**M E M O R A N D U M**

**DATE**: November 18, 2020

**TO**: Interested Parties

**FROM**: Andrew Funk, Pharm.D.

Executive Director

**SUBJECT**: Board of Pharmacy Practice Act Bill

This bill relates to pharmacy practice and the board’s oversight.

Division I seeks to eliminate the “tech-check-tech” program which is no longer relevant with the board’s recent adoption of administrative rules to implement and establish technician verification programs as authorized by 2018 Iowa Acts, chapter 1142, enacting Code section 155A.33A. The proposed amendments eliminate the one-year registration limitation for a person in training to become a pharmacy technician and makes conforming terminology changes. The proposed amendments also simplify language relating to pharmacist delegation of functions in pharmacy practice to pharmacy technicians and pharmacy support persons.

Division II seeks to require outsourcing facilities seeking licensure in the state to have been inspected by the facility’s home state regulatory authority or other entity approved by the board in the two-year period immediately preceding the application, which inspection demonstrates compliance with federal current good manufacturing practices. The bill also proposes to allow the board to recover costs associated with conducting an inspection to satisfy the inspection requirement.

Division III seeks to allow the board to share information collected relating to compounded human drug products with the U.S. food and drug administration (FDA) pursuant to one or more memoranda of understanding between the board and the FDA.

Division IV codifies the provisions of 2011 Iowa Acts, chapter 63, section 36, relating to pharmacy pilot or demonstration research projects. The bill language differs from these provisions by eliminating language limiting the projects to those based solely on prescription verification and by eliminating the requirement that the board report the approval or denial of projects to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services.