



Texas State Board of Pharmacy

Annual Report Fiscal Year 2024

Daniel Carroll, Pharm.D, R.Ph.
Executive Director / Secretary

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Board Members

Julie Spier, R.Ph.
President
Katy
06/01/2018 – 08/31/2029

Donnie Lewis, R.Ph.
Vice President
Athens
06/01/2018 – 08/31/2025

Rick Fernandez, R.Ph.
Treasurer
Argyle
06/01/2018 – 08/31/2029

Garrett Clark Marquis
Public Member
Dallas
01/04/2024 – 08/31/2029

Randy Martin, Pharm.D., R.Ph.
Fort Worth
01/04/2024 – 08/31/2029

Bradley A. Miller, Ph.T.R.
Austin
09/26/2013 – 08/31/2025

Donna Montemayor, R.Ph.
San Antonio
10/09/2019 – 08/31/2025

Ian Shaw
Public Member
Dallas
12/20/2021 – 08/31/2027

Suzette Tijerina, R.Ph.
Castle Hills
10/06/2015 – 08/31/2027

Rick Tisch
Public Member
Spring
10/09/2019 – 08/31/2025

Jenny Downing Yoakum, R.Ph.
Kilgore
10/06/2015 – 08/31/2027

STAFF

Office of the Executive Director

Executive Director

Daniel Carroll, Pharm.D., R.Ph.

Operations

Operations Director

Ann Driscoll, Ph.T.R.

Executive Assistant

Lily Moreno

Receptionist

Alana Bennett

Camille Jacinto

Human Resources

HR Specialist

Kayla Smith, SHRM-CP

Morgan Glueck, Ph.T.R.

Finance

Budget Analyst

Ruben Leal

Purchaser

David Hardy

Robert Earl

Accountant

Chantell Solomon

Taylor King

Veronica Guzman

Linda Lopez

Licensing

Licensing Director

Misty Anderson

Licensing Specialist

Rachel Glass

Misty Chapa, Ph.T.R.

Melinda Uballe

Audric Fowler, Ph.T.R.

Cara Bargh, Ph.T.R.

Miceala Francois, Ph.T.R.

Licensing Specialist, cont'd

Marcus Holliday, Ph.T.R.

Kaitlin Miller, Ph.T.R.

Meredith Combs

Registration Specialist

Tammy Baker, Ph.T.R.

Compliance

Compliance Director

Iona Grant, R.Ph.

Compliance Officer

Terri Burrows, Pharm.D., R.Ph.

James Clark, R.Ph.

Compliance Officer, cont'd

Synthia Hill, Pharm.D., R.Ph.

Collette Lanton Scott, J.D., R.Ph.

STAFF

Compliance, cont'd

Compliance Inspector
Felicia Carrasco, Ph.T.R.
Kimberly Miles, Ph.T.R.
Madison Davis, Ph.T.R.
Larry Eatough, Ph.T.R.
Shinu George, Ph.T.R.
Javier Ledesma, Ph.T.R.

Compliance Inspector, cont'd
Cristina Martinez, Ph.T.R.
Robert Moura, Ph.T.R.
Jennifer Trook, Ph.T.R.

Senior Compliance Specialist
Jessica Rodriguez-Reyes, Ph.T.R.

Enforcement

Enforcement Director
Caroline Hotchkiss, J.D.

Enforcement Program Manager
Robert Rivera, Ph.T.R.

Enforcement Program Supervisor
Debra Beall

Chief Pharmacist Officer of Special Projects
Ben Santana, R.Ph.

Lead Specialist
Todd Unruh, R.Ph.

Enforcement Program Administrator
Nelma Sanchez, Ph.T.R.

Theft and Loss Investigator
Cynthia Fazin

Senior Monitoring Specialist
Angela Castillo, Ph.T.R.

Monitoring Specialist
Yolanda Lee, Ph.T.R.
Knijjah Samuel, Ph.T.R.

Senior Background Specialist
Brandy Plummer

Background Case Specialist
Wesley Moody, Ph.T.R.

Consumer Case Specialist
Briana Velasquez, Ph.T.R.

Complaint Specialist
Shreejana Shrestha, Ph.T.R.

Case Technician
Eddika Barron, Ph.T.R.
Colleen Phillips
Robert Serna, Ph.T.R.

Intake Specialist
Miranda Fisher, Ph.T.R.

Program Assistant
John Ruybal
Juliana Zuniga

Investigations

Investigations Commander
Shawn Cambron

Captain Investigator
Larry Brothers

Lieutenant Investigator
John Plasek

Sergeant Investigator
Arnold Canales
Carol Carter
Daniel Castillo
Brett Cyr
Isaac Gonzales, Ph.T.R.

STAFF

Legal

General Counsel

Megan Holloway, J.D.

Litigation Counsel

John Griffith, J.D.

Deputy General Counsel

Eamon Briggs, J.D.

Staff Attorney

Mary Moretti, J.D.

Sarah Sanders, J.D.

Kelly Souza, J.D.

Government Relations Specialist

Sean Leeper

Outreach Coordinator

Mason Simpson

Epidemiologist

Prem Gautam

Case Coordinator

Amy Burt, Ph.T.R.

Legal Assistant

Ray Cardenas

Avalon Funk

Senia Perez, Ph.T.R.

Madeline Fojtik, Ph.T.R.

Carissa Garcia, Ph.T.R.

Lori Gonzales, Ph.T.R.

Shakira McEachern

Kaitlyn Shehan

Records Analyst

Heather Torres, Ph.T.R.

Senior Administrative Assistant

Sandra Chatham

Kelise Robinson

Renee Slaughter

Data Analyst

Michael Segovia, Ph.T.R.

Prescription Monitoring Program

Prescription Monitoring Program**Manager**

David Meryman

Senior PMP Program Analyst

Erik Vasquez, Ph.T.R.

PMP Program Analyst

Meagan Jimenez, Ph.T.R.

Program Specialist

Barbara Racca, Ph.T.R.

Review Specialist

Sierra Halbach, Ph.T.R.

Tricia Lewis, Ph.T.R.

Data Specialist

Angelica Kozak, Ph.T.R.

Brigid Hardy

STAFF

Information Technology

Information Technology Director
Vacant

Support Systems Specialist
Todd Hayek

Cybersecurity Analyst
Samuel Osei

Systems Administrator
Devin Wilson

Board Mission

The Texas State Board of Pharmacy, as a leader in protecting the public health of the citizens of Texas, shall uphold quality standards for licensing and facilitate regulation that promotes innovative, multidisciplinary, and collaborative practices and education which produce quality care and positive patient outcomes.

Action Statement

The Texas State Board of Pharmacy approaches its mission with integrity and prioritizes the health and safety of the citizens of Texas in all aspects of facilitating pharmacy regulation. Our processes and services are built on our core values of protecting public health and acting in accordance with the highest standards of ethics. We carry out our mission through the following functions:

- License/Registration issuance and regulation
- Rulemaking in accordance with applicable Texas and federal laws
- Complaint processing and adjudication when appropriate
- Conducting compliance inspections
- Educating our constituency
- Providing practice and information resources
- Hosting our state Prescription Monitoring Program
- Offering excellent customer service

Board Philosophy

The Texas State Board of Pharmacy will assume a leadership role in regulating the practice of pharmacy and act in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and open communication. We affirm that regulation of the practice of pharmacy is a public and private trust. We approach our mission with a deep sense of purpose and responsibility. The public and regulated community alike can be assured of a balanced and sensible approach to regulation.

Board Strategic Goals (FY2025-2029)

- We will establish and implement reasonable standards for pharmacist, pharmacy technician and pharmacy technician trainee education and practice, and for the operations of pharmacies to assure that safe and effective pharmaceutical care is delivered to the citizens of Texas (Sections 551-569 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J).
- We will assertively and swiftly enforce all laws relating to the practice of pharmacy to ensure that the public health and safety are protected from the following: incompetent pharmacists, pharmacy technicians and pharmacy technician trainees; unprofessional conduct, fraud, and misrepresentation by licensees, and diversion of prescription drugs from pharmacies; and to promote positive patient outcomes through the following: reduction of medication errors by encouraging or requiring licensees to implement self-assessment programs and continuous quality improvement programs, including peer review processes; and enforcement of rules relating to patient counseling and drug regimen review, including prevention of misuse and abuse of prescription drugs and to operate the Prescription Monitoring Program for the State of Texas. [Sections 551-569 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J; Chapter 481 of the

Texas Controlled Substances Act, TEX. HEALTH & SAFETY CODE ANN.; and Chapter 483 of the Texas Dangerous Drug Act, TEX. HEALTH & SAFETY CODE ANN.]

- We will establish and implement policies governing purchasing and public works contracting that foster meaningful and substantive inclusion of historically underutilized business (HUBs).

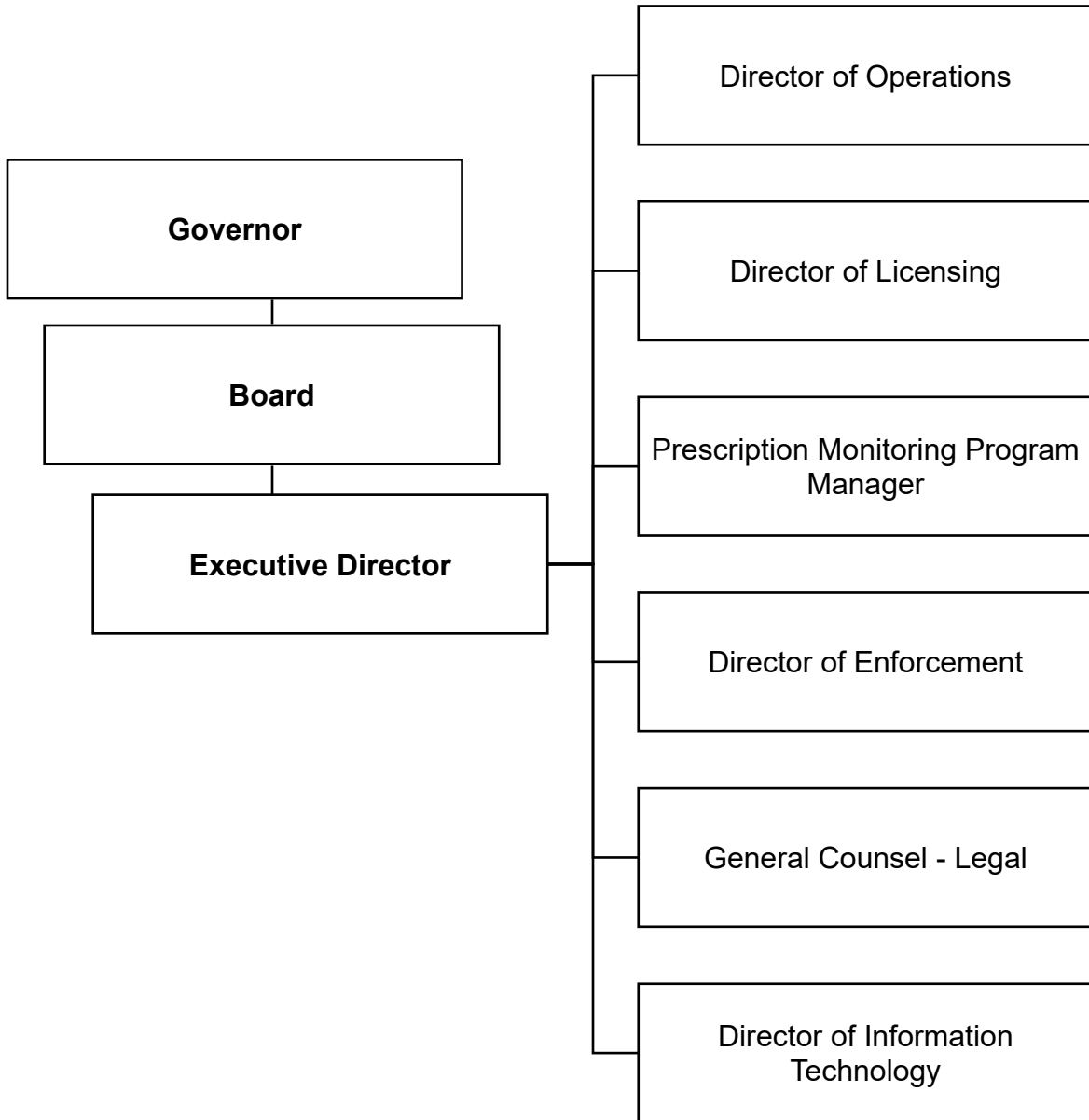
Board Structure

The Board's functional structure at the end of FY2024 was composed of the following:

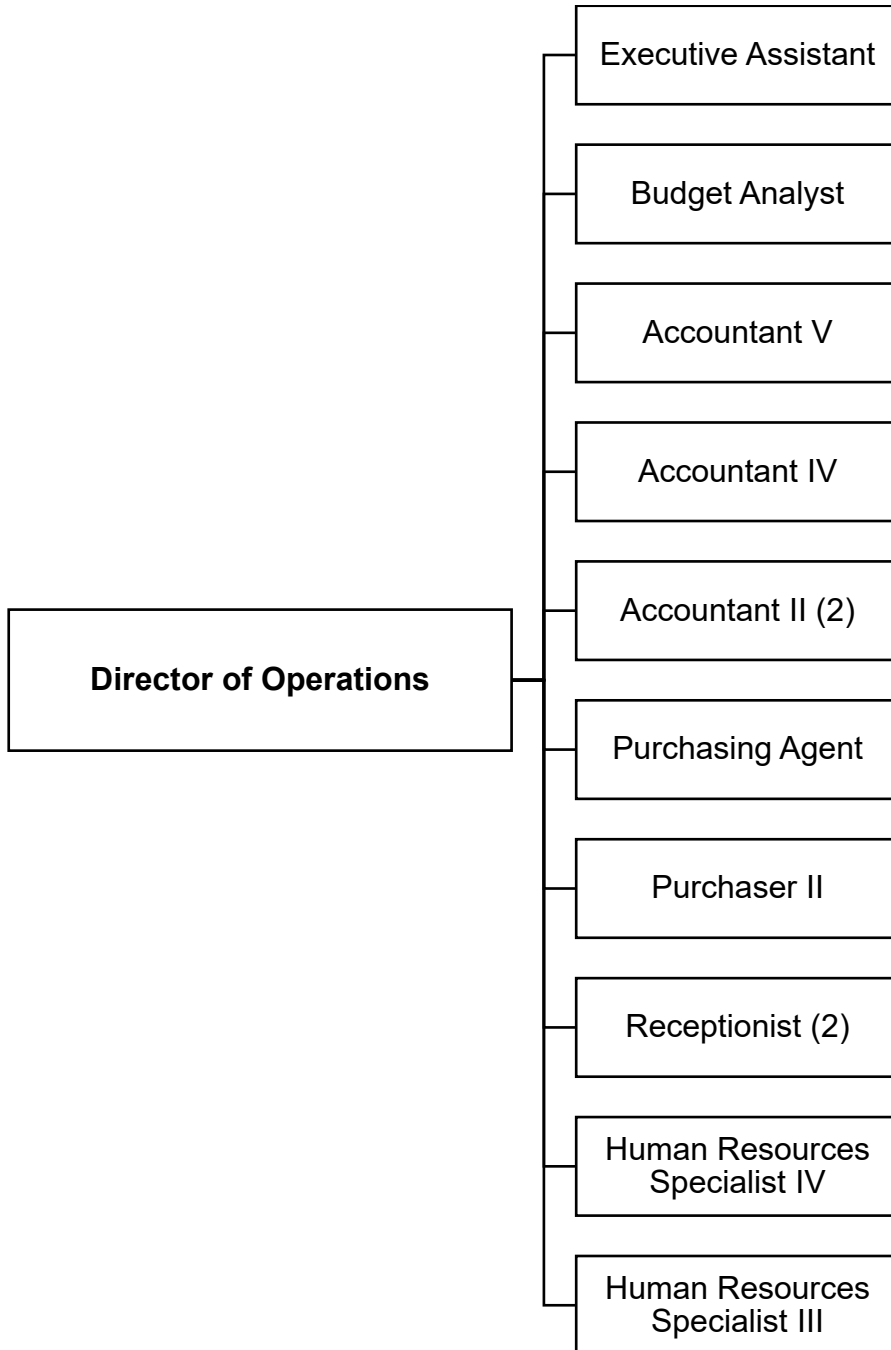
- Office of the Executive Director;
- Operations;
- Licensing;
- Compliance;
- Enforcement;
- Legal;
- Prescription Monitoring Program; and
- Information Technology.

Organizational Charts

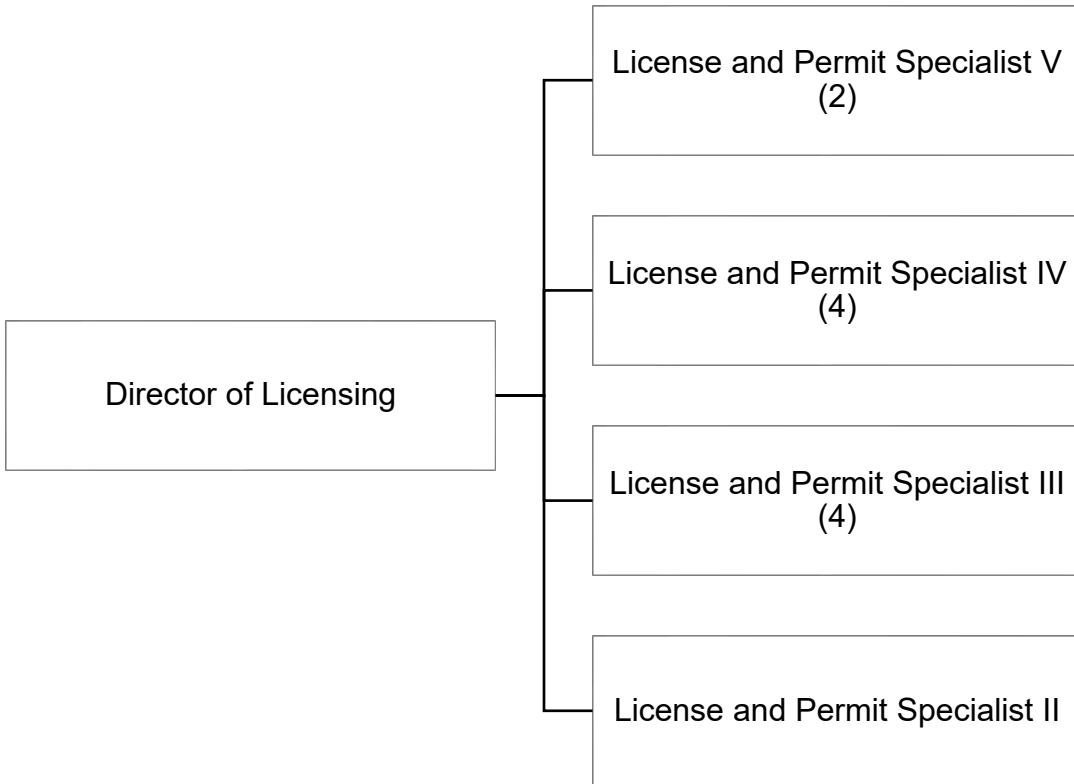
Executive Team



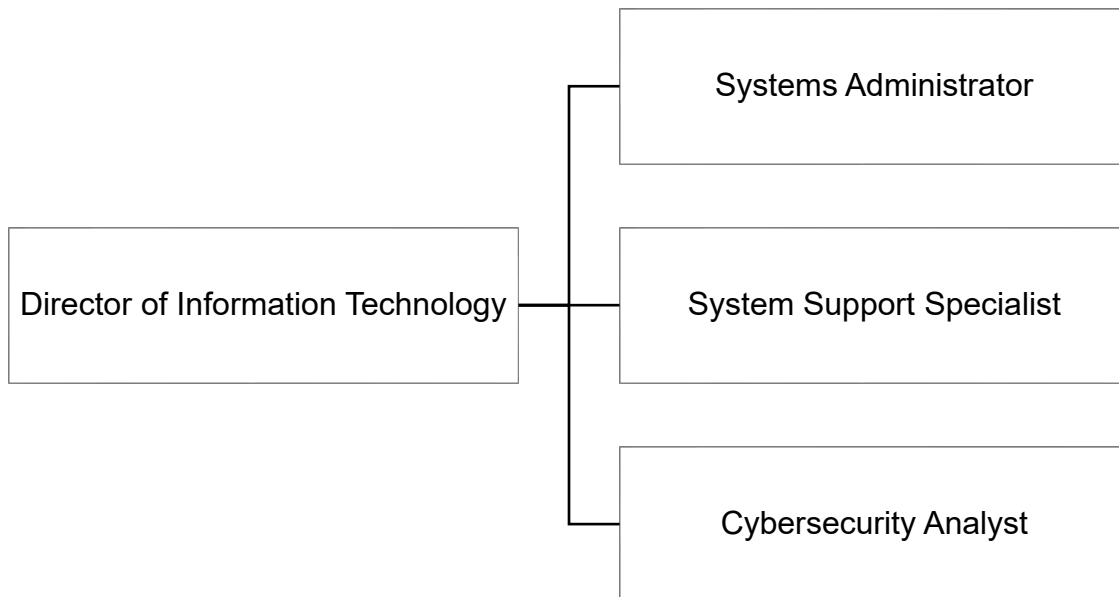
Operations Team



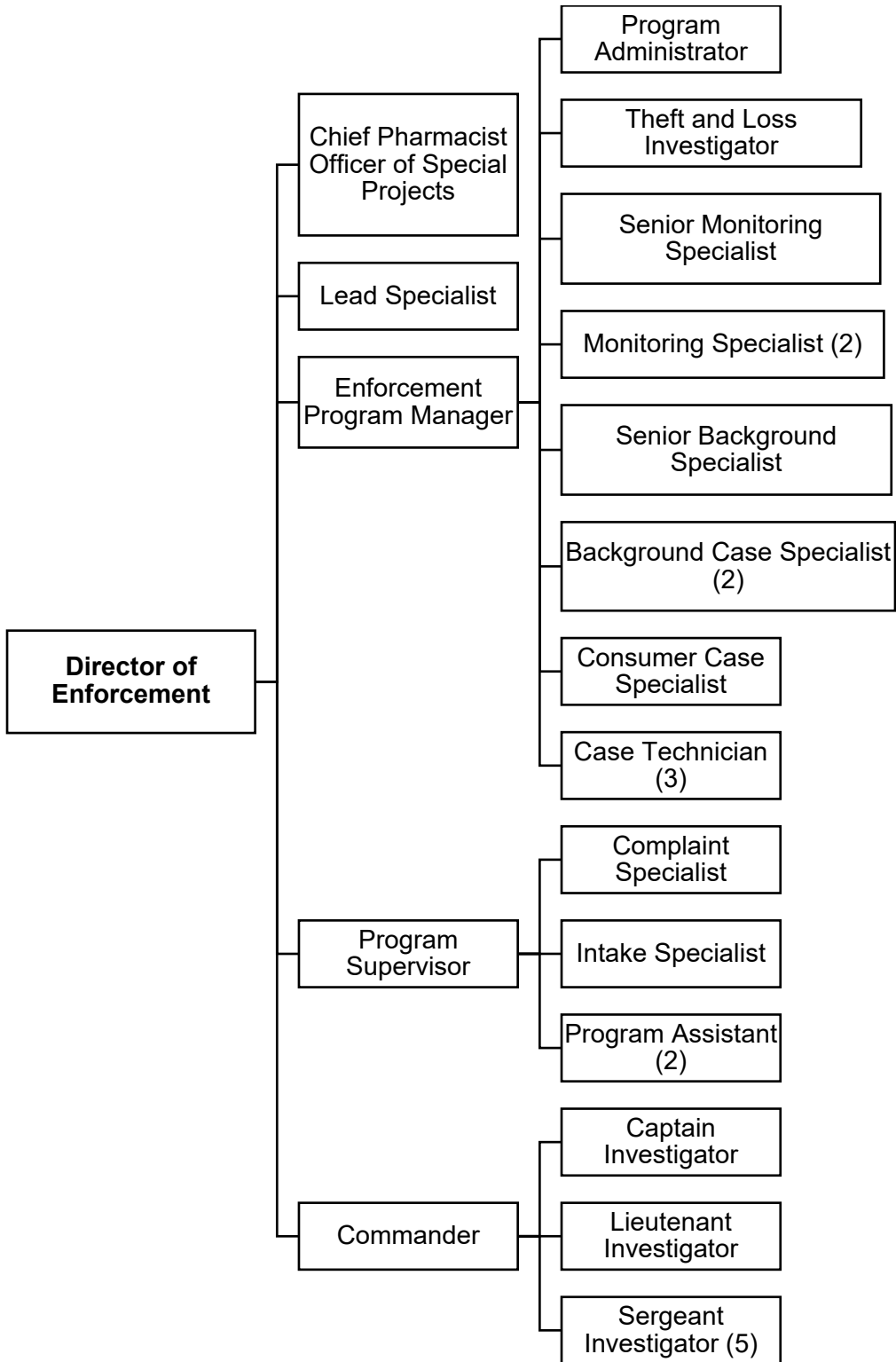
Licensing



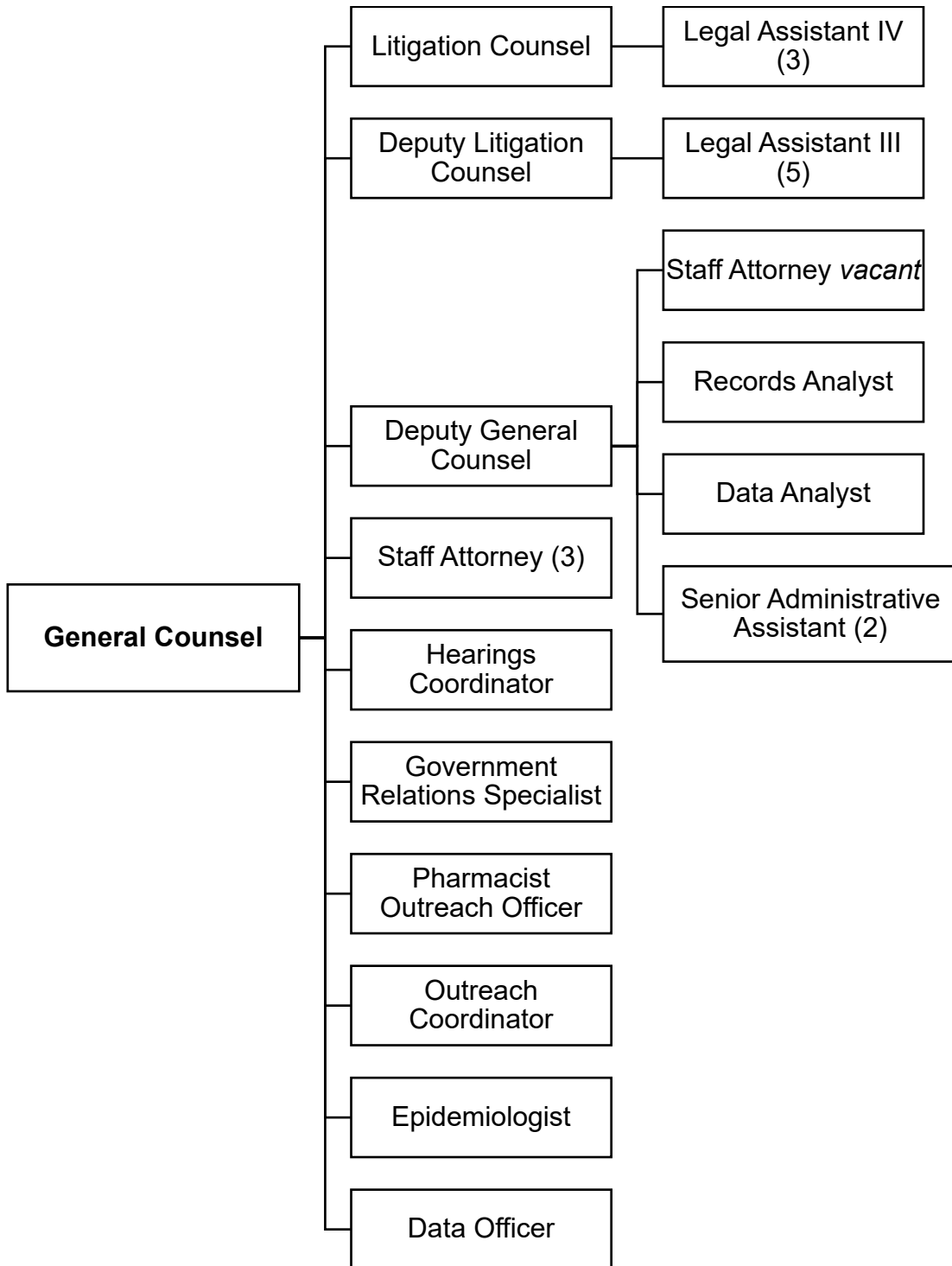
Information Technology



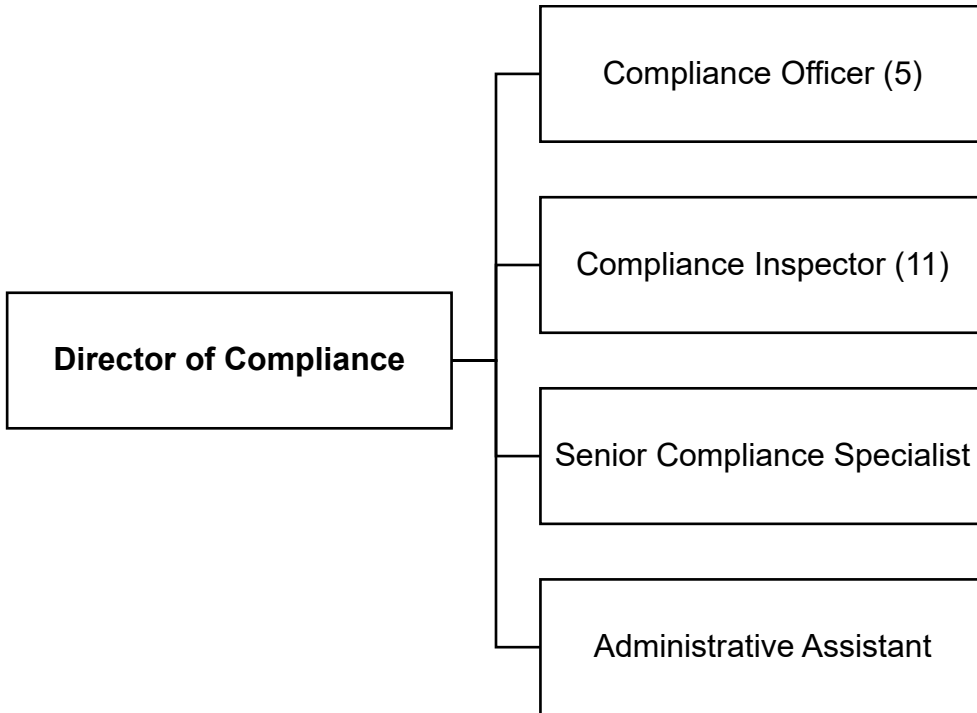
Enforcement Team



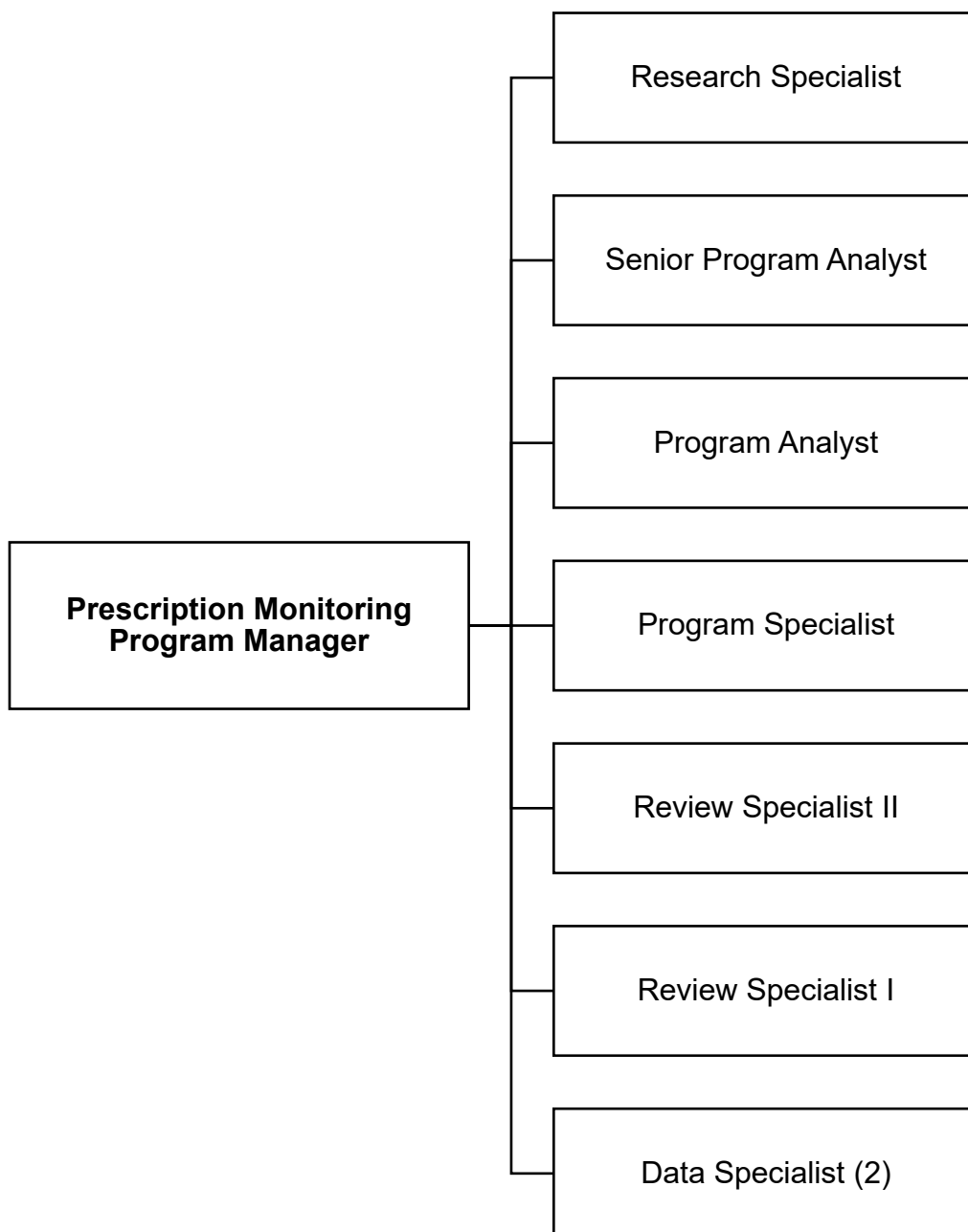
Legal Team



Compliance Team



Prescription Monitoring Program Team



Office of the Executive Director

This FY2024 Annual Report reflects the objectives accomplished and activities conducted by the agency necessary to implement its *Strategic Plan*. The agency continued to enjoy an excellent reputation with a broad range of customers as a consumer protection advocate and has the support of its activities by the regulated profession.

The numerous accomplishments achieved by TSBP staff are highlighted in each of the Team reports. TSBP experienced the following significant accomplishments and disappointments/constraints in FY2024.

SIGNIFICANT ACCOMPLISHMENTS

1. Agency staff provided the new Executive Director, training and support while operating in an efficient manner to ensure that Board business suffered minimal impact and Team goals continued to be met.
2. The agency met or exceeded most of the performance measures reported to the Legislative Budget Board (LBB). The key measures not met were impacted by circumstances outside of the Board such as number of Peer Assistance Program participants or number of new licenses issued to individuals.
3. Agency staff implemented and successfully completed recruitment and hiring process to fill vacancies for multiple Teams over the fiscal year.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Staff turnover and open vacancies had a significant negative impact on the agency. As a result, agency staff spent time and effort to replace vacant positions (e.g., reviewing applications, holding interviews, and conducting orientation and training for new employees). Exit surveys consistently listed pay as reasons staff left the agency.
2. Agency staff spent significant time managing the transition and training of the new Executive Director.

Office of the Executive Director

FY2024 ANNUAL REPORT

GOAL

To provide policy advice to the Board, implement Board policies, and manage the organization in a manner that will accomplish the stated mission, goals, and objectives of the agency.

Objectives (New)

To direct the agency, in accomplishing the following new objectives:

1. **Review and implement legislation passed by the 88th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Update and prepare the *TSBP Strategic Plan for FY2025-2029* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;**
3. **Prepare a proposed budget for the FY2024-2025 biennium for review and approval by the Board at the Budget meeting;**
4. **Prepare the *TSBP Legislative Appropriation Request for FY2026-2027* and corresponding performance measures by the due date; and**
5. **Coordinate and participate in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. A chart containing the action steps to implement provisions of bills passed during the 88th Legislative Session was developed with timelines for action and was presented at the August 1, 2023, Board meeting (see Appendix EXC-01).
 - B. The agency researched the trends and resulting issues expected to have the most significant impact on the profession and the agency over the next five years. The Board members worked with staff to develop issue statements and approved the final TSBP FY2025-2029 Strategic Plan at the May 7, 2024 Board Business Meeting.

The TSBP Strategic Plan was published and delivered to the Governor's Office and other applicable agencies by the due date and can be found on the Board's website at <https://www.pharmacy.texas.gov/about/reports/strategic-plans.asp>.
 - C. The Executive Committee reviewed and approved staff's recommendations for a proposed budget and the exceptional items contained in the Legislative Appropriation Request (LAR) at the May 2, 2024, meeting. The full Board met on May 7, 2024, and after review, approved the LAR for FY2026-2027. The agency's LAR was
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OFFICE OF THE EXECUTIVE DIRECTOR

submitted by the due date and can be found on the Board's website at <https://www.pharmacy.texas.gov/about/reports/lar-reports.asp> .

- D. On February 5, 2024, the General Counsel and Litigation Counsel conducted the new Board member orientation for Randy Martin, Pharm.D. and Garrett Marquis, along with the Executive Director and other agency staff.

Objectives (Ongoing)

1. **To manage and monitor the agency's performance and operational efficiency.**

Status: ACCOMPLISHED

Comment: The agency accomplished most of its objectives. Some Objectives were not met due to circumstances outside of the Board as listed in the Team reports.

In addition, the agency met or exceeded most of the key performance measures listed in the Appropriations Act and reported on a quarterly and annual basis to the Legislative Budget Board (LBB) (see Appendix EXC-02). Two key measures not met were impacted by circumstances outside of the Board such as number of Peer Assistance Program participants or number of new licenses issued to individuals. Non-key measures not met were also impacted by circumstances outside of the Board, such as a smaller percentage of jurisdictional complaints resulting in disciplinary actions due to increased allowance for more educational directive to licensees on minor and/or first-time offenses, certain licenses expiring, or closing in lieu of discipline.

2. **To coordinate the development of proposed goals and objectives and budget for FY2025 based on the Strategic Plan and projected budget, for submission to the Board by the due date for the August 2024 meeting.**

Status: ACCOMPLISHED

Comment: The FY2025 agency Goals and Objectives and FY2025 Operating Budget were presented and approved at the August 2024 Board meeting.

3. **To direct TSBP's leadership approach to ensure coordination of TSBP activities with federal and other state agencies involved in the regulation of the practice of pharmacy.**

Status: ACCOMPLISHED

Comment: The Executive Director and Agency Heads, as well as the agency's Enforcement, Compliance, Investigation, and Legal staffs, worked extensively with federal, state, and local regulatory agencies. More information may be found in the team reports.

4. **To review all federal statutes, regulations, and policies that may impact the regulation of the practice of pharmacy and make timely recommendations to the Board for implementation of any required Board actions.**

Status: ACCOMPLISHED

OFFICE OF THE EXECUTIVE DIRECTOR

Comment: Staff monitored the activities of the federal Food and Drug Administration regarding compounding pharmacies, the illegal importation of prescription drugs, Internet pharmacies, and counterfeit prescription drugs; and the Drug Enforcement Administration regarding controlled substances and pill mill activities.

5. As the Executive Director of the Board, to:

- A. represent Board policies and programs to local, state, and national pharmacy, health-related, and consumer organizations;**
- B. act as the Board's liaison to the professional pharmacy associations;**
- C. maintain a proactive role in the operation of the Health Professions Council; and**
- D. support and participate in the Texas Pharmacy Congress.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. The Executive Director, Board Members, and Staff gave 32 presentations to approximately 4,116 persons (see Appendix EXC-03);
- B. The Executive Director and Staff attended 38 meetings and conferences representing the agency (see Appendices EXC-04).
- C. The Executive Director and other Team Directors attended meetings of the Health Professions Council.
- D. The Executive Director and Board President attended meetings of the Texas Pharmacy Congress.

6. To recommend changes to the Texas Pharmacy Act and rules and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or will improve the efficiency and effectiveness of the agency's operations.

Status: ACCOMPLISHED

Comment: The agenda for each meeting of the Board included a discussion item listing possible suggestions for changes to the Pharmacy Act or Board rules. In addition, several teams made recommendations for improvements.

7. To assist the National Association of Boards of Pharmacy (NABP) in the ongoing development of the Multi-State Pharmacy Jurisprudence Examination (MPJE); coordinate with other staff the review of MPJE item pools on an agreed timetable with NABP to determine appropriate questions for the Texas exam; and assist in providing new questions for the MPJE as appropriate or requested by NABP.

Status: ACCOMPLISHED

Comment: Agency staff participated in the drafting and review of the question pool for the Multistate Jurisprudence Examination to ensure the validity of the questions in the pool.

OFFICE OF THE EXECUTIVE DIRECTOR

8. **To maintain a staff development program by encouraging agency staff to participate in professional and interpersonal development seminars, cross training, and on-the-job training and to conduct periodic reviews and annual evaluations of direct reports and to monitor evaluations of employees on all Board teams.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Agency staff were evaluated on an annual basis, as required by agency policy.
- B. Agency staff conducted the hiring process to fill open positions and conducted orientations for all new agency employees which included Equal Employment Opportunity/Sexual Harassment Training, Sensitive Personal Information Training, and Cybersecurity Awareness Training as required by state law.
- C. Agency staff prepared and conducted orientations for all new TSBP employees and interns.
- D. Agency staff attended general staff meetings and in-house training sessions. In addition, the attorneys attended required continuing legal education, and agency staff attended various programs, seminars, and events.

9. **To provide the Board information necessary to conduct performance evaluation of the Executive Director as scheduled by the Board.**

Status: ACCOMPLISHED

Comment: An evaluation of the Executive Director was conducted at the February 6, 2024, and May 7, 2024; Board Meetings.

10. **To prepare a report on the accomplishments of the Office of the Executive Director and direct the preparation and submission of the agency's *FY2023 Annual Report* to be presented to the Board at the February 2024 meeting.**

Status: ACCOMPLISHED

Comment: The final draft of the *FY2023 Annual Report* was presented to and approved by the Board at the February 2024, Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its goals.
2. Due to increased usage of queues, agency staff in Reception, Enforcement, and PMP Teams were able to answer approximately 33,319 queue calls.
3. Team staff updated and implemented updated recruitment procedures that allowed the agency to successfully recruit and hire multiple vacancies in the agency in a efficient manner.
4. The Director of Operations and Team staff assisted the new Executive Director in ensuring that Board business suffered minimal impact and Team goals continued to be met.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Turnover due to employee promotion and departure within the agency created a significant increase in staff time and effort to review, prepare, post, and manage the recruitment process to fill the vacancies.

Several vacancies were difficult to fill and required reposting two or three times. In addition, due to no response, several positions were lowered and reorganization of staff duties had to occur. Exit surveys consistently listed pay and teleworking as reasons staff left the agency.

For FY2024, 81.3% of employees were paid below the midpoint of the salary range to which they were assigned. The agency average salary was \$63,400 which is below the article average of \$73,528.
2. The Director spent significant time assisting the President and General Counsel in managing the orientation and support of the new Executive Director in their duties and maintaining agency goals and objectives.

OPERATIONS TEAM

FY2024 ANNUAL REPORT

GOAL

To administer agency operations including human resources, risk management, and assist in accomplishing the stated mission, goals, and objectives of the agency.

Objectives (New)

1. To assist the Executive Director, in cooperation with other teams, by reviewing and implementing legislation passed by the 88th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. To assist the Executive Director, in cooperation with other teams, by updating and preparing the TSBP Strategic Plan for FY2025-2029 and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. To assist the Executive Director, in cooperation with other teams, by preparing a proposed budget for the FY2024-2025 biennium for review and approval by the Board at the budget meeting;
4. To assist the Executive Director, in cooperation with other teams, by preparing the TSBP Legislative Appropriations Request for FY2026-2027 and corresponding performance measures by the due date; and
5. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Staff assisted in the review and analysis of proposed legislation that had a potential impact on pharmacy practice or agency operations when requested. Staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 88th Texas Legislature when requested.
- B. Staff assisted the Executive Director in preparation of the FY2025-2029 Strategic Plan as requested. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Staff assisted the Executive Director in preparation of the proposed budget for FY2024-2025.
- D. Staff assisted the Executive Director in preparation of the FY2026-2027 Legislative Appropriations Request (LAR) and corresponding performance measures as requested. The LAR was submitted to the

OPERATIONS TEAM

Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

- E. On February 5, 2024, the Executive Director and other agency staff participated in the new Board member orientation for Randy Martin, Pharm.D. and Garrett Marquis.

Objectives (Ongoing)

1. **To assist the Executive Director in assessing and managing the agency's performance and operational efficiency.**

Status: ACCOMPLISHED

Comment: The agency accomplished most of its objectives. Objectives not met due were due to circumstances outside of the Board such as staff turnover, funding, or legacy items.

2. **To coordinate the development of proposed goals and objectives and budget for FY2025 based on the Strategic Plan and projected budget, for submission to the Board by the due date for the August 2024 meeting.**

Status: ACCOMPLISHED

Comment: The FY2025 Operating Budget and Goals and Objectives were presented and approved at the August 2024 Board meeting.

3. **To increase the efficiency and productivity of agency operations by managing and coordinating space needs and on-site maintenance of the office facilities.**

Status: ACCOMPLISHED

Comment: All issues regarding space needs within the Board's office facility were handled as reported. All on-site maintenance of the Board's office facilities were coordinated with the Texas Facilities Commission coordinator for the Bush Building as needed.

4. **To assist in the development and implementation of the Continuity of Operations (COOP) and Disaster Recovery (DR) procedures and ensure the availability of these agency systems through COOP and DR planning, testing and execution.**

Status: ACCOMPLISHED

Comment: The agency continues to develop and update the COOP and DR procedures to include changes in staffing, electronic processes, and new agency headquarters.

5. **To serve as the Risk Manager by monitoring and assessing areas of agency risk exposures and making recommendations to control these exposures.**

Status: ACCOMPLISHED

Comment: The agency conducted a program of internal auditing that included an annual audit plan, prepared and submitted to the Board by the internal auditor (Weaver and

OPERATIONS TEAM

Tidwell, L.L.P.) for review and approval at the August 2024 Board Meeting.

6. **To coordinate with the Finance Team to provide verbal and written information, by the assigned due dates, regarding the LBB Performance Report, and other special reports as requested by the LBB; legislative committees; legislators; and others, in conjunction with other teams as necessary.**

Status: ACCOMPLISHED

Comment: Required and requested reports were completed and submitted.

7. **To assist the Executive Director in developing and implementing the objectives of the Health Professions Council.**

Status: ACCOMPLISHED

Comment: The Executive Director attended meetings of the Health Professions Council.

8. **To oversee the agency's human resources and ensure agency compliance with all applicable state and federal personnel statutes.**

Status: ACCOMPLISHED

Comment: This objective was accomplished as follows:

- A. All newly hired and current employees received Equal Employment Opportunity/Sexual Harassment Training, Sensitive Personal Information Training, and Cybersecurity Awareness Training as required by state law.
- B. Employee position descriptions were reviewed and revised throughout the year.
- C. The agency updated its *Employee Handbook of Personnel Policies and Procedures as needed*.
- D. The agency posted 48 job vacancy announcements to replace positions based on turnover and agency need. A total of 534 applications were received for the fiscal year. (see Appendix OPR-001).
- E. Texas Government Code, Section 657.004, requires agencies to set a goal for the employment of veterans in full-time positions equal to at least 20.0% of the total number of agency employees. The Board's total percent of veterans employed was 8.2%%, which is higher than the statewide average of 5.7%.
- F. Employees at the agency had an average 8 years of agency length of service. Of the agency's employees, 63.7% were 40 years of age or older, and 41.5% had fewer than 5 years of agency length of service.
- G. It is estimated that between fiscal years 2024 and 2028, 26% of the agency's workforce will be eligible to retire.
- H. The agency had a total of 10 employee separations (including interagency transfers), resulting in a turnover of rate of 5.3%.

OPERATIONS TEAM

9. To update the Agency Personnel Handbook and the Division's *Policies and Procedures Manual* as needed and submit any substantive revisions to the Executive Director for approval.

Status: ACCOMPLISHED

Comment: The Agency Personnel Employee Handbook was updated and policies were distributed to staff.

10. To maintain a staff development program by encouraging agency staff to participate in professional and interpersonal development seminars, cross training, and on-the-job training and to coordinate the periodic reviews and annual evaluations of direct reports and to monitor evaluations of employees on all Board teams.

Status: ACCOMPLISHED

Comment: Division staff attended mandatory General Staff Meetings and several trainings in person and/or remotely via videoconference as listed below:

- A) December 12, 2023 – All Staff Meeting Trainings
- EEO and Sexual Harassment Training, Jeff Riddle, Training and Outreach Coordinator, Texas Workforce Commission – Civil Rights Division
 - AWP Update
 - Records Retention 101, Eamon Briggs
- B) June 26, 2024 – All Staff Meeting Trainings
- HR: Telecommuting and Alternate Work Schedules
 - IT: Annual Security Training

Additionally, the following optional training opportunities were provided to management and staff:

- January 2024 – AWP Decision Making Skills
- February 2024 – DPS Personal and Workplace Safety and Active Shooter Trainings
- May 2024 – AWP Mental Health Awareness

All staff evaluations for eligible employees were completed in August 2024.

11. To obtain and provide the Board information necessary to conduct performance evaluation of the Executive Director as scheduled by the Board.

Status: ACCOMPLISHED

Comment: In coordination with the General Counsel, information was obtained and provided to the Board so an evaluation of the Executive Director could be conducted at the February 6, 2024, and May 7, 2024; Board Meetings.

12. To recommend changes to the Texas Pharmacy Act and rules, and to recommend

OPERATIONS TEAM

policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Board and Executive staff.

Status: ACCOMPLISHED

Comment: Team staff made suggestions regarding agency policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.

13. To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.

Status: ACCOMPLISHED

Comment: For the entirety of FY2024, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In addition, the agency remained subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

Team staff continued to modify and update Team and agency procedures throughout FY2024, as needed.

14. To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Director of Operations and Team staff conducted Team meetings biweekly or as required.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff attended general staff meetings and in-house training sessions.
- E. Team staff conducted orientations for all new agency employees which included Equal Employment Opportunity/Sexual Harassment Training, Sensitive Personal Information Training, and Cybersecurity Awareness Training as required by state law.
- F. Team staff updated and developed new and existing job descriptions as necessary.
- G. Director of Operations spent significant time on the orientation of the new Executive Director, including regular meetings to discuss agency

OPERATIONS TEAM

procedures, State procedures, and general agency business processes.

- 15. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2023 Annual Report* and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2023 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2024 Board meeting.

Fiscal Report

The attached report represents an unaudited report of the financial activities regarding the internal operating budget for Fiscal Year 2024 (September 1, 2023 - August 31, 2024). A more detailed accounting of the agency's unaudited financial report, which includes all fund types and account groups, a complete statement of revenues and expenditures, and changes in fund balance, can be found in the [Fiscal Year 2024 Annual Financial Report](#), located on the Board's website.

As of August 31, 2023, the unexpended balance for FY24 was approximately \$1,710,524. The contributing reasons to this remaining balance were, a significant reduction in orders of Official Prescription Forms/Pads from Deloitte, expenditures less than projected for start-up costs associated with Texas Wholesale Distributor Database (TWDD), and attrition of classified and exempt employees.



TEXAS STATE BOARD OF PHARMACY

Fiscal Year 2024

Budget Status Report - August 31, 2024

APPROPRIATION DETAIL				EXPENDITURES BY EXPENSE CATEGORIES											
Goal	Strategy Name	FY 2024 Adjusted Budget		Salaries	Other Personnel Costs	Professional Fees & Services	Consumable Supplies	Utilities	Travel	Rent - Building	Rent - Machine & Other	Other Operating Expense	FY 2024 4th Quarter - Expenditures	Remaining Budget Percentage	
A	MAINTAIN STANDARDS														
Strategy	Appropriation	Fund													
1.1	13005	0001	LICENSING	826,836	606,440	132,171	8,387	4,236	275	-	1,054	1,234	26,715	780,511	6%
1.2	13011	0001	TEXAS.GOV	289,821	-	-	-	-	-	-	-	-	289,821	289,821	0%
A - Total				\$ 1,116,657	\$ 606,440	\$ 132,171	\$ 8,387	\$ 4,236	\$ 275	\$ -	\$ 1,054	\$ 1,234	\$ 316,536	\$ 1,070,332	4%
B	ENFORCE REGULATIONS														
Strategy	Appropriation	Fund													
1.1	13006	0001	ENFORCEMENT	5,715,893	3,665,969	820,613	74,574	7,142	27,615	70,665	2,334	9,789	456,582	5,135,282	10%
1.2	13010	0001	PEER ASSISTANCE	359,181	-	-	311,784	-	-	-	-	-	-	311,784	13%
1.3	13014	0001	PRESCRIPTION MONITORING PROGRAM	6,787,700	904,553	82,513	4,643,770	329	-	-	46	430	187,993	5,819,633	14%
B - Total				\$ 12,862,774	\$ 4,570,522	\$ 903,125	\$ 5,030,128	\$ 7,471	\$ 27,615	\$ 70,665	\$ 2,380	\$ 10,218	\$ 644,575	\$ 11,266,699	12%
C	INDIRECT ADMINISTRATION														
Strategy	Appropriation	Fund													
1.1	13012	0001	LICENSING - INDIRECT ADMINISTRATION	133,950	112,519	3,318	1,247	139	604	758	237	316	6,928	126,066	6%
1.2	13013	0001	ENFORCEMENT-INDIRECT ADMIN.	850,210	686,734	20,419	7,535	842	3,707	12,627	1,328	1,927	42,987	778,105	8%
C - Total				\$ 984,160	\$ 799,253	\$ 23,737	\$ 8,782	\$ 981	\$ 4,311	\$ 13,384	\$ 1,565	\$ 2,243	\$ 49,915	\$ 904,171	8%
D	SALARY ADJUSTMENTS														
Strategy	Appropriation	Fund													
1.1	13015	0001	SALARY ADJUSTMENTS	20,388	-	-	-	-	-	-	-	-	-	-	100%
D - Total				\$ 20,388	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	100%
FY 2024 BUDGET TOTAL				\$ 14,983,979	\$5,976,214	\$ 1,059,034	\$ 5,047,297	\$ 12,687	\$ 32,200	\$ 84,050	\$ 4,999	\$ 13,694	\$ 1,011,026	\$ 13,241,202	11%

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its objectives.
2. The Director and Budget Analyst successfully reviewed and approved legislative staff increases entered into CAPPs which became effective September 1, 2023. In addition, they reviewed, planned, and implemented reviews of reallocations for monetary increases, pay class changes, targeted increases, and vacancy allowances to be effective September 1, 2023.
3. The Team added a second Purchaser position to assist in performance of Fleet Operations and general purchasing.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Director of Operations spent significant time on the hiring and interview process for the Accountant IV, Accountant II, and Purchaser II positions.
2. Director spent significant time assisting the new Executive Director in orientations and assisting their performance of duties as required.

FINANCE TEAM

GOAL

To administer agency purchasing and financial operations. To prepare and monitor budgets, and expense-related documentation and reporting for the agency. To provide accounting services for the agency.

Objectives (New)

To assist the Executive Director, in cooperation with other teams:

- 1. To assist the Executive Director, in cooperation with other teams, by reviewing and implementing legislation passed by the 88th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
- 2. To assist the Executive Director, in cooperation with other teams, by updating and preparing the *TSBP Strategic Plan for FY2025-2029* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;**
- 3. To assist the Executive Director, in cooperation with other teams, by preparing a proposed budget for the FY2024-2025 biennium for review and approval by the Board at the budget meeting;**
- 4. To assist the Executive Director, in cooperation with other teams, by preparing the *TSBP Legislative Appropriations Request for FY2026-2027* and corresponding performance measures by the due date; and**
- 5. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Staff assisted in the review and analysis of proposed legislation that had a potential impact on pharmacy practice or agency operations when requested. Staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 88th Texas Legislature when requested.
- B. Staff assisted the Executive Director and other Board staff in preparation of the FY2025-2029 Strategic Plan as requested. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Staff prepared and presented the proposed budget for FY2024-2025 to the Executive Director and Board Members.
- D. Staff assisted the Executive Director and other Board staff in preparation of the FY2026-2027 Legislative Appropriations Request

FINANCE TEAM

(LAR) and corresponding performance measures as requested. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

- E. On February 5, 2024, the Executive Director and other agency staff participated in the new Board member orientation for Randy Martin, Pharm.D. and Garrett Marquis.

Objectives (Ongoing)

- 1. To prepare a proposed budget for FY2025 for submission to the Board by the due date for the 2024 May Board Meeting.**

Status: ACCOMPLISHED

Comment: Team staff prepared and submitted a proposed budget for FY2025 by the due date.

- 2. To prepare and submit all required accounting and fiscal reports/reconciliations in compliance with all applicable state statutes.**

Status: ACCOMPLISHED

Comment: The agency submitted the Annual Financial Report (AFR) and the Annual Report of Non-Financial Data, to the Office of the Comptroller by the due dates. The AFR was reviewed by the Comptroller's Office as part of the statewide annual financial report and found to be in compliance.

- 3. To review and recommend to the Executive Director additional sources of spendable revenue and to assess fees charged for Board services.**

Status: ACCOMPLISHED

Comment: A quarterly operating budget was presented to the Board at each of the regularly scheduled business meetings and recorded as such in the official minutes of the Board meetings.

- 4. To assess the material needs of the agency and supervise the purchasing and supply activities in accordance with all Texas Procurement and Support Services rules and procedures.**

Status: ACCOMPLISHED

Comment: The Director, Budget Analyst, and Purchasing Agent met to assess the material needs of the agency and review purchase requisitions for compliance with agency policies and procedures and CPA rules.

At each board meeting, the Board considered and acknowledged all material changes to the contracts for goods and services in accordance with Section 2155.088 of the Texas Government Code.

- 5. To provide verbal and written information to Board staff and customers; by the**
-

FINANCE TEAM

assigned due dates, submit the LBB Performance and Funds Management Report, and other special reports as requested by the LBB, legislative committees, legislators, and others, in conjunction with other teams as necessary.

Status: ACCOMPLISHED

Comment: This objective was accomplished by providing all required reports, most by the assigned due dates.

- 6. To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

Status: ACCOMPLISHED

Comment: The Director and Team staff made recommendations as needed.

- 7. To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's procedures as needed and submit any suggested revisions to policies to the Executive staff for approval.**

Status: ACCOMPLISHED

Comment: Team staff destroyed records in accordance with TSBP's record retention schedule as allowed. For the entirety of FY2024, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In addition, the agency is still subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

- 8. To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Director of Operations and Team staff conducted Team meetings approximately once a week or as required.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff attended general staff meetings and in-house training sessions.
- E. Director updated and developed new and existing job descriptions as necessary.

FINANCE TEAM

F. Director of Operations spent significant time on the hiring and interview process for the Accountant IV, Accountant II, and Purchaser II positions.

9. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2023 Annual Report* and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2023 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2024 Board meeting

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished most of its objectives.
2. The Team met or exceeded Key Performance Measures required to be submitted to the Legislative Budget Board.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

In FY2024, two team members left, and one was promoted within the agency, leading to a loss of institutional knowledge that impacted licensing efficiency. This gap in experience slowed processes and required additional time for new staff to learn procedures. Toward the end of FY2024, promotions and new hires were announced, causing further disruption as the team adjusted. The turnover and training of new employees strained the team's efficiency during this transition period and are expected to affect the beginning of FY25 as the team adjusts to these changes.

LICENSING TEAM

GOAL

To conduct a pharmacy and pharmacist licensure system, intern registration program, pharmacy technician registration system, and the ongoing renewal of licenses and registrations.

Objectives (New)

1. To assist the Executive Director, in cooperation with other teams, by reviewing and implementing legislation passed by the 88th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. To assist the Executive Director, in cooperation with other teams, by updating and preparing the *TSBP Strategic Plan for FY2025-2029* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. To assist the Executive Director, in cooperation with other teams, by preparing a proposed budget for the FY2024-2025 biennium for review and approval by the Board at the budget meeting;
4. To assist the Executive Director, in cooperation with other teams, by preparing the *TSBP Legislative Appropriations Request for FY2026-2027* and corresponding performance measures by the due date; and
5. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Staff assisted in the review and analysis of proposed legislation that had a potential impact on pharmacy practice or agency operations when requested. Staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 88th Texas Legislature when requested.
- B. Staff assisted the Executive Director and other Board staff in preparation of the FY2025-2029 Strategic Plan as requested. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Staff assisted the Executive Director and other Board staff as requested in preparation of the proposed budget for FY2024-2025.
- D. Staff assisted the Executive Director and other Board staff in preparation of the FY2026-2027 Legislative Appropriations Request (LAR) and corresponding performance measures as requested. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

LICENSING TEAM

- E. D. On February 5, 2024, the Executive Director and other agency staff participated in the new Board member orientation for Randy Martin, Pharm.D. and Garrett Marquis.

Objectives (Ongoing)

1. **To process and/or register all qualified pharmacist-interns within an average of ten working days of the receipt of all required documents.**

Status: ACCOMPLISHED

Comment: At fiscal-year end, a total of 1,965 interns (student interns, intern trainees, and extended interns) were certified within four days of receipt of required documents. In addition, a total of 7,276 pharmacist preceptors were initially certified or renewed their certification. At fiscal year-end, a total of 13,367 pharmacists were active preceptors.

2. **To determine the eligibility of all pharmacist applicants applying to take the NAPLEX and Texas Pharmacy Jurisprudence Examination for initial licensing or licensing by reciprocity.**

Status: ACCOMPLISHED

Comment: The Texas Pharmacy Jurisprudence Examination was administered 2,045 times with 1,617 candidates passing (see Appendix LIC-02).

A total of 707 reciprocity candidates were licensed.

3. **To submit licensing data for Key Performance Targets required under the FY2024-2025 Appropriations Act to Executive Director by specified due dates; to assist in the preparation of applicable reports to the Legislative Budget Board (LBB) and Governor's Budget Office regarding performance measures.**

Status: ACCOMPLISHED

Comment: All licensing statistical data for Key Performance Targets was submitted to the Legislative Budget Board and Governor's Office of Budget, Planning, and Policy by the prescribed due dates, in conjunction with the enforcement performance measures. Within a 5% variance, the division met or exceeded 100% of the Key Performance measures (see Appendix LIC-01).

4. **To issue a pharmacist license by examination, score transfer, or reciprocity within an average of ten working days after the date the agency receives the examination results.**

Status: ACCOMPLISHED

Comment: The agency issued 1,629 new pharmacist licenses with an average turnaround time of 1.05 business days from the download of the examination results or intern hours completion.

LICENSING TEAM

5. To process renewals to all pharmacist candidates within an average of five working days of receipt of the required fee and all required documents.

Status: ACCOMPLISHED

Comment: The agency renewed 20,337 biennial pharmacist licenses during FY2024. Approximately 95.78% of eligible pharmacists renewed their licenses online. The average processing time to issue a renewal license from receipt of a completed application was one business day and 99.9% percent of licenses were issued within five business days. The total population of licensed pharmacists for this fiscal year is as follows:

PHARMACISTS LICENSED	
Active Status	37,280
Inactive Status*	3,021**
TOTALS	40,301

* Not practicing pharmacy in Texas and not reporting continuing education credits.

**Of the above number, 1,353 pharmacists have been licensed in Texas for more than 50 years or are greater than 72 years old and are classified as "exempt."

6. To issue initial registration for all pharmacy technician trainee candidates within an average of four working days of receipt of the required documents.

Status: ACCOMPLISHED

Comment: The agency issued 14,646 new pharmacy technician trainee registrations bringing the total population of active registered technician trainees for this fiscal year to 25,518. Approximately 115.96% of trainees applied for their registrations online. The average processing time to issue a pharmacy technician trainee registration from receipt of a completed application was one business day.

7. To process initial and/or renewal applications for all pharmacy technician candidates on receipt of the required fees and all required documents according to the following guidelines:

- A. initial applications for pharmacy technician applicants within an average of four working days; and
- B. renewals for pharmacy technician applicants within four working days.

Status: ACCOMPLISHED

Comment: The agency issued 6,986 new pharmacy technician registrations, and renewed 19,644 registrations on a biennial basis, bringing the total population of active registered technicians for this fiscal year to 50,930. Approximately 93.97% of eligible applicants applied and 99.63% pharmacy technicians renewed their registrations online.

The average processing time to issue a renewal registration from receipt of a completed application was one business day.

LICENSING TEAM

The average processing time to issue an initial registration from receipt of a completed application was one business day.

8. **To process initial and/or renewal applications for all pharmacy license applicants on receipt of the required fees and all required documents (including inspection if applicable) according to the following guidelines:**
 - A. **initial applications for pharmacy license applicants within an average of 10 working days; and**
 - B. **renewals for pharmacy license applicants within five working days.**

Status: ACCOMPLISHED

Comment: The agency issued 531 new pharmacy licenses and 128 changes of ownership, which resulted in 659 new licenses issued. 4,039 licenses were renewed on a biennial basis, bringing the total population of active registered pharmacies for this fiscal year to 8,325. Approximately 32.36% of eligible pharmacies renewed their licenses online (see Appendix LIC-03).

The average processing time to issue a renewal license from receipt of a completed application was five business days and 100% of licenses were processed within five working days or less.

Although a small percentage of pharmacies continue to use the online payment system for the renewal of their licenses, it should be noted that the inefficiencies of the computer system as well as the lack of automated processes, have necessitated that all pharmacy applications be received and processed in paper format only.

The average processing time to issue an initial license from receipt of a completed application, inspection, and enforcement review was 2 business day, and 100% of applications were licensed within 10 working days or less.

9. **In cooperation with the Enforcement team and in compliance with the agency's policies and procedures, to process criminal background checks on applicants for licensure and registration, including fingerprint-based criminal background checks.**

Status: ACCOMPLISHED

Comment: Fingerprint-based criminal background checks continued on all applicants for pharmacist-intern, pharmacy technician, and pharmacy technician trainee registrations and pharmacist licenses, which allows for database information from the Criminal Justice Rap Back Program of Texas to be provided to TSBP of alleged criminal background history at time of licensure/registration and on an ongoing basis for as long as the individual is licensed with TSBP. In addition, for previously licensed pharmacists who have not yet renewed their license with required fingerprinting, quarterly DPS background checks were run on all these individuals, once they were licensed or registered.

LICENSING TEAM

10. **To audit pharmacists' and pharmacy technicians' compliance with continuing education requirements and to initiate complaints on pharmacists and pharmacy technicians who are not in compliance with the rules regarding mandatory completion of continuing education for renewal, in cooperation with the Enforcement and Legal teams.**

Status: NOT ACCOMPLISHED

Comment: We have not audited the CE program during FY 2024 due to vacancies which impact staff workload and the review of possible programs to automate the process. The agency will resume the CE audits in FY 2025.

11. **To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

Status: ACCOMPLISHED

Comment: Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.

12. **To destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

Comment: Team staff destroyed records in accordance with TSBP's record retention schedule as allowed. For the entirety of FY2024, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In addition, the agency is still subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

13. **To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

Status: ACCOMPLISHED

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Team staff conducted the hiring process to fill open positions.
- C. Team staff attended general staff meetings and in-house training sessions.
- D. Team staff updated and developed new and existing job descriptions as

LICENSING TEAM

necessary

- 14. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2023 Annual Report* and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2023 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2024 Board meeting.

Compliance Team

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished most of its objectives.
2. Team members implemented and managed the electronic interface of inspection reports for all classes of pharmacies from Inspection Editor (Sanswrite) to VERSA and created pre-inspections, change of ownership, and S-pre-inspection templates, without incurring any additional charges from Sanswrite.
3. Team members executed the newly implemented Shared Inspections Program procedures. This allowed inspectors in other regions to inspect pharmacies in highly concentrated or difficult regions that had not been inspected within the past two years.
4. Newly implemented procedures for data entry of inspection nomenclature led to a significant decrease in errors for inspection reports uploaded to our website.
5. Team members completed the Drug Supply Chain Security Act Training requirement (DSCS) before the law became effective and created discussion points to be addressed with pharmacy staff during Compliance inspections.
6. Team members served on the Sterile and Non-sterile Compounding Advisory Group committees.
7. Staff created a fillable PDF form for inspecting Non-Resident Sterile Compounding (E-S) pharmacies.
8. Compliance Division was re-structured, adding pharmacist team leads to regions, allowing team to be more efficient (i.e. inspection report reviews are conducted as required, more efficient communication with team leads).
9. Employees testified and/or provided expert witness testimony during State Office of Administrative Hearings (SOAH), Texas State Board of Pharmacy (TSBP) Informal Conferences, and D.E.A. hearings.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Due to a lack of dedicated funds, staff continue to maintain and manage daily operations associated with Inspection Editor (Sanswrite), including the Sanswrite-Versa interface while also managing inspections in assigned regions.
2. Six vacancies required Team members to assume additional duties.
3. Team staff were required to renew the Critical Point Certification in Sterile Compounding for Inspectors (CISCI) training course.
4. Aging of fleet vehicles hindered productivity and required staff to use additional inspection time for maintenance and repair of vehicles.
5. The hiring and training of multiple new team members in addition to maintaining inspection goals and requirements created a strain on team members and affected inspection numbers.

COMPLIANCE TEAM

GOAL

To promote voluntary compliance with pharmacy laws and rules. To monitor compliance with pharmacy laws and rules.

Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. To assist the Executive Director, in cooperation with other teams, by reviewing and implementing legislation passed by the 88th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. To assist the Executive Director, in cooperation with other teams, by updating and preparing the *TSBP Strategic Plan for FY2025-2029* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. To assist the Executive Director, in cooperation with other teams, by preparing a proposed budget for the FY2024-2025 biennium for review and approval by the Board at the budget meeting;
4. To assist the Executive Director, in cooperation with other teams, by preparing the *TSBP Legislative Appropriations Request for FY2026-2027* and corresponding performance measures by the due date; and
5. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Staff assisted in the review and analysis as requested of proposed legislation that had a potential impact on pharmacy practice or agency operations when requested. Staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 88th Texas Legislature when requested.
- B. Staff assisted the Executive Director and other Board staff as requested in preparation of the FY2025-2029 Strategic Plan as requested. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Staff assisted the Executive Director and other Board staff as requested in preparation of the proposed budget for FY2024-2025.
- D. Staff assisted the Executive Director and other Board staff as requested in preparation of the FY2026-2027 Legislative Appropriations Request (LAR) and corresponding performance measures as requested. The LAR was

COMPLIANCE TEAM

submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

Objectives (Ongoing)

1. To conduct 3,000 inspections of all classes of pharmacies located in Texas, including pre-inspections, partial inspections, attempted inspections, inspection-visits, and/or follow-up inspections to "Warning Notices," "Failure to Operate," and "Cease and Desist." To conduct inspections of pharmacies located in Texas, according to the following priorities:
 - A. Pre-inspections of pharmacies who are applying for a new pharmacy license within 30 days of completed application;
 - B. Pharmacies that compound sterile preparations prior to initial licensure, prior to change in pharmacy's classification, prior to or following a change of location, or prior to pharmacy's license expiration date;
 - C. New pharmacies or pharmacies with a recent change of ownership;
 - D. Routine inspections;
 - E. Pharmacies that have received a "Warning Notice" (follow-up inspections);
 - F. Pharmacies that have received a "Cease and Desist" (follow-up inspections);
 - G. Pharmacies that have "Failed to Operate" (follow-up inspections);
 - H. . Pharmacists and pharmacies who are the subject of a disciplinary order entered by TSBP;
 - I. . Licensee requests for inspection;
 - J. . Joint-inspections of pharmacies undergoing surveys, inspections, and/or investigations by agents of other regulatory agencies or associations;
 - H. Emend Inspections to ensure accurate information is provided for each inspection conducted

Status: ACCOMPLISHED

Comment: Compliance Field Staff conducted 3,519 inspections of pharmacies located in Texas. This number represented a decrease in inspections compared to the 3,684 inspections conducted in FY2022 attributed to staff attrition (see Appendices COM-01 and COM-02).

All new pharmacies that applied for a Class A-S, Class B, Class C-S and Class E-S Pharmacy license were inspected prior to initial licensure. All licensed Class A-S, Class B, Class C-S, and Class E-S Pharmacies were inspected during the pharmacy's licensure renewal period (prior to the pharmacy's expiration date). Compliance Staff continued to conduct virtual inspections and utilized the Shared Inspections Program to achieve this goal.

2. On a random basis and as funding allows, to collect samples to demonstrate validity
-

COMPLIANCE TEAM

of the pharmacy's compounding processes, including the aseptic technique of pharmacists and pharmacy technicians from pharmacies located in Texas.

Status: NOT ACCOMPLISHED

Comment: Due to the prior vendor ceasing contractual obligations and the subsequent procurement process for a new vendor, staff's ability to collect and submit pharmacy samples for analysis was impacted in FY2024.

3. To conduct inspections of pharmacies that do not compound sterile preparations approximately every three years.

Status: ACCOMPLISHED

Comment: Staff inspects pharmacies that do not compound sterile preparations approximately every three years as allowed.

4. To review for compliance with rules and approve applications or petitions from:

- A. pharmacists performing drug therapy management under the written protocol of a physician, including the maintenance of a list of pharmacists authorized to sign prescription drug orders for dangerous drugs under a drug therapy management protocol of a physician on the TSBP website;**
- B. Class B applications;**
- C. Class C pharmacies seeking initial evaluation of their clinical pharmacy programs, the approval of which would allow pharmacy technicians to verify the accuracy of approved duties performed by other pharmacy technicians (tech-check-tech);**
- D. Class C pharmacies located in rural counties seeking initial authorization to allow pharmacy technicians to perform certain duties when a pharmacist is not on duty;**
- E. Other applications as needed;**
- F. Class D pharmacies for initial licensure or any subsequent petitions for expanded formulary, alternative visitation schedules, and any other alternate services (i.e. temporary clinic sites); and**
- G. Provide technical and general support to the other agency departments as needed.**

Status: ACCOMPLISHED

Comment: Applications and petitions were reviewed and approved (see Appendices COM04) which included some of the following:

- 97 applications for pharmacists performing drug therapy management under the written protocol of a physician which were then maintained on the Board's website;
- 46 Class C pharmacies that submitted applications to allow pharmacy technicians to verify the accuracy of other pharmacy technicians;

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- 73 Class C pharmacies located in rural counties that submitted applications to allow pharmacy technicians to perform certain duties when a pharmacist is not on duty; and
- 39 petitions for Class D pharmacies requesting expanded formularies and 109 petitions for Class D pharmacies requesting alternative visitation schedules.

5. **To monitor the inspections of Class E-S Pharmacies (non-resident pharmacies engaged in the compounding of sterile preparations) that are conducted by authorized vendor inspectors, on behalf of TSBP; to monitor the analysis of samples of compounded preparations that are collected by authorized vendor inspectors; to provide training to authorized vendor inspectors, as needed, regarding Texas laws/rules and inspection policies/procedures; and to review activity reports that authorized vendor inspectors submit to TSBP on a monthly basis.**

Status: ACCOMPLISHED

Comment: Compliance staff monitored the inspections of 32 Class E-S pharmacies. Due to the prior vendor ceasing contractual obligations and the subsequent procurement process for a new vendor, staff's ability to have pharmacy samples collected and submitted for analysis was impacted in FY2024.

6. **To provide information to Board staff and customers, including responses to surveys and questionnaires; to provide oral and written communication; and to provide continuing education presentations and other public speaking engagements.**

Status: ACCOMPLISHED

Comment: Compliance Staff routinely answer questions daily in person, via telephone or by email. Licensees are encouraged to contact Compliance Staff with questions. Additionally, staff conducted continuing education presentations as well as other public speaking engagements 26 times to a total of 2,278 attendees (see Appendix COM-05).

7. **To provide professional staff support to Board-appointed task forces and complete other special projects as assigned.**

Status: ACCOMPLISHED

Comment: Staff provided professional support to Board appointed task forces as requested.

8. **To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations and forward the recommendations to the Executive Director.**

Status: ACCOMPLISHED

Comment: Team staff suggested rule changes and reviewed all proposed and adopted rules

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that were approved at the Board meetings. In addition, staff made suggestions to procedures as necessary to improve the agency's ability to protect the public.

9. **To destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

Comment: Team staff destroyed records in accordance with TSBP's record retention schedule as allowed. For the entirety of FY2024, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In addition, the agency is still subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

10. **To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

Status: ACCOMPLISHED

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Team staff conducted Team meetings approximately once a month or as required and provided Board approved continuing education
- C. Team staff interviewed candidates to complete the hiring process and fill vacant positions.
- D. Team staff attended general staff meetings and in-house training sessions.

11. **To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2023 Annual Report* and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2023 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2024 Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The Enforcement team accomplished all of its Objectives.
2. The Enforcement team findings, identified during the FY2021 Internal Audit, were successfully remediated during FY2024.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Team staff has been unable to destroy records while subject to the agency litigation hold during FY2024. This has setback the upkeep of records eligible for destruction per the agency's record retention schedule.
2. The team continued to experience staffing changes in multiple positions, creating an employee turnover rate of 29% (8 of 28 positions). As a result, team staff spent time and effort to replace vacant positions (e.g., reviewing applications, holding interviews, and conducting orientation and training for new employees).

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GOAL

To enforce pharmacy laws and rules through investigations of pharmacies, pharmacists, student pharmacist-interns, pharmacy technicians, and pharmacy technician trainees. To monitor the complaint process and transfer complaints involving substantive allegations to the TSBP Legal team for review and potential prosecution. To monitor compliance with Disciplinary Orders. To provide enforcement information and information regarding pharmacy laws and rules to agency customers

Objectives (New)

1. To assist the Executive Director, in cooperation with other teams, by reviewing and implementing legislation passed by the 88th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. To assist the Executive Director, in cooperation with other teams, by updating and preparing the TSBP Strategic Plan for FY2025-2029 and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. To assist the Executive Director, in cooperation with other teams, by preparing a proposed budget for the FY2024-2025 biennium for review and approval by the Board at the budget meeting;
4. To assist the Executive Director, in cooperation with other teams, by preparing the TSBP Legislative Appropriations Request for FY2026-2027 and corresponding performance measures by the due date; and
5. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Staff assisted in the review and analysis of proposed legislation that had a potential impact on pharmacy practice or agency operations when requested. Staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 88th Texas Legislature when requested.
- B. Staff assisted the Executive Director and other Board staff in preparation of the FY2025-2029 Strategic Plan as requested. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Staff assisted the Executive Director and other Board staff as requested in preparation of the proposed budget for FY2024-2025.
- D. Staff assisted the Executive Director and other Board staff in preparation of the FY2026-2027 Legislative Appropriations Request

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(LAR) and corresponding performance measures as requested. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

- E. D. On February 5, 2024, the Executive Director and other agency staff participated in the new Board member orientation for Randy Martin, Pharm.D. and Garrett Marquis.

Objectives (Ongoing)

1. **To coordinate and monitor, the receipt, assignment, and resolution of all complaints filed with the agency and the notification of complainants. To investigate complaints according to the following priorities:**
 - A. continuing threats to the public welfare requiring a temporary suspension;
 - B. complaints filed against licensees/registrants who have a chemical, mental, or physical impairment;
 - C. complaints involving the diversion of prescription drugs, through various illegal means, such as:
 - theft of drugs;
 - delivering prescription drugs without a prescription;
 - dispensing prescription drugs pursuant to an invalid prescription, such as forged or fraudulent prescriptions, prescriptions dispensed originating from prescribers writing without valid medical need or therapeutic purpose, and unauthorized refills; and
 - failing to keep and maintain accurate records of purchases and disposals of prescription drugs (i.e., audit shortages);
 - D. complaints against licensees/registrants who have been convicted of or received deferred adjudication for a felony that involved drug laws or occurred while engaged in pharmacy practice;
 - E. complaints against licensees/registrants who are registered sex offenders;
 - F. complaints against licensees/registrants who have been convicted of or received deferred adjudication for a felony relating to offenses not involving drug laws or not occurring while engaged in pharmacy practice;
 - G. complaints involving applicants for licensure or registration (not including applications for reinstatement);
 - H. complaints involving dispensing errors and malpractice reports;
 - I. complaints involving violations of rules relating to patient counseling or drug regimen review;
 - J. complaints involving health-care fraud or fraud, deceit, and misrepresentation in the practice of pharmacy, including aiding and abetting a non-licensed individual in the practice of pharmacy;

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- K. **complaints against licensees/registrants who have been convicted of or received deferred adjudication for a misdemeanor that involved drug laws or occurred while engaged in pharmacy practice;**
- L. **applications involving reinstatement of revoked licenses and registrations;**
- M. **complaints against licensees/registrants who have been convicted of or received deferred adjudication for a misdemeanor relating to offenses not involving drug laws or not occurring while engaged in pharmacy practice; and**
- N. **complaints against licensees/registrants who have been subject to a disciplinary action by another state board of pharmacy.**

Status: ACCOMPLISHED

Comment: TSBP received 6,930 complaints and closed 7,025 complaints. This report accounts for complaint types that are entered as Jurisdictional or Non-Jurisdictional and does not account for complaints assigned as case types of Disciplinary Order, Background Information, Malpractice Report, or Eligibility Letter (see Appendices ENF-01 through ENF-07).

2. **To investigate reports from pharmacies that involve the pilferage of controlled substances by employees; to prepare an annual report regarding the number of individuals, to include the individual's employment position, the category of drug (e.g., opioid, benzodiazepine, muscle relaxant, stimulant) and the number of dosage units of controlled substances per category that have been pilfered.**

Status: ACCOMPLISHED

Comment: Team staff investigated 124 reports to TSBP indicating that pharmacies experienced theft of 47,251.5 tablets and 7,259.65 mls of controlled substances due to employee pilferage in FY2024. The drug category experiencing the highest percentage of reported theft due to employee pilferage was opiates, which was 38% of total losses reported due to employee pilferage. Benzodiazepines were the second highest drug type diverted and accounted for 20% of reported losses by employee pilferage (see Appendices ENF-08 through ENF-10).

3. **To submit data regarding enforcement and peer assistance data for Key Performance Targets required under the FY2022-2023 Appropriations Act to the Executive Director by specified due dates; to assist in the preparation of applicable reports to the Legislative Budget Board and Governor's Budget Office regarding performance measures.**

Status: ACCOMPLISHED

Comment: Team staff collected data relating to enforcement and peer assistance performance measures. Six of the ten enforcement-related performance measures and four of the six key performance measures were exceeded or met, within a 5% variance (see Appendix ENF-11). Statistics regarding three enforcement-related performance measures (Number of Jurisdictional Complaints Resolved, Average Complaint Resolution Time, and Number of Individuals Participating in a Peer Assistance Program) were reported on a quarterly basis throughout FY2024 to the Legislative Budget Board (LBB) and Governor's Office of Budget, Planning &

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Policy (GBO). The other seven measures were reported to the LBB and GBO at year-end (annual basis), in conjunction with licensing-related performance measures.

- 4. In cooperation with the Licensing team and in compliance with the agency's policies and procedures, to process criminal background checks on applicants for licensure and registration, including fingerprint-based criminal background checks; and to conduct criminal background checks on licensees and registrants on a quarterly basis.**

Status: ACCOMPLISHED

Comment: Team staff performed background checks by reviewing fingerprint-based criminal background information on all individuals referred by the Licensing Team staff, accounting for a total of 644 complaints. These referrals covered all applicants for a pharmacist license, including applicants for re-licensure and reinstatement, and all applicants for registration (i.e., technician, technician trainee and intern). In addition, TSBP initiated complaints through the receipt of arrest report(s) on individuals who were fingerprinted during licensure/registration, and initiated complaints based on criminal history information provided on quarterly reports for those licensees/registrants who were not fingerprinted at time of licensure/registration (see Appendix ENF-12).

- 5. To provide technical assistance, maintain liaison, and coordinate joint investigations of pharmacists, interns, pharmacy technicians, and pharmacies, with federal, state, and local law enforcement agencies, including health regulatory or administrative agencies.**

Status: ACCOMPLISHED

Comment: TSBP continued to provide assistance to other agencies, both state and federal. Investigative Field Team maintained liaison with law enforcement agencies across the state. In-house investigative staff made hundreds of contacts with courts and law enforcement agencies both in Texas and out of state while conducting criminal background checks.

- 6. To monitor compliance with all Board Orders and Agreed Board Orders, including rehabilitation Orders relating to impaired or recovering pharmacists.**

Status: ACCOMPLISHED

Comment: Almost all of the disciplinary orders entered in FY2024 required some type of monitoring by Team staff (i.e., 379 orders or 90% of the 423 disciplinary orders that TSBP entered during FY2024 required some type of monitoring).

Monitoring included the following types of actions/activities:

- Fines & Fees – Team staff, in conjunction with accounting staff, ensured that administrative penalties (fines) and probation fees were paid.
- Reinstatement – Team staff monitored the status of reinstatement applicants [e.g., whether applicant completed law exam, internship, and

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required continuing education within the required time period; reviewing reports from supervising pharmacist(s)].

- C. Rehabilitation Orders – These types of Orders are extremely labor-intensive, including monitoring of random drug screens and the review/evaluation of approximately 12 reports per year per Order [reports from probationer, supervising pharmacist(s), and mental health professional(s)].
- D. Other – Team staff monitored the submission of other documents (e.g., required continuing education and policy/procedures manuals; quarterly reports from a consulting/auditing pharmacist on a pharmacy's operation).

In addition to the in-house monitoring described above, Investigative Field team conducted visits of pharmacies for the purpose of monitoring compliance with the terms of the Orders, particularly individuals/facilities who were revoked, suspended, or subject to a probated suspension (see appendices ENF-13 through ENF-18).

- 7. **To provide verbal and written information to Board staff and customers as needed or required, to include providing technical assistance to other teams and responding to surveys and questionnaires.**

Status: ACCOMPLISHED

Comment: Team employees responded to 7,877 telephone calls directed to the Rules Queue phone line answering questions regarding laws and rules governing the practice of pharmacy. During this fiscal year, Team Staff added three additional hours per week for increased consumer access. Staff continued to follow-up the phone interaction with an e-mailed link to the agency's customer service survey sent out monthly, and through this process, 4,912 links to TSBP's customer service survey were sent out. The Team continues to utilize ongoing training for participating Rules Queue staff members, including bi-weekly informational meetings specifically for participants. Web-based content sharing has been extremely helpful in organizing and providing readily available access to Rules Queue callers/consumers and Team employees servicing the Rules Queue phone line. Externally, a public webpage was maintained as part of the agency's website for information and resources related to the Rules Queue. Internally, staff continued using Microsoft Teams for quick chat-based collaboration on questions.

Additionally, the Team mailed customer service surveys to agency customers following completed investigations.

The following activities of the Team supported the Board, agency staff and others:

ASSISTANCE TO BOARD MEMBERS AND EXECUTIVE DIRECTOR

- (1) Team Director assisted in the development of the proposed Goals and Objectives for FY2024, which were presented to/approved by the Board at its meeting held in August 2023;
- (2) Team staff made presentations at Board meetings regarding complaint data (e.g., number of open complaints and number of dismissed complaints) and data regarding peer assistance performance measures;

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and

- (3) Team Director assisted in the review/edit of the drafts of minutes of four Board meetings.

TECHNICAL ASSISTANCE TO BOARD STAFF

- (1) Team staff prepared statistical charts relating to the number of disciplinary orders entered by the Board, including information regarding the violations upon which the orders were based and the sanctions that were imposed;
- (2) Open Records Requests – Team Director and Team staff provided assistance, when needed;
- (3) Proposed Rules – Team Director reviewed drafts of proposed rules, when needed;
- (4) Orientation of New Employees – Team staff conducted orientation sessions with new agency employees;
- (5) Team Director and Team staff assisted the Prescription Monitoring Program and field compliance team with general guidance, investigative backing, and additional resources for encounters rising to the level of a violation (e.g., required dispensing reporting failures, egregious inappropriate dispensing practices, failure to operate, failure to produce requested pharmacy records, possession of non-FDA approved products, falsification of warning notices);
- (6) Team Director and team staff served as a resource regarding escalation of violations identified by Compliance Team field staff on a regular basis;
- (7) Team Director and Team staff routinely recommended content and reviewed drafted items in assistance to the agency's Outreach Coordinator for TSBP's monthly newsletter. Team staff updated the chart that Team staff developed in FY23 to provide information based on amendments to the Federal Prep Act authorization and Texas Pharmacy Act authorization by license types relating to providing COVID-19 or other recommended vaccines, engaging in COVID-19 testing, and administering COVID-19 therapeutics; and
- (8) Team staff continued to answer telephone calls received via the Rules Queue Telephone Hotline regarding the license application process, particularly from technician applicants.

TECHNICAL ASSISTANCE TO OTHER AGENCIES AND ORGANIZATIONS

- (1) Team staff submitted required annual report to Office of Attorney General regarding disciplinary actions taken by TSBP with respect to confidentiality violations (required by HB 300);
- (2) Team staff provided assistance to numerous Boards of Pharmacy located in other states; regulatory agencies in this state; federal prosecutors, and federal agencies (e.g., DEA, FDA, and OIG);

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- (3) Team staff presented at University of Houston College of Pharmacy's Alcohol, Drugs and You Convocation; and
- (4) Team Director sent quarterly notifications to the deans of the Texas colleges/schools of pharmacy regarding disciplinary actions taken that affect preceptor status.

8. To serve as liaison for the Board to the Professional Recovery Network (PRN) and to assist in monitoring non-financial contractual obligations of PRN.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Board Member Bradley A. Miller, Ph.T.R., served as an ex-officio member of the PRN State Committee;
- B. Team staff reviewed quarterly activity reports submitted by the PRN Director, and the PRN Director submitted year-to-date financial reports for the PRN Program at each Board meeting;
- C. Team staff attended two PRN State Advisory Committee meetings held on October 21, 2023, and April 27, 2024; and
- D. Enforcement Program Manager worked closely with PRN Program Director to ensure the accuracy of data for peer assistance performance measures.

9. To assist the Executive Director in developing and implementing the objectives of the Health Professions Council.

Status: ACCOMPLISHED

Comment: Team staff assisted the Executive Director as requested.

10. To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.

Status: ACCOMPLISHED

Comment: Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.

11. To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.

Status: ACCOMPLISHED

Comment: For the entirety of FY2024, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records

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that had met retention. In addition, the agency remained subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

Team staff continued to modify agency complaint records kept in the electronic complaint storage system maintained by the Health Professional Council, and continued progress towards the removal of improperly stored criminal history records that were identified during an FBI audit in FY2016 of the agency's access to criminal history information. The Policies and Procedures Manual for the Team was updated and revised throughout FY2024, as needed.

- 12. To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

A. Staff Development – The following activities are applicable:

- Team staff attended General All-Staff Meetings and trainings;
- In conjunction with General All-Staff Meetings, Team Director or designee conducted reviews of newly adopted rules with Team staff;
- Team leaders and staff attended and participated in team meetings, videoconferences held for field investigative staff, and team leaders attended and participated in TSBP managers' meetings and trainings;
- Team staff attended professional development seminars in pharmacy and related healthcare areas;
- Team staff participating in TSBP Rules Queue met weekly to discuss rules and related topics and a yearly team member satisfaction survey;
- Complaint reviews were held monthly regarding open consumer and criminal complaints with applicable investigative staff and team leaders; and
- Team staff attended informal conferences held by the Board for observation and training.
-

B. Staff were evaluated on an annual basis, as required by agency policy.

C. Team staff updated and developed new and existing job descriptions as necessary

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13. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2023 Annual Report* and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2023 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2024 Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its objectives.
2. The Team initiated 491 disciplinary actions by mailing a Preliminary Notice Letter, entered 423 disciplinary orders, and entered 51 Remedial Plans against licensees and registrants during the fiscal year. Additionally, 58 applicants for registration as a pharmacy technician or pharmacy technician trainee were subject to mandatory withdrawal, indicating that although the Team initiated disciplinary action, the applicant did not complete the process.
3. Approximately 91% of the disciplinary cases against pharmacists and pharmacies and 100% of the cases against pharmacy technicians were resolved through the entry of Agreed Board Orders, and 9% were settled with the entry of Remedial Plans, which resulted in significant efficiencies both in terms of complaint resolution time and agency expenditures.
4. Litigation Counsel resolved 19 respondent cases referred for the State Office of Administrative Hearings (SOAH) through settlement negotiations prior to a formal hearing, a 63% increase in SOAH settlements from FY2023, which resulted in the conservation of agency and state resources.
5. The Team resolved 584 cases against licensees and registrants, either through the entry of disciplinary orders, dismissal of cases, or voluntary and mandatory withdrawal of licensee and registrant applications.
6. Administrative hearings were conducted against nine respondents at the State Office of Administrative Hearings (SOAH). These hearings involved preparing motions for summary judgment and numerous discovery documents (including interrogatories and requests for production), preparing for trial and for witness examination, depositions, and conducting the hearings. In cases where respondents did not appear, drafts of Default Orders were prepared and entered at the subsequent Board meeting for two respondents. The extensive preparation for the hearings required a considerable amount of time, and the Team was able to maintain a consistent number of cases resolved through the contested case process.
7. Board staff facilitated remote ICs held via videoconference. ICs held via videoconference continued to have a significant financial impact, in that there were no travel expenses incurred by two Board members each month to attend ICs in person. Board staff continued to note an increase in attendance by technician and technician trainee respondents as a result of this continued format, as there was less impact on them in relation to missed work time and travel expenses.
8. Team staff drafted, or assisted others in drafting, and prepared 12 rules for review by the Board. Additionally, the General Counsel, Deputy General Counsel, and Pharmacy Outreach Officer facilitated the sterile and non-sterile subcommittees of the Compounding Rules Advisory Group.
9. Team staff completed the reporting of all FY2024 disciplinary actions to NABP/NPDB.

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10. The Team continued to improve efficiency despite the high amount of employee turnover and continued vacancies of posted positions, demonstrating substantial adaptability and collaboration to meet both the needs of the Team and the Board.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Turnover due to employee promotion and departure continued to impact the Team. The Team lost a Deputy Litigation Counsel, a Records Analyst, a Senior Administrative Assistant V, two Legal Assistant IIIs, an Outreach Coordinator, and a Pharmacy Outreach Officer in the fiscal year. This had a significant impact on the Team, in that key roles in the disciplinary process and programs administered by the Team were vacant. Several vacancies were difficult to fill, including two Staff Attorney positions, one of which has been vacant for over 21 months and the other for over six months. The General Counsel, Team managers, and Case Coordinator spent significant time and effort to post and interview for vacant positions; hire and onboard; and finally, to train new staff.
2. The departure of the Deputy Litigation Counsel who had been with the agency for eight years resulted in the loss of extensive institutional knowledge regarding the agency's disciplinary processes and case precedent.
3. Team staff spent a great deal of time explaining the confidentiality of the Prescription Monitoring Program (PMP) to members of the public requesting PMP information through subpoenas and open records requests.
4. The Board continued to be subject to numerous subpoenas for records, many of which prevented staff from destroying records in accordance with the retention schedule. Although the agency continues to maintain the records retention program by following the approved Records Retention Schedule, litigation holds prevented the destruction of records related to most of the functions of the agency. As a result, the agency has faced significant delays in its ability to destroy records that met retention.
5. Deputy General Counsel and Team staff spent significant time and effort responding to third-party subpoenas concerning opioid litigation in which TSBP is not a party, including identifying, reviewing, and redacting tens of thousands of pages of responsive documents, coordinating strategy with the Office of the Attorney General, and editing and reviewing objections and responses.
6. General Counsel supported the Prescription Monitoring Program (PMP) Team following the departure of the former PMP Manager and spent significant time assisting in interviewing, onboarding, and training the new PMP Manager.

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GOAL

To prosecute violations of the laws and rules related to the practice of pharmacy. To provide legal services and guidance to the Board and the agency staff relating to the regulation of the practice of pharmacy and the administration and human resources for the agency. To oversee rule development and the provision of information services for the agency, including responses to requests for public information, educational opportunities, and liaison to the *Texas Register*.

Objectives (New)

1. To assist the Executive Director, in cooperation with other teams, by reviewing and implementing legislation passed by the 88th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. To assist the Executive Director, in cooperation with other teams, by updating and preparing the TSBP Strategic Plan for FY2025-2029 and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. To assist the Executive Director, in cooperation with other teams, by preparing a proposed budget for the FY2024-2025 biennium for review and approval by the Board at the budget meeting;
4. To assist the Executive Director, in cooperation with other teams, by preparing the TSBP Legislative Appropriations Request for FY2026-2027 and corresponding performance measures by the due date; and
5. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. General Counsel and Deputy General Counsel tracked, reviewed, and interpreted legislation passed during the 88th Legislative Session and created a chart summarizing legislation affecting agency operations or the practice of pharmacy and presented the chart at the August 1, 2023, Board meeting (see Appendix EXC-01).
- B. The agency researched the trends and resulting issues expected to have the most significant impact on the profession and the agency over the next five years. The Board members worked with staff to develop issue statements and approved the final TSBP FY2025-2029 Strategic Plan at the May 7, 2024, Board meeting. The TSBP Strategic Plan was published and delivered to the Governor's Office and other applicable agencies by the due date and can be found on the Board's website at <https://www.pharmacy.texas.gov/about/reports/strategic-plans.asp>.
- C. The Executive Committee reviewed and approved staff's recommendations for a proposed budget and the exceptional items contained in the Legislative Appropriations Request (LAR) at the May 2, 2024, meeting. The full Board met on May 7, 2024, and after review,

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approved the LAR for FY2026-2027.

The agency's LAR was submitted by the due date and can be found on the Board's website at <https://www.pharmacy.texas.gov/about/reports/lar-reports.asp>.

- D. On February 5, 2024, the General Counsel and Litigation Counsel conducted the new Board member orientation for Randy Martin, Pharm.D. and Garrett Marquis, along with the Executive Director and other agency staff.

Objectives (Ongoing)

- 1. **To coordinate and monitor the receipt, assignment, and resolution of all cases referred for disciplinary action.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Team staff met approximately once a month to discuss the status of pending cases, assess workload allocation, and determine the most effective strategies to complete cases in a timely and efficient manner. Deputy Litigation Counsel and Litigation Counsel met with the Legal Assistants on a regular basis to address common issues and monitor progress.

General Counsel and Team staff continued to meet multiple times each month both within the Team and with other agency teams to ensure continued efficiency. In order to maintain staff efficiencies and to proactively manage case load, Team staff frequently met to discuss case and workload needs.
- B. General Counsel and other senior Team staff conducted regular monthly meetings to review the status of cases and statistical data on the completion of cases to ensure efficient processing of disciplinary cases. As a result, the Team often reallocated resources to most effectively process the cases in a timely manner.
- C. Team staff maintained a database system to track the current status of all cases, thereby increasing efficiency in monitoring cases. In addition, Team staff continued to maintain electronic logs to track dates for mailing of Preliminary Notice Letters, scheduling of Informal Conferences, mailing and receiving of Agreed Board Orders, and other due dates previously recorded on paper to enhance accessibility by all Team staff and improve the efficient and immediate sharing of information.
- D. A total of 51 Remedial Plans were entered.
- E. A total of 423 disciplinary orders were entered.
- F. Staff prepared for the presentation of Agreed Board Orders, Board Orders, and Remedial Plans for approval at the four regularly scheduled Board meetings throughout the year. The presentation of proposed disciplinary actions to the Board at Board meetings involves creating an electronic

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summary chart along with electronic copies of the Orders and Remedial Plans for members of the Board (see Appendix LEG-01).

2. **To review all cases referred for potential disciplinary action, and if sufficient evidence exists to warrant action, to institute disciplinary proceedings against licensees within an average of 150 days of the date of the receipt of the case, in accordance with priorities established for the Enforcement team.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Team staff reviewed numerous cases prior to referral for disciplinary action to determine whether sufficient evidence existed to warrant prosecution.
- B. Team staff received 857 respondent cases, which involved 553 pharmacist and pharmacy respondents and 304 pharmacy technician and pharmacy technician trainee respondents, and resolved 584 respondent cases.
- C. Team staff mailed 491 Preliminary Notice Letters (PNLs) in accordance with the priorities established for the Team. Of these, 308 PNLs were mailed to pharmacists and pharmacies, and 183 PNLs were mailed to pharmacy technicians and pharmacy technician trainees.
- D. The average number of days to mail PNLs after the case review date was 81 days. The average number of days from receipt of a case for the PNL to be sent was 94 days for pharmacists and pharmacies and 53 days for pharmacy technicians.
- E. Total resolution time for cases averaged 197 days from receipt of the case in Legal to the disposition of the case in Legal.

Case resolution for pharmacists and pharmacies averaged 232 days and case resolution for pharmacy technicians averaged 141 days.

3. **To plan and conduct a minimum of 21 days of Informal Conference sessions to adjudicate violators of pharmacy laws/rules.**

Status: ACCOMPLISHED

Comment: The Team prepared for and conducted 26 days of Informal Conferences (ICs) for 343 respondents comprised of 171 pharmacy, pharmacist, and intern licensees and applicants and 172 pharmacy technician and pharmacy technician trainee registrants and applicants (see Appendix LEG-02).

Team staff continued with the videoconference format for holding ICs throughout the fiscal year. Continuing with this format has increased our number of IC days as well as the number of respondents that appear at the ICs, specifically at technician IC days.

Team staff continued to use electronic notebooks for all ICs, thus allowing the IC panel to access the allegations and evidence on computer laptops and reducing copying cost and staff time to prepare IC notebooks. Team staff also prepared this

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information in advance to allow the Board members additional time to review cases prior to the IC.

4. **To refer disciplinary cases to the State Office of Administrative Hearings (SOAH) and file a complaint with SOAH within an average of 180 days of the date that the agency determines the case cannot be settled with an Agreed Board Order; and to resolve the case.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. At the onset of FY2024, nine respondent cases were ongoing following the filing of a complaint at the State Office of Administrative Hearings (SOAH) in FY2023 and pending a resolution. The Team filed formal Complaints at SOAH for 13 additional respondent cases, with an average of 75 days from the date the case failed to settle with an Agreed Board Order.
- B. Nineteen respondent cases were resolved through negotiations prior to a full contested case hearing being conducted at SOAH, with ten respondent cases resolved prior to the filing of a formal Complaint with SOAH. These resolutions were beneficial in saving the agency both considerable time and effort in the alternative of preparing for and presenting a full contested case hearing. However, considerable preparation was required for several of the cases because they were not resolved until shortly before the scheduled hearing date.
- C. Administrative hearings were conducted against nine respondents and Proposals for Decision (PFDs) were issued by the Administrative Law Judges against six respondents, and Default Dismissals issued against two respondents. Three respondent cases were pending a hearing at the end of FY2024.
- D. SOAH performed 301 hours of work on 20 respondent cases for the Board, totaling approximately \$16,108 in direct hearing expenses and \$44,730 in total case expenses.

5. **To provide verbal and written information to Board staff and customers, including responses to surveys and questionnaires, as needed and required, to provide legal assistance and maintain liaison with appropriate local, state, and federal prosecutors, legal divisions, and enforcement agencies involved in pharmacy practice regulation.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Surveys/Questionnaires and Other Correspondence
General Counsel and Team staff responded to the annual survey from the State Office of Administrative Hearings.

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B. Technical Assistance to Other Agencies and Organizations

- (1) General Counsel and Team staff consulted with the Director of the Professional Recovery Network to discuss the handling of cases involving impaired pharmacists.
- (2) General Counsel participated in meetings and other communications with the U.S. Food and Drug Administration (FDA) regarding compounding of sterile products.
- (3) General Counsel and Team staff engaged with the U.S. Department of Justice (DOJ), U.S. Drug Enforcement Administration (DEA), Department of Public Safety (DPS), the Texas Medical Board and other law enforcement and prosecutorial agencies regarding enforcement of laws against pill mills.
- (4) Team staff coordinated with and assisted state and federal prosecutors, DEA investigators, and Board staff in other pharmacy and pharmacist licensing jurisdictions with questions and requests as needed throughout the fiscal year.
- (5) General Counsel consulted with outside agencies and licensing healthcare professionals regarding the Prescription Monitoring Program.
- (6) General Counsel, Litigation Counsel, and Deputy Litigation Counsel assisted staff of the Texas State Board of Dental Examiners with various questions regarding the disciplinary process.

C. Technical Assistance to the Legislature

General Counsel or Team staff responded to questions from and attended meetings with legislative members and staff and Governor's staff regarding pharmacy or agency issues and related to proposed legislation.

D. Technical Assistance to the Press and the Public

- (1) Team staff answered numerous telephone calls from pharmacy, pharmacist, and pharmacy technician applicants and licensees and registrants regarding the application process and the associated disciplinary process, including providing information about denial of registration and options for Informal Conference.
 - (2) Team staff answered questions from licensees and registrants, attorneys, and other members of the public regarding legal issues, including:
 - (a) licensing eligibility and requirements;
 - (b) effect of convictions, deferred adjudications, or probation for various crimes on registration and licensure;
 - (c) applicability of pharmacy laws and rules; and
 - (d) schedules for resolution of pending cases.
 - (3) Team staff participated in the University of Texas School of Law educational and recruitment programs.
 - (4) General Counsel and Deputy General Counsel consulted with pharmacy business entities on issues regarding implementing proposed business models.
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LEGAL TEAM

6. **To develop rules for consideration by the Board relating to professional issues and to assist other teams with the development of rules pertaining to Board operations.**

Status: ACCOMPLISHED

Comment: Team staff spent a considerable amount of time drafting rules, assisting others in the drafting of rules, and preparing the rules for presentation to the Board. The rules were presented to the Board by the Litigation Counsel. Team staff continued to work on improving the presentation of the rules to the Board at Board meetings through the use of easily accessible electronic documents with highlighting and bookmarks where appropriate. Changes required by the Board were made quickly to allow final review by the Board in a timely manner, usually during the same Board meeting. Deputy General Counsel drafted, or assisted others in drafting, and prepared 12 rules for review by the Board (see Appendix LEG-03).

General Counsel, Deputy General Counsel, and Pharmacy Outreach Officer facilitated the sterile and non-sterile subcommittees of the Compounding Rules Advisory Group (CRAG), which recommended updates to the compounding rules with consideration of the revised USP <795> and <797> guidelines. The sterile subcommittee held five separate meetings to discuss and determine their recommendations to the Board and the non-sterile subcommittee held three separate meetings to discuss and determine their recommendations to the Board.

7. **To serve as the Records Retention Manager to the Texas State Library; to maintain a records retention program for the economical and efficient management of agency records; and to coordinate the destruction of agency records in accordance with the agency's record retention plan.**

Status: ACCOMPLISHED

Comment: The agency continues to maintain the records retention program by following the approved Records Retention Schedule as allowed. For the entirety of FY2024, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and National Opioid Litigation and was unable to destroy a large amount of records that had met retention.

8. **To act as agency liaison to the Texas Register, coordinate and monitor all submissions to the Texas Register, to review and monitor the Texas Register for Attorney General opinions and submissions of other agencies that would impact the agency, and to provide periodic notice of publications to Board Members, staff, and other interested parties.**

Status: ACCOMPLISHED

Comment: Team staff accomplished the objective through the following activities:

Thirty-two submissions to the *Texas Register* were made that proposed, adopted, reviewed, repealed, or withdrew amendments or new rules. Team staff met all deadlines for submissions to the *Texas Register*, monitored the submissions for action, and notified Board members, TSBP staff, and other interested parties of the status of rules.

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Deputy General Counsel provided memoranda to Board members, staff, and interested parties regarding action taken by the Board on rules on the following dates:

- November 16, 2023
- February 14, 2024
- May 21, 2024
- August 8, 2024

Ten notices of open meetings scheduled were submitted by Team staff to the *Texas Register* for publication.

Statistics regarding rules submitted and notices of open meetings submitted to the *Texas Register* can be found on Appendix LEG-04.

- 9. To respond to open records requests, in accordance with the procedures set forth in the Texas Public Information Act and to draft requests for open records decisions from the Office of the Attorney General; to notify various state and federal agencies regarding disciplinary orders entered by the Board.**

Status: ACCOMPLISHED

Comment: Team staff accomplished this objective through the following activities:

Team staff processed 2,041 individual open records requests. Team staff continued to utilize an entirely electronic open records intake, processing, and approval process, which allows requests to be handled more efficiently (see Appendix LEG-05). The agency also made more information available on the agency's website decreasing the need to submit an open records request for this information.

- 10. To provide educational outreach to licensees/registrants about current laws and rules and to provide information consistent with the responsibilities of the Board through the publication of agency updates, webinars, training videos and tutorials, social media posts, and other instructional opportunities.**

Status: ACCOMPLISHED

Comment: Team staff accomplished this objective through the following activities:

- A. Ten issues of the *TSBP Newsletter* were published on TSBP's website, in addition to a cybersecurity special edition.

The Team continued to use MailChimp, an online email system to manage email addresses and send email notices. The use of MailChimp improved agency efficiency by using less paper and postage. The number of subscriptions to the account steadily increased with over 15,117 subscribers at the end of the FY2024 (approximately 4.96% increase as compared to FY2023).

- B. The Team continued implementing its shift in focus to offering high-quality on-demand programs. A total of 2,422 individuals completed the on-demand law course and a total of 244 individuals completed the on-demand opioid-related course.

LEGAL TEAM

- C. Twenty educational videos were produced and posted on YouTube, all Board meeting-related videos. Total video views were approximately 21,484 (a slight decrease of 3.23% from FY2023). Subscriber count increased by 185 for a total of 1,921 subscribers by the end of FY2024.
- D. Facebook, Twitter, and YouTube continued to be useful tools to provide information. At the end of FY2024, over 7,475 individuals “followed” TSBP on Facebook and over 2,202 individuals “followed” TSBP on Twitter. Over 1,316 individuals followed TSBP on Instagram. The TSBP LinkedIn account was updated in FY2024, gathering 2,309 followers. A total of 149 posts were made on TSBP’s Facebook, Twitter, Instagram, and LinkedIn.

- 11. To provide information to Board staff and customers, including responses to surveys and questionnaires; to provide oral and written communication including responses to emails from licensees and other members of the public; and to provide continuing education presentations and other public speaking engagements.**

Status: ACCOMPLISHED

Comment: Team staff provided information to Board staff and customers as requested or necessary.

- 12. To provide professional staff support to Board-appointed task forces and complete other special projects and research services as assigned.**

Status: ACCOMPLISHED

Comment: General Counsel participated in all task force meetings and team staff coordinated and provided professional support to Board appointed task forces as requested.

General Counsel and Deputy General Counsel facilitated all subcommittee meetings of Compounding Rules Advisory Group (CRAG), which consisted of sterile and nonsterile subcommittees. Pharmacy Outreach Officer provided guidance to counsel on highly technical recommendations from the sterile subcommittee. Following the subcommittees’ meetings, General Counsel, Deputy General Counsel, and Pharmacy Outreach Officer met on nine separate occasions to compile, organize, and draft the subcommittees’ recommendations.

- 13. In cooperation with the Executive Director and other teams, to provide internship experience to student pharmacist-interns upon requests from the Texas colleges of pharmacy.**

Status: ACCOMPLISHED

Comment: Team staff provided internship experience to four student pharmacist-interns from one college of pharmacy.

- 14. To provide Prescription Monitoring Program information upon request by law enforcement and prosecutorial entities and by patients or patient guardians in accordance with the Texas Controlled Substances Act through the Law Enforcement Access Portal and the Patient Access Program.**

LEGAL TEAM

Status: ACCOMPLISHED

Comment: Team staff reviewed and processed 2,010 subpoenas, warrants, and court orders for Prescription Monitoring Program information submitted to the Law Enforcement Access Portal. Additionally, Team staff reviewed and processed requests for Prescription Monitoring Program information submitted to the Patient Access Program (see Appendix LEG-06).

15. To research legal issues and provide legal services and advice to the Board and agency staff; to provide legal services to agency teams regarding interpretation of the laws and rules.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

A. Legal Research and Advice on Agency Administration

- (1) Team staff continued to work to develop efficient procedures for Board member access to case information prior to Informal Conferences.
- (2) General Counsel served as Fraud Coordinator for the agency.
- (3) General Counsel and Team staff provided legal advice and consultation on numerous personnel issues, including:
 - (a) assisted with issues in various hiring/disciplinary processes and complaints against agency employees;
 - (b) advised regarding FMLA leave issues and sick leave pool requests;
 - (c) provided legal advice regarding outside employment for agency staff;
 - (d) developed and/or reviewed performance plans and/or probation;
 - (e) interviewed applicants for new positions;
 - (f) assisted with resolution of complaints against agency employees;
 - (g) developed and/or reviewed policy changes for TSBP Employee Handbook; and
 - (h) attended presentations and webinars to keep apprised of current trends in labor and employment law.
- (4) General Counsel served as the agency's Ethics Advisor and continued to assist Board members and staff with legal and ethical issues.
- (5) General Counsel assisted in the review and drafting of proposed rules and preambles for rules, and the review of rule submissions to the *Texas Register* for all rules either proposed or adopted.

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- (6) General Counsel and Team staff reviewed requests for public information in clarifying requests and requesting assistance from the OAG.
- (7) General Counsel consulted with other Team Directors regarding the evaluation of results of the Survey of Employee Engagement completed by agency staff.
- (8) General Counsel and Team staff assisted in the review and preparation of minutes of Board meetings.
- (9) General Counsel and Team staff reviewed and participated in meetings regarding agency contracts.

B. Technical Assistance to Enforcement Activities

- (1) Team staff researched numerous issues, including the determination of crimes of moral turpitude, various forms of disposition for criminal cases and applicability of actions taken in other jurisdictions, and other pharmacy- and litigation-related legal issues.
- (2) General Counsel and Team staff attended meetings, as requested, to provide legal guidance on inspection and investigative issues.
- (3) General Counsel and Team staff handled legal questions from all staff regarding a myriad of issues.
- (4) General Counsel and Team staff reviewed complaint files for pharmacists, pharmacies, and pharmacy technicians and provided guidance regarding the identification of violations and the resolution of the cases.
- (5) General Counsel and Team staff made presentations at all Board meetings held in FY2024. Presentations included information about proposed Agreed Board Orders, Remedial Plans, and proposed Board Orders following SOAH proceedings.
- (6) General Counsel participated in meetings to discuss appropriate action regarding questions and issues raised by licensees and registrants.
- (7) Team staff informed the Enforcement team of disciplinary actions to be taken by the Board prior to entry of the orders, to ensure the correct information is immediately available on the computer system.
- (8) Team staff assisted the Enforcement team with issues involving the monitoring of impaired pharmacists, including legal consultation on handling of positive drug screens and interfacing with the PRN program.
- (9) Team staff drafted letters regarding eligibility issues for applicants who did not qualify for licensure under the Texas Pharmacy Act.
- (10) Team staff redacted files to comply with orders of expunction and of non-disclosure regarding criminal offenses.
- (11) Team staff assisted Compliance staff with questions during inspections and regarding follow-up issues.

LEGAL TEAM

- (12) General Counsel consulted with the Director of the Professional Recovery Network regarding disciplinary implications for certain findings by mental health professionals.
- (13) General Counsel reviewed the contract proposals and participated in the bid proposal process for agency vendors.

C. Legal Services for Licensing

- (1) Team staff assisted with recommendations on eligibility for licensure and registration, verified accuracy of letters, and handled cases through the legal process.
- (2) General Counsel was consulted on issues concerning licensing of pharmacists and pharmacies, registering of pharmacy technicians and application forms.
- (3) General Counsel advised the Director of Licensing and Licensing staff on numerous questions regarding pharmacy classifications.

D. Other Legal Services regarding Pharmacy Issues

- (1) General Counsel participated in meetings with Bamboo Health regarding the PMP and attended PMP Interagency meetings and PMP Advisory Committee meetings.
- (2) General Counsel participated in meetings and teleconferences regarding any pending pharmacy issues as required.
- (3) Deputy General Counsel participated in the drafting and review of the question pool for the Multistate Pharmacy Jurisprudence Examination to ensure the validity of the questions in the pool.
- (4) General Counsel participated in meetings regarding the Internal Auditors and their report.
- (5) General Counsel and Team staff assisted representatives of the DOJ and DEA regarding pill mill prosecution and actions being taken by the Board.
- (6) General Counsel and Team staff participated in the orientation and annual training for Board members.

16. To assist the Executive Director in developing and implementing the objectives of the Health Professions Council.

Status: ACCOMPLISHED

Comment: General Counsel and Team staff assisted the Executive Director as requested to address legal issues before HPC agencies.

17. To draft requests for Attorney General Opinions and to serve as liaison for the Board to the Office of the Attorney General (OAG) for appeals, injunctions, or civil litigation handled by the OAG on behalf of the agency.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

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- A. Team staff reviewed new opinions of the OAG for applicability to TSBP and disseminated any relevant material to appropriate agency personnel.
- B. Liaison with the OAG
 - (1) Team staff continued to serve as liaison with OAG. James Brazell, Martin Cohick, Rosalind Hunt, Austin Havens, Dennis McKinney, Ted Ross, and Amber Wodraska served as the Assistant Attorneys General assigned to TSBP from the OAG Administrative Law and General Litigation Divisions.
 - (2) Appeals; Injunctions; Civil Litigation
 - (a) General Counsel coordinated representation regarding appeals of Board Order.
 - (b) General Counsel and Deputy General Counsel coordinated representation regarding challenges to subpoenas.
 - (c) General Counsel coordinated representation regarding other civil litigation.
 - (3) Requests for OAG rulings

Team staff drafted requests for open records rulings for filing with OAG.
 - (4) General Assistance

General Counsel and Team staff answered questions from OAG attorneys regarding various pharmacy and agency issues and provided feedback on proposed opioid settlements.

- 18. To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

Status: ACCOMPLISHED

Comment: This objective was accomplished as follows:

- A. Team staff continued the process of posting the scanned version of prior actions entered within the last 10 fiscal years on the agency's website. The ongoing process includes scanning and archiving prior disciplinary actions in PDF files on the shared drive, which has also assisted Board staff by allowing for easy access to the prior orders.
- B. Team staff continued to work on improving the presentation of proposed disciplinary actions to the Board at Board meetings through the use of a detailed summary of those actions entered by the Executive Director and those to be entered by the Board.
- C. Team staff continued to work to improve the use of a secure mechanism for Board member access to confidential information regarding Informal

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Conferences and Board meeting presentation material (i.e., proposed disciplinary orders) prior to the date of the meeting.

- D. Deputy Litigation Counsel and Team staff served on the agency's Wellness Committee and coordinated the following programs:
 - (1) Maintain No Gain;
 - (2) Sharing Library; and
 - (3) Get Fit Texas Challenge.
- E. Team staff developed a Calendar of Events for FY2024 for Informal Conferences and scheduled via a videoconferencing platform.
- F. General Counsel and Team staff provided ongoing analysis and preparation of pill mill cases for presentation to pharmacist experts for expert opinions on whether to proceed with disciplinary action.
- G. Team staff continued to update as needed the standard Agreed Board Order guidance paragraphs. Team staff also continued to update as needed the Preliminary Notice Letter standard paragraphs to reflect updates to language routinely used and to accommodate changes in laws and rules.
- H. General Counsel and Team staff reviewed and recommended modifications for rule changes presented to the Board. General Counsel and Team staff reviewed rule changes throughout the fiscal year.

19. To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.

Status: ACCOMPLISHED

Comment: This objective was accomplished as follows:

- A. Records Management

Team staff destroyed records in accordance with TSBP's record retention schedule. Team staff also prepared and indexed material for electronic storage. For the entirety of FY2024, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention and subsequently became subject to additional destruction holds in relation to the National Opioid Litigation and Texas Opioid Litigation. Agency staff destroyed 6,539 MB and 3.0 cubic feet of records in accordance with TSBP's records retention schedule, and continued to send records to the State Library for storage.
- B. Policies and Procedures
 - (1) Team staff updated and maintained disciplinary records containing all Board Orders, Agreed Board Orders, and Remedial Plans utilizing an electronic system of storing the final, entered Orders.

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- (2) Team staff updated templates and forms relating to pharmacist, pharmacy, and pharmacy technician disciplinary processes as needed to maintain consistency across all licensees.
- (3) Team staff continued to review, draft, and update written procedures for handling of cases to provide reference and training materials for Team members.
- (4) Team staff continued to review and update as needed procedures to handle expunction and nondisclosure orders for varying types of complaints and cases.
- (5) Team staff updated procedures for drafting ABOs to ensure that all paragraphs are up-to-date with the latest changes.

20. To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Team staff were evaluated on an annual basis, as required by agency policy.
- B. General Counsel conducted Team meetings approximately once a month with Team staff. Team staff met with the Team managers on at least a bimonthly basis.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff reviewed numerous internship applications, interviewed seven internship candidates, and ultimately recruited one legal intern to provide assistance with the preparation of legal cases.
- E. General Counsel and Team staff prepared and conducted orientations for all new TSBP employees and interns regarding the Legal team, the disciplinary process, ethics, the Public Information Act, the Open Meetings Act, and rulemaking.
- F. Team staff attended general staff meetings and in-house training sessions. In addition, the attorneys attended required continuing legal education, and Team staff attended various programs, seminars, and events.

21. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2023 Annual Report* and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

LEGAL TEAM

Comment: The Team's first draft of the *FY2023 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2024 Board meeting.

Prescription Monitoring Program Team

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished its objectives.
2. Of the 292,420,145 queries received, 53,728,689 were from AWA RxE searches and 238,691,456 were integrated searches. This represents an approximate 13.5% increase from the total in FY2023.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Turnover continued to impact the Team as staff spent significant time and effort to post and interview for vacant positions; hire and onboard; and finally, to train new staff.
2. The Board was subject to numerous subpoenas for records, some of which prevented the destruction of records related to opioids and nontherapeutic dispensing. As a result, the agency has faced significant delays in its ability to destroy records that met retention in a timely manner.

PRESCRIPTION MONITORING PROGRAM

GOAL

To collect and monitor prescription data for all Schedule II, III, IV, and V controlled substances dispensed by a pharmacy in Texas or to a Texas resident from a pharmacy located in another state. To provide a platform for monitoring patient controlled substance prescription histories for prescribers and pharmacists. To process orders for Schedule II Texas Official Prescription Forms. To provide information regarding the Texas Prescription Monitoring Program and controlled substance laws and rules to agency customers. To provide a platform for wholesalers to report the distribution of controlled substances to entities in Texas.

Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. To assist the Executive Director, in cooperation with other teams, by reviewing and implementing legislation passed by the 88th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. To assist the Executive Director, in cooperation with other teams, by updating and preparing the *TSBP Strategic Plan for FY2025-2029* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. To assist the Executive Director, in cooperation with other teams, by preparing a proposed budget for the FY2024-2025 biennium for review and approval by the Board at the budget meeting;
4. To assist the Executive Director, in cooperation with other teams, by preparing the *TSBP Legislative Appropriations Request for FY2026-2027* and corresponding performance measures by the due date; and
5. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Staff assisted in the review and analysis of proposed legislation that had a potential impact on pharmacy practice or agency operations when requested. Staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 88th Texas Legislature when requested.
- B. Staff assisted the Executive Director and other Board staff in preparation of the FY2025-2029 Strategic Plan as requested. The Strategic Plan was submitted to the Governor's Office of Budget,

PRESCRIPTION MONITORING PROGRAM

Planning, and Policy and the Legislative Budget Board by the due date.

- C. Staff assisted the Executive Director and other Board staff as requested in preparation of the proposed budget for FY2024-2025.
- D. Staff assisted the Executive Director and other Board staff in preparation of the FY2026-2027 Legislative Appropriations Request (LAR) and corresponding performance measures as requested. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.
- E. On February 5, 2024, the Executive Director and other agency staff participated in the new Board member orientation for Randy Martin, Pharm.D. and Garrett Marquis.

Objectives (Ongoing)

1. **To monitor the registration process of individuals authorized to access the Prescription Monitoring Program (PMP) and ensure the appropriate use of the PMP.**

Status: ACCOMPLISHED

Comment: The number of registered users increased by an additional 13,081, for a total of 200,844 registered users (see Appendix PMP-01).

2. **To ensure pharmacies are submitting accurate controlled substance data to the PMP in a timely manner.**

Status: ACCOMPLISHED

Comment: Team staff reviewed reports of pharmacies that had not submitted data to the PMP as required. Pharmacies that were not in compliance were contacted. In addition, the PMP team reviewed data submitted to the PMP to check for accuracy.

3. **To provide notification to prescribers and pharmacists, using threshold indicators, when potentially harmful prescribing pattern or practice may be occurring, or drug diversion or drug abuse may be occurring.**

Status: ACCOMPLISHED

Comment: Monthly notifications were sent to registered users automatically by the AWARe system. A total of 22,901 notifications were sent to practitioners for patients that exceeded the minimum threshold of 5 prescribers and dispensed at 3 pharmacies during the prior month. A total of 2,565 patients were identified as meeting or exceeding the 5-3 threshold.

4. **To process orders for official prescription forms after verification to ensure the proper authorization of the prescriber.**

Status: ACCOMPLISHED

PRESCRIPTION MONITORING PROGRAM

Comment: A total of 11,252 official prescription pads were ordered and processed, which included a review by staff to ensure the validity of the order and the prescriber. This total represents a 0.9% increase when compared to the number of prescription pads ordered in FY2023.

- 5. To maintain data submitted by wholesalers regarding the distribution of controlled substances to entities in Texas.**

Status: ACCOMPLISHED

Comment: Texas wholesalers submitted information regarding the distribution of controlled substances to entities in Texas to the Texas Wholesale Distributor Database (TWDD).

- 6. To provide information to Board staff and customers, including responses to surveys and questionnaires, oral and written communication, and public speaking engagements.**

Status: ACCOMPLISHED

Comment: Team staff answered approximately 9,727 phone calls providing information to customers.

- 7. To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

Status: ACCOMPLISHED

Comment: Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.

- 8. To destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

Comment: For the entirety of FY2024, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In addition, the agency is still subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

- 9. To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

PRESCRIPTION MONITORING PROGRAM

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Team meetings were conducted at a minimum once a month or as required.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff attended general staff meetings and in-house training sessions.
- E. Team staff updated and developed new and existing job descriptions as necessary.

10. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2023 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2023 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2024 Board meeting.

Information Technology Team

SIGNIFICANT ACCOMPLISHMENTS

1. Team accomplished all of its objectives.
2. Successfully executed the migration of TSBP's entire network and Information Technology infrastructure to the Bush building.
3. Performed significant updates to the agency's cluster storage. Optimization increased data storage capacity by 3-fold.
4. We expanded TSBP's software portfolio with the addition of Tableau Server. This allows for greater business-intelligence security, collaboration, governance and performance.
5. Post migration of the RxPAD application, we modified the existing scripts to stabilize the upload process.
6. Completed several incremental upgrades of the FortiNet security fabric, (firewall, end points and the EMS infrastructure) In addition, created and implemented the Prohibited Technologies Security Policy per Governor Abbott's security directive.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

Resource limitations prevent timely maintenance, enhancements, and future development of multiple in-house applications. Hiring a programmer and/or database administrator would greatly benefit the agency. The immediate impact would increase the overall availability and uptime of multiple critical business processes.

INFORMATION TECHNOLOGY

GOAL

To advance the business processes and operational efficiencies of the agency through effective implementation of information technology (IT) while maintaining a secure agency information technology environment and ensuring the confidentiality, integrity, and availability of critical data and systems.

Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. To assist the Executive Director, in cooperation with other teams, by reviewing and implementing legislation passed by the 88th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. To assist the Executive Director, in cooperation with other teams, by updating and preparing the *TSBP Strategic Plan for FY2025-2029* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. To assist the Executive Director, in cooperation with other teams, by preparing a proposed budget for the FY2024-2025 biennium for review and approval by the Board at the budget meeting;
4. To assist the Executive Director, in cooperation with other teams, by preparing the *TSBP Legislative Appropriations Request for FY2026-2027* and corresponding performance measures by the due date; and
5. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Staff assisted in the review and analysis of proposed legislation that had a potential impact on pharmacy practice or agency operations when requested. Staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 88th Texas Legislature when requested.
- B. Staff assisted the Executive Director and other Board staff in preparation of the FY2025-2029 Strategic Plan as requested. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Staff assisted the Executive Director and other Board staff as requested in preparation of the proposed budget for FY2024-2025.

INFORMATION TECHNOLOGY

- D. Staff assisted the Executive Director and other Board staff in preparation of the FY2026-2027 Legislative Appropriations Request (LAR) and corresponding performance measures as requested. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.
- E. On February 5, 2024, the Executive Director and other agency staff participated in the new Board member orientation for Randy Martin, Pharm.D. and Garrett Marquis.

Objectives (Ongoing)

1. **To evaluate and implement solutions for the evolving computing, printing, and scanning needs of the agency with the approval of the Executive Director to increase agency productivity and efficiency .**

Status: ACCOMPLISHED

Comment: The IT team is replacing some personal computers with laptops running the latest version of the Operating System, and the refresh will continue on FY2025. The Web Server was migrated to new more robust hardware to improve its performance.

2. **To provide reliable and secure services by prioritizing security, connectivity, and continuity of operations .**

Status: ACCOMPLISHED

Comment: The IT team
The IT team successfully leveraged the fortinet EMS services to push forticlient updates and allow up to date tracking of security updates on all endpoints.

3. **To participate in the development and implementation of the Continuity of Operations (COOP) and Disaster Recovery (DR) procedures and ensure the availability of these systems through COOP and DR planning, testing, and execution.**

Status: ACCOMPLISHED

Comment: The storage drive was expanded to accommodate proper retention on the shared drives.

4. **To enforce secure and effective access to technology resources through use of authentication and identity management technologies, staff awareness training, and policies to secure the agencies system against internal and external threats.**

Status: ACCOMPLISHED

INFORMATION TECHNOLOGY

Comment: The IT team was able to maintain a stable infrastructure for existing systems through scheduled, and timely, replacement of hardware/software nearing end of life status. Penetration tests and internal security assessments are performed regularly to identify gaps and vulnerabilities. These gaps and vulnerabilities are then remedied by the agency IT security team. DIR certified Cybersecurity training is also provided regularly to agency staff.

- 5. To support the agency's effort to identify and implement opportunities for technology education to allow staff to develop and improve technology understanding .**

Status: ACCOMPLISHED

Comment: IT staff continues to stay engaged with multiple information sharing outlets, and various threat intelligence platforms. We continue to attend the monthly meetings hosted by DIR security and the Texas Information Sharing and Analysis Organization (TX-ISA) In addition, we also attend the Multi-State Information Sharing and Analysis Center (MS-ISAC) monthly meetings. This enables the IT staff to have access to various threat intelligence and educational opportunities within the State of Texas, and it also enables TSBP to participate in information sharing with other states.

- 6. To leverage cost effective and collaborative cloud and shared service solutions when applicable to lower overhead costs, increase security, and streamline IT management .**

Status: ACCOMPLISHED

Comment: Through leveraging cloud-based services, transitioning the agency's infrastructure to a virtual environment provided greater remote and secure access to systems. . Additionally, the agency has streamlined operations and cut costs by removing unneeded servers and not renewing unneeded licenses.

- 7. To recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

Status: ACCOMPLISHED

Comment: Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed..

- 8. To destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

Comment: For the entirety of FY2024, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In addition, the agency is still subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction

INFORMATION TECHNOLOGY

of records that have met retention.

9. **To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Team staff conducted Team meetings approximately once a month or as required.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff attended general staff meetings and in-house training sessions.

10. **To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2023 Annual Report* and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2023 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2024 Board meeting.

Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
HB 1	General Appropriations Act	9/1/2023	Funding for the FY2024-2025 biennium.	Agency Operations	
HB 25	Relating to wholesale importation of prescription drugs for resale to Texas residents.	9/1/2023	Creates the Texas Wholesale Prescription Drug Importation Program, allowing the State to contract with licensed prescription drug wholesalers in the state and with Canadian suppliers to import and provide drugs. Prohibits the distribution, dispensing, or sale of drugs imported pursuant to the importation program outside of Texas.	Wholesale	
HB 139	Relating to the provision of notice of certain proposed rules by state agencies.	Immediately with 2/3 vote or 9/1/2023 Effective 6/13/23, exc. sec. 1	Requires preamble for proposed rule to include the bill number for legislation, if applicable, and if the statutory authority became law during the preceding four year period, that notice of the proposed rule be provided to each person who was a primary author or sponsor of the legislation if a current member of the legislature. Failing to provide the required notice does not invalidate a rule.	Rulemaking	
HB 567	Relating to discrimination on the basis of hair texture or protective hairstyle associated with race.	9/1/2023	Makes an employer's adoption or enforcement of a dress or grooming policy that discriminates against a hair texture or protective hairstyle commonly or historically associated with race an unlawful employment practice.	Agency Operations	
HB 617	Relating to a pilot project to provide emergency telemedicine medical services and telehealth services in rural areas.	9/1/2023	Establishes a pilot project to provide emergency medical services instruction and emergency prehospital care instruction through a telemedicine medical service or telehealth service provided by regional trauma resource centers to health care providers in rural area trauma facilities and emergency medical services providers in rural areas. Center personnel shall include pharmacists.	Pharmacy Practice	
HB 915	Relating to a requirement that employers post notice of certain information regarding reporting instances of workplace violence or suspicious activity.	9/1/2023; TWC implementation by March 1, 2024	An employer shall post contact information for reporting workplace violence or suspicious activity to DPS. The notice must be posted in a conspicuous place in the employer's place of business, in sufficient locations to be convenient to all employees; and in English and Spanish, as appropriate. TWC, in consultation with DPS, by rule shall prescribe the form and content of the notice.	Agency Operations	
HB 2157	Relating to the salary of certain employees who transfer within a state agency.	9/1/2023	Allows a state employee's annual salary rate immediately after a transfer within the agency to be set at any rate in the appropriate salary group if certain conditions are met.	Agency Operations	
HB 2453	Relating to the issuance of digital licenses by a licensing agency.	9/1/2023	Provides that a licensing agency may issue a digital license or registration if rules provide that the license will be issued in a secure format that is readily accessible by the license holder through the Internet and a wireless communications device and the public through an Internet website or QR code.	Agency Operations	

Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
HB 3033	Relating to attorney general decisions under the public information law.	9/1/2023	Amends the Public Information Act (PIA) to require a governmental body as soon as practicable, but not later than the 15th day after the date an OAG decision is issued, to produce the information subject to the decision that is required to be produced or notify in writing the person who requested the information that the governmental body is withholding the information as authorized by the decision. Amends the definition of "business day" under the PIA to mean a day other than Saturday or Sunday, a national holiday, or a state holiday. Provides that an optional holiday is NOT a business day if the public information officer observes the optional holiday. Provides that the Friday before or Monday after a weekend holiday is NOT a business day if the governmental body observes the holiday on that Friday or Monday. Allows a governmental body to impose a limit under 552.275 and require photo identification of the requestor.	Open Government	
HB 3058	Relating to the provision of certain medical treatment to a pregnant woman by a physician or health care provider.	9/1/2023	Provides an affirmative defense to a violation of the abortion ban for a physician or health care provider who is exercising reasonably medical judgment in providing treatment to a woman with an ectopic pregnant or previable ruptured membrane. The affirmative defense also extends to a pharmacist or pharmacy that receives, processes, or dispenses a prescription or medication order written by the physician or health care provider.	Abortion	
HB 3130	Relating to the protection of certain occupational licensing information regarding clients of family violence shelter centers, victims of trafficking shelter centers, and sexual assault programs.	9/1/2023	Provides that a governmental body may not release the name, home or business address, place of employment, telephone number, electronic mail address, social security number, date of birth, driver's license or state identification number, passport number, emergency contact information, or numeric identifier of a current or former applicant or licensee who is a current or former client of a family violence shelter center, victims of trafficking shelter center, or sexual assault program and properly notifies the governmental body in writing of their choice to restrict public access to the information.	Open Government	
HB 4123	Relating to the dissemination of criminal history record information by the Department of Public Safety.	Immediately with 2/3 vote or 9/1/2023 Effective 6/13/2023	Provides that DPS shall not disseminate criminal history record information obtained from the Federal Bureau of Investigation . Provides that DPS may release Texas criminal history record information concerning an applicant for employment, licensure, or registration as provided by Chapter 411.	Agency Operations	
HB 4166	Relating to the packaging requirements for certain donated prescription drugs.	9/1/2023	Provides that a donated prescription drug may be accepted or dispensed under Ch. 442, Health & Safety Code, if the drug is in its original, unopened, sealed, and tamper-evident bottle or unit-dose packaging (currently only allows unit-dose packaging).	Pharmacy Practice	
HB 4331	Relating to the donors of certain unused prescription drugs.	9/1/2023	Provides that for purposes of Ch. 442, Health and Safety Code, a "donor" means an individual, a prescription drug manufacturer, or a health care facility, including a pharmacy, that donates unused prescription drugs under this chapter to a participating provider.	Pharmacy Practice	

Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
HB 4332	Relating to the redistribution of donated prepackaged prescription drugs	9/1/2023	Provides that a participating provider may dispense to a recipient donated prescription drugs that are prepackaged and labeled in accordance with this section and rules adopted by TSBP. Requires the label to contain the drug's brand or generic name, amount of drug in a dose, drug's lot number, earliest expiration date, quantity of any drug the provider dispenses in more than one dose. Requires the provider to maintain records of each prepackaged prescription drug dispensed to a recipient.	Pharmacy Practice	Amend §291.33 and §291.74.
HB 4510	Relating to annual financial reports submitted by state agencies.	9/1/2024	Changes the deadline for a state agency to submit its annual financial report to November 1st (currently November 20). Provides that if the financial annual report is audited, the deadline is December 15.	Agency Operations	
HB 4595	Relating to nonsubstantive additions to, revisions of, and corrections in enacted codes and to the nonsubstantive codification or disposition of various laws omitted from enacted codes.	9/1/2023	Amends 568.003 to correct cross-references to conform to Chapter 1463 (H.B. 2950), Acts of the 77th Legislature. Updates a citation reference in the grounds for disciplining a pharmacy technician or pharmacy technician trainee.	Enforcement	
HB 4990	Relating to the Texas Pharmaceutical Initiative; authorizing fees.	Immediately with 2/3 vote or 9/1/2023 Effective 6/13/23	Establishes the Texas Pharmaceutical Initiative (TPI) to provide cost-effective prescription drug access for employees, dependents, and retirees of state employees, teachers, institutions of higher education, ERS/TRS members, persons confined in TDCJ/TJJD, recipients of medical assistances, and enrollees of the child health plan program. Requires the TPI board to develop a business plan for implementing the initiative, including establishing a statewide pharmacy benefit manager, establishing a central service center and associated network of satellite distribution facilities, providing advanced pharmaceutical preparation and related services.	Agency Operations	
SB 14	Relating to prohibitions on the provision to certain children of procedures and treatments for gender transitioning, gender reassignment, or gender dysphoria and on the use of public money or public assistance to provide those procedures and treatments.	9/1/2023	Provides that a health care provider may not knowingly provide, prescribe, administer, or dispense prescription drugs for the purpose of transitioning or affirming a child's perception of the child's sex if that perception is inconsistent with the child's biological sex. Provides for certain exceptions. Defines health care provider as someone other than a physician who is authorized to provide or render health care or to dispense or prescribe a prescription drug. Provides that Attorney General may bring an action to enjoin someone from a violation.	Pharmacy Practice	
SB 29	Relating to prohibited governmental implementation or enforcement of a vaccine mandate, mask requirement, or private business or school closure to prevent the spread of COVID-19.	Immediately with 2/3 vote or 9/1/2023	Provides that a governmental entity may not implement, order, or otherwise impose a mandate requiring a person to wear a face mask or be vaccinated against COVID-19. Provides that a governmental entity may not implement, order, or otherwise impose a mandate requiring the closure of a private business, public school, open-enrollment charter school, or private school to prevent the spread of COVID-19. Provides exceptions for state supported living centers, TDCJ and TJJD facilities, hospital and health care facilities owned by a governmental entity. Also provides that prohibition on vaccine mandate only applies to the extent that it does not conflict with final rules adopted by Centers for Medicare and Medicaid Services.	Agency Operations	

Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
SB 30	Relating to supplemental appropriations and reductions in appropriations and giving direction and adjustment authority regarding appropriations.	Immediately with 2/3 vote or 9/1/2023 Effective 6/9/23	Provides for a 5.0 percent increase in monthly salary of a state employee, with a minimum increase of \$250 per month, effective July 1, 2023. If this Act becomes effective after July 1, 2023, the salary increase should be calculated for the month of July at a percentage that yields a 5.0 percent increase in each employee position 's salary for the month of July compared to the employee position 's salary for the month of June.	Agency Operations	
SB 222	Relating to paid leave by certain state employees for the birth or adoption of a child.	9/1/2023	Provides for 60 days of paid parental leave for state employees for the birth of a child, birth of a child by the employee's spouse, birth of a child by a gestational surrogate, or adoption of a child. This provision does not entitle an employee to any leave in addition to leave taken under Section 661.912 (FMLA). A state employee is not required to use all available paid vacation and sick leave before the employee is entitled to take paid leave under this provision.	Human Resources	
SB 271	Relating to state agency and local government security incident procedures.	9/1/2023	Expands the definition of a "security incident" requiring DIR notification under Ch. 2054, Gov't Code, as: (A) a breach or suspected breach of system security; and (B) the introduction of ransomware into a computer, computer network, or computer system.	Agency Operations	
SB 294	Relating to the use of medication designated for treatment of respiratory distress on public and private school campuses.	Immediately with 2/3 vote or 9/1/2023 Effective 5/24/23	Updates the Education Code to state a pharmacist may dispense an epinephrine auto-injector or medication for respiratory distress to a school district, open-enrollment charter school, or private school without requiring the name or any other identifying information relating to the user.	Pharmacy Practice	
SB 422	Relating to the authority of certain military service members to engage in a business or occupation in this state.	9/1/2023; requires TSBP to adopt rules by 12/1/23	Requires a state agency to recognize the out-of-state license of a military service member and authorize the member to engage in an occupation if the member is currently licensed in good standing by another jurisdiction with substantially equivalent requirements. Specifies that in the event of divorce or similar event that affects a person's status as a military spouse, the spouse may continue to engage in the occupation until the third anniversary of the date the spouse received confirmation from the agency of authorization to engage in the occupation. Provides that a state agency shall issue a license not later than the 30th day after the date a qualifying military service member or military spouse files an application for a license.	Pharmacy Practice	Amend §283.12 and §297.10.
SB 490	Relating to itemized billing for health care services and supplied provided by health care providers.	9/1/2023	Provides that a health care provider may not pursue debt collection against a patient for a provided health care service or supply, unless the provider has complied with specified notice requirements. Authorizes a licensing agency to take disciplinary action for a violation of the requirements.	Pharmacy Practice	

Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
SB 510	Relating to the confidentiality of certain information maintained by state licensing agencies.	9/1/2023	Makes confidential the license application, home address, telephone number, electronic mail address, social security number, date of birth, driver's license or state identification number, passport number, and emergency contact information of an applicant or current or former licensee of a governmental body.	Open Government	
SB 629	Relating to the use of opioid antagonists on public and private school campuses and at or in transit to and from off-campus events.	Immediately with 2/3 vote or 9/1/2023 Effective 6/18/23	Authorizes trained school personnel and volunteers to administer an opioid antagonist to a person who is reasonably believed to be experiencing an opioid-related overdose. Authorizes a pharmacist to dispense an opioid antagonist to a school district, open-enrollment charter school, or private school without requiring identifying information relating to the user.	Pharmacy Practice	
SB 1045	Relating to the creation of the Fifteenth Court of Appeals with jurisdiction over civil cases, the compensation of the justices of that court, and the jurisdiction of the courts of appeals in this state.	9/1/2023	Creates a Fifteenth Court of Appeals with exclusive intermediate appellate jurisdiction over civil cases filed by and against the state or a board, commission, department, office, or other agency in the executive branch. Amends the APA to authorize a Travis County district court to transfer a case requiring a prompt, authoritative determination of legal issues in the appeal of a contested case hearing to the Fifteenth Court of Appeals.	Agency Operations	
SB 1376	Relating to an employment preference for members of the military and their spouses for positions at state agencies.	9/1/2023	Extends preferential employment for positions at state agencies to the spouse of a member of the United States armed forces or Texas National Guard serving on active duty. Also extends employment preference to the spouse of a veteran if the spouse is the primary source of income for the household and the veteran has a total disability rating of at least 70% or on individual unemployability. Provides the agency must give a employment preference to qualifying individuals until at least 20% (currently 40%) of the agency's workforce is composed of such individuals.	Agency Operations	
SB 1509	Relating to the service retirement eligibility and benefits of certain members of the Employees Retirement System of Texas.	Immediately with 2/3 vote or 9/1/2023 Effective 5/19/23	Repeals Gov't Code §814.109 which provides that: (1) an ERS member eligible for service retirement benefits under either class of membership may retire without separating from a position in that class if the member has accrued enough service credit in the class to receive the maximum annuity permitted and is at least 60 years old and (2) a member who retires from either class of membership under this section is not entitled to earn any additional retirement benefits.	Agency Operations	
SB 1659	Relating to the sunset review process and certain governmental entities subject to that process.	Immediately with 2/3 vote or 9/1/2023 Effective 6/18/23	Amends the date of the Texas State Board of Pharmacy's abolishment under the Sunset Act from September 1, 2029 to September 1, 2033.	Open Government	
SB 1893	Relating to prohibiting the use of certain social media applications and services on devices owned or leased by governmental entities.	Immediately with 2/3 vote or 9/1/2023 Effective 6/14/2023	Provides that a governmental entity shall adopt a policy prohibiting the installation or use of a "covered application" on any device owned or leased by the entity and require the removal of the application. "Covered application" means: (1) TikTok or any successor application or service developed by ByteDance Limited, or (2) a social medial application or service specified by proclamation of the governor. Provides that DIR and DPS shall jointly identify social media applications and services that pose a risk to the state.	Agency Operations	

Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
SB 2173	Relating to a pilot program for the safe disposal of controlled substance prescription drugs.	9/1/2023; implementation of pilot as soon as practicable after effective date	Requires TSBP to implement by rule a prescription drug safe disposal pilot program. Provides for certain requirements for a pharmacy to participate in the program. Requires TSBP to designate pharmacy participants as a Texas premier pharmacy provider committed to safe prescription drug disposal. Provides that TSBP will assist pharmacy participants by paying for specified costs. Requires TSBP to perform certain community outreach activities. Requires TSBP to submit reports to the governor and legislature. Provides that the pilot program and corresponding chapter expires September 1, 2029.	Pharmacy Practice	

EXC-02

Performance Measure	FY2023 Projected Performance	FY2023 Performance Attained	Projected Target Met?*	Key Measure
A. GOAL: MAINTAIN STANDARDS				
Outcome (Results/Impact)				
Percent of Licensees with No Recent Violations	95.00%	98%	Met	N
Percent of Licensees Who Renew Online	95.00%	98.16%	Met	N
A.1.1 STRATEGY: LICENSING				
Output (Volume)				
Number of New Licenses Issued to Individuals	2,000	1,629	Not Met	Y
Number of Licenses Renewed (Individuals)	19,500	20,337	Exceeded	Y
Explanatory				
Total Number of Business Facilities Licensed	8,350	8,325	Exceeded	Y
B. GOAL: ENFORCE REGULATIONS				
Outcome (Results/Impact)				
Percent of Jurisdictional Complaints Resulting in Disciplinary Action	10.00%	6.00%**	Not Met	N
B.1.1 STRATEGY: ENFORCEMENT				
Output (Volume)				
Number of Jurisdictional Complaints Resolved	5,420	6,960	Exceeded	Y
Efficiencies				
Average Time for Jurisdictional Complaint Resolution	150	96	Exceeded	Y
Explanatory				
Number of Jurisdictional Complaints Received	6,000	6,876	Exceeded	Y
B.1.2. STRATEGY: PEER ASSISTANT				
Output (Volume)				
Number of Licensed Individuals Participating in a Peer Assistant Program	160	99	Not Met	Y

* Less than 5% variance

** TSBP received a high number of complaints that did not contain violations significant enough to result in disciplinary actions. Complaints with significant violations which would end in disciplinary action did not increase at the same rate of receipt as the complaints received.

EXC-03

DATE	TEAM	PRESENTATION (Topic and Who Presented to)	NO OF ATTENDEES
23-Sep	Compliance	Texas Pharmacy Laws and Rules (HEB)	550
23-Sep	Compliance	Texas Pharmacy Laws and Rules (East Texas Society of Health System Pharmacies)	16
23-Sep	Compliance	Texas Pharmacy Laws and Rules (HEB)	552
23-Sep	Compliance	Texas Pharmacy Laws and Rules (TSU)	129
23-Oct	Compliance	Texas Pharmacy Laws and Rules	28
23-Oct	Compliance	Texas Pharmacy Laws and Rules (AASHP)	40
23-Oct	Compliance	Regulations for Sterile Compounding (UNT)	70
23-Nov	Compliance	Texas Pharmacy Laws and Rules (DSHS)	62
23-Nov	Compliance	Regulations for Sterile Compounding (UT College of Pharmacy)	62
23-Nov	Compliance	Texas Pharmacy Laws and Rules (HSCS/SSLC Pharmacy Directors)	70
23-Nov	Compliance	Texas Pharmacy Laws and Rules (GCHSP)	55
23-Nov	Compliance	Texas Pharmacy Laws and Rules (UIW/BCPA)	40
23-Nov	Compliance	Texas Pharmacy Laws and Rules (ESSA)	127
23-Dec	Compliance	Texas Pharmacy Laws and Rules (Harris Health)	250
24-Jan	Compliance	Texas Pharmacy Laws and Rules (TACHC)	24
24-Jan	Compliance	Texas Pharmacy Laws and Rules (LHPA)	40
24-Jan	Compliance	Texas Pharmacy Laws and Rules (HAPA)	24
24-Feb	Compliance	Texas Pharmacy Laws and Rules (TAIPO Unite)	59
24-Feb	Executive Director	TSBP Overview (UT Austin College of Pharmacy 3rd year students)	85
24-Mar	Compliance	Texas Pharmacy Laws and Rules (WTPA)	35
24-Mar	Compliance	Texas Pharmacy Laws and Rules (DAPA)	45
24-Apr	Compliance	Texas Pharmacy Laws and Rules (Houston Kroger)	115
24-Apr	Compliance	Texas Pharmacy Laws and Rules (Memorial Hermann)	250
24-Apr	Compliance	Texas Pharmacy Laws and Rules (ASCP South Central Regional)	34
24-Apr	Executive Director	Texas Pharmacy Laws and Rules (TSHP Annual Conference)	350
24-May	Compliance	Texas Pharmacy Laws and Rules (Memorial Hermann)	250
24-May	Compliance	Inspections and Rules Update (Sams Club DFW Regional)	42

EXC-03 continued

DATE	TEAM	PRESENTATION (Topic and Who Presented to)	NO OF ATTENDEES
24-May	Executive Director	Keynote Speech (UT Tyler College of Pharmacy Graduation)	150
24-Jun	Compliance	Texas Pharmacy Laws and Rules (Houston Methodist)	187
24-Jun	Executive Director	Texas Pharmacy Laws and Rules (UT Health Systems Pharmacy Practice Seminar)	225
24-Jul	Board Member	Texas Pharmacy Laws and Rules (TPA)	N/A (collected by TPA)
24-Jul	Compliance	Texas Pharmacy Laws and Rules (Texas Health Dallas)	150
		32	4,116

EXC-04

DATE (MO/YR)	ATTENDED BY	MEETINGS ATTENDED	LEGISLATIVE (Y OR N)
Nov-23	President, ED	Texas Pharmacy Congress in Houston	N
Nov-23	President, ED	TFDS Annual Meeting - virtual	N
Nov-23	ED	TSBP Board Meeting	N
Dec-23	ED, GC	TPA Board Meeting - Austin	N
Dec-23	ED	HPC Quarterly Meeting	N
Dec-23	ED, GC	Walgreens Specialty Pharmacy Tour - Austin	
Dec-23	ED	Met with HEB execs Wellness Center site visit - Austin	N
Dec-23	ED, GC, PMP Mgr, Deputy GC	PMP Advisory Committee	N
Jan-24	ED, GC, GR	Met with Sara Hays from OOG - finance audit	N
Jan-24	ED	NABP Executive Officers Call	N
Jan-24	ED, GC, GR	Met with Lucy Tiblier, Deputy Director HHS Senate Committee	Y
Jan-24	ED	Senior Solutions Inspection - Round Rock	N
Feb-24	ED, GC	Met with Rep. Guillen's staff Matt Ruszczak - drug disposal	Y
Feb-24	ED	TSBP Board Meeting	N
Feb-24	President, ED	Texas Pharmacy Congress - San Antonio	N
Feb-24	ED	NABP Executive Officers Call	N
Feb-24	ED, GC	Met with pharmacy professional association key staff for tour of Walgreens Microfulfillment Center - Ft. Worth	N
Mar-24	ED	HPC Quarterly Meeting	N

EXC-04 continued

Mar-24	ED	PMP Advisory Committee	N
Mar-24	ED, GC	HEB Tour of San Antonio Central Fill facility	N
Apr-24	ED, GC, GR	Follow-up with Rep. Guillen's staff Matt Ruszczak - drug disposal	Y
Apr-24	ED, GC	FDA/TSBP Meeting to discuss compounding pharmacy	N
Apr-24	ED	Meeting with NABP Neal Watson about NABP services	N
Apr-24	ED	NABP Executive Officers Call	N
May-24	ED	TSBP Board Meeting	N
May-24	ED, GC	TFDS Quarterly Meeting - Ft. Worth	N
Jun-24	President, ED	Texas Pharmacy Organizations Legislative Meeting - UNT	N
Jun-24	President, ED	Texas Pharmacy Congress - Ft. Worth	N
Jun-24	ED	HPC Quarterly Meeting	N
Jun-24	ED	PMP Advisory Committee	N
Jun-24	ED, GC	Met with Memorial Hermann executives about drone delivery - Austin	N
Jul-24	ED	Met with NABP staff - Al Carter, Neal Watson, Andrew Funk - Austin	N
Jul-24	ED	Met with new Appropriation Control Officer	N
Jul-24	ED	Tarrytown Pharmacy Tour	N
Aug-24	ED	TSBP Board Meeting	N
Aug-24	ED, GC, GR	Pharmacy Organizations Legislative Meeting - Austin	N
Aug-24	President, ED	Texas Pharmacy Congress - Austin	N
Aug-24	ED, GC, GR	Joint Budget Hearing to Present FY 26-27 LAR	Y
Total			38

TSBP EEO-4 Data

TSBP Agency Data based on active employees on August 31, 2024															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes Multi and NHOPI)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	1	4	-	1	-	-	-	-	-	-	-	-	1	5	6
Professional	9	5	1	3	3	3	-	-	1	-	-	-	11	14	25
Para-Professional*	11	17	2	6	7	15	-	-	-	2	-	4	20	44	64
Admin Support	1	1	-	2	-	2	-	-	-	1	-	-	1	6	7
Total	22	27	3	12	10	20	-	-	1	3	-	4	36	66	102
	21.6%	26.5%	2.9%	11.8%	9.8%	19.6%	-	-	1.0%	2.9%	-	3.9	35.3%	64.7%	100%

New Hires - Includes new hires with an effective date from September 1, 2023 to August 31, 2024.															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes Multi and NHOPI)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Professional	2	1	1	1	-	-	-	-	-	-	-	-	3	2	5
Para-Professional*	1	3	-	1	1	2	-	-	-	2	-	5	2	12	14
Admin. Support	-	-	-	1	-	-	-	-	-	1	-	-	-	2	2
Total	4	4	1	3	1	2	-	-	-	3	-	4	6	16	22

Promotions -- Includes promotions with an effective date from September 1, 2023 to August 31, 2024.															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPI)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Professional	2	-	-	-	1	-	-	-	-	-	-	-	3	-	3
Para-Professional*	2	2	-	2	1	3	-	-	-	-	-	-	3	7	10
Admin. Support	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1
Total	4	2	-	3	2	3	-	-	-	-	-	-	6	8	14

Terminations - Includes terminations with an effective date from September 1, 2023 to August 31, 2024.															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPI)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Professional	1	2	-	-	-	-	-	-	-	-	-	-	1	2	3
Para-Professional*	-	2	-	2	-	2	-	-	-	-	-	-	-	6	6
Admin. Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	4	1	2	-	2	-	-	-	-	-	-	2	8	10

*Para-Professional is defined by EEO as an occupation where workers perform duties of a professional or a technician in a supportive role. As the EEO-4 data did not have a para-professional breakdown, the technician totals were used for comparison. A complete list of definitions for job categories and race/ethnicity categories can be found at: www.eocdata.org/EE04/howto/instructionbooklet

LIC-01

Performance Measures

LICENSING RELATED PERFORMANCE MEASURES	FY2024 Projected Performance	FY2024 Performance Attained	Key or Non-Key (K/NK)
Number of New Licenses issued to Individuals (Pharmacists)	2,000	1,629	K
Number of Licenses Renewed (Individuals – Pharmacists)	19,500	20,337	K
Number of New Registrations Issued to Individuals (Technician and Trainee)	17,500	21,632	NK
Number of Registrations Renewed (Technicians)	17,300	19,644	NK
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95%	98%	K
Total Number of Pharmacists Licensed	40,526	40,301	NK
Total Number of Facilities Licensed	8,350	8,325	K
Total Number of Individuals (Technicians & Trainees) Registered	66,375	76,466	NK
Percent of Licenses Who Renew Online	95%-	98%	K
Percent of New Individual Licenses Issued Online	95%-	99%	NK

LIC-02

Licenses Issued

JURISPRUDENCE (MPJE)	TOTALS
Candidates Passing	1,617
Candidates Failing	428
TOTAL ADMINISTERED	2,045

NAPLEX	TOTALS
Candidates Passing	910
Candidates Failing	421
TOTAL ADMINISTERED	1,331

LIC-02 continued

NEW PHARMACISTS LICENSED	
Graduates of Texas Colleges of Pharmacy	633
Graduates of Out-of-State Colleges of Pharmacy	881
Credentialed by the Foreign Pharmacist Equivalency Committee	115
TOTAL	1,629

LIC-03**Licensed Pharmacies**

ACTIVE PHARMACIES	
Class A (Community)	4,982
Class A-S (Community Pharmacy Engaged Compounding Sterile Preparations)	324
Class B (Nuclear)	35
Class C (Institutional)	933
Class C-S (Hospital Pharmacy Engaged In Compounding Sterile Preparations)	413
Class D (Clinic)	496
Class E (Non Resident)	644
Class E-S (Non-Resident Pharmacy Engaged In Compounding Sterile Preparations)	117
Class F (Free Standing Emergency Medical Centers)	347
Class G (Central Processing)	34
TOTALS	8,325
Remote Pharmacies	1,494

A total of 5,700 change documents were processed as follows:

PHARMACY APPLICATIONS PROCESSED	
Pharmacy Renewals	4,039
New Licenses Issued [new opens (455) and changes of ownership (146)]	659
Closings	413
Remote Pharmacies	324
Changes of Name	63
Changes of Location	165
Changes of Classification	37
TOTAL	5,700

COM-01

Total Inspections by Type/Disposition	FY22	FY23	FY24	% of FY24	3 Year Average
Inspections	3,308	3,076	2,644	89%	3,009
Pre-Inspections	163	148	125	4%	145
Partial-Inspections	40	75	51	2%	55
Visit	19	13	4	0%	12
Inspection-Visits ("Courtesy Call" Visits)	0	0	0	0%	0
Attempted Inspections	153	191	148	5%	164
Other	5	16	10	0%	10
Total	3,684	3,519	2,982	100%	3,395
Virtual Inspections	1,754	538**	120	4%	804
On-Site Inspections	1,930	2,981	2,862	96%	2,591

**912 virtual inspections were conducted. However, 374 were considered purely telephonic inspections, that did not include video. Therefore, the telephonic inspections will not count towards the virtual inspection total.

The term "inspections" includes inspections, pre-inspections, partial-inspections, and inspection-visits. These terms are described below:

A. Virtual Inspections are full inspections of licensed facilities in which Compliance field staff assess the compliance of the facility remotely with each of the items on the inspection report form.

B. On-Site Inspections are full inspections of licensed facilities in which Compliance field staff assess the compliance of the facility with each of the items on the inspection report form.

C. Pre-Inspections are partial inspections that occur prior to issuing the pharmacy license. The Compliance field staff determines if the pharmacy has the required items to open and operate a pharmacy in compliance with the laws and rules governing the practice of pharmacy. A pharmacy license is not issued to the facility unless the facility can pass the pre-inspection process.

D. Partial-Inspections are inspections of licensed facilities in which Compliance field staff assess the compliance of the facility with a portion of the items on the inspection report form. In addition, partial inspections include follow-up inspections of pharmacies that received a "Warning Notice" to determine if the pharmacies have corrected the discrepancies listed on the "Warning Notice."

E. Inspection-Visits are inspections of non-licensed facilities or utilized to obtain records in a licensed facility, but no inspection is conducted.

COM-01 continued

Number of Inspections/Visits by Class	FY22	FY23	FY24	% of FY24	3 Year Average
Class A Pharmacies	2,580	2,219	1,980	66%	2,260
Class A-S Pharmacies	189	244	202	7%	212
Class B Pharmacies	19	23	21	1%	21
Class ASC-C Pharmacies	171	180	152	5%	168
Class C Pharmacies**	208	227	139	5%	191
Class C-S Pharmacies	204	241	230	8%	225
Class D Pharmacies	166	211	123	4%	167
Class F Pharmacies	132	148	114	4%	131
Class G Pharmacies	15	26	21	1%	21
Class H Pharmacies	0	0	0	0%	0
Total	3,684	3,519	2,982	100%	3,395

Purpose of Inspection- Inspection Type (In Order of Priority)	FY22	FY23	FY24	% of FY24	3-Yr. Avg.
Complaint	1	0	1	0%	1
Follow-up to Disciplinary Order	0	1	0	0%	0
Pre-Inspection New	154	150	117	4%	140
New Pharmacies	214	220	172	6%	202
Change of Ownership	20	10	66	2%	32
Preceptor	0	0	0	0%	0
Follow-up to "Warning Notice"	27	75	70	2%	57
Routine Inspections	3112	2904	2431	82%	2,816
Rank Change	15	16	21	1%	17
Reverse Rank Change	1	0	0	0%	0
Licensee Request	74	62	62	2%	66
Sterile Compounding (High Risk)	1	8	9	0%	6
Theft and Loss	0	0	0	0%	0
Other	65	73	33	1%	57
Total	3,684	3,519	2,982	100%	3,395

COM-02

Number of Warning Notices* Issued by Class	FY22	FY23	FY24	% of FY24	3 Year Average
Class A Pharmacies	277	363	269	65%	303
Class A-S Pharmacies	51	83	61	15%	65
Class B Pharmacies	2	5	4	1%	4
Class ASC-C Pharmacies	4	5	4	1%	4
Class C Pharmacies**	6	7	7	2%	7
Class C-S Pharmacies	36	57	52	13%	48
Class D Pharmacies	4	13	8	2%	8
Class F Pharmacies	8	6	6	1%	7
Class G Pharmacies	3	3	1	0%	2
Class H Pharmacies	0	0	0	0%	0
Total	391	542	412	100%	448

* A pharmacy may be issued a "Warning Notice" for non-compliance with more than one condition.

Conditions Receiving Warning Notices					
Percentages are based on the total number of Warning Notices issued to Pharmacies in FY2024. Note - Pharmacies may be issued a Warning Notice for non-compliance with more than one condition.					
Type of Violation	FY22	FY23	FY24	% FY24	3 Year Average
Equipment	26	40	25	2%	30
Balance Failed Inspection	16	23	16		20
Equipment Inspection Due	10	17	9		14
Insufficient Equipment	0	0	0		0
Pharmacy Technicians	46	85	64	5%	65
No/Incomplete Training	40	74	60		58
No/Improper Supervision	3	4	2		3
Improper Registration	2	5	1		3
Supportive Personnel Name Tags	1	2	1		1
Inadequate Library	15	11	10	1%	12
Counseling Area	0	0	0	0%	0
Licenses	27	25	15	1%	22
Licenses Not Posted	23	23	14		20
Delinquent Licenses	4	2	1		2
Prescriptions	48	43	29	2%	40
Lack Proper Information	0	0	0		0
Prescription Label Incorrect	18	21	23		21
Non-Emergency CII	0	0	0		0
Triplicate Non-Compliance	30	22	6		19
Drug Stock/Environment	86	144	95	7%	108
Improper Environment	26	35	33		31
Out-of-Date Drug Stock	0	0	0		0
Security	27	35	13		25
Unsanitary/ Orderly/ Clean	16	34	22	2%	24

COM-02 continued

Type of Violation	FY22	FY23	FY24	% FY24	3 Year Average
Improper Drug Storage/ Refrigerator Temp Log	12	20	15		16
Area for Non-Sterile Compounding	3	20	12		12
Violation of Limited Formulary	0	0	0		0
Prohibited Drugs (Class D)	2	0	0		1
Inventory	86	102	87	7%	92
No Annual Inventory	42	59	40		47
No Change of Ownership Inventory	6	0	7		4
No Change of PIC Inventory	26	16	15		19
Incomplete Inventory	11	24	21		19
No Perpetual inventory (Class C)	0	1	1		1
Improper Drug Destruction	1	2	3		2
Improper Prepackaging Procedures	12	24	20	2%	19
Computer Systems	46	38	30	2%	38
Computer Records Incomplete	33	10	0		14
Computer Records/ System Non-Compliance	13	28	30		24
Records	90	83	38	3%	70
Records Not Available	34	29	10		24
DEA Order Forms Incomplete	0	0	0		0
Absence of R.Ph. Record	2	6	1		3
Rx Not Separated	0	4	1		2
Rx Records not Numerical Order	0	0	0		0
Improper Transfer of RX	3	0	0		1
Invoices Not Separated/Retrievable/ Dated & Initialed	29	25	20		25
No Complaint Notification	16	5	1		7
RPh visits/ contact documentation	2	8	2		4
Improper Refill Documentation-CIII-CV over 5X/6 Mo.	4	6	3		4
OBRA Violations	22	36	49	4%	36
Written Information Not Provided	7	5	9		7
No Patient Counseling	10	29	34		24
PMR Absent or Incomplete	5	2	6	3%	4
Sterile Pharmaceutical Violations	271	447	300	34%	339
No/Incomplete QA/QC	1	1	1		1
No/Incomplete P&P Manual	15	55	31		34
No/Inadequate Preparation Area	0	0	0		0
IV Preparation	0	0	0		0
No Drug Regimen Review	7	6	3		5
Cytotoxic/Bio Procedures	0	0	0		0
Anteroom air is not ISO 8	5	7	1		4
Buffer area is NOT ISO 7	5	7	1		4
No Separate buffer room for high-risk CSPs	0	1	1		1
Buffer area not free of water source	0	2	1		1

COM-02 continued

Type of Violation	FY22	FY23	FY24	% FY24	3 Year Average
Improper design for hands free access	1	2	2		2
Buffer area not segregated/ monitored	0	0	1		0
Clean room not clean/ well-lit/ particle free	11	28	8		16
Clean room not solely used for CSP	0	2	0		1
Improper floor covering in clean room	1	2	0		1
Surfaces not smooth/ impervious/ crevice-free	15	51	33		33
Anteroom sink not hands free/hot & cold/closed system of soap	2	2	0		1
Improper room temperature in clean room	17	27	11		18
Drugs/ supplies stored on floor of clean room	1	1	0		1
Clean room contains inappropriate supplies	3	4	0		2
PEC does not maintain ISO 5	1	3	0		1
Improper location of PEC	0	1	0		0
Untimely certification of PEC	5	4	1		3
Improper procedures for PEC prefilters	1	1	1		1
Improper pressure differential for PEC	1	1	0		1
No pressure gauge in clean room	6	5	5		5
Improper documentation of pressure monitoring	6	2	8		5
Insufficient training for RPH	10	14	3		9
Insufficient training for Tech	6	9	4		6
Improper testing prior to compounding	19	26	28		24
Improper testing after failure	0	0	0		0
Untimely evaluation/ testing	15	25	14		18
Improper testing for all types of CSPs	0	0	0		0
Inadequate Library: Injectables	0	1	0		0
Inadequate Library: Specialty reference	0	0	1		0
Inadequate Library: USP	2	2	4		3
Dispensing commercially available	0	1	1		1
No written agreement with DR	1	1	1		1
QC Procedures not followed	2	2	3		2
RPh not available at all times	1	0	0		0
No thermometer in refrigerator	1	0	2		1
Inadequate supplies for aseptic mixing	0	0	0		0
Improper equipment for CSP	4	10	9		8
Improper pkg/ delivery containers	0	0	1		0
Inadequate cleaning solutions	1	0	0		0
Inadequate handwashing agents	0	1	0		0
No lint-free wipes	0	0	0		0
Inadequate gowns/ garb	0	5	2		2
Improper calibration of automated compounding device	1	0	0		0
Improper SOP: Facility	1	0	2		1

COM-02 continued

Type of Violation	FY22	FY23	FY24	% FY24	3 Year Average
Improper SOP: Accuracy checks	3	3	2		3
Improper SOP: QA	2	4	3		3
Improper SOP: Prep Recall	8	5	9		7
No COA for drug ingredients	0	0	1		0
Personnel: Cosmetics	1	0	1		1
Personnel: Jewelry	2	2	3		2
Personnel: Artificial nails	0	0	2		1
Personnel: Shoe covers	0	0	0		0
Hygiene of nails	2	3	4		3
Improper hand washing	1	4	5		3
Improper gowning	0	2	2		1
Improper drying	0	1	1		1
Failure to use alcohol-based scrub	8	18	13		13
Failure to use sterile alcohol	0	1	1		1
Failure to conduct accuracy checks	0	2	2		1
Improper label: Generic name	0	0	0		0
Improper label: CSP statement	1	2	3		2
Improper Labeling: Lot #	0	0	2		1
Improper Labeling: Qty	0	0	0		0
Improper Labeling: Ancillary	0	0	0		0
Improper BUD	4	7	3		5
Improper cleaning: Start of day	0	0	0		0
Improper mopping	8	0	4		4
Improper Cleaning: walls/ ceiling	5	5	4		5
Improper Cleaning: Supplies	1	0	1		1
Improper doc of cleaning	8	10	9		9
Cleaning by untrained personnel	1	0	1		1
High Risk: Improper testing of batches	0	2	0		1
High Risk: Improper cleaning	0	1	0		0
High Risk: Improper sterilization	1	1	0		1
High Risk: Improper pre-sterilization	2	3	2		2
High Risk: Improper re-entry	1	5	3		3
Hazardous Prep: Improper apparel	1	1	1		1
Hazardous Prep: Improper disposal	0	0	0		0
Hazardous Prep: Improper hood	1	1	0		1
Hazardous Prep: Improper pressure	3	2	1		2
Hazardous Prep: Improper pressure monitor	0	0	1		0
Hazardous Prep: Low volume noncompliance	2	0	0		1
Hazardous Prep: Improper storage	0	1	0		0
Hazardous Prep: Improper labeling	0	0	1		0
Failed to keep records	0	3	2		2

COM-02 continued

Type of Violation	FY22	FY23	FY24	%FY24	3 Year Average
Improper Record: Date	3	2	2		2
Improper Record: Formula	4	1	0		2
Improper Record: Compounder initials	1	2	2		2
Improper Record: Initials of final checker	1	5	2		3
Improper Record: Container used	1	2	1		1
Improper Record: Qty	1	1	2		1
Improper Record: BUD	5	5	3		4
Improper Record: QC	0	3	2		2
Incomplete master worksheets	1	1	1		1
Worksheet not approved by RPh	0	1	0		0
Failure to review records	9	6	4		6
Inappropriate sampling plan	4	13	3		7
Air environment evaluation by untrained staff	3	0	5		3
Untimely air sampling	4	3	2		3
No/Incomplete Non-Sterile Cpd Records	37	96	66	8%	66
Improper Distribution	5	15	0	0%	7
No PIC	20	0	8	1%	9
Dispensing	21	18	22	3%	20
Improper Dispensing/ Corresponding Responsibility	7	9	6		7
Aiding and Abetting	6	2	1		3
Illegal Dispensing	0	1	3		1
Substitution Non-Compliance	0	0	0		0
Out-of-State Rx's for Controlled Substances	0	0	0		0
Improper Emergency Room Dispensing	0	0	0		0
Improper Automated Dispensing Procedures	8	6	9		8
Shipping into other states without license	0	0	2		1
Improper Provision	0	0	1		0
Improper Advertising	0	0	0	0%	0
Notification Violation	29	28	12	1%	23
Theft & Loss of C/S Not Reported	5	8	2	0%	5
Gray Market diversion/ Samples	0	0	0	0%	0

COM-02 continued

Improper Closing/Change of Ownership	9	6	5	1%	7
Improper Inpatient Records (Class C)	0	0	0	0%	0
			877	100%	

COM-03

SUMMARY OF RANDOM COMPOUNDED SAMPLE TESTING PROGRAM IN NON-RESIDENT CLASS E-S PHARMACIES

	FY22	FY23*	FY24*
Number of Non-Sterile Samples Tested	0	0	0
<i>Number of Potency Failures</i>	0	0	0
Number of Sterile Samples Tested	60	0	0
<i>Number of Potency Failures</i>	0	0	0
<i>Number of Sterility Failures</i>	0	0	0
<i>Number of Fungal Failures</i>	0	0	0
<i>Number of Endotoxin Failures</i>	0	0	0
Total Number of Samples Tested	60	0	0

* Due to the prior vendor ceasing contractual obligations and the subsequent procurement process for a new vendor, staff's ability to collect and submit pharmacy samples for analysis was impacted in FY2023 and 2024.

SUMMARY OF RANDOM COMPOUNDED SAMPLE TESTING PROGRAM IN TEXAS PHARMACIES

	FY22	FY23*	FY24*
Number of Non-Sterile Samples Tested	0	0	0
<i>Number of Potency Failures</i>	0	0	0
Number of Sterile Samples Tested	0	0	0
<i>Number of Potency Failures</i>	1	0	0
<i>Number of Sterility Failures</i>	0	0	0
<i>Number of Fungal Failures</i>	0	0	0
<i>Number of Endotoxin Failures</i>	0	0	0
Total Number of Samples Tested	0	0	0

* Due to the prior vendor ceasing contractual obligations and the subsequent procurement process for a new vendor, staff's ability to collect and submit pharmacy samples for analysis was impacted in FY2023 and 2024.

COM-04**Applications**

Activity	FY22	FY23	FY24
New Class D (Clinic) Pharmacy Applications and Change of Ownership Applications	19	129	10
New Class B (Nuclear) Pharmacy Applications	4	0	3
Petitions for Expanded Formularies for Class D (Clinic) Pharmacies (New Petitions and Renewal Applications)	64	82	39
Petitions for Alternative Visitation Schedules for Class D (Clinic) Pharmacies	134	44	109
Notifications of Temporary Locations for Class D (Clinic) Pharmacies	1	8	0
Standard Class D Formularies Reviewed	11	14	10

COM-05

Date	Presentation	Attendance (approx.)
9/12/2023	Texas Pharmacy Laws and Rules (HEB)	550
9/14/2023	Texas Pharmacy Laws and Rules (East Texas Society of Health System Pharmacies)	16
9/14/2023	Texas Pharmacy Laws and Rules (HEB)	552
9/29/23	Texas Pharmacy Laws and Rules (TSU)	129
10/14/2023	Texas Pharmacy Laws and Rules (AASHP)	40
10/24/2023	Regulations for Sterile Compounding (UNT)	70
11/1/2023	Texas Pharmacy Laws and Rules (DSHS)	62
11/6/2023	Regulations for Sterile Compounding (UT College of Pharmacy)	62
11/7/2023	Texas Pharmacy Laws and Rules (HSCS/SSLC Pharmacy Directors)	70
11/11/2023	Texas Pharmacy Laws and Rules (GCHSP)	55
11/15/2023	Texas Pharmacy Laws and Rules (UIW/BCPA)	40
11/18/2023	Texas Pharmacy Laws and Rules (ESSA)	127

COM-05 continue

Date	Presentation	Attendance (approx.)
12/14/2023	Texas Pharmacy Laws and Rules (Harris Health)	250
1/18/2024	Texas Pharmacy Laws and Rules (TACHC)	24
1/23/2024	Texas Pharmacy Laws and Rules (LHPA)	40
1/25/2024	Texas Pharmacy Laws and Rules (HAPA)	24
2/24/2024	Texas Pharmacy Laws and Rules (TAIPO Unite)	59
3/2/2024	Texas Pharmacy Laws and Rules (WTPA)	35
3/7/2024	Texas Pharmacy Laws and Rules (DAPA)	45
4/3/2024	Texas Pharmacy Laws and Rules (Houston Kroger)	115
4/22/2024	Texas Pharmacy Laws and Rules (Memorial Hermann)	250
4/27/2024	Texas Pharmacy Laws and Rules (ASCP South Central Regional)	34
5/2/2024	Texas Pharmacy Laws and Rules (Memorial Hermann)	250
5/13/2024	Inspections and Rules Update (Sams Club DFW Regional)	42
6/12/2024	Texas Pharmacy Laws and Rules (Houston Methodist)	187
7/30/2024	Texas Pharmacy Laws and Rules (Texas Health Dallas)	150
Total	26	3,278

ENF-01

Complaints Received and Closed

Year	Complaints Received	% Change Complaints Received Previous Year	Complaints Closed	% Change Complaints Closed Previous Year	% Complaints Closed	*Resolution Time (Agency Average)	% Change Time
FY20	5,150	-9%	5,544	-4%	108%	127 Days	-12%
FY21	5,693	+11%	6,069	+9%	107%	125 Days	-2%
FY22	7,501	+32%	7,120	+17%	95%	84 Days	+1%
FY23	6,884	-8%	6,792	-5%	99%	103 Days	+ 23%
FY24	6,930	+1%	7,025	3%	101%	96 Days	-7%

ENF-02

Dispensing Error Complaints

Type of Dispensing Error	FY20	FY21	FY22	FY23	FY24	5-Year Avg.
Wrong Drug/Strength or Wrong Directions for Use	74	117	146	227	249	163
Mislabeled	11	5	12	12	12	10
Dispensed Wrong Quantity	42	31	58	88	103	64
Dispensed Outdated Drug	5	15	5	13	25	13
Packaging/Delivery Error	25	32	26	47	59	38
Error + No Counseling	0	8	1	3	0	2
Total # Dispensing Error Complaints	157	208	248	390	448	290
Total # Complaints Closed	5,544	6,070	7,120	6,792	7,025	6,510
% Dispensing Error Complaints	3%	3%	3%	6%	6%	4%

ENF-03

Data on Form of Complaints

Form of Complaints	FY22	FY23	FY24	% of FY24	3-Yr. Avg.	% of 3-Yr. Avg.
Telephone	29	10	13	N/A	17	N/A
Letter	128	99	83	1%	103	1%
TSBP Complaint Form	123	101	72	1%	99	1%
HPC 800 #	0	0	0	N/A	N/A	N/A
Fax	13	12	10	N/A	12	N/A
Visit	0	0	0	N/A	N/A	N/A
Agency Report	200	251	273	4%	241	3%
Inspection	86	75	72	1%	78	1%
Interoffice Referral	167	118	56	1%	114	2%
Licensure Application	2,082	1,844	1,814	26%	1,913	27%
Data Bank	124	135	103	1%	121	2%
Theft/Loss Report	1,500	1,226	1,261	18%	1,329	19%
Investigation	529	545	538	8%	537	8%
Intra-Agency Referral	65	29	49	1%	48	1%
Malpractice Report	3	1	0	N/A	1	N/A
Press Clip	3	5	4	N/A	4	N/A
Email *	436	186	239	3%	287	4%
Internet *	1,047	1,568	1,774	25%	1,463	21%
Background Checks **	584	587	664	9%	612	9%
Other	1	0	0	N/A	<1	N/A
TOTAL	7,120	6,792	7,025	100%	6,979	100%

* TSBP accepts complaints via email, as well as through the agency's website (Internet). TSBP makes a distinction between email complaints (where the complainant sends an electronic message/ complaint to a TSBP employee) and Internet complaints (where the complainant completes the on-line TSBP complaint form). TSBP began accepting on-line complaints in the Spring of 2001.

** Category includes daily and quarterly reports.

N/A – not applicable, value less than 0.01

ENF-04

DATA ON SOURCE OF COMPLAINTS CLOSED

Source of Complaints	FY22	FY23	FY24	% of FY24	3-Yr. Avg.	% of 3-Yr. Avg.
Consumer	943	1,396	1,572	22%	1,304	19%
Government Agency	634	720	862	12%	739	11%
Pharmacist	46	65	55	<1%	55	<1%
Pharmacist (Self)	29	36	35	N/A	33	N/A
Pharmacist Applicant	84	14	35	N/A	44	<1%
Technician	8	6	5	N/A	6	N/A
Technician (Self)	7	11	12	N/A	10	N/A
Tech Applicant	195	180	204	3%	193	3%
Technician Trainee	2	5	7	N/A	5	N/A
Tech Trainee (Self)	1	2	9	N/A	4	N/A
Tech Trainee Applicant	1,600	1,291	1,289	18%	1,393	20%
Intern	1	1	2	N/A	1	N/A
Intern Applicant	4	6	3	N/A	4	N/A
TSBP	1,222	1,251	1,130	16%	1,201	17%
Doctor	86	82	101	1%	90	1%
Other Health Professional	54	91	77	1%	74	1%

ENF-04 continued

Source of Complaints	FY22	FY23	FY24	% of FY24	3-Yr. Avg.	% of 3-Yr. Avg.
NABP	130	140	102	1%	124	2%
PIC, Pharmacy Manager, or Supervisor	1,627	1,295	1,353	19%	1,425	20%
Pharmacy Self-Report	9	7	12	N/A	9	N/A
Out of State Pharmacy Self-Report	60	47	31	N/A	46	<1%
Employee/Ex-Employee –RPH	18	18	18	N/A	18	N/A
Employee/Ex-Employee TCH/TNT	14	32	24	N/A	23	N/A
Loss Prevention Officer (Corporate)	0	0	1	N/A	N/A	N/A
Manufacturing Rep.	280	66	36	1%	127	2%
Professional Recovery Network (PRN)	10	5	12	N/A	9	N/A
Insurance Company	41	19	24	N/A	28	N/A
Attorney	3	2	3	N/A	3	N/A
Employee/Ex-Employee	0	1	4	N/A	2	N/A
Media	2	1	1	N/A	1	N/A
Drug Screening Co.	10	2	1	N/A	4	N/A
Other	0	0	5	N/A	2	N/A
TOTAL	7,120	6,792	7,025	100%	6,979	100%

N/A – not applicable, value less than 0.01

ENF-05

Data on Subject of Complaints

Subjects of Complaints	FY2022	FY2023	FY2024	3-Yr. Average
Licensees (RPh/Pharmacy)	4,185 (59%)	4,183 (62%)	4,345 (60%)	4,238 (61%)
Pharmacist	502	654	675	610
In-State Pharmacy	3,468	3,350	3,426	3,415
Out-of-State Pharmacy	215	179	244	213
Registrants (Intern/Tech)	820 (12%)	786 (12%)	892 (13%)	832 (12%)
Intern	15	10	24	16
Technician	518	439	471	476
Technician Trainee	287	337	397	340
Applicants (Lic & Reg)	2,054 (29%)	1,774 (26%)	1,736 (25%)	1,855 (27%)
Pharmacist	137	95	90	107
Pharmacy	75	173	111	120
Intern	42	33	37	37
Technician	197	181	205	194
Technician Trainee	1,603	1,292	1,293	1,396
Non-Licensees	61 (<1%)	49 (<1%)	52 (1%)	54 (1%)
Doctor	0	0	0	N/A
Manufacturer	0	0	0	N/A
Wholesaler	0	0	1	N/A
Non-Licensed Facility or Person	61	49	48	53
Insurance Company/PBM	0	0	2	1
Out-of-State Facility	0	0	0	N/A
Other	0	0	1	N/A
TOTAL	7,120	6,792	7,025	6,979

Data on Alleged Violations of Complaints

Alleged Violation	FY2022	FY2023	FY2024	3-Yr. Avg.	% of 3-Yr. Avg.
Diversions	6	11	4	7	N/A
Controlled Substances (C/S)	4	7	2	4	N/A
Dangerous Drugs (D/D)	0	0	0	N/A	N/A
Both (C/S & D/D)	2	4	2	3	N/A
Internet Rxs	0	0	0	N/A	N/A
Unauthorized Dispensing	8	7	7	7	N/A
Controlled Substances	2	4	1	2	N/A
Dangerous Drugs	5	3	5	4	N/A
Both (C/S & D/D)	1	0	1	1	N/A
Illegal Delivery	0	0	0	N/A	N/A
Controlled Substances	0	0	0	N/A	N/A
Dangerous Drugs	0	0	0	N/A	N/A
Both (C/S & D/D)	0	0	0	N/A	N/A
Illegal Possession	0	0	1	N/A	N/A
Controlled Substances	0	0	1	N/A	N/A
Dangerous Drugs	0	0	0	N/A	N/A
Both (C/S & D/D)	0	0	0	N/A	N/A
Convictions/Criminal Offenses	1,128	934	936	999	14%
Felony	69	57	67	64	<1%
Misdemeanor	218	141	178	179	3%
DWI/PI	489	417	445	450	6%
Deferred Adjudication	321	301	238	287	4%
Offense on Application	31	18	8	19	N/A
Dispensing Error	248	390	448	362	5%
Wrong Drug/Strength	146	227	249	207	3%
Mislabeling	12	12	12	12	N/A
Wrong Quantity	58	88	103	83	1%
Outdated Drug	5	13	25	14	N/A
Packaging/Delivery	26	47	59	44	<1%
Dispensing Error and No or Improper Patient Counseling	1	3	0	1	N/A
No or Improper Patient Counseling	20	20	25	22	N/A
No or Improper Drug Regimen Review	19	25	22	22	N/A
Theft/Loss of C/S and/or D/D	1,499	1,217	1,244	1,320	19%
Non-Therapeutic Dispensing	91	65	28	61	<1%
Action by Other Board	290	288	261	280	4%
Non-Compliance with Substitution Rules	6	12	15	11	N/A
Non-Compliance with Disciplinary Order	219	257	270	249	4%
Non-Compliance with PRN Contract	9	5	12	9	N/A
Interference with Doctor/Patient Relationship	258	357	415	343	5%
Confidentiality	21	69	67	52	<1%
Failed to Keep Records	0	0	2	1	N/A
Negligence	5	1	5	4	N/A
Unsafe Practice	13	25	10	16	N/A
Compounding	11	10	19	13	N/A
Unprofessional Conduct	47	32	40	40	N/A
Gross Immorality	0	0	0	N/A	N/A
Fraud	189	155	213	186	3%
Fraud, Deceit & Misrepresentation	20	24	24	23	N/A
Falsified Response to Warning Notice	0	0	0	N/A	N/A

ENF-06 continued

Alleged Violation	FY2022	FY2023	FY2024	3-Yr. Avg.	% of 3-Yr. Avg.
Falsified Application	42	53	54	50	<1%
Filled/Passed Forged Prescription	24	34	23	27	N/A
Insurance Fraud	103	44	110	86	1%
Medicare Fraud	0	0	2	1	N/A
Impairment	24	14	7	15	N/A
Probable Cause	22	11	6	13	N/A
Drug & Alcohol	0	1	0	N/A	N/A
Drug	1	0	1	1	N/A
Alcohol	0	2	0	1	N/A
Physical	0	0	0	N/A	N/A
Mental	1	0	0	N/A	N/A
Changed Prescription	5	10	17	11	N/A
Aiding and Abetting	1	5	4	3	N/A
Technician working with No/Del Registration	21	12	18	17	N/A
Non-Therapeutic Prescribing (Doctor)	0	1	0	N/A	N/A
Excessive Purchases of Controlled Substances	279	63	38	127	2%
Anabolic Steroids	0	0	0	N/A	N/A
Grey Market Diversion	0	0	0	N/A	N/A
Samples	0	0	0	N/A	N/A
Technician Violation	0	0	1	N/A	N/A
Improper Security	0	1	1	1	N/A
Problem with OTC Drug	0	1	0	N/A	N/A
Closed Pharmacy Improperly	17	5	1	8	N/A
Operating Pharmacy without License	1	1	2	1	N/A
Working Conditions	10	19	8	12	N/A
Delinquent License	1	3	3	2	N/A
Kickbacks	0	0	2	1	N/A
No PIC	246	145	115	169	2%
Recordkeeping Error	88	119	144	117	2%
Notification Violation	2	1	1	1	N/A
No Annual/PIC/DEA Inventory	1	5	5	4	N/A
C-II Rx	3	1	1	2	N/A
Improper Rx's Issued by Doctors	0	0	0	N/A	N/A
Advertising	0	1	0	N/A	N/A
Overcharging	0	0	0	N/A	N/A
Billing Dispute	74	108	114	99	1%
Customer Service	216	370	415	334	5%
Hot Check	0	0	0	N/A	N/A
Accountability Audit Discrepancies (shortages/overages)	0	5	6	4	N/A
CE Audit	0	0	0	N/A	N/A
Default on Student Loans	0	0	0	N/A	N/A
Shipping to Other States without a License	6	0	3	3	N/A
Other Allegations	1,994	1,989	2,031	2,005	29%
Texas Pharmacy Act	141	104	93	113	2%
Texas Dangerous Drug Act	4	2	1	2	N/A
Texas Controlled Substances Act	19	31	25	25	N/A
Food Drug & Cosmetic Act	29	18	24	24	N/A
TSBP Rule	230	280	277	262	4%
Other Laws/Rules	1,571	1,554	1,611	1,579	23%
Request Disciplinary Action	7	7	6	7	N/A
Reinstatement	11	7	10	9	N/A
Modification	26	19	28	24	N/A
TOTAL	7,120	6,792	7,025	6,979	100%

N/A – not applicable, value less than 0.01

Data on Resolution of Complaints

	FY2022	FY2023	FY2024	3-Yr. Avg.	% of 3- Yr. Avg.
Investigations Not Resulting in Disciplinary Action:	4,460	4,285	4,380	4,375	63%
Investigate + Dismissal (Warning) Letter	811	753	676	747	11%
Investigate + Complaint Closed with Verbal Warning	384	480	435	433	6%
Investigate + Complaint Closed with No Action Due to Insufficient Evidence to Prove Violation Occurred	2,299	2,080	2,289	2,223	32%
Investigate + Lost Jurisdiction (registration expired)	95	129	127	117	2%
Inspections	4	9	6	6	N/A
Inspection + Warning Notice or Dismissal Letter	3	5	2	3	N/A
Application Withdrawn	56	41	39	45	<1%
Pharmacy Closed	148	110	108	122	2%
Other *	660	678	698	679	10%
Investigations Resulting in Disciplinary Action:	528	589	603	573	8%
Agreed Board Order	313	355	392	353	5%
Board Order	50	52	57	53	<1%
Preliminary Notice Letter + Dismissal (Warning) Ltr.	0	0	3	1	N/A
PNL + Application Withdrawn (with or without Informal Conference)	108	121	89	106	2%
PNL + Informal Conference + Dismissal Letter	6	5	5	5	N/A
PNL + Informal Conference + Case Dismissed	3	1	5	3	N/A
PNL + Case Dismissed or Other	2	3	1	2	N/A
PNL + Remedial Plan	46	52	51	50	<1%
Temporary Suspension Hearing + Case Dismissed	0	0	0	N/A	N/A
Referrals To:	27	25	14	22	N/A
Medical Board	0	0	0	N/A	N/A
PRN Program	1	3	1	2	N/A
Supervisor	16	9	7	11	N/A
Other Agency	10	13	6	10	N/A
No Action Because:	2,105	1,893	2,028	2,009	29%
No Violation	536	810	934	760	11%
No Jurisdiction	56	55	44	52	<1%
Insufficient Information	11	48	78	46	1%
Other **	1,502	980	972	1,151	16%
TOTAL	7,120	6,792	7,025	6,979	100%

* Represents miscellaneous actions, such as: complainant has withdrawn complaint, multiple actions [e.g., investigation and refer to PRN, complainant will not cooperate with investigation, alleged violation has already been addressed by a previous (recent) compliance inspection or the resolution is not described by the above categories].

** Violation not substantive (e.g., report of theft/loss of small quantity of controlled substance).

N/A = Not Applicable, value is below 0.01

Employee Pilferage Reports

EMPLOYEE THEFT BY DRUG CATEGORY	No. of Reported Instances of Theft	DUs	Tech or Tech Trainee	RPH	LVN	RN or CRNA	Other ^{1/} Unknown Employee
TABLETS							
Analgesic	24	8,398	9	3	0	5	2
Barbiturate	2	6	1	0	0	0	1
Benzodiazepine	34	9,661.5	11	4	0	5	3
Buprenorphine	3	77	1	2	0	0	0
Codeine	12	878	6	2	0	2	1
Muscle Relaxant	3	95	3	0	0	0	0
Opiate	40	17,692	11	3	0	24	2
Sedative	10	3,460	5	2	0	2	1
Stimulant	16	6,984	9	3	0	1	1
Dangerous Drugs	3	n/a	0	1	0	1	0
SUBTOTAL	147	47,251.5					
LIQUIDS							
Benzodiazepine	14	107.75	1	0	0	11	2
Buprenorphine	1	4	0	0	0	1	0
Codeine	1	2,594	1	0	0	0	0
Ketamine (depressant)	4	74	0	0	0	4	0
Opiate	43	3,896.9	0	0	0	40	3
Sedative	1	10	0	0	0	1	0
Steroid	3	28	3	0	0	0	0
Dangerous Drugs	6	545	1	0	0	5	0
SUBTOTAL	73	7,259.65					

¹ Other covers theft or loss reported due to medical doctor, ENT, patient; customer; unknown; or non-licensed/registered employee. No student pharmacist-interns were identified during this reported period.

ENF-09

Employee Pilferage of Benzodiazepines & Opioids

DRUG	# of Reported Instances	DUs	Tech or Tech Trainee	RPH	LVN	RN or CRNA	Other ^{1/} Unknown Employee
TABLETS							
Alprazolam	26	6,699	14	3	0	1	2
Chlordiazepoxide	1	5	0	0	0	0	1
Clonazepam	12	1,650	7	2	0	1	1
Clorazepate	1	1	1	0	0	0	0
Diazepam	8	157	5	0	0	1	2
Diphenoxylate-Atropine	2	2	1	0	0	0	1
Estazolam	1	4	1	0	0	0	0
Hydrocodone	28	16,688	10	2	0	15	1
Hydromorphone	3	153	2	0	0	1	0
Lorazepam	10	1,043.5	6	1	0	2	1
Morphine	3	100	1	0	0	2	0
Oxycodone	15	749	2	2	0	11	0
Temazepam	3	96	3	0	0	0	0
Triazolam	1	6	1	0	0	0	0
Zolpidem	5	2,843	3	1	0	0	1
Total	119	30,196.5					
LIQUID							
Fentanyl	22	1,673.5	0	0	0	19	3
Hydromorphone	20	1,983.4	0	0	0	19	1
Lorazepam	4	4	0	0	0	4	0
Meperidine	2	5.5	0	0	0	2	0
Midazolam	11	103.75	1	0	0	8	2
Morphine	19	234.5	0	0	0	18	1
Total	79	4,004.65					
TOTALS							

¹ For reference, this chart also includes non-benzodiazepine, zolpidem (which is listed as a sedative in ENF-08)

Other covers theft or loss reported due to medical doctor, ENT, patient; customer; or unknown. No student pharmacist-interns were identified during this reported period.

ENF-10

Employee Pilferage by Employee Type

CLASSIFICATION OF EMPLOYEE	FY2022		FY2023		FY2024		% Change FY2023-FY2024
	Total # of Dosage Units	%	Total # of Dosage Units	%	Total # of Dosage Units	%	
Registered Pharmacist	3,799	17%	6,653.75	13%	3,007	6%	-55%
Pharmacist Intern	0	N/A	0	N/A	0	N/A	N/A
Registered Pharmacy Technician	9,869.5	44%	10,139	20%	34,425	63%	+240%
Pharmacy Technician-in-Training	333	1%	9,349	18%	11,550	21%	+24%
Physician	2	0%	0	N/A	5	0%	0%
Registered Nurse	1,351.5	6%	8,805.75	17%	4,716.65	9%	-46%
Certified Registered Nurse Anesthetist	943.5	4%	1,496	3%	228	0%	-85%
Licensed Vocational Nurse	28	0%	0	N/A	0	N/A	0%
Miscellaneous *	5,892	27%	14,879	29%	579	1%	-96%
TOTALS	22,219	100%	51,322.5	100%	54,510.65	100%	

** Total Dosage Units based on combined tablets & liquids in mls.

* Non-licensed employee, applicant, anesthesia assistant.

N/A = Not Applicable, value is below 0.01.

ENF-11

Performance Measures

Enforcement-Related Performance Measure	FY2024 Projected Performance	FY2024 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?*
Outputs:				
Jurisdictional Complaints Resolved	5,420	6,960	K	Exceeded
Number of Licensed Individuals Participating in a Peer Assistance Program	160	99	K	Not Met
Average Time for Jurisdictional Complaint Resolution	150	96	K	Exceeded
Percent of Jurisdictional Complaints Resolved Resulting in Disciplinary Action	10.0%	6%	K	Not Met
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95.0%	98%	K	Met
Recidivism Rate of Those Receiving Disciplinary Action	5.0%	11%	NK	Exceeded
Percent of Jurisdictional Complaints Resolved within Six Months	68.0%	80%	NK	Exceeded
Recidivism Rate for Participants in Peer Assistance Program	30.0%	23%	NK	Not Met
One-Year Completion Rate for Participants in Peer Assistance Program	80.0%	71%	NK	Not Met
Jurisdictional Complaints Received	5,500	6,876	K	Exceeded

* Within a 5% variance, TSBP's actual performance was either: equivalent to projected performance ("Met") or better than projected performance ("Exceeded").

ENF-12

Criminal History Reports

Criminal History Notification Type	FY2020	FY2021	FY2022	FY2023	FY2024
Daily Reports (fingerprints)	491	528	561	647	621
Quarterly Reports	31	18	32	22	23
Total	522	546	593	669	644

ENF-13

Total Number of Orders Entered by TSBP That Required Monitoring on Licensees (Pharmacists and Pharmacies), Interns, and Technicians

	FY2024	% of FY2024
Total Number of Orders on Licensees Requiring Monitoring	273	65%
Total Number of Orders on Technicians Requiring Monitoring	106	25%
Total Number of Orders Requiring Monitoring	379	90%
Total Number of Orders Not Requiring Monitoring	44	10%
Total Number of Orders Entered by TSBP in FY2024	423	100%

ENF-14

Types of Disciplinary Orders Entered on Licensees (Pharmacists and Pharmacies) and Interns That Required Monitoring

Sanction	FY2022 Orders	FY2023 Orders	FY2024 Orders	% of FY2024	3-Yr. Avg.	% of 3-Yr. Avg.
Revoke / Retire	35	36	37	13%	36	14%
Suspension	5	9	9	3%	8	3%
Restricted	1	3	4	1%	3	1%
Rehabilitation Orders*	4	9	9	3%	7	3%
Reinstatement	1	2	2	1%	2	1%
Fines or Probation Fees Only	100	96	100	34%	99	38%
Continuing Education, Texas Jurisprudence Exam, and/or Pharmacy Law Course (could also include fines and/or probation fees)	12	28	26	9%	22	8%
Continuous Quality Improvement Program, Self-Assessments, Policies/ Procedures, and/or Quarterly Reports (could also include fines and/or probation fees)	36	56	85	29%	59	23%
Public Orders Requiring Drug Screens	0	0	1	N/A	N/A	N/A
Total number of orders on licensees requiring monitoring	194	239	273	94%	235	92%
Total number of orders not requiring monitoring	27	19	17	6%	21	8%
Total orders	221	258	290	100%	256	100%

* Rehabilitation Orders which are not included in the following categories: Revocation, Restriction, Reinstatement, and Suspension.

N/A = Not Applicable, value is below 0.01.

ENF-15

Types of Disciplinary Orders Entered on Technicians That Required Monitoring

Sanction	FY2022 Orders	FY2023 Orders	FY2024 Orders	% of FY2024	3-Year Average	% of 3-Year Average
Revoke *	31	35	36	27%	34	26%
Suspension	7	8	7	5%	7	5%
Restriction	0	1	0	N/A	N/A	N/A
Fines Only	57	48	54	41%	53	40%
Other **	10	17	9	7%	12	9%
Total number of orders on technicians requiring monitoring	105	109	106	80%	107	81%
Total number of orders on technicians not requiring monitoring	25	23	27	20%	25	19%
Total number of orders on technicians	130	132	133	100%	132	100%

* *Disciplinary Orders that TSBP enters on Technicians and Technician Trainees contain language that will suspend a registration for non-compliance of conditions, and ultimately revoke a registration for continued non-compliance. During FY2024, TSBP revoked the registrations of 29 Technicians due to non-compliance.*

** *Orders not in other categories (e.g., probation with conditions; probation with conditions and fines; report required from Mental Health Professional)*

N/A = Not Applicable, value is below 0.01.

ENF-16

**Pharmacy Technicians / Pharmacy Technician Trainees Monitored
(with probation under conditions, including random drug screens)
by Enforcement Division**

*Pharmacy Technicians / Pharmacy Technician Trainees Monitored (with probation under conditions, including random drug screens) by Enforcement Division (FY2021 – FY2022)			
Fiscal Year	Total Orders	Total New Orders	Total Being Monitored
FY2022	10	10	18
FY2023	16	16	20
FY2024	9	9	15

* *TSBP entered 9 Orders on pharmacy technicians or pharmacy technician trainees who were subject to probation periods with random drug screening in FY2024. Of the 9 Orders, there were 9 Orders resulting in a pharmacy technician or pharmacy technician in training being added to the number who were being monitored at the end of FY2024, as reflected in the chart above. However, 15 technicians/tech-trainees were deleted from the list as a result of early termination of probation, successful completion of probation, death, revocation or retirement of the registration, registration expired, or application denied subsequent to entry of the Order.*

ENF-17

Confidential Disciplinary Orders Entered on Pharmacists and Interns

Nature of Violation	FY22	FY23	FY24	% of FY24	3-Yr. Avg.	% of 3-Yr. Avg.
Non-Compliance with ABO	6	7	7	25%	7	30%
Non-Compliance with PRN	0	4	2	7%	2	9%
Action by Other Boards	1	1	3	11%	2	9%
Audit Shortages	0	0	0	N/A	N/A	N/A
Alcohol-Related Conviction	2	1	0	N/A	1	4%
Theft of Prescription Drugs	0	0	0	N/A	N/A	N/A
Created Fraudulent Rx or Obtained C/S by Fraud	1	1	0	N/A	1	4%
Convictions	0	0	0	N/A	N/A	N/A
Deferred Adjudication	1	1	0	N/A	1	4%
Illegal Possession of Controlled Substances	0	0	0	N/A	N/A	N/A
Unauthorized Refills of Controlled Substances	0	0	0	N/A	N/A	N/A
Probable Cause/Dependency	2	2	7	25%	4	17%
Mental Impairment	0	0	1	4%	N/A	N/A
Request for Modification of Previously Entered ABO	7	2	5	18%	5	22%
Request for Retirement or Revocation	1	2	0	N/A	1	4%
Request for Reinstatement	0	0	3	11%	1	4%
TOTAL	21	21	28	100%	23	100%

N/A = Not Applicable, value is below 0.01.

ENF-18

Impaired/Recovering Pharmacists Monitored by Enforcement Division

Fiscal Year	Total Orders*	Total New Orders**	Total Being Monitored***
FY2020	35	14	76
FY2021	27	14	75
FY2022	21	6	62
FY2023	21	10	62
FY2024	28	15	59

* All confidential Orders entered by the Board involving an impaired pharmacist or intern (including revocations, modifications, and “second Orders” due to disciplinary action for violation of the terms of previously entered Orders). Of the 28 confidential pharmacist/intern Orders entered in FY2024, there were 15 Orders resulting in an impaired/recovering pharmacist or intern being added to the number who were being monitored at the end of FY2024 as set forth in Appendix Chart ENF-17. However, 16 pharmacists were deleted from the list as a result of early termination of probation, successful completion of probation, death, revocation or retirement of license, license expired, or application withdrawn subsequent to entry of order. Accordingly, as of August 31, 2024, a total of 59 impaired/recovering pharmacists or interns were being monitored by TSBP. The number of individuals being monitored at year-end, as compared to the year-end of previous fiscal years.

** An Order that resulted in one individual being added to the list of impaired pharmacists to be monitored.

*** Total number of pharmacists being monitored as of the last day of the reporting period. The number represents the new Orders entered by the agency during the fiscal year, minus the number of deletions made during reporting period (e.g., as a result of death, early termination of probation through the entry of an Order, and/or successful completion of probation).

TEXAS STATE BOARD OF PHARMACY
SANCTIONS IMPOSED BY THE ENTRY OF DISCIPLINARY ORDERS ON
PHARMACISTS, PHARMACIES, INTERNS, AND
APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS (FY2024)

		%	PHARMACIST	PHARMACY	TOTAL
LICENSES REMOVED	37	13%	13	24	
Revoke			6	24	30
Retire			7	0	7
SUSPENSIONS	10	3%	10	0	
Suspension			5	0	5
Suspension/Conditions			4	0	4
Suspension/Fine			0	0	0
Suspension/Fine/Conditions			1	0	1
PROBATIONS	36	12%	18	18	
Probation			4	5	9
Probation/Conditions			10	3	13
Probation/Fine			0	0	0
Probation/Fine/Conditions			4	10	14
RESTRICTED	4	1%	4	0	
OTHER	178	61%	69	109	
Fine			49	35	84
Fine/Conditions			1	8	9
Fine/Reprimand			1	0	1
Fine/Reprimand/Conditions			9	39	48
Reprimand			3	2	5
Reprimand/Conditions			6	25	31
Require MHP Evaluation			0	0	0
ISSUANCE LICENSE/REG	9	3%	6	3	
Grant/Suspension			1	0	1
Grant/Restrictions			0	0	0
Grant/Probation			2	2	4
Grant/Probation/Fine			0	0	0
Grant Probation/Fine/Conditions			0	0	0
Grant/Probation/Conditions			2	0	2
Grant/Reprimand/Fine			0	0	0
Grant/Fine			1	0	1
Grant/Fine/Conditions			0	0	0
Grant/Reprimand			0	1	1
REINSTATEMENTS	5	2%	5	0	
Grant			3	0	3
Grant/Probation/Conditions			1	0	1
Deny			1	0	1
MODIFICATIONS	11	4%	10	1	
Grant			10	1	11
Deny			0	0	0
TOTAL FY24			135	155	290

FY24 Orders Entered Against Pharmacist Licenses	135	47%
FY24 Orders Entered Against Pharmacy Licenses	155	53%
FY24 Total Disciplinary Orders on Pharmacist/Pharmacy	290	100%

TEXAS STATE BOARD OF PHARMACY
DISCIPLINARY ORDERS ON PHARMACISTS, INTERNS, AND
APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS (FY2024)
NATURE OF VIOLATIONS*

	RPH	PHY	TOTAL	TOTAL %
DIVERSION	4	1	5	2%
Illegal Delivery	0	0		
Illegal Poss of Rx Drugs	1	0		
Unauth Dispensing	0	1		
Theft	2	0		
Obtain C/S by Fraud	1	0		
No Valid Dr-Pt Relationship	0	0		
CONVICTIONS/DEFER ADJ	11	6	17	6%
Felony	6	0		
Misdemeanor	0	0		
Defer Felony	5	5		
Defer Misdemeanor	0	1		
Alcohol-Related	0	0		
AUDIT DISCREPANCIES	0	3	3	1%
Drug	0	3		
Continuing Education	0	0		
PRACTICE DEFICIENCIES	16	71	87	30%
Dispensing Errors	6	52		
Dispensing Errors/No Counsel/No DUR	9	17		
No Counsel/No DUR	0	1		
Compounding Sterile w/out Class S	0	0		
Shipping Rx to States w/out License	1	1		
UNPROFESSIONAL CONDUCT	67	70	137	47%
Aiding & Abetting	0	1		
TCH working w/no Active Registration	5	5		
Falsified Application	6	1		
Sterile Compounding w/out Training	0	0		
Impairment	8	0		
Action by TSBP or Other Boards	8	4		
Non-Compliance w/Previously Entered Order	8	0		
Non-Compliance w/PRN program	2	0		
Violation of Board Rules	30	59		
OTHER	37	4	41	14%
Modification	11	1		
Reinstatement	5	0		
Request for Revoke/Retire/Restrict	10	0		
Temporary Suspension Orders	0	0		
Other	11	3		
	0	0		
TOTAL FY24	135	155	290	100%

* Board Orders/Agreed Board Orders may contain more than one type of violation. However, for purposes of this list, only one type of violation has been identified. The identified violation was selected as the primary violation.

FY24 Orders Entered Against Pharmacist Licenses	135	47%
FY24 Orders Entered Against Pharmacy Licenses	155	53%
FY24 Total Disciplinary Orders on Pharmacist/Pharmacy	290	100%

TEXAS STATE BOARD OF PHARMACY
SANCTIONS IMPOSED BY THE ENTRY OF DISCIPLINARY ORDERS ON
PHARMACY TECHNICIANS, TECHNICIAN TRAINEES, AND
APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS (FY2024)

		TOTAL	PERCENT
REGISTRATION REMOVED		36	27%
Revoke	36		
Retire	0		
SUSPENSIONS		7	5%
Suspension	1		
Suspension/Probation	3		
Suspension/Probation/Conditions	0		
Suspension/Conditions	3		
Suspension/Fine/Probation/Conditions	0		
Suspension/Fine	0		
PROBATION		4	3%
Probation	2		
Probation/Conditions	2		
Probation/Fine	0		
Probation/Fine/Conditions	0		
RESTRICTED		0	N/A
OTHER		17	13%
Fine	13		
Fine/Conditions	0		
Fine/Reprimand	0		
Fine/Reprimand/Conditions	0		
Reprimand	4		
Reprimand/Conditions	0		
ISSUANCE REGISTRATION		60	45%
Grant/Suspension	2		
Grant/Suspend/Probation	4		
Grant/Suspension/Fine	0		
Grant/Probation	34		
Grant/Probation/Conditions	6		
Grant/Probation/Fine/Conditions	0		
Grant/Probation/Fine	0		
Grant/Fine	0		
Grant/Fine/Reprimand	0		
Grant/Reprimand	13		
Deny	1		
REINSTATEMENTS		1	1%
Grant	1		
Grant/Suspension/Probation/Conditions	0		
Grant/Suspension/Probation	0		
Grant/Probation	0		
Grant/Probation/Conditions	0		
Grant/Conditions	0		
Grant/Conditions/Reprimand	0		
Grant/Fine	0		
MODIFICATIONS	8	8	6%
TOTAL FY24		133	100%

TEXAS STATE BOARD OF PHARMACY
DISCIPLINARY ORDERS ON PHARMACY TECHNICIANS, TECHNICIAN TRAINEES,
AND APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS (FY2024)
NATURE OF VIOLATIONS*

		TOTAL	PERCENT
DIVERSION		3	2%
Theft	2		
Forged Rx	1		
Illegal Delivery	0		
CONVICTIONS/DEFERRED ADJUDICATIONS		77	58%
Felony	17		
Felony/False App	0		
Misdemeanor	6		
Misdemeanor/False App	0		
Defer Felony	34		
Defer Felony/False App	0		
Defer Misdemeanor	14		
Defer Misdemeanor/False App	0		
Alcohol-Related (e.g.,DWI)	6		
Alcohol-Related/False App	0		
IMPAIRMENT		0	N/A
Drug or Alcohol Dependency	0		
Drug or Alcohol Dependency/False App	0		
Probable Cause	0		
FALSE APPLICATIONS**		0	N/A
OTHER VIOLATIONS		22	17%
Gross Immorality	0		
Non-Compliance w/Previously Entered Order	10		
Performed TCH duties w/Delinquent Registration	4		
Performed TCH duties w/No Registration	1		
Performed RPH duties	0		
Action by TSBP or Other Board	4		
Negligence	1		
CE Shortage	0		
Other	2		
REQUEST FOR REVOKE/RETIRE/RESTRICT		21	16%
REINSTATEMENT		2	2%
MODIFY		8	6%
TEMPORARY SUSPENSION ORDERS		0	N/A
TOTAL FY24		133	100%

* Board Orders/Agreed Board Orders may contain more than one type of violation. However, for purposes of this list, only one type of violation has been identified. The identified violation was selected as the primary violation.

** Does not include the 3 falsified applications described above.

LEG-01 continued

Type of Order	Summary Suspensions	SOAH Board Orders	Default Board Orders	ABOs Entered by ED	ABOs Public	Confidential Orders*	Total Number of Orders
Pharmacists, Pharmacies, and Interns	0	4	27	34	204	21	290
Pharmacy Technicians	0	1	18	45	69	0	133
Total	0	5	45	79	273	21	423

* Contains all Confidential Orders (Default, ED Entered, and ABOs)

PHARMACISTS/PHARMACIES

FISCAL YEAR	NUMBER OF BOARD ORDERS (BOs)	NUMBER OF DEFAULT BOARD ORDERS (BOs)	NUMBER OF AGREED Board of Pharmacy ORDERS (ABOs)	NUMBER OF DISCIPLINARY ORDERS (BOs & ABOs)	% CHANGE IN DISCIPLINARY ORDERS
FY20	0	3	203	203	-20%
FY21	2	6	157	165	-19%
FY22	22	9	189	220	33%
FY23	27	2	229	258	17%
FY24	24	7	204	235	-9%

PHARMACY TECHNICIANS/PHARMACY TECHNICIAN TRAINEES

FISCAL YEAR	NUMBER OF BOARD ORDERS (BOs)	NUMBER OF DEFAULT BOARD ORDERS (BOs)	NUMBER OF AGREED BOARD ORDERS (ABOs)	NUMBER OF DISCIPLINARY ORDERS (BOs & ABOs)	% CHANGE IN DISCIPLINARY ORDERS
FY20	0	17	141	158	7%
FY21	0	23	102	125	-21%
FY22	0	16	110	126	1%
FY23	0	20	112	132	5%
FY24	1	18	69	88	-33%

PHARMACY AND PHARMACIST REMEDIAL PLANS

FISCAL YEAR	PHARMACISTS	PHARMACIES	TOTAL
FY20	13	1	14
FY21	27	9	36
FY22	40	6	46
FY23	46	7	53
FY24	47	4	51

LEG-02

Informal Conferences for Pharmacies and Pharmacists

Dates of Informal Conferences	# of Days	# of Phy Respondents	# of RPh Respondents	# of Licensees Dismissed
September 19-20, 2023	2	7	12	0
October 10-11, 2023	2	4	14	2
December 5-7, 2023	3	14	19	2
January 9-10, 2024	2	3	10	0
March 5-6, 2024	2	11	6	3
April 2-3, 2024	2	12	9	4
June 4-6, 2024	3	10	20	3
July 9-10, 2024	2	7	13	1
TOTAL	18	68	103	15

Informal Conferences for Technicians/Technician Trainees

Dates of Informal Conferences	# of Days	# of Respondents	Technician Trainee Applicants or Registrants	Technician Applicants or Registrants	No Show Withdrawal or Dismissal	Defaults
September 21, 2023	1	28	20	8	9	5
October 12, 2023	1	22	14	8	5	4
November 16, 2023	1	20	17	3	5	2
December 7, 2023	0*	1	0	1	0	0
January 11, 2024	1	20	15	5	7	3
March 7, 2024	1	19	14	5	10	2
April 4, 2024	1	19	10	9	4	3
May 23, 2024	1	16	11	5	7	1
July 10, 2024	0*	1	0	1	0	0
August 15, 2024	1	26	19	7	11	4
TOTAL	8	172	120	52	58	24

* Technician respondents appearing at pharmacy informal conferences.

RULE PROPOSALS

For presentation at November 7, 2023, Board meeting:
§283.9 concerning Fee Requirements for Licensure by Examination, Score Transfer and Reciprocity
§315.9 concerning Pharmacy Responsibility - Out-of-State Practitioner - Effective September 1, 2016
§291.12 concerning Delivery of Prescription Drugs
§283.12 concerning Licenses for Military Service Members, Military Veterans, and Military Spouses
§291.74 concerning Operational Standards
§297.10 concerning Registration for Military Service Members, Military Veterans, and Military Spouses
For presentation at February 6, 2024, Board meeting:
§291.12 concerning Delivery of Prescription Drugs
§291.131 concerning Pharmacies Compounding Non-Sterile Preparations
For presentation at May 7, 2024, Board meeting:
§281.69 concerning Automatic Denial or Revocation
For presentation at August 6, 2024, Board meeting:
§291.9 concerning Prescription Pick Up Locations
§291.33 concerning Operational Standards
§291.133 concerning Pharmacies Compounding Sterile Preparations

RULE SUBMISSIONS TO THE TEXAS REGISTER

Rules	Type of Action	Published in TxReg as Proposed	Published in TxReg as Adopted/Withdrawn
283.12	Amendment	09/22/2023	12/01/2023
291.3	Amendment	09/22/2023	12/01/2023
291.5	Amendment	09/22/2023	12/01/2023
291.6	Amendment	09/22/2023	12/01/2023
291.8	Amendment	09/22/2023	12/01/2023
291.33	Amendment	09/22/2023	12/01/2023
291.74	Amendment	09/22/2023	12/01/2023
291.121	Amendment	09/22/2023	12/01/2023
291.129	Amendment	09/22/2023	12/01/2023
295.5	Amendment	09/22/2023	12/01/2023
295.8	Amendment	09/22/2023	12/01/2023
295.9	Amendment	09/22/2023	12/01/2023
297.10	Amendment	09/22/2023	12/01/2023
283.9	Amendment	12/15/2023	03/08/2024
283.12	Amendment	12/15/2023	03/08/2024
291.74	Amendment	12/15/2023	03/08/2024
297.10	Amendment	12/15/2023	03/08/2024
315.9	Amendment	12/15/2023	03/08/2024
Ch. 283 (§§283.1-283.12)	Review	12/15/2023	03/01/2024
Ch. 291B (§§291.31-291.36)	Review	12/15/2023	03/01/2024
Ch. 315 (§§315.1-315.16)	Review	12/15/2023	03/01/2024
Ch. 281, (§§281.1-281.23, 281.30-281.35, 281.60-281.70)	Review	03/15/2024	05/24/2024
Ch. 291A (§§291.1-291.11, 291.14-291.19, 291.22-291.23, 291.27-291.29)	Review	03/15/2024	05/24/2024
Ch. 291E (§§291.91-291.94)	Review	03/15/2024	05/24/2024
Ch. 291F (§§291.101-291.106)	Review	03/15/2024	05/24/2024
Ch. 295, (§§295.1-295.9, 295.11-295.16)	Review	03/15/2024	05/24/2024
Ch. 311, (§§311.1-311.2)	Review	03/15/2024	05/24/2024
291.12	New	03/22/2024	06/07/2024
291.131	Amendment	03/22/2024	06/07/2024
Ch. 291D, (§§291.71-291.77)	Review	05/24/2024	08/23/2024
Ch. 303, (§§303.1-303.3)	Review	05/24/2024	08/23/2024
281.69	Amendment	06/14/2024	08/30/2024

OPEN MEETING SUBMISSIONS TO THE TEXAS REGISTER

Type of Submission	Date Published
Board Business Meeting – 09/22/2023	09/11/2023
Board Member Training Session – 11/06/2023	10/23/2023
Board Business Meeting – 11/07/2023	10/23/2023
PMP Advisory Committee Meeting – 12/14/2023	12/04/2023
Board Business Meeting – 02/06/2024	01/22/2024
PMP Advisory Committee Meeting – 03/28/2024	03/15/2024
Board Executive Committee Meeting – 05/02/2024	04/18/2024
Board Business Meeting – 05/07/2024	04/23/2024
PMP Advisory Committee Meeting – 06/27/2024	06/18/2024
Board Business Meeting – 08/06/2024	07/23/2024

LEG-05

OPEN RECORDS REQUESTS

Fiscal Year	Verbal Requests	Written Requests		Total # of individual requests	Monthly Average	
		# of initiating requests	# of individual requests		# of individual verbal requests	# of individual written requests
FY20	46	2,313	3,559	3,605	4	297
FY21	86	1,649	2,464	2,550	7	205
FY22	110	1,845	2,697	2,807	9	225
FY23	48	1,752	2,397	2,445	4	200
FY24	83	1,663	2,041	2,124	7	170

LEAP REGISTRATIONS AND REPORTS

Fiscal Year	Registrations		Reports Processed		
	New Law Enforcement Registrants	New Prosecutor Registrants	Law Enforcement	Prosecutor	Total Processed
FY20	302	29	2,184	20	2,204
FY21	64	9	2,187	29	2,216
FY22	71	7	1,831	15	1,846
FY23	50	6	2,511	80	2,591
FY24	50	8	1,989	21	2,010

PAP REQUESTS

Fiscal Year	Records Requested			Requestor Type		
	RX Record	Access Record	Total Processed	Patient	Parent/Guardian	Total
FY20	2	2	4	4	0	4
FY21	21	19	40	23	0	23
FY22	16	17	33	20	1	21
FY23	29	20	49	32	0	32
FY24	32	19	51	30	2	32

PMP-01

Prescription Monitoring Program Data

	FY20	FY21	FY22	FY23	FY24
Registered Users	153,779	168,057	172,469	187,763	200,844
Number of Controlled Substances Prescriptions Submitted to PMP System	36,397,998	35,221,966	35,014,668	34,758,482	34,761,529
Total Number of Queries Received by Prescription Monitoring Program	155,711,646	197,330,274	243,503,593	257,728,428	292,420,145
<i>Number of AWA_Rx_E Searches</i>	<i>27,503,579</i>	<i>49,435,512</i>	<i>45,557,176</i>	<i>53,975,424</i>	<i>53,728,689</i>
<i>Number of Integrated Searches*</i>	<i>128,208,067</i>	<i>197,330,274</i>	<i>197,946,417</i>	<i>203,753,004</i>	<i>238,691,456</i>

*Integrated searches began June 2019.