August 16, 2018

[Submitted electronically to http://www.regulations.gov]

National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
Mailstop E-20
1600 Clifton Road NE, Atlanta, GA 303029

Re: Draft – National Occupational Research Agenda for Healthcare and Social Assistance
[Docket No. CDC-2018-0050]

Dear Sir/Madam:

APhA is pleased to submit these comments to the Centers for Disease Control and Prevention (CDC) regarding the draft National Occupational Research Agenda (NORA) for Healthcare and Social Assistance (hereinafter, the “Draft Agenda”). Founded in 1852 as the American Pharmaceutical Association, APhA represents 62,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services.

APhA appreciates NORA Health Care and Social Assistance Sector Council’s (HSCA) efforts to gather information to help prevent occupational injuries for health care employees. However, APhA is concerned pharmacists and pharmacy technicians are not included among the health care employees considered in the Draft Agenda. APhA notes that pharmacies, pharmacists and pharmacy technicians are not consistently considered in the North American Industry Classification System (NAICS) alongside other health care settings and health care employees which are associated with NAICS code 62. APhA encourages NORA HSCA Council to view pharmacists and pharmacy technicians like others working in health care settings, warranting their inclusion in the Draft Agenda.

I. Request for HCSA to Consider Pharmacies, Pharmacists and Pharmacy Technicians

The Draft Agenda indicates veterinary medicine and animal care industries (NAICS codes 541940, 812910, 712130) were moved from the Services Sector to HCSA in 2013, and the rationale for this transfer was many of the issues faced by veterinary and animal care workers
are similar to those faced by their counterparts providing health care services to humans. APhA believes a similar change is warranted for pharmacies, pharmacists, and pharmacy technicians as their predominant NAICS code (44-45) is currently and primarily affiliated with retail trade. As a result, this setting and group of employees is considered by NORA’s Wholesale and Retail Trade Sector which covers NAICS industries 42 and 44-45. Only “clinical pharmacists” are more clearly included NAICS Code 621399, which pertains to ambulatory health care services. Consequently, a significant portion of pharmacists’ and pharmacy technicians’ occupational health needs are not considered by NORA’s HSCA council despite their health care-related work requirements.

As noted above, pharmacists provide care, including clinical services, in all practice settings and often do so alongside or in coordination with other members of the care team, such as nurses and physicians. Pharmacists’ and pharmacy technicians’ interactions with patients vary significantly by setting and by the responsibilities of the pharmacist or pharmacy technician. For example, in a hospital and health system inpatient setting, some pharmacists work with patients on patient floors or within care units and make rounds with medical staff while others’ primary focus is reviewing, preparing and filling prescription orders. The degree of patient interaction can vary by hospital/health system even for pharmacists who have similar positions. Additionally, in the community pharmacy setting, while specific job functions vary, most pharmacists generally spend a significant amount of time face to face and in close proximity to patients. In some cases, pharmacists may be responsible for certain patient services, which are generally provided in a private consultative area. Alternatively, pharmacy technicians are often receive prescription requests, count tablets, label bottles, maintain patient profiles, prepare insurance claim forms, among other functions.

Further information on the different career paths pharmacists take is available on APhA’s and the Pharmacy Technician Certification Board’s websites. Therefore, as the profession of pharmacy continues to shift towards a patient-services, APhA encourages NORA HCSA to similarly consider these changes in the Draft Agenda.

Thank you for the opportunity to provide our input on the Draft Agenda. APhA appreciates the development of the Draft Agenda to identify the research, information and actions most urgently needed to prevent occupational injuries, illnesses and fatalities in the

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4 Pharmacy Technician Certification Board, Career Outlook, available at: https://www.ptcb.org/resources/career-outlook#.W23dAabpFyUk, last accessed: August 10, 2018
6 Pharmacy Technician Certification Board, Career Outlook, available at: https://www.ptcb.org/resources/career-outlook#.W23dAabpFyUk, last accessed: August 10, 2018
work places covered by the health care and social assistance sector. If you have any questions or require additional information, please contact Jenna Ventresca, JD, Director of Health Policy, at jventresca@aphanet.org or by phone at (202) 558-2727.

Sincerely,

Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and CEO

cc: Stacie S. Maass, RPh, JD, Senior Vice President, Pharmacy Practice and Government Affairs