nominated by state pharmacy associations. The selection process aimed to engage participants experienced with pharmacy technicians' scope of authority and who work in various settings.

Of note, participants were only asked to share their personal opinions. Participants from the national pharmacy associations were not acting as representatives of their organizations but rather as individuals whose experiences with their memberships gave them an informed perspective.

National Associations

Hannah Vanderpool
The Pharmacy Technician Society

Danielle Womack
Pharmacy Society of Wisconsin

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National Community Pharmacy Association

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CPESN

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Community Pharmacy

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Ryan Burke
Pharmacy Technician Certification Board

Sponsor

Kelly Brock
Community Pharmacy Foundation (observer)

Michelle Cope
National Association of Chain Drug Stores

State Associations

Kate Gainer
Iowa Pharmacy Association

Anthony Pudlo
Tennessee Pharmacists Association

Appendix B

Modified Delphi Method

The goal of the workgroup was to reach consensus on each of the discussed elements. To accomplish this, a modified Delphi method was employed. A survey was distributed to all participants to gather their initial opinions on each element identified in existing collaborative practice authority laws and regulations. Participants were provided with current variations of each element as multiple-choice options, with the chance to respond in free form text if the desired choice was not listed.

After completing the survey, the workgroup discussed all questions on which consensus had not already been reached during a conference call. Conference call discussions were structured with a set period for discussion, followed by a summary of the current options under consideration and a roll-call vote by each participant. If consensus was not achieved during the conference call, the item was included in the next survey. This process was repeated three times before the group reached consensus on all the items. See below for a diagram of the process used.





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