



## LEGISLATION AND REGULATION COMMITTEE CHAIR REPORT

Greg Lippe, Public Member, Chair  
Lavanza Butler, Licensee Member, Vice Chair  
Ryan Brooks, Public Member  
Amjad Khan, Public Member  
Maria Serpa, Licensee Member

a. **Call to Order and Establishment of Quorum**

b. **Public Comment for Items Not on the Agenda, Matters for Future Meetings\***

*\*Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a)*

c. **Discussion and Consideration of Board Sponsored Legislation**

**Attachment 1**

1. **AB 973 (Irwin) Pharmacies: Compounding**

**Version:** As introduced February 21, 2019

**Status:** Assembly Consent Calendar

**Summary:** Would require the compounding of drug preparations by a pharmacy to be prepared consistent with the relevant compounding chapters of the United States Pharmacopeia-National Formulary.

2. **SB 569 (Stone) Controlled Substances: Prescriptions: Declared Local, State or Federal Emergency**

**Version:** As amended April 1, 2019

**Status:** Senate Appropriations Committee Hearing scheduled for May 6, 2019

**Summary:** Would authorize a pharmacist, during a declared local, state, or federal emergency to fill a prescription for a controlled substance on a prescription form that does not conform with security prescription form requires under specified conditions.

3. **SB 655 (Roth) Pharmacy**

**Version:** As amended April 11, 2019

**Status:** Senate Appropriations Committee scheduled for May 6, 2019

**Summary:** Would update several provisions of pharmacy law including alignment of application and renewal requirements and other technical cleanup provisions relating to the following areas:

- Validity period for pharmacy examination scores
- Pharmacy technician trainee provisions
- Advanced practice pharmacist renewal requirements
- Reverse distributor provisions
- Government-owned facility fees

**Attachment 1** includes a copy of each of the measures. They can also be accessed using the following link -- <http://leginfo.legislature.ca.gov>.

d. **Discussion and Consideration of Legislation Impacting the Practice of Pharmacy, the Board's Jurisdiction or Board Operations**

**Attachment 2**

1. **AB 312 (Cooley) State Government: Administrative Regulations Review**  
**Version:** As introduced January 29, 2019  
**Status:** Assembly Appropriations Suspense File  
**Summary:** Would require review of all provisions of the California Code of Regulations to identify regulations that are duplicative, overlapping, inconsistent, or out of state.  
**Staff Comments:** Staff believe this measure is unnecessary. As part of the rulemaking process the Office of Administrative Law (OAL) reviews rulemaking proposals for seven criteria, including duplication. Such review would identify the problems this measure is intending to address.
2. **AB 387 (Gabriel) Physician and Surgeons: Prescriptions**  
**Version:** As Amended April 22, 2019  
**Status:** Assembly Appropriations Committee hearing scheduled for May 1, 2019  
**Summary:** Would require a prescriber to include on the prescription the purpose for the drug or device -- unless the patient opts out.  
**Staff Comments:** As recently amended, the measure will require the board to update patient-centered labeling regulations. Board has historically supported similar measures that facilitate inclusion of the "purpose" on prescription medications.
3. **AB 528 (Low) Controlled Substances: CURES Database**  
**Version:** As introduced February 13, 2019  
**Status:** Assembly Third Reading  
**Summary:** Would requires reporting to CURES within one business day.  
**Staff Comments:** Staff note that the board voted to approve a similar provision for sponsorship this year.
4. **AB 544 (Brough) Professions and Vocations: Inactive License Fees and Accrued and Unpaid Renewal Fees**  
**Version:** As amended March 21, 2019  
**Status:** Assembly Appropriations Committee hearing scheduled for May 1, 2019

**Summary:** Would establish a lower fee for renewing a license on an inactive status and prevent the board from assessing accrued and unpaid renewal fees.

**Staff Comments:** Staff projects this measure will reduce the board's annual revenue by over \$200,000 under the current fee structure. This amount would increase to about \$280,000 if the board's fee regulation is approved.

5. AB 613 (Low) Professions and Vocations: Regulatory Fees

**Version:** As introduced February 14, 2019

**Status:** Ordered to the Senate

**Summary:** Would provide that DCA programs could increase any fee authorized in an amount not to exceed the consumer price index for the preceding four years. Under the conditions the board would provide the calculations to the director for approval.

**Staff Comments:** This measure would provide greater flexibility for the board to increase fees consistent with the consumer price index and would streamline the process.

6. AB 690 (Aguiar-Curry) Remote Dispensing Site Pharmacy: Pharmacy Technician: Qualifications

**Version:** As introduced February 15, 2019

**Status:** Assembly Consent Calendar

**Summary:** Would codify the board's draft regulations related to the qualifications for a pharmacy technician working in a remote dispensing site pharmacy.

**Staff Comments:** The sponsor of the bill is pursuing the measure because of the current extended timeframe to promulgate regulations. The language is consistent with the board's pending rulemaking. The board's regulation package was recently released for a 45-day comment period and pre-notice review was completed.

7. AB 1076 (Ting) Criminal Records: Automatic Relief

**Version:** As amended March 27, 2019

**Status:** Assembly Appropriations Suspense File

**Summary:** Would require the DOJ to review summary criminal history information and identify individuals who are eligible for automatic relief by having their arrest and criminal records withheld from disclosure. It would also require the DOJ to provide automatic relief to eligible persons.

**Staff Comments:** Staff suggests an Oppose Unless Amended position to allow the DOJ to release background information on those individuals seeking licensure if prior conduct is proven.

8. AB 1131 (Gloria) Medi-Cal: Comprehensive Medication Management

**Version:** As amended April 11, 2019

**Status:** Referred to Assembly Appropriations Committee

**Summary:** Would establish comprehensive medication management (CCM) are covered by Medi-Cal and would require CCM services to include a care plan that would encompass identified medication therapy problems. The measure would establish the

minimum criteria to receive CCM services and would require the Department of Health Care Services to establish reimbursement rates for pharmacists providing such services.  
**Staff Comments:** This measure appears consistent with the board's vision statement.

9. AB 1545 (Obernolte) Civil Penalty Reduction Policy

**Version:** As amended April 8, 2019

**Status:** Referred to Assembly Appropriations Committee

**Summary:** Would require state agencies to assist small business with complying with all statues and regulations administered by the state agency and in any enforcement action taken by the state agency. Further, would require a state agency to establish a policy that provides for the reduction of civil penalties for violations for small businesses.

**Staff Comments:** Staff suggest an Oppose Unless Amended. Suggested amendments would include removing the conflict the measure creates with the dual role the board would be required to serve for enforcement related matters as well as the violations created with the Administrative Procedures Act.

10. SB 159 (Wiener) HIV Preexposure and Postexposure Prophylaxis

**Version:** As amended April 11, 2019

**Status:** Referred to Senate Appropriations Committee

**Summary:** This measure was amended during the Senate Health Committee hearing on April 24, 2019. Would authorize a pharmacist to furnish preexposure and postexposure prophylaxis under specified conditions. Although the amendments are not yet in print, it appears the scope of the amendment would prohibit a health plan or insurer from requiring either medication's coverage be limited to only mail order.

**Staff Comments:** This measure expands access to these medications.

11. SB 425 (Hill) Health Care Practitioners: Licensee's File: Probationary Physician's and Surgeon's Certificate: Unprofessional Conduct

**Version:** As amended April 11, 2019

**Status:** Referred to Senate Appropriations Committee

**Summary:** Would require any health facility, clinic, or health care service plan to report to the relevant state agency, any allegation of sexual abuse or sexual misconduct made against a healing arts licensee within 15 days of receiving the allegation. Further this would establish significant civil fines for failure to make such a report. This measure was amended as part of the Senate Judiciary Committee hearing on April 23, 2019. The amendments are not yet in print but appear to be non-substantive.

**Staff Comments:** Staff notes that such a reporting requirement would be consistent with the board's consumer protection mandate.

12. SB 476 (Stone) Pharmacist-in-Charge: Disciplinary Proceedings

**Version:** As amended on April 22, 2019

**Status:** Referred to Senate Appropriations Committee

**Summary:** This measure was amended during the policy committee hearing on April 23, 2019. Unfortunately, the amendments are not yet in print. However, based on the

committee and author's discussion, in general terms the board would be required to conduct a study of the role of the PIC and to identify possible issues of obstruction to a PIC's efforts by pharmacy owners.

**Staff Comments:** As proposed to be amended, board staff anticipates the need for limited term staff to perform the study and legislative report.

13. SB 601 (Morrell) State Agencies: Licenses: Fee Waiver

**Version:** As amended March 28, 2019

**Status:** Referred to Senate Appropriations Committee

**Summary:** Would authorize a state agency to reduce or waive any required fee if a person or business demonstrates to the agency that the individual or business has been displaced or affected by a declared federal emergency or proclaimed state emergency.

**Staff Comments:** This measure seems consistent with the policy direction of the board related to declared emergency provisions.

14. SB 617 (Glazer) Pharmacy Technicians: Supervision

**Version:** As amended April 25, 2019

**Status:** Referred to Senate Appropriations Committee

**Summary:** Would allow an employer and a labor union representing pharmacists and/or pharmacy technicians to enter into a collective bargaining unit that provides for a ratio of up to 3 pharmacy technicians to one pharmacist under specified conditions. Further, provides that the employer must apply to the board for approval to use the ratio.

**Staff Comments:** As part of its discussion, the board may want to consider if the legislation in its current form provides sufficient clarity regarding regulation and enforcement of the provisions of the measure.

15. SB 650 (Rubio) Unused Medications: Cancer Medication Recycling

**Version:** As amended April 11, 2019

**Status:** Referred to Senate Judiciary Committee

**Summary:** This measure was amended during the policy committee on April 23, 2019. Unfortunately, the amendments are not yet in print. However, based on the committee and author's discussion, the measure will now require the board to conduct a study on how cancer medications can be recycled and write a report of the findings for the legislature by January 1, 2021.

**Staff Comments:** This measure will be amended again. As proposed to be amended, the measure will require the board to establish a Cancer Medication Task Force for the purpose of identifying the best mechanism to enable the transfer of unused cancer medications to persons in need to ensure access to necessary pharmaceutical therapies.

**Attachment 2** includes a copy of each measure and a bill analysis. They can also be accessed using the following link - - <http://leginfo.legislature.ca.gov>.

e. **Discussion and Consideration of Board Approved Regulations Undergoing Public Comment Period**

**Attachment 3**

Provided below is a summary of each of the regulations currently undergoing public comment. The full timeline for each of the regulations is included in **Attachment 3**.

1. **Proposed Regulations to Add Title 16 CCR Section 1793.9 Related to Remote Dispensing Technicians**

**Summary of Regulation:** This proposal establishes regulatory requirements for pharmacy technicians working in a remote dispensing site pharmacy. As indicated under the legislation portion of the report, there is legislation pending (AB 690, Aguiar-Curry) to establish these requirements in statute.

**Status:** 45-Day Comment Period began: April 12, 2019 (Closes May 28, 2019)

2. **Proposed Regulations to Amend Title 16 CCR Section 1746.3 Related to the Naloxone Fact Sheet**

**Summary of Regulation:** This proposal amends the board's regulations regarding the naloxone fact sheet that must be provided to consumers upon furnishing naloxone hydrochloride.

**Status:** 45-Day Comment Period began: April 26, 2019 (Closes June 10, 2019)

3. **Proposed Regulations to Amend Title 16 CCR Section 1749 Related to the Board's Fee Schedule**

**Summary of Regulation:** This proposal updates the board's fee schedule by increasing the board's fees to address the structural imbalance within the board's budget.

**Status:** 45-Day Comment Period began: April 26, 2019 (Closes June 10, 2019)

f. **Discussion and Consideration of Board Approved Regulations Undergoing Pre-Notice Review by the Department of Consumer Affairs or the Business, Consumer Services and Housing Agency**

**Attachment 4**

Provided below is a summary of each of the regulations currently undergoing pre-notice review. As there are many steps included in the pre-review process, the current status is detailed below. Members have previously requested that regulations without action for over 30 days be highlighted. As such, regulations with inactivity for over 30 days are

indicated below in **red**. The full timelines for each of the regulation are included in **Attachment 4**.

1. Regulations under Pre-Notice review by the Business, Consumer Services and Housing Agency

- A. Proposed Regulations to Amend Title 16 CCR Section 1707.2 Related to Mail-Order Pharmacy Consultation

**Summary of Regulation:** This proposal amends the board’s regulations regarding the duty to provide consultation for mail-order pharmacies.

**Status:** Formal DCA Pre-Notice Review began: October 1, 2018  
Referred to Agency on April 16, 2019

2. Regulations under Pre-Notice review by DCA Legal Affairs

- A. Proposed Regulations to Amend Title 16 CCR Section 1707 Related to Offsite Storage

**Summary of Regulation:**

This proposal amends the board’s regulations regarding the waiver requirements for off-site storage of records to allow those cited for a records violation to receive a waiver to store records off-site.

**Status:**

**Formal DCA Pre-Notice Review began: August 20, 2018**

- B. Proposed Regulations to Add Title 16 CCR Sections 1717.5 Related to Automatic Refill Programs

**Summary of Regulation:**

This proposal establishes regulatory requirements for automated refill programs.

**Status:**

**Formal DCA Pre-Notice Review began: December 5, 2018**

- C. Proposed Regulations to Amend Title 16 CCR Section 1706.2 Related to Abandonment of Applications

**Summary of Regulation:**

This proposal updates the application abandonment language to include all licensing programs to ensure that all applicants have appropriate notice about the requirements for abandoning an application and reduce the administrative workload

associated with the need for frequent amendments when new licensing programs are established.

**Status:**

**Formal DCA Pre-Notice Review began: August 3, 2018**

- D. Proposed Regulations to Amend Title 16 CCR Sections 1702, 1702.1, 1702.2, and 1702.5 Related to Renewal Requirements

**Summary of Regulation:**

This proposal updates the renewal requirement language to include all licensing programs and reduce the administrative workload associated with the need for frequent amendments when new licensing programs are established.

**Status:**

**Formal DCA Pre-Notice Review began: October 16, 2018**

3. Regulations under Pre-Notice review by DCA Legal Counsel

- A. Proposed Regulations to Amend Title 16 CCR Section 1793.5 Related to the Pharmacy Technician Application, Section 1793.6 Related to the Pharmacy Technician Training Requirements and Section 1793.65 Related to the Pharmacy Technician Certification Programs

**Summary of Regulation:**

This proposal establishes the training requirements and certification programs and updates the application for licensure for pharmacy technicians.

**Status:**

**Re-submitted to DCA for Pre-Notice Review: October 26, 2018**

- B. Proposed Regulations to Amend Title 16 CCR Section 1709 Related to Pharmacy Ownership, Management, and Control, Including Through Trusts

**Summary of Regulation:**

This proposal amends the board's regulations regarding ownership to include provisions relating to trust ownership of pharmacies.

**Status:**

**Re-submitted to DCA for Pre-Notice Review: December 20, 2018**

- C. Proposed Regulations to Amend Title 16 CCR Sections 1780-1783 et seq., Related to Dangerous Drug Distributors and Third-Party Logistics Providers

**Summary of Regulation:**

This proposal establishes the regulatory framework for third-party logistics providers.

**Status:**

**Re-submitted to DCA for Pre-Notice Review: December 20, 2018**

- D. Proposed Regulations to Amend Title 16 CCR Section 1715 to Update Self-Assessment Forms 17M-13 and 17M-14

**Summary of Regulation:**

This proposal updates the Self-Assessment forms 17M-13 (rev. 10/16) and 17M-14 (rev. 10/16) as incorporated by reference in Title 16 CCR section 1715. Additionally, this regulation updates section 1715 with clarifying language as to the completion and certification requirements of the self-assessment forms.

**Status:**

**Re-submitted to DCA for Pre-Notice Review: December 24, 2018**

*The Board approved self-assessment forms can be found on the Board's website:*

[https://www.pharmacy.ca.gov/licensees/facility/self\\_assess.shtml](https://www.pharmacy.ca.gov/licensees/facility/self_assess.shtml)

- E. Proposed Regulations to Amend Title 16 CCR Section 1784 to Update the Wholesaler/3PL Self-Assessment Form 17M-26

**Summary of Regulation:**

This proposal updates the Self-Assessment form 17M-26 (rev. 10/16) as incorporated by reference in Title 16 CCR section 1784. Additionally, this regulation updates section 1784 with clarifying language as to the completion and certification requirements of the self-assessment form.

**Status:**

**Submitted to DCA for Pre-Notice Review: December 26, 2018**

*The Board approved self-assessment forms can be found on the Board's website:*

[https://www.pharmacy.ca.gov/licensees/facility/self\\_assess.shtml](https://www.pharmacy.ca.gov/licensees/facility/self_assess.shtml)

**g. Discussion and Consideration of Board Approved Regulations Being Prepared by Board Staff to Initiate Pre-Notice Review**

**Attachment 5**

Provided below is a summary of the regulation currently being prepared for pre-notice review. Members have previously requested that regulations without action for over 30

days be highlighted. As such, the regulation with inactivity for over 30 days is indicated below in **red**. The regulation text and self-assessment form is included in **Attachment 5**.

1. Proposed Regulation to Amend Title 16 CCR Section 1711 Related to Quality Assurance Programs for ADDS, Section 1713 Related to Use of an APDS, and Add Section 1715.1 Related to the ADDS Self-Assessment Forms 17M-112

**Summary of Regulation:**

This proposal will require submission of quality assurance records to the board, update the board regulations with respect to the use of an APDS, and identify the specific requirements for the annual completion of the ADDS self-assessment form.

**Status:**

**Approved by the Board to Initiate Rulemaking: January 30, 2019**

**h. Future Committee Meeting Dates**

- July 24, 2019
- November 5, 2019

## **Attachment 1: Board Sponsored Legislation**

Current language for AB 973, SB 569 and SB 655 may be accessed at [www.leginfo.legislature.ca.gov](http://www.leginfo.legislature.ca.gov).

A hardcopy of these documents will be made available at the meeting or upon request. Requests may be emailed to [laura.hendricks@dca.ca.gov](mailto:laura.hendricks@dca.ca.gov).

**Attachment 2: Legislation Impacting the Practice of Pharmacy, the Board's Jurisdiction or Board Operations**

Current language for the following bills may be accessed at --  
[www.leginfo.legislature.ca.gov](http://www.leginfo.legislature.ca.gov).

1. AB 312 (Cooley) State Government: Administrative Regulations Review
2. AB 387 (Gabriel) Physician and Surgeons: Prescriptions
3. AB 528 (Low) Controlled Substances: CURES Database
4. AB 544 (Brough) Professions and Vocations: Inactive License Fees and Accrued and Unpaid Renewal Fees
5. AB 613 (Low) Professions and Vocations: Regulatory Fees
6. AB 690 (Aguiar-Curry) Remote Dispensing Site Pharmacy: Pharmacy Technician: Qualifications
7. AB 1076 (Ting) Criminal Records: Automatic Relief
8. AB 1131 (Gloria) Medi-Cal: Comprehensive Medication Management
9. AB 1545 (Obernolte) Civil Penalty Reduction Policy
10. SB 159 (Wiener) HIV Preexposure and Postexposure Prophylaxis
11. SB 425 (Hill) Health Care Practitioners: Licensee's File: Probationary Physician's and Surgeon's Certificate: Unprofessional Conduct
12. SB 476 (Stone) Pharmacist-in-Charge: Disciplinary Proceedings
13. SB 601 (Morrell) State Agencies: Licenses: Fee Waiver
14. SB 617 (Glazer) Pharmacy Technicians: Supervision
15. SB 650 (Rubio) Unused Medications: Cancer Medication Recycling

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<b>Bill Number:</b>	<b>AB 312</b>
<b>Current Version:</b>	<b>As Introduced on January 29, 2019</b>
<b>Author:</b>	<b>Assembly Member Cooley</b>
<b>Topic:</b>	<b>State Government: Administrative Regulations: Review</b>
<b>Board Position:</b>	<b>None</b>

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**AFFECTED SECTIONS:**

Add and repeal Chapter 3.6 (beginning with Section 11366) of the Government Code

**STATUS:**

Assembly Appropriations Committee Suspense File

**EXISTING LAW:**

Establishes the authority for state agencies to adopt, amend, or repeal regulations for specific reasons. The Administrative Procedure Act (APA) establishes the process that must be followed by state agencies exercising their authority. As part of the APA rulemaking process, regulations must satisfy the following requirements:

1. Authority
2. Reference
3. Consistency
4. Clarity
5. Nonduplication
6. Necessity

**THIS BILL WOULD:**

Would require each state agency, on or before January 1, 2022, to review its regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, revise such identified regulations, and report its finding to the Legislature and Governor.

**STAFF COMMENTS:**

This measure does not appear necessary. Inherent in the APA are six criteria stated above. Appropriately applied, several of the criteria appear to already address the policy goal sought in the measure. The board currently has 150 regulations. The board is responsible for regulating state and federal law and has cross jurisdictional issues with other state agencies, e.g.,

Department of Public Health, Department of Corrections and Rehabilitation which adds a level of complexity that may be unique to the board. Below is a listing of some of the laws that would need to be evaluated should this measure be implemented.

- Federal Drug Supply Chain Security Act
- Food, Drug and Cosmetic Act
- The Code of Federal Regulations governing controlled substances, compounded, and manufactured drugs
- The State Sherman Food, Drug and Cosmetic Act
- Health and Safety Code
- Relevant sections of Title 16 and Title 22 of the California Code of Regulations
- The Uniform Controlled Substances Act (Division 10)
- Business and Professions Code

**PRIOR LEGISLATION:**

Similar legislative proposals were sought in the prior two legislation cycles. In both instances, the measures were held on suspense files.

**FISCAL IMPACT:**

Staff have identified the need for a 2-year limited-term attorney and a 2-year limited term ½ associate governmental program analyst to perform the work required.

**SUPPORT/OPPOSITION:**

Support

- California Apartment Association
- California Business Properties Association
- California Chamber of Commerce
- California Forestry Association
- California Manufacturers and Technology Association
- California Professional Association of Specialty Contractors
- California Retailers Association
- Building Owners and Managers Association of California
- International Council of Shopping Centers
- California Hotel & Lodging Association
- Pacific Merchant Shipping Association
- American Chemistry Council
- Commercial Real Estate Development Association
- National Federation of Independent Business/CA
- California League of Food Producers
- California Association of Boutique and Breakfast Inns

Opposition



- California Teamsters Public Affairs Council



<b>Bill Number:</b>	<b>AB 387</b>
<b>Current Version:</b>	<b>As Amended April 22, 2019</b>
<b>Author:</b>	<b>Assembly Member Gabriel</b>
<b>Topic:</b>	<b>Physicians and Surgeons: Pharmacists: Prescriptions</b>
<b>Board Position:</b>	<b>None</b>

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**AFFECTED SECTIONS:**

Add Section 2051.1 to the Business and Professions Code

**STATUS:**

Assembly Appropriations Committee hearing scheduled for May 1, 2019.

**EXISTING LAW:**

In relevant part, establishes the authority for a licensed physician and surgeon to practice medicine, including issuing prescriptions.

Further, Business and Professions Code section 4076 defines the labeling requirements for prescriptions. As included in this section, the condition or purposed for which the drug was prescribed must be included if the information is indicated on the prescription.

**THIS BILL WOULD:**

Require a physician and surgeon to indicate the purposed for a drug or device on the prescription form when providing a prescription to a patient unless the patient chooses to opt out of having that information included on the prescription.

Require the board to adopt revised regulations providing additional technical guidance regarding the format and manner in which a pharmacist is to incorporate the additional information on the standardized, patient-centered, prescription label.

**STAFF COMMENTS:**

The board has a long history of advocating for the “purpose” of the medication to be included on the prescription label.

**PRIOR LEGISLATION:**

In 2009 the board pursued a statutory change that would have, among other changes amended BPC Section 4040 to require the condition or purpose to be included on a prescription. Ultimately, the measure (SB 470, Chapter 590, Statutes of 2009) was amended to only require the information to be included if it was requested by the patient.

AB 788 (Chu) would have required that every prescription must include a legible, clear notice of the condition for which the drug is prescribed. The bill died in Assembly Health Committee.

**FISCAL IMPACT:**

Minor and absorbable

**SUPPORT/OPPOSITION:**Support (As of April 9, 2019)

California Association for Health Services at Home  
California Senior Legislature  
California State Retirees

Opposition (As of April 9, 2019)

American Congress of Obstetricians and Gynecologists – District IX  
California Chapter of the American College of Emergency Physicians  
California Chapter of the American College of Cardiology  
California Medical Association  
California Pharmacists Association  
California Retailers Association  
California Society of Plastic Surgeons  
National Association of Chain Drug Stores



**Bill Number:** AB 528  
**Current Version:** As introduced February 13, 2019  
**Author:** Assembly Member Low  
**Topic:** Controlled Substances: CURES database  
**Board Position:** None

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**AFFECTED SECTIONS:**

Amend Section 11165 of the Health and Safety Code.

**STATUS:**

Assembly Third Reading scheduled for April 29, 2019.

**EXISTING LAW:**

Establishes the Controlled Substances Utilization Review and Evaluation System (CURES) within the Department of Justice for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III and Schedule IV controlled substances, including mandated reporting of all such controlled substances dispensed. Reporting to the system must occur no more than seven days after the date the controlled substance is dispensed.

**THIS BILL WOULD:**

Require the reporting of such information no more than one working day after it is dispensed.

**STAFF COMMENTS:**

The board has a long history of supporting the CURES system. Additionally, the board sought a similar change in legislation last year and voted to again pursue legislation this year.

**PRIOR LEGISLATION:**

Last year AB 1752 (Low) would have reduced the reporting timeframe to the following business day. This measure would have also added Schedule V drugs to CURES.

**FISCAL IMPACT:**

Minor and absorbable.

**SUPPORT/OPPOSITION:**

Support (As of April 9, 2019)

California Dental Association

California Medical Association

American College of Emergency Physicians, California Chapter

County Behavioral Health Directors Association

Opposition (As of April 9, 2019)

None of File



<b>Bill Number:</b>	<b>AB 544</b>
<b>Current Version:</b>	<b>As Amended March 21, 2019</b>
<b>Author:</b>	<b>Assembly Member Brough</b>
<b>Topic:</b>	<b>Professions and Vocations: Inactive License Fees and Accrued Unpaid Renewal Fees</b>
<b>Board Position:</b>	<b>None</b>

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**AFFECTED SECTIONS:**

Relevant to board, amend sections 121.5, 462, and 703 of the Business and Professions Code.

**STATUS:**

Assembly Appropriations Committee hearing scheduled for May 1, 2019.

**EXISTING LAW:**

Provides for the licensure of various professions within the Department of Consumer Affairs. Further, it requires the payment of a fee for the renewal of a license in an inactive status. In some cases, it provides that *all* accrued fees must be paid before the license will be reinstated.

Establishes continuing education requirements as a condition of renewal for pharmacists and advance practice pharmacists licenses.

Provides the board with the authority to cancel an active license and issue an inactive license if a pharmacist fails to provide documentation substantiating completion of the required continuing education.

**THIS BILL WOULD:**

Limit the maximum fee for renewal of a license in an inactive status to no more than 50% of the renewal fee for the active license.

Prohibit a board from requiring payment of accrued and unpaid renewal fees as a condition of reinstating an expired license or registration.

**STAFF COMMENTS:**

The scope of impact to the board is limited to pharmacists and advanced practice pharmacists. None of the other board issued licenses are eligible for an inactive status.

The board is sponsoring legislation, SB 655 regarding the advanced practice pharmacist renewal requirements, including inactive provisions.

**PRIOR LEGISLATION:**

AB 1659 (Low, Statutes of 2018) authorized healing arts boards to establish lower renewal fees to inactive licenses. This measure also prohibited an inactive license holder from representing that he/she had an active license.

**FISCAL IMPACT:**

Under the board's current renewal fee, staff projects this will reduce the board's annual revenue by over \$200,000 for pharmacists. Assuming the board's fee increase is approved through the rulemaking process, the estimated loss in revenue would increase to \$281,790.

There is also potential loss of revenue related to the advance practice pharmacist's renewals should such individuals' license similarly change to an inactive status and pay the lower fee authorized in this measure.

**SUPPORT/OPPOSITION:**

Support (As of April 23, 2019)

None on file

Opposition (As of April 23, 2019)

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board



**Bill Number:** AB 613

**Current Version:** As Introduced February 14, 2019

**Author:** Assembly Member Low

**Topic:** Professions and Vocations: Regulatory Fees

**Board Position:** None

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**AFFECTED SECTIONS:**

Add Section 101.1 to the Business and Professions Code

**STATUS:**

Assembly Appropriations Committee hearing scheduled for May 1, 2019.

**EXISTING LAW:**

Establishes the Department of Consumer Affairs which is comprised of board and bureaus regulating various professions.

Authorizes boards and bureaus to assess fees for the reasonable cost of administering the program.

BPC 4400 establishes the board's current fee schedule, including statutory minimum and maximum fees.

**THIS BILL WOULD:**

Authorize boards to increase, every four years, any authorize fee by an amount not to exceed the increase of the California Consumer Price Index for the preceding four years.

Require the director of DCA to approve any proposed fee increase.

**STAFF COMMENTS:**

This measure would provide greater flexibility for the board to increase fees consistent with the consumer price index and would streamline the process.

**PRIOR LEGISLATION:**

None

**FISCAL IMPACT:**

Undetermined.

**SUPPORT/OPPOSITION:**

Support (As of April 17, 2019)

California Board of Accountancy  
California Pharmacists Association

Opposition (As of April 17, 2019)

California Orthopedic Association



<b>Bill Number:</b>	<b>AB 690</b>
<b>Current Version:</b>	<b>As Introduced February 15, 2019</b>
<b>Author:</b>	<b>Assembly Member Aguiar-Curry</b>
<b>Topic:</b>	<b>Remote Dispensing Site Pharmacy: Pharmacy Technician: Qualifications</b>
<b>Board Position:</b>	<b>None</b>

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**AFFECTED SECTIONS:**

Amend Section 4132 of the Business and Professions Code

**STATUS:**

Assembly Consent Calendar

**EXISTING LAW:**

Establishes the authority for the board to issue a remote dispensing site pharmacy (RDSP) license if certain requirements are met.

Requires the board to adopt regulations establishing qualifications for a registered pharmacy technician to work at such a pharmacy.

**THIS BILL WOULD:**

In lieu of board regulations, establish such requirements in statute. Specifically, a pharmacy technician working in such a location must satisfy the following requirements:

1. Possess a pharmacy technician license that is in good standing.
2. Possess and maintain a certification issued by a board-approved pharmacy technician certification program
3. Possess one of the following:
  - a. Minimum of an AA degree in pharmacy technology
  - b. Minimum of a bachelor's degree in any subject
  - c. Completion of a course of training approved by the board
4. Complete a minimum of 1,000 hours of experience working as a pharmacy technician within the three years preceding work at the RDSP.

**STAFF COMMENTS:**

The sponsor of the bill is pursuing the measure because of the current extended timeframes to promulgate regulations. The language is consistent with the board's pending rulemaking. The board's regulation package was recently released for a 45-day comment period. The comment period will close May 28, 2019. The board will consider comments received at a subsequent board meeting most likely June or July's meeting.

**PRIOR LEGISLATION:**

None

**FISCAL IMPACT:**

None

**SUPPORT/OPPOSITION:**Support (As of March 29, 2019)

Cardinal Health

Opposition (As of March 29, 2019)

None of file.



**Bill Number:** AB 1076

**Current Version:** As Amended March 27, 2019

**Author:** Assembly Member Ting

**Topic:** Criminal Records: Automatic Relief

**Board Position:** None

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**AFFECTED SECTIONS:**

Add Sections 851.93 and 1203.425 to the Penal Code.

**STATUS:**

Assembly Appropriations Committee suspense file

**EXISTING LAW:**

Authorizes a person who is arrested to, under certain conditions, petition the court to seal the person's arrest record. Such conditions include:

1. Successful completion of a prefiling diversion program;
2. Successful completion of a specified drug diversion program;
3. Successful completion of a deferred entry of judgement program; and
4. An arrest that did not result in a conviction.

Specifies that, upon successful completion of certain diversion programs, the arrest for the crime for which the diversion was required is deemed to have never occurred.

**THIS BILL WOULD:**

Require the Department of Justice, on a weekly basis, to review the records in the statewide criminal justice database and identify persons who are eligible for relief by having their arrest records or criminal convictions withheld from disclosure.

Require the DOJ to grant relief to eligible persons without requiring a petition for such action.

**STAFF COMMENTS:**

Staff suggests an Oppose Unless Amended position to allow the DOJ to release background information on those individuals seeking licensure if prior conduct is proven.

This measure appears to be follow-up legislation to AB 2138 from last year that reduced the arrests and convictions the board can consider as part of a licensing decision.

The board's Enforcement Committee is currently reviewing the provisions of AB 2138 related to required regulations as well as possible statutory amendments to minimize the impact to the board's consumer protection mandate.

**PRIOR LEGISLATION:**

AB 2138 (Low), Chapter 995, Statutes of 2018, prohibits agencies from denying a license if the applicant or licensee has been convicted of a crime within the preceding 7 years from the date of application.

AB 2599 (Holden), Chapter 653, Statutes of 2018, requires law enforcement agencies and probation departments to increase awareness and access to the arrest record sealing and expungement process.

AB 2438 (Ting), of the 2017-2018 Legislative Session, would have required automatic expungements of certain convictions, as specified. AB 2438 was held on the Assembly Appropriations Suspense File.

AB 1793 (Bonta), Chapter 993, Statutes of 2018, requires the court to automatically re-sentence, re-designate, or dismiss cannabis-related convictions.

AB 1008 (McCarty), Chapter 789, Statutes of 2017, directed employers to follow certain procedures if they wish to consider job applicants' criminal histories as part of a hiring process.

AB 813 (Gonzalez Fletcher) Chapter 739, Statutes of 2016 created a mechanism of post-conviction relief for a person to vacate a conviction or sentence based on error damaging his or her ability to meaningfully understand, defend against, or knowingly accept the immigration consequences of the conviction.

SB 124 (Lara), Chapter 789, Statutes of 2016, authorized a person who was sentenced to a term of one year prior to January 1, 2015, to submit an application to the trial court to have the term of the sentence reduced to the maximum term of 364 days.

**FISCAL IMPACT:**

None

**SUPPORT/OPPOSITION:**

Support (As of April 1, 2019)

California for Safety and Justice  
American Civil Liberties Union of California  
California Public Defenders Association  
Community Works  
Feminists in Action  
Indivisible Sausalito

Indivisible Stanislaus  
Indivisible San Diego Central  
Initiate Justice  
National Association of Social Workers, California Chapter  
Showing Up for Racial Justice, Marin  
Sister Warrior Freedom Coalition  
Southern California Coalition  
We The People – San Diego

Opposition (As of April 1, 2019)

California Law Enforcement Association of Records Supervisors



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<b>Bill Number:</b>	<b>AB 1131</b>
<b>Current Version:</b>	<b>As Amended April 11, 2019</b>
<b>Author:</b>	<b>Assembly Member Gloria</b>
<b>Topic:</b>	<b>Medi-Cal: Comprehensive Medication Management</b>
<b>Board Position:</b>	<b>None</b>

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**AFFECTED SECTIONS:**

Add Section 14132.04 to the Welfare and Institutions Code

**STATUS:**

Referred to Assembly Appropriations Committee

**EXISTING LAW:**

Establishes the Medi-Cal program, within the State Department of Health Care Services (DHCS) which provides low-income individuals with access to health care services.

Establishes a schedule of benefits under the Medi-Cal program, which includes outpatient prescription drugs, subject to utilization controls and the Medi-Cal list of contract drugs.

**THIS BILL WOULD:**

Provide that comprehensive medication management (CMM) services are covered by the Medi-Cal Program and would require CMM services to be provided to any Medi-Cal beneficiary who meets specified criteria, including being prescribed eight or more prescriptions, being referred by a physician, or discharge from a hospital or other care facility with one or more chronic medical conditions.

Define “chronic medical condition” to include arthritis, asthma, cardiovascular disease, diabetes, cancer, and depression.

Define “CMM services” as pharmacist-led, evidence based, preventative clinical service that aims to ensure optimal use of medications and establish the required elements of such services.

Define “medication therapy problems” as the use of any unnecessary medication, the need for additional medication, ineffective medication, subtherapeutic dosage, inadequate monitoring, adverse event, medication interaction, excessive dosage, inadequate adherence, availability of more cost-effective medication, or inability of the beneficiary to afford medication.

Require DHCS to establish reimbursement rates and billing codes for CMM services provided by a pharmacist.

Require that CMM services provided by a pharmacist be performed pursuant to protocols as required by state law.

**STAFF COMMENTS:**

The board routinely receives public comment about the lack of reimbursement as a barrier to implementation of patient safety measures such as the one proposed in this measure.

Further this measure is consistent with the board’s vision statement, “Healthy Californians through quality pharmacists’ care.”

**PRIOR LEGISLATION:**

SB 1322 (Stone) would have added CMM to services covered under the Medi-Cal program. CMM was defined as the process of care that ensures each beneficiary’s medications (prescription drugs and biologics, over-the-counter medication, or nutritional supplements), are individually assessed to determine that each medication is appropriate for the beneficiary, effective for the medical condition, and safe given other medications being taken, and all medications are able to be taken by the patient as intended. SB 1322 failed passage in the Senate Health Committee.

AB 2084 (Wood) of 2016, would have provided Medi-Cal coverage for CMM, defined as the process of care that ensures each beneficiary’s medications are appropriate, safe, and effective, and are being used as intended. AB 2084 also defined beneficiaries, goals, and related requirements, and would have required DHCS to study the effectiveness and costs. AB 2084 was held on the Assembly Appropriations suspense file.

**FISCAL IMPACT:**

None

**SUPPORT/OPPOSITION:**

Support (As of April 19, 2019)

California Pharmacists Association  
California Society of Health Systems Pharmacists

Opposition (As of April 19, 2019)

None on file



**Bill Number:** AB 1545

**Current Version:** As Amended April 8, 2019

**Author:** Assembly Member Obernolte

**Topic:** Civil Penalty Reduction Policy

**Board Position:** None

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**AFFECTED SECTIONS:**

Add Chapter 3.7 (commencing with Section 11367) of the Government Code

**STATUS:**

Referred to Assembly Appropriations Committee

**EXISTING LAW:**

Establishes the Office of the Small Business Advocate (OSBA) within the Governor's Office of Business and Economic Development (GO-Biz), to serve, among other things, as the principal advocate in the state on behalf of small businesses, including, but not limited to, advisory participation in the consideration of all legislation and administrative regulations that affect small businesses.

**THIS BILL WOULD:**

Define "small business" and require the board to assist a small business in achieving compliance with statutes and regulations administered by the state as well as assist a small business during an enforcement action by the board.

Require the board to develop and post the policy for the reduction of civil penalties committed by a small business as well as annually post information on the website regarding aggregate numbers and categories of information as specified.

**STAFF COMMENTS:**

Staff recommends that the board establish an Oppose Unless Amended. Suggested amendments would include removing the conflict the measure creates by requiring the board to assist a small business with an enforcement action that is being brought by the board itself. Other suggested amendments would address the violations created with the Administrative Procedures Act.

The board currently provides the Ask.Inspector program that provides licensees with an opportunity to seek guidance from an inspector on pharmacy law related matters. Further, the board publishes a newsletter and uses a self-assessment process as another tool to assist licensees with compliance with pharmacy law.

**PRIOR LEGISLATION:**

AB 912 (Obernolte) of 2017 and SB 1228 (Runner) of 2016 were substantially similar to this bill. AB 912 was held on the Assembly Appropriations Committee Suspense File. SB 1228 was held on the Senate Appropriations Committee Suspense File.

**FISCAL IMPACT:**

None

**SUPPORT/OPPOSITION:**

Support (As of April 22, 2019)

- California Chamber of Commerce
- California Construction and Industrial Materials Association
- California Manufacturers and Technology Association
- San Gabriel Valley Economic Partnership
- California Business Roundtable
- Torrance Chamber of Commerce
- Rancho Cordova Chamber of Commerce
- North Orange County Chamber of Commerce
- Greater Irvine Chamber of Commerce

Opposition (As of April 19, 2019)

- California Employment Lawyers Association
- California Labor Federation
- California Nurses Association
- Consumer Attorneys of California
- Sierra Club
- Service Employees International Union, California State Council



**Bill Number:** SB 159

**Current Version:** As Amended April 11, 2019

**Author:** Senator Weiner

**Topic:** HIV: Preexposure and Postexposure Prophylaxis

**Board Position:** None

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**AFFECTED SECTIONS:**

Amend BPC section 4052 and add BPC Section 4052.02, add HSC section 1342.74, add Insurance Code section 10123.199 and amend Welfare and Institutions Code 14132.968

**STATUS:**

Referred to Senate Appropriations Committee

**EXISTING LAW:**

Provides for the licensure of pharmacists and establishes the authorized functions of such a licensed person.

**THIS BILL WOULD:**

This bill would authorize a pharmacist to furnish preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP), in specified amounts. The pharmacist must complete a training program approved by the board and comply with specified requirements, such as assessing a patient and providing a patient with counseling and tests.

Add PrEP and PEP list of covered pharmacy services under Medi-Cal.

**STAFF COMMENTS:**

This measure was amended as part of Senate Health committee hearing on April 24, 2019. The amendments are not yet in print.

This measure expands access to medication and is consistent with the board's vision statement.

**PRIOR LEGISLATION:**

Over the past several years there have been legislative measures to expand the scope of services a pharmacist can provide. Such measures included SB 493 (Hernandez, Statutes of

2013) relating to pharmacists furnishing hormonal contraception, smoking cessation and travel medications, and AB 1535 (Bloom, Statutes of 2014) relating to pharmacists furnishing naloxone.

**FISCAL IMPACT:**

Fiscal impact will include development of regulations for training program requirements. This workload could be absorbed within existing resources assuming no other measures enacted this year similarly require promulgation of regulations.

**SUPPORT/OPPOSITION:**

Support (As of April 22, 2019)

- California Retailers Association
- City of West Hollywood
- National Association of Chain Drug Stores
- Equality California (EQCA)
- National Association of Social Workers, California Chapter (NASW-CA)
- San Francisco AIDS Foundation
- San Francisco Department of Public Health
- County of Santa Clara
- California Pharmacists Association
- San Francisco Lesbian Gay Bisexual Transgender Community Center
- San Francisco Hepatitis C Task Force
- American Civil Liberties Union of California
- St. James Infirmary
- Indian Pharmacists Association of California
- California Korean American Pharmacists Association
- Los Angeles LGBT Center
- Nine individuals
- California Life Sciences Association
- CaliforniaHealth+ Advocates
- Shanti
- APLA Health
- California LGBTQ Health and Human Services Network
- California Sexual Assault Forensic Examiners Association
- St. Anthony's
- American Academy of HIV Medicine
- Mission Wellness Pharmacy
- Sacramento Valley Pharmacists Association

Opposition (As of April 22, 2019)

- AIDS Healthcare Foundation
- Association of California Life and Health Insurance Companies
- California Association of Health Plans
- California Medical Association
- Kaiser Permanente

- California Chapter of the American College of Cardiology
- American College of Emergency Physicians, California Chapter
- California Urological Association
- America's Health Insurance Plans
- Infectious Diseases Association of California
- American College of Obstetricians and Gynecology District IX



<b>Bill Number:</b>	<b>SB 425</b>
<b>Current Version:</b>	<b>As Amended April 11, 2019</b>
<b>Author:</b>	<b>Senator Hill</b>
<b>Topic:</b>	<b>Health Care Practitioners: Licensee's File: Probationary Physician's and Surgeon's Certificate: Unprofessional Conduct</b>
<b>Board Position:</b>	<b>None</b>

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**AFFECTED SECTIONS:**

As related to the board, amend sections 800 and add section 805.8 of the BPC

**STATUS:**

Referred to Senate Appropriations Committee

**EXISTING LAW:**

Provides for the regulation of licensed health care providers including the authority to investigation and seek to remove or restrict a license based upon an investigation.

Establishes mandatory reporting requirements for specified violations, e.g. theft or impairment for a pharmacist or pharmacy technician.

**THIS BILL WOULD:**

Require a health facility or clinic, the administrator or chief executive officer of a health care service plan, or other entity, as specified, to file a report of any allegation of sexual abuse or sexual misconduct made against a healing arts licensee to the licensee's regulatory board within 15 days of receiving the allegation.

Imposes a fine for failure to make the required report.

- a) The fine for a willful failure is not to exceed \$100,000.
- b) The fine for any other failure is not to exceed \$50,000.
- c) The fine may be imposed in any civil or administrative action or proceeding, as specified.

**STAFF COMMENTS:**

This measure was amended on April 23, 2019 as part of the Senate Judiciary committee hearing. The amendments are not yet in print.

The measure appears consistent with the board's consumer protection mandate.

**PRIOR LEGISLATION:**

None

**FISCAL IMPACT:**

This measure could result in additional enforcement related costs should the board experience an increase in complaint investigations and resulting administrative actions.

**SUPPORT/OPPOSITION:**Support (As of April 22, 2019)

Consumer Attorneys of California

Consumer Watchdog

Medication Board of California

Opposition (As of April 22, 2019)

Association of California Life and Health Insurance Companies

California Association of Health Plans

California Medical Association

California Chapter of the American College of Cardiology



**Bill Number:** SB 476  
**Current Version:** As Amended April 22, 2019  
**Author:** Senator Stone  
**Topic:** Pharmacist-in-charge: Disciplinary Proceedings  
**Board Position:** None

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**AFFECTED SECTIONS:**

Amend Sections 4302 and 4306.6 of the BPC

**STATUS:**

Referred to Senate Appropriations Committee

**EXISTING LAW:**

Provides for the regulation of the practice of pharmacy.

Establishes a pharmacist-in-charge as an individual working for a pharmacy that is vested with responsibility for compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

**THIS BILL WOULD:**

Subject any pharmacy owner or other person with management and control of the licensee, who commits any act that would subvert or tend to subvert the efforts of the pharmacist-in-charge to comply with the laws governing the operation of the pharmacy to a fine of up to \$50,000.

**STAFF COMMENTS:**

This measure was amended on April 25, 2019. The amendments are not yet in print. It is anticipated that the measure will be amended to require the board to study the role of a PIC and identify possible issues of obstruction of PIC efforts by pharmacy owners.

**PRIOR LEGISLATION:**

None

**FISCAL IMPACT:**

Will be determined after amendments are in print.

**SUPPORT/OPPOSITION:**

Support (As of April 22, 2019)

None of file

Opposition (As of April 22, 2019)

None on file



**Bill Number:** SB 601

**Current Version:** As Amended March 28, 2019

**Author:** Senator Morrell

**Topic:** State Agencies: Licenses: Fee Waivers

**Board Position:** None

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**AFFECTED SECTIONS:**

Add Section 11009.5 to the Government Code

**STATUS:**

Referred to Senate Appropriations Committee

**EXISTING LAW:**

As the measure relates to the board, provides for the regulation of practice of pharmacy and establishes fees for services provided by the board.

**THIS BILL WOULD:**

Authorize the board (as well as any state agency) that issues any business license to reduce or waive any required fees for licensure, renewal of licensure, or the replacement of a physical license for display if a person or business establishes (to the satisfaction of the state agency) that the person or business has been displaced or affected by a declared federal emergency or proclaimed state emergency, as defined.

**STAFF COMMENTS:**

This measure seems consistent with the policy direction of the board related to declared emergency provisions as well as the licensing committee's recommendation regarding licensure transferability. In its current form the measure does not create a mandate, but rather provides state agencies with the flexibility to make such a change should it desire to do so.

**PRIOR LEGISLATION:**

None

**FISCAL IMPACT:**

It is anticipated that this could result in loss of revenue to the board. This impact would be determined after the board develops its policy related to the measure's provisions.

**SUPPORT/OPPOSITION:**

Support (As of April 17, 2019)

R Street Institute  
California Board of Accountancy  
California Chamber of Commerce  
California Dental Association  
Rebuild Paradise Foundation  
Southwest California Legislative Council

Opposition (As of April 17, 2019)

None on file



**Bill Number:** SB 617

**Current Version:** As Amended April 25, 2019

**Author:** Senator Glazer

**Topic:** Pharmacy technicians: Supervision

**Board Position:** None

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**AFFECTED SECTIONS:**

Amend Section 4115 of the BPC

**STATUS:**

Referred to Senate Appropriations Committee

**EXISTING LAW:**

Provides for the regulation of pharmacy practice including the ratio of pharmacy technicians to pharmacist, which is currently one pharmacist to one pharmacy technician in a community pharmacy. For each additional pharmacist, two additional pharmacy technicians may be used.

**THIS BILL WOULD:**

Would allow an employer and a labor union representing pharmacists and/or pharmacy technicians to enter into a collective bargaining unit that provides for a ratio of up to 3 pharmacy technicians to one pharmacist under specified conditions.

Provides that the employer must apply to the board for approval to use the ratio and must demonstrate prior to using the ratio compliance with pharmacy law provisions related to the use of pharmacy technicians.

Specify this provision is applicable in all pharmacy settings except:

1. Inpatient of a licensed health care facility.
2. Patient of a home health agency.
3. Inmates of a correction facility operated by CDCR.
4. Persons receiving treatment in facility operated by the Department of State Hospitals, State Department of Developmental Services or the Department of Veterans Affairs.

**STAFF COMMENTS:**

As this measure establishes a ratio as part of the collective bargaining process, the ratio requirement will remain the same in all pharmacies where collective bargaining is not a part of the employment relationship as well as in all pharmacy settings exempt from this measure.

**PRIOR LEGISLATION:**

None

**FISCAL IMPACT:**

This could result in additional workload depending on the number of applications received. Further, in its current form, should the board wish to delegate approval to staff, promulgation of regulations may be necessary.

**SUPPORT/OPPOSITION:**Support (As of April 18, 2019)

United Food & Commercial Workers Union  
CVS Health

Opposition (As of April 18, 2019)

Rite Aid  
United Nurses Association of California/Union of Health Care Professions



**Bill Number:** SB 650

**Current Version:** As Amended April 24, 2019

**Author:** Assembly Member Rubio

**Topic:** Unused Cancer Medications: Collection and Distribution

**Board Position:** None

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**AFFECTED SECTIONS:**

Add and repeal Section 150209 of the Health and Safety Code.

**STATUS:**

Senate Rule Committee

**EXISTING LAW:**

Authorized a county to establish a voluntary drug repository and distribution program for the purpose of distributing surplus medications to indigent patients.

**THIS BILL WOULD:**

Require the board to prepare and submit a report to the Legislature, no later than January 1, 2021, identifying the best mechanism to enable the transfer of unused cancer medications to persons in need of financial assistance to ensure access to necessary pharmaceutical therapies.

**STAFF COMMENTS:**

It is anticipated that this measure will be further amended to require the board to establish a task force to determine the best mechanism to enable the transfer of unused cancer medications to persons in need. The taskforce will also be required to explore the current county program and determine how it can be expanded to allow cancer patients to return their unused, unneeded oral anti-cancer medication to their oncologists who may then redistribute the medications to cancer patients in need.

The board would be required to report its findings to the Governor's Office and the Legislature on or before January 1, 2021. As proposed to be amended, the task force would include two members of the board, two board certified physicians in oncology and hematology, and two representatives from cancer patient advocacy organizations.

**PRIOR LEGISLATION:**

None

**FISCAL IMPACT:**

Undetermined.

**SUPPORT/OPPOSITION:**

Support (As of April 17, 2019)

American Cancer Society Cancer Action Network  
Association of Northern California Oncologists  
Medical Oncology Association of Southern California

Opposition (As of April 17, 2019)

None on file.

# **Attachment 3**

## Regulation Timelines

### Discussion and Consideration of Board Approved Regulations Undergoing Public Comment Period

1. Proposed Regulations to Add Title 16 CCR Section 1793.9 Related to Remote Dispensing Technicians

**Timeline:**

Approved by Board: February 6, 2018

Submitted to DCA for Pre-Notice Review: June 11, 2018

Formal DCA Pre-Notice Review began: August 29, 2018

45-Day Comment Period began: April 12, 2019 (Closes May 28, 2019)

2. Proposed Regulations to Amend Title 16 CCR Section 1746.3 Related to the Naloxone Fact Sheet

**Timeline:**

Approved by Board: May 4, 2017

Submitted to DCA for Pre-Notice Review: May 31, 2017

Returned to the board: January 18, 2018

Modified language approved by board: March 27, 2018

Re-submitted to DCA for Pre-Notice Review: June 13, 2018

Returned to the board on: July 2, 2018

Re-submitted to DCA for Pre-Notice Review: July 2, 2018

Formal DCA Pre-Notice Review began: July 2, 2018

45-Day Comment Period began: April 26, 2019 (Closes June 10, 2019)

3. Proposed Regulations to Amend Title 16 CCR Section 1749 Related to the Board's Fee Schedule

**Timeline:**

Approved by Board: December 14, 2018

Submitted to DCA for Pre-Notice Review: December 17, 2018

45-Day Comment Period began: April 26, 2019 (Closes June 10, 2019)

**Remote Dispensing  
Technicians  
16 CCR § 1793.9**

**Title 16. Board of Pharmacy  
Proposed Text**

**Add section 1793.9 in Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1793.9. Pharmacy Technician in a Remote Dispensing Site Pharmacy.**

A pharmacy technician must satisfy each of the following requirements before working in a remote dispensing site pharmacy:

- (a) Possess a pharmacy technician license that is in good standing.
- (b) Possess and maintain a certification issued by an approved pharmacy technician certifying program.
- (c) (1) Possess a minimum of an associate degree in pharmacy technology;  
(2) Possess a minimum of a bachelor's degree in any subject; or  
(3) Complete a course of training specified by the board as provided in section 1793.6.
- (d) Complete 1,000 hours of experience working as a pharmacy technician within the three years prior to first working in the remote dispensing site pharmacy.

Note: Authority cited: Sections 4005 and 4132, Business and Professions Code.

Reference: Sections 4005, 4026.5, 4044.3, 4052, 4115, 4132 and 4202, Business and Professions Code.

# **Naloxone Fact Sheet**

**16 CCR § 1746.3**

## BOARD OF PHARMACY

**Proposal to amend** § 1746.3 in Article 5 of Division 17 of Title 16 of the California Code of Regulations to read:

### **§ 1746.3. Protocol for Pharmacists Furnishing Naloxone Hydrochloride.**

A pharmacist furnishing naloxone hydrochloride pursuant to section 4052.01 of the Business and Professions Code shall satisfy the requirements of this section.

(a) As used in this section:

(1) "Opioid" means naturally derived opiates as well as synthetic and semi-synthetic opioids.

(2) "Recipient" means the person to whom naloxone hydrochloride is furnished.

(b) Training. Prior to furnishing naloxone hydrochloride, pharmacists who use this protocol must have successfully completed a minimum of one hour of an approved continuing education program specific to the use of naloxone hydrochloride in all routes of administration recognized in subsection (c)(4) of this protocol, or an equivalent curriculum-based training program completed in a board recognized school of pharmacy.

(c) Protocol for Pharmacists Furnishing Naloxone Hydrochloride.

Before providing naloxone hydrochloride, the pharmacist shall:

(1) Screen the potential recipient by asking the following questions:

(A) Whether the potential recipient currently uses or has a history of using illicit or prescription opioids. (If the recipient answers yes, the pharmacist may skip screening question B.);

(B) Whether the potential recipient is in contact with anyone who uses or has a history of using illicit or prescription opioids. (If the recipient answers yes, the pharmacist may continue.);

(C) Whether the person to whom the naloxone hydrochloride would be administered has a known hypersensitivity to naloxone. (If the recipient answers yes, the pharmacist may not provide naloxone. If the recipient responds no, the pharmacist may continue.)

The screening questions shall be made available on the Board of Pharmacy's website in alternate languages for patients whose primary language is not English.

(2) Provide the recipient training in opioid overdose prevention, recognition, response, and administration of the antidote naloxone.

(3) When naloxone hydrochloride is furnished:

(A) The pharmacist shall provide the recipient with appropriate counseling and information on the product furnished, including dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety. The recipient is not permitted to waive the required consultation.

(B) The pharmacist shall provide the recipient with any informational resources on hand and/or referrals to appropriate resources if the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources at this time.

(C) The pharmacist shall answer any questions the recipient may have regarding naloxone hydrochloride.

(4) Product Selection: A pharmacist shall advise the recipient on how to choose the route of administration based on the formulation available, how well it can likely be administered, the setting, and local context. A pharmacist may supply naloxone hydrochloride as an intramuscular injection, intranasal spray, auto-injector or in another FDA-approved product form. A pharmacist may also recommend optional items when appropriate, including alcohol pads, rescue breathing masks, and rubber gloves.

(5) Labeling: A pharmacist shall label the naloxone hydrochloride consistent with law and regulations. Labels shall include an expiration date for the naloxone hydrochloride furnished. An example of appropriate labeling is available on the Board of Pharmacy's website.

(6) Fact Sheet: The pharmacist shall provide the recipient a copy of the current naloxone fact sheet approved by the Board of Pharmacy or a fact sheet approved by the executive officer. The executive officer may only approve a fact sheet that has all the elements and information that are contained in the current board-approved fact sheet. ~~This~~ The board-approved fact sheet shall be made available on the Board of Pharmacy's website in alternate languages for patients

whose primary language is not English. Fact sheets in alternate languages must be the current naloxone fact sheet approved by the Board of Pharmacy.

(7) Notifications: If the recipient of the naloxone hydrochloride is also the person to whom the naloxone hydrochloride would be administered, then the naloxone recipient is considered a patient for purposes of this protocol and notification may be required under this section.

If the patient gives verbal or written consent, then the pharmacist shall notify the patient's primary care provider of any drug(s) and/or device(s) furnished, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by the patient and that primary care provider.

If the patient does not have a primary care provider, or chooses not to give notification consent, then the pharmacist shall provide a written record of the drug(s) and/or device(s) furnished and advise the patient to consult an appropriate health care provider of the patient's choice.

(8) Documentation: Each naloxone hydrochloride product furnished by a pharmacist pursuant to this protocol shall be documented in a medication record for the naloxone recipient, and securely stored within the originating pharmacy or health care facility for a period of at least three years from the date of dispense. The medication record shall be maintained in an automated data or manual record mode such that the required information under title 16, sections 1707.1 and 1717 of the California Code of Regulations is readily retrievable during the pharmacy or facility's normal operating hours.

(9) Privacy: All pharmacists furnishing naloxone hydrochloride in a pharmacy or health care facility shall operate under the pharmacy or facility's policies and procedures to ensure that recipient confidentiality and privacy are maintained.

Note: Authority cited: Section 4052.01, Business and Professions Code.

Reference: Section 4052.01, Business and Professions Code.

# **Fee Schedule**

## **16 CCR § 1749**

## Title 16. Board of Pharmacy Proposed Text

Proposed changes to the current regulation language are shown by strikethrough for deleted language and underline for added language.

### Proposal to Amend section 1749 in Article 6 of Division 17 of Title 16 California Code of Regulations to read as follows:

#### 1749. Fee Schedule.

The ~~application, renewal, penalties, and other fees, unless otherwise specified, for the issuance and renewal of licenses, certificates, and permits, and the penalties to be assessed for failure to renew in accordance with section 163.5 of the Business and Professions Code and Pharmacy Law~~ are hereby fixed as follows:

- (a) The fee for the issuance of any pharmacy license, including a remote dispensing site pharmacy license, is ~~five hundred twenty dollars (\$520)~~ five hundred seventy dollars (\$570). The fee for the annual renewal of any pharmacy license, including a remote dispensing site pharmacy license, is ~~six hundred sixty five dollars (\$665)~~ nine hundred and thirty dollars (\$930). The penalty for failure to renew is one hundred fifty dollars (\$150).
- (b) The fee for the issuance of any temporary pharmacy license is three hundred twenty-five dollars (\$325).
- (c) The fee for the issuance of a pharmacy technician license ~~is shall be one hundred and forty dollars (\$140)~~ one hundred ninety-five dollars (\$195). The fee for the biennial renewal of a pharmacy technician license ~~is shall be one hundred forty dollars (\$140)~~ one hundred ninety-five dollars (\$195). The penalty for failure to renew a ~~pharmacy technician license~~ is ~~seventy dollars (\$70)~~ ninety-seven dollars and fifty cents (\$97.50).
- (d) The application fee for ~~application and~~ examination as a pharmacist is ~~two hundred sixty dollars (\$260)~~ two hundred eighty-five dollars (\$285).
- (e) The fee for regrading an examination is one hundred fifteen dollars (\$115).
- (f)(1) The fee for the issuance of an original pharmacist license is ~~one hundred ninety-five dollars (\$195)~~ two hundred and fifteen dollars (\$215).
- (2) The application fee for ~~application of~~ an advanced practice pharmacist license is three hundred dollars (\$300). If granted, there is no fee for the initial license issued, which will expire at the same time the pharmacist's license expires.
- (g)(1) The fee for the biennial renewal of a pharmacist's license is ~~three hundred sixty dollars (\$360)~~ five hundred five dollars (\$505). The penalty fee for failure to renew is one hundred fifty dollars (\$150).
- (2) The fee for the biennial renewal of an advanced practice pharmacist license is three hundred dollars (\$300). The penalty fee for failure to renew is one hundred fifty dollars (\$150). The fees in this paragraph are in addition to the fees required to renew the pharmacist's license as specified in paragraph 1.

- (h) ~~The fee for the issuance or renewal of a wholesaler or third-party logistics provider license is seven hundred eighty dollars (\$780)~~ eight hundred twenty dollars (\$820). ~~The fee for the annual renewal of a wholesaler or third-party logistics provider license is eight hundred twenty dollars (\$820)~~. The penalty for failure to renew is one hundred fifty dollars (\$150). ~~The fee for a temporary wholesaler or third-party logistics provider license is seven hundred fifteen dollars (\$715)~~.
- (i) The fee for the issuance of a hypodermic license is ~~one hundred seventy dollars (\$170)~~ two hundred forty dollars (\$240). The fee for the annual renewal of a hypodermic needle license is two hundred eighty dollars ~~(\$200)~~ (\$280). The penalty for failure to renew is one hundred forty dollars ~~(\$100)~~ (\$140).
- (j) The fee for the issuance of a ~~license as a designated representative license pursuant to Section 4053 of the Business and Professions Code, or a designated representative-3PL license pursuant to Section 4053.1 of the Business and Professions Code, or a designated representative-reverse distributor license pursuant to Section 4053.2 of the Business and Professions Code,~~ is ~~one hundred fifty dollars (\$150)~~ two hundred ten dollars (\$210). The fee for the annual renewal of a license as a designated representative, ~~or designated representative-3PL, or a designated representative-reverse distributor is shall be two hundred and fifteen dollars (\$215)~~ three hundred dollars (\$300). The penalty for failure to renew is ~~one hundred seven dollars and fifty cents (\$107.50)~~ one hundred fifty dollars (\$150).
- (k) The application fee for the application or renewal of a license as a nonresident wholesaler or nonresident third-party logistics provider is ~~seven hundred eighty dollars (\$780)~~ eight hundred twenty dollars (\$820). The fee for the annual renewal of a nonresident wholesaler or nonresident third-party logistics provider is ~~eight hundred twenty dollars (\$820)~~ eight hundred twenty dollars (\$820). The penalty for failure to renew is one hundred fifty dollars (\$150). The fee for a nonresident wholesaler or nonresident third-party logistics provider temporary license is seven hundred fifteen dollars (\$715).
- (l) The fee for an intern pharmacist license is ~~one hundred sixty five dollars (\$165)~~ two hundred thirty dollars (\$230). The fee for transfer of intern hours or verification of licensure to another state is thirty dollars (\$30).
- (m) The fee for the reissuance of any ~~permit, license, or certificate,~~ or renewal thereof, which must be reissued because of change in the information, other than name change, is one hundred thirty dollars ~~(\$100)~~ (\$130).
- (n) The fee for the reissuance of any license that has been lost or destroyed or reissued due to a name change is forty-five dollars (\$45).
- (o) The fee for evaluation of continuing education courses for accreditation is forty dollars (\$40) for each hour of accreditation requested.
- (p) The fee for the issuance of a clinic license is ~~five hundred twenty dollars (\$520)~~ five hundred seventy dollars (\$570). The fee for the annual renewal of a clinic license is ~~three hundred twenty five dollars (\$325)~~ three hundred sixty dollars (\$360). The penalty for failure to renew is one hundred fifty dollars (\$150).
- (q) The fee for the issuance of a nongovernmental license to compound sterile drug ~~products preparations or a hospital satellite compounding pharmacy license is~~ one thousand six hundred forty five dollars (\$1,645) two thousand three hundred five dollars (\$2,305). The fee for the annual renewal of a nongovernmental license to

compound sterile drug products/preparations or a hospital satellite compounding pharmacy license is ~~one thousand three hundred twenty-five dollars (\$1,325)~~ one thousand eight hundred fifty-five dollars (\$1,855). The penalty for failure to renew a nongovernmental license to compound sterile drug preparations or a hospital satellite compounding pharmacy license is one hundred fifty dollars (\$150). The fee for a nongovernmental temporary license to compound sterile drug preparations or a hospital satellite compounding pharmacy temporary license is ~~five hundred fifty dollars (\$550)~~ seven hundred fifteen dollars (\$715).

- (r) The fee for the issuance of a nonresident sterile compounding pharmacy is ~~two thousand three hundred eighty dollars (\$2,380)~~ three thousand three hundred thirty-five dollars (\$3,335). The fee for the annual renewal of nonresident sterile compounding pharmacy license is ~~two thousand two hundred seventy dollars (\$2,270)~~ three thousand one hundred eighty dollars (\$3,180). The penalty for failure to renew is one hundred fifty dollars (\$150). The fee for a temporary nonresident sterile compounding pharmacy license is ~~five hundred fifty dollars (\$550)~~ seven hundred fifteen dollars (\$715).
- (s) The fee for the issuance of a license as a designated representative for a veterinary food-animal drug retailer is ~~one hundred fifty dollars (\$150)~~ two hundred ten dollars (\$210). The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer is ~~two hundred fifteen dollars (\$215)~~ three hundred dollars (\$300). The penalty for failure to renew is ~~one hundred seven dollars and fifty cents (\$107.50)~~ one hundred fifty dollars (\$150).
- (t) The fee for a veterinary food-animal drug retailer license is ~~four hundred and thirty-five dollars (\$435)~~ six hundred ten dollars (\$610). The application fee for the annual renewal for a veterinary food-animal drug retailer is ~~three hundred thirty dollars (\$330)~~ four hundred sixty dollars (\$460). The fee for the issuance of a veterinary food-animal drug retailer temporary license is two hundred and fifty dollars (\$250). The penalty for failure to renew is one hundred fifty dollars (\$150).
- (u) The fee for the issuance of a retired pharmacist license shall be forty-five dollars (\$45).
- (v) The fee for the issuance of a centralized hospital packaging pharmacy license is ~~eight hundred twenty dollars (\$820)~~ one thousand one hundred fifty dollars (\$1,150). The fee for the annual renewal fee for of a centralized hospital packaging pharmacy license is ~~eight hundred five dollars (\$805)~~ one thousand one hundred twenty five dollars (\$1,125). The penalty for failure to renew is one hundred fifty dollars (\$150).
- (w) The fee for the issuance of an outsourcing facility license is ~~two thousand two hundred seventy dollars (\$2,270)~~ three thousand one hundred eighty dollars (\$3,180). The annual renewal fee for the annual renewal of an outsourcing facility is ~~one thousand three hundred twenty-five dollars (\$1,325)~~ one thousand eight hundred fifty-five dollars (\$1,855). The penalty for failure to renew is one hundred fifty dollars (\$150). The fee for an temporary outsourcing facility temporary license is seven hundred fifteen dollars (\$715).
- (x) The fee for the issuance of a nonresident outsourcing facility license is ~~two thousand three hundred eighty dollars (\$2,380)~~ three thousand three hundred thirty-five dollars (\$3,335). The fee for the annual renewal fee for of a nonresident outsourcing facility

is ~~two thousand two hundred seventy dollars (\$2,270)~~ three thousand one hundred eighty dollars (\$3,180). The penalty for failure to renew is one hundred fifty dollars (\$150). The fee for a nonresident outsourcing facility temporary license is seven hundred fifteen dollars (\$715).

(y) The fee for the issuance of a correctional clinic license that is not owned by the state is five hundred seventy dollars (\$570). The annual renewal application fee for a correctional clinic license is three hundred sixty dollars (\$360). The penalty for failure to renew is one hundred fifty dollars (\$150).

(z) The application and initial license fee for operation of an EMSADDS is one hundred dollars (\$100). The application fee for the annual renewal of an EMSADDS is one hundred dollars (\$100). The penalty for failure to renew is thirty-five dollars (\$35).

(aa) The application fee of a co-location clinic license is seven hundred fifty dollars (\$750).

(ab) The application and initial license fee for a designated paramedic license is one hundred and forty dollars (\$140). The application fee for the biennial renewal of a designated paramedic license is one hundred forty dollars (\$140). The penalty for failure to renew a designated paramedic license is sixty-five dollars (\$65).

Note: Authority cited: Sections 4005 and 4400, Business and Professions Code.

Reference: Sections 163.5, 4005, 4044.3, 4053, 4053.1, 4110, 4112, 4119.01, 4120, 4127.1, 4127.15, 4127.2, 4128.2, 4129.1, 4129.2, 4129.8, 4130, 4160, 4161, 4180, 4180.5, 4187, 4190, 4196, 4200, 4202, 4202.5, 4203, 4208, 4210, 4304, 4400, 4401 and 4403, Business and Professions Code.

# **Attachment 4**

## Regulation Timelines

### Discussion and Consideration of Board Approved Regulations Undergoing Pre-Notice Review by the Department of Consumer Affairs or the Business, Consumer Services and Housing Agency

#### 1. Regulations under Pre-Notice review by the Business, Consumer Services and Housing Agency

- A. Proposed Regulations to Amend Title 16 CCR Section 1707.2 Related to Mail-Order Pharmacy Consultation

**Timeline:**

Approved by Board: May 2, 2018

Submitted to DCA for Pre-Notice Review: July 23, 2018

Returned to the board on: August 23, 2018

Re-submitted to DCA for Pre-Notice Review: September 14, 2018

Formal DCA Pre-Notice Review began: October 1, 2018

Referred to Agency on April 16, 2019

#### 2. Regulations under Pre-Notice review by DCA Legal Affairs

- A. Proposed Regulations to Amend Title 16 CCR Section 1707 Related to Offsite Storage

**Timeline:**

Approved by Board: January 24, 2017

Submitted to DCA for Pre-Notice Review: April 27, 2017

Returned to the board: January 18, 2018

Re-submitted to DCA for Pre-Notice Review: June 25, 2018

Returned to the board: July 3, 2018

Re-submitted to DCA for Pre-Notice Review: July 13, 2018

**Formal DCA Pre-Notice Review began: August 20, 2018**

- B. Proposed Regulations to Add Title 16 CCR Sections 1717.5 Related to Automatic Refill Programs

**Timeline:**

Approved by Board: May 3, 2017

Submitted to DCA for Pre-Notice Review: November 7, 2017

Returned to the Board on: March 26, 2018

Re-submitted to DCA for Pre-Notice Review: June 29, 2018

Returned to the Board on: August 20, 2018

**Re-submitted to DCA for Pre-Notice Review: September 20, 2018**

- C. Proposed Regulations to Amend Title 16 CCR Section 1706.2 Related to Abandonment of Applications

**Timeline:**

Approved by Board: February 6, 2018

Submitted to DCA for Pre-Notice Review: July 2, 2018

**Formal DCA Pre-Notice Review began: August 3, 2018**

- D. Proposed Regulations to Amend Title 16 CCR Sections 1702, 1702.1, 1702.2, and 1702.5 Related to Renewal Requirements

**Timeline:**

Approved by Board: May 2, 2018

Submitted to DCA for Pre-Notice Review: July 12, 2018

Returned to the board: September 6, 2018

Re-submitted to DCA for Pre-Notice Review: September 18, 2018

Returned to the board: September 28, 2018

Re-submitted to DCA for Pre-Notice Review: October 4, 2018

**Formal DCA Pre-Notice Review began: October 16, 2018**

**3. Regulations under Pre-Notice review by DCA Legal Counsel**

- A. Proposed Regulations to Amend Title 16 CCR Section 1793.5 Related to the Pharmacy Technician Application, Section 1793.6 Related to the Pharmacy Technician Training Requirements and Section 1793.65 Related to the Pharmacy Technician Certification Programs

**Timeline:**

Approved by board: October 26, 2016

Submitted to DCA for Pre-Notice Review: January 23, 2017

Returned to the board: March 28, 2017

Re-submitted to DCA for Pre-Notice Review: August 21, 2017

Returned to the board: February 24, 2018

Modified language approved by board: March 27, 2018

Re-submitted to DCA for Pre-Notice Review: July 11, 2018

Returned to the board: August 20, 2018

**Re-submitted to DCA for Pre-Notice Review: October 26, 2018**

- B. Proposed Regulations to Amend Title 16 CCR Section 1709 Related to Pharmacy Ownership, Management, and Control, Including Through Trusts

**Timeline:**

Approved by Board: October 26, 2016

Submitted to DCA for Pre-Notice Review: January 26, 2017

Returned to the Board on: March 28, 2017  
Re-submitted to DCA for Pre-Notice Review: May 24, 2018  
Returned to the board: August 6, 2018  
Re-submitted to DCA for Pre-Notice Review: August 16, 2018  
Returned to the board: November 2, 2018  
**Re-submitted to DCA for Pre-Notice Review: December 20, 2018**

- C. Proposed Regulations to Amend Title 16 CCR Sections 1780-1783 et seq., Related to Dangerous Drug Distributors and Third-Party Logistics Providers

**Timeline:**

Approved by board: October 26, 2016  
Submitted to DCA for Pre-Notice Review: February 9, 2017  
Returned to the board on: February 28, 2017  
Re-submitted to DCA for Pre-Notice Review: October 25, 2017  
Returned to the board on: March 26, 2018  
Re-submitted to DCA for Pre-Notice Review: June 28, 2018  
Returned to the board on: August 28, 2018  
Re-submitted to DCA for Pre-Notice Review: September 6, 2018  
Returned to the board on: October 30, 2018  
**Re-submitted to DCA for Pre-Notice Review: December 20, 2018**

- D. Proposed Regulations to Amend Title 16 CCR Section 1715 to Update Self-Assessment Forms 17M-13 and 17M-14

**Timeline:**

Approved by Board: November 8, 2017  
Submitted to DCA for Pre-Notice Review: February 2, 2018  
Returned to the Board on: April 17, 2018  
Re-submitted to DCA for Pre-Notice Review: July 23, 2018  
Returned to the Board on: November 13, 2018  
**Re-submitted to DCA for Pre-Notice Review: December 24, 2018**

- E. Proposed Regulations to Amend Title 16 CCR Section 1784 to Update the Wholesaler/3PL Self-Assessment Form 17M-26

**Timeline:**

Approved by Board: November 8, 2017  
**Submitted to DCA for Pre-Notice Review: December 26, 2018**

**Mail-Order Pharmacy  
Consultation  
16 CCR § 1707.2**

## Title 16. Board of Pharmacy

Amend section 1707.2 in Article 2 of Division 17 of Title 16 California Code of Regulations to read as follows:

### § 1707.2. Duty to Consult

(a) A pharmacist shall provide oral consultation to his or her patient or the patient's agent in all ~~care~~ settings:

(1) upon request; ~~or~~

(2) whenever the pharmacist deems it warranted in the exercise of his or her professional judgment;.

~~(b) (1) In addition to the obligation to consult set forth in subsection (a), a pharmacist shall provide oral consultation to his or her patient or the patient's agent in any care setting in which the patient or agent is present:~~

~~(3A) whenever the prescription drug has not previously been dispensed to a patient; or~~

~~(4B) whenever a prescription drug not previously dispensed to a patient in the same dosage form, strength, or with the same written directions, is dispensed by the pharmacy.~~

~~(b)(12) When the patient or patient's agent is not present (including, but not limited to, a prescription drug that was shipped by mail, or delivery), a pharmacy shall ensure that ~~the patient receives written notice:~~~~

~~(A) the patient receives written notice of his or her right to request consultation; ~~and~~~~

~~(B) the patient receives written notice of a the hours of availability and the telephone number from which the patient may obtain oral consultation from a pharmacist who has ready access to the patient's record; and~~

~~(C) A pharmacist shall be available (i) to speak to the patient or patient's agent during any regular hours of operation, within an average of ten (10) minutes or less, unless a return call is scheduled to occur within one business hour, (ii) for no less than six days per week, and (iii) for a minimum of 40 hours per week.~~

~~(23) A pharmacist is not required by this subsection to provide oral consultation to an inpatient of a health care facility licensed pursuant to section 1250 of the Health and Safety Code, or to an inmate of an adult correctional facility or a juvenile detention facility, except upon the patient's discharge. A pharmacist is not obligated to consult about discharge medications if a health facility licensed pursuant to subdivision (a) or (b) of Health and Safety Code Section 1250 has implemented a written policy about discharge medications which meets the requirements of Business and Professions Code Section 4074.~~

(c) When oral consultation is provided, it shall include at least the following:

- (1) directions for use and storage and the importance of compliance with directions; and
- (2) precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered.

(d) Whenever a pharmacist deems it warranted in the exercise of his or her professional judgment, oral consultation shall also include:

- (1) the name and description of the medication;
- (2) the route of administration, dosage form, dosage, and duration of drug therapy;
- (3) any special directions for use and storage;
- (4) precautions for preparation and administration by the patient, including techniques for self-monitoring drug therapy;
- (5) prescription refill information;
- (6) therapeutic contraindications, avoidance of common severe side or adverse effects or known interactions, including serious potential interactions with known nonprescription medications and therapeutic contraindications and the action required if such side or adverse effects or interactions or therapeutic contraindications are present or occur;
- (7) action to be taken in the event of a missed dose.

(e) Notwithstanding the requirements set forth in subsection (a) and (b), a pharmacist is not required to provide oral consultation when a patient or the patient's agent refuses such consultation.

Note: Authority cited: Sections 4005, 4076 and 4122, Business and Professions Code. Reference: Sections 4005, 4076, 4112 and 4122, Business and Professions Code.

# **Offsite Storage**

**16 CCR § 1707**

**Title 16. Board of Pharmacy  
Proposed Text**

Proposal to Amend § 1707 in Article 2 of Division 17 of Title 16 of the California Code of Regulations to read:

**§ 1707. Waiver Requirements for Off-Site Storage of Records**

(a) Pursuant to subdivision (e) of Section 4105 of the Business and Professions Code and subdivision (c) of Section 4333 of the Business and Professions Code, a waiver ~~shall~~ may be granted to any entity licensed by the board for ~~off-site~~ storage of the records outside the licensed area of the pharmacy described in subdivisions (a), (b) and (c) of Section 4105 of the Business and Professions Code ~~unless the applicant has, within the preceding five years, failed to produce records pursuant to Section 4081 of the Business and Professions Code or has falsified records covered by Section 4081 of the Business and Professions Code.~~

(b) An entity that is granted a waiver pursuant to subdivision (a) shall:

- (1) maintain the storage area so that the records are secure, including from unauthorized access; and
- (2) be able to produce the records within two business days upon the request of the board or an authorized officer of the law.

(c) In the event that a licensee fails to comply with the conditions set forth in subdivision (b), the board may cancel the waiver without a hearing. Upon notification by the board of cancellation of the waiver, the licensee shall maintain all records at the licensed premises.

(d) A licensee whose waiver has been cancelled pursuant to the provisions set forth in subsection (c) may reapply to the board when compliance with the conditions set forth in subsection (b) can be confirmed by the board.

(e) Notwithstanding any waiver granted pursuant to subdivision (a), all prescription records for non controlled substances shall be maintained on the licensed premises for a period of one year from the date of dispensing.

(f) Notwithstanding any waiver granted pursuant to subdivision (a), all prescription records for controlled substances shall be maintained on the licensed premises for a period of two years from the date of dispensing.

(g) Notwithstanding the requirements of this section, any entity licensed by the board may store the records described in subdivisions (a), (b) and (c) of Section 4105 of the Business and Professions Code in a storage area at the same address or adjoining the licensed premises without obtaining a waiver from the board if the following conditions are met:

- (1) The records are readily accessible to the pharmacist-in-charge (or other pharmacist on duty, or designated representative) and upon request to the board or any authorized officer of the law.
- (2) The storage area is maintained so that the records are secure and so that the confidentiality of any patient-related information is maintained.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4081, 4105 and 4333, Business and Professions Code.

# **Automatic Refill Programs**

**16 CCR § 1717.5**

**Title 16. BOARD OF PHARMACY**  
**Proposed Text**

**Proposal to add § 1717.5 in Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

- (a) A pharmacy may offer a program to automatically refill prescription medications provided the pharmacy complies with this section.
- (1) Written notice regarding the program shall be given to the patient or patient's agent. Such notice shall include instructions about how to withdraw a prescription medication from the program.
  - (2) The patient or patient's agent shall enroll by written, online or electronic consent to participate in the program.
  - (3) The pharmacy shall keep a copy of the written consent to enroll on file for one year from date of dispensing.
  - (4) The pharmacy shall have written policies and procedures in place that outline specifics of the program. The policies and procedures shall specify the medications that may be refilled through the program.
  - (5) The patient or patient's agent shall have the option to withdraw from the program at any time.
  - (6) The pharmacy shall complete a drug regimen review for each prescription refilled through the program.
  - (7) Each time a prescription is refilled through the program, the pharmacy shall provide a written notification to the patient or patient's agent confirming that the prescription medication is enrolled in the program.
  - (8) The pharmacy shall provide a full refund to the patient, patient's agent, or payer for any prescription medication in the program reported as unneeded or unnecessary, if the pharmacy had been notified of withdrawal or disenrollment from the program.
  - (9) A pharmacy shall make available any written notification required by this section in alternate languages as required by state or federal law.
- (b) A health care facility licensed pursuant to Health and Safety Code section 1250 that automatically refills prescription medications for its patients need not comply with the provisions of this section.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4001.1, 4005, 4063 and 4076.6, Business and Professions Code and Section 1250, Health and Safety Code.

**Abandonment of  
Applications  
16 CCR § 1706.2**

**Title 16. Board of Pharmacy  
Proposed Text**

Proposed changes to the current regulation language are shown by strikethrough for deleted language and underline for added language.

**Amend section 1706.2 in Article 1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

**1706.2. Abandonment of Application Files.**

- (a) An applicant for a premises license ~~to conduct a pharmacy, non-resident pharmacy, sterile injectable compounding pharmacy, wholesaler, out-of-state distributor, clinic, veterinary food-animal drug retailer, or to furnish hypodermic needles and syringes~~ who fails to complete all application requirements within 60 days after being notified by the board of deficiencies in his, her or its file, may be deemed to have abandoned the application and may be required to file a new application and meet all of the requirements in effect at the time of reapplication.
- (b) ~~An applicant for a pharmacy technician license or a designated representative license who fails to complete all application requirements within 60 days after being notified by the board of deficiencies in his or her file, may be deemed to have abandoned the application and may be required to file a new application and meet all of the requirements which are in effect at the time of reapplication.~~
- (~~b~~-e) An applicant who fails to pay the fee for licensure as a pharmacist required by subdivision (f)(1) of section 1749 of this Division within 12 months after being notified by the board of his or her eligibility shall be deemed to have abandoned the application and must file a new application and be in compliance with the requirements in effect at the time of reapplication.
- (~~c~~-d) An applicant to take the pharmacist licensure examinations who fails to take the examinations within 12 months of being deemed eligible, shall be deemed to have abandoned the application and must file a new application in compliance with all of the requirements in effect at the time of reapplication.
- (~~d~~-e) An applicant for an intern pharmacist license who fails to complete all application requirements within one year after being notified by the board of deficiencies in his or her file, may be deemed to have abandoned the application and may be required to file a new application and meet all of the requirements which are in effect at the time of reapplication.
- (e) An applicant for an individual license not included in subdivision (b), (c), or (d), who fails to complete all application requirements within 60 days after being notified by the board of deficiencies in his or her file, may be deemed to have abandoned the application and may be required to file a new application and meet all of the requirements which are in effect at the time of reapplication.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4022.5, 4029, 4030, ~~4034, 4034.5, 4037, 4041, 4042, 4043, 4044.3, 4045, 4053, 4110, 4112, 4115, 4120, 4127.1, 4127.15, 4141, 4160, 4161, 4180, 4190, 4200, 4201, 4202, 4202.5, 4203, 4203.5, 4204, 4205, and 4208, and 4210,~~ Business and Professions Code.

**Renewal  
Requirements  
16 CCR §§ 1702,  
1702.1, 1702.2, 1702.5**

## Title 16. Board of Pharmacy Proposed Text

Proposed changes to the current regulation language are shown by strikethrough for deleted language and underline for added language.

### **Amend section 1702 in Article 1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

#### **1702. Pharmacist Renewal Requirements.**

- (a) A pharmacist applicant for renewal who has not previously submitted fingerprints as a condition of licensure or for whom an electronic record of the licensee's fingerprints does not exist in the Department of Justice's criminal offender record identification database shall successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice by the licensee's or registrant's renewal date.
- (1) A pharmacist ~~s~~ shall retain for at least three years as evidence of having complied with subdivision (a) either a receipt showing that he or she has electronically transmitted his or her fingerprint images to the Department of Justice or, for those who did not use an electronic fingerprinting system, a receipt evidencing that his or her fingerprints were recorded and submitted to the board.
- (2) A pharmacist applicant for renewal shall pay the actual cost of compliance with subdivision (a).
- (3) As a condition of petitioning the board for reinstatement of a revoked or surrendered license, or for restoration of a retired license, an applicant shall comply with subdivision (a).
- (4) The board may waive the requirements of this section for licensees who are actively serving in the United States military. The board may not return a license to active status until the licensee has complied with subdivision (a).
- (b) As a condition of renewal, a pharmacist applicant shall disclose on the renewal form whether he or she has been convicted, as defined in Section 490 of the Business and Professions Code, of any violation of the law in this or any other state, the United States, or other country, since his or her last renewal. Traffic infractions not involving alcohol, dangerous drugs, or controlled substances do not need to be disclosed.
- (c) As a condition of renewal, a pharmacist applicant shall disclose on the renewal form any disciplinary action against any license issued to the applicant by a government agency. For the purposes of this section, "disciplinary action" means an adverse licensure or certification action that resulted in a restriction or penalty being placed on the license, such as revocation, suspension, probation or public reprimand or reproof.
- (d) As a condition of renewal, a pharmacist applicant shall disclose whether he or she has complied with any continuing education requirements to renew his or her pharmacist or advanced pharmacist license as required by section 1732.2.
- (e) Failure to provide all of the information required by this section renders an application for renewal incomplete and the board shall not renew the license and shall issue the applicant an inactive pharmacist license. An inactive pharmacist license issued pursuant to this section may only be reactivated after compliance is confirmed for all licensure renewal requirements.

Note: Authority cited: Sections 4001.1 and 4005, Business and Professions Code. Reference: Sections 141, 490, 4036, 4200.5, 4207, 4231, 4300, 4301, 4301.5, 4311 and 4400, Business and Professions Code; and Sections 11105(b)(10) and 11105(e), Penal Code.

**Amend section 1702.1 in Article 1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

**1702.1. Pharmacy Technician Renewal Requirements for Individual Licensees Other Than Pharmacists.**

This section applies to the renewal of any license held by an individual other than a license as a pharmacist or an advanced practice pharmacist.

- (a) An individual licensee ~~pharmacy technician applicant~~ for renewal who has not previously submitted fingerprints as a condition of licensure or for whom an electronic record of the licensee's fingerprints does not exist in the Department of Justice's criminal offender record identification database shall successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice by the licensee's or registrant's renewal date that occurs on or after January 1, 2018.
- (1) The individual ~~A pharmacy technician~~ shall retain for at least three years as evidence of having complied with subdivision (a) either a receipt showing that he or she has electronically transmitted his or her fingerprint images to the Department of Justice or, for those who did not use an electronic fingerprinting system, a receipt evidencing that his or her fingerprints were recorded and submitted to the board.
- (2) The individual ~~A pharmacy technician~~ applicant for renewal shall pay the actual cost of compliance with subdivision (a).
- (3) As a condition of petitioning the board for reinstatement of a revoked or surrendered license an applicant shall comply with subdivision (a).
- (4) The board may waive the requirements of this section for licensees who are actively serving in the United States military. The board may not return a license to active status until the licensee has complied with subdivision (a).
- (b) As a condition of renewal, ~~a pharmacy technician applicant~~ the individual shall disclose on the renewal form whether he or she has been convicted, as defined in Section 490 of the Business and Professions Code, of any violation of the law in this or any other state, the United States, or other country, since his or her last renewal. Traffic infractions not involving alcohol, dangerous drugs, or controlled substances do not need to be disclosed.
- (c) As a condition of renewal, ~~a pharmacy technician applicant~~ the individual shall disclose on the renewal form any disciplinary action against any license issued to the applicant by a government agency. For the purposes of this section, "disciplinary action" means an adverse licensure or certification action that resulted in a restriction or penalty against the license or certification such as revocation, suspension, probation or public reprimand or reproval.
- (d) Failure to provide all of the information required by this section renders an application for renewal incomplete and the board shall not renew the license until the licensee demonstrates compliance with all requirements.

Note: Authority cited: Sections 4001.1 and 4005, Business and Professions Code. Reference: Sections 141, 490, 4022.5, 4022.6, 4022.7, 4038, 4115, 4202, 4207, 4300, 4301 and 4400, Business and Professions Code; and Sections 11105(b)(10) and 11105(e), Penal Code.

**Repeal section 1702.2 in Article 1 of Division 17 of Title 16 of the California Code of Regulations.**

**~~1702.2. Designated Representative Renewal Requirements.~~**

- ~~(a) A designated representative applicant for renewal who has not previously submitted fingerprints as a condition of licensure or for whom an electronic record of the licensee's fingerprints does not exist in the Department of Justice's criminal offender record identification database shall successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice by the licensee's or registrant's renewal date that occurs on or after January 1, 2018.~~
- ~~(1) A designated representative shall retain for at least three years as evidence of having complied with subdivision (a) either a receipt showing that he or she has electronically transmitted his or her fingerprint images to the Department of Justice or, for those who did not use an electronic fingerprinting system, a receipt evidencing that his or her fingerprints were recorded and submitted to the board.~~
- ~~(2) A designated representative applicant for renewal shall pay the actual cost of compliance with subdivision (a).~~
- ~~(3) As a condition of petitioning the board for reinstatement of a revoked or surrendered license an applicant shall comply with subdivision (a).~~
- ~~(4) The board may waive the requirements of this section for licensees who are actively serving in the United States military. The board may not return a license to active status until the licensee has complied with subdivision (a).~~
- ~~(b) As a condition of renewal, a designated representative applicant shall disclose on the renewal form whether he or she has been convicted, as defined in Section 490 of the Business and Professions Code, of any violation of the law in this or any other state, the United States, or other country, since his or her last renewal. Traffic infractions not involving alcohol, dangerous drugs, or controlled substances do not need to be disclosed.~~
- ~~(c) As a condition of renewal, a designated representative applicant shall disclose on the renewal form any disciplinary action against any license issued to the applicant by a government agency. For the purposes of this section, "disciplinary action" means an adverse licensure or certification action that resulted in a restriction or penalty against the license or certification such as revocation, suspension, probation or public reprimand or reproof.~~
- ~~(d) Failure to provide all of the information required by this section renders an application for renewal incomplete and the board shall not renew the license until the licensee demonstrates compliance with all requirements.~~

Note: Authority cited: Sections 4001.1 and 4005, Business and Professions Code. Reference: Sections 141, 490, 4022.5, 4022.7, 4053, 4207, 4300, 4301 and 4400, Business and Professions Code; and Sections 11105(b)(10) and 11105(e), Penal Code.

**Amend section 1702.5 in Article 1 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

**1702.5. Renewal Requirements for Premises or Facilities ~~Disclosure of Discipline, Renewal, Nonresident Wholesaler or Nonresident Pharmacy.~~**

This section applies to a renewal application submitted by a licensed premises or facility.

- (a) As a condition of renewal, an applicant seeking renewal of a premises or facility license ~~as a nonresident wholesaler or as a nonresident pharmacy~~ shall report to the board any disciplinary action taken by any government agency since the issuance or last renewal of the license. ~~An applicant seeking the first renewal of a license as a nonresident wholesaler or a nonresident pharmacy shall report to the board any disciplinary action taken by any government agency since issuance of the license.~~ Failure to provide information required by this section shall render an application for renewal incomplete, and the board shall not renew the license until such time as the information is provided.
- (b) For purposes of this section, “disciplinary action” means any adverse licensure or certification action that resulted in a restriction or penalty against the license or certification. Such actions include revocation, suspension, probation, or public reprimand or reproval.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 141, 4112, 4161, 4300, 4301, 4302, 4303, 4303.1 and 4316, Business and Professions Code.

# **Pharmacy Technician**

**16 CCR § 1793.5,  
1793.6, and 1793.65**

**Title 16. Board of Pharmacy  
Proposed Regulation Text**

**Proposal to amend** §1793.5 of Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

**§ 1793.5. Pharmacy Technician Application.**

The "Pharmacy Technician Application" (Form 17A-5 (Rev. ~~10/15~~ 3/2018)), incorporated by reference herein, required by this section is available from the Board of Pharmacy upon request.

(a) Each application for a pharmacy technician license shall include:

(1) Information sufficient to identify the applicant.

(2) A description of the applicant's qualifications and supporting documentation for those qualifications.

(3) A criminal background check that will require submission of fingerprints in a manner specified by the board and the fee authorized in Penal Code section 11105(e).

(4) A sealed, original Self-Query from the National Practitioner Data Bank (NPDB) dated no earlier than 60 days of the date an application is submitted to the board.

(b) The applicant shall sign the application under penalty of perjury and shall submit it to the Board of Pharmacy.

(c) The board shall notify the applicant within 30 days if an application is deficient; and what is needed to correct the deficiency. Once the application is complete, and upon completion of any investigation conducted pursuant to section 4207 of the Business and Professions Code, the board will notify the applicant within 60 days of a license decision.

(d) Before expiration of a pharmacy technician license, a pharmacy technician must renew that license by payment of the fee specified in subdivision (r) of section 4400 of the Business and Professions Code.

Note: Authority cited: Sections ~~163.5, 114.5, 115.4, 115.5, 4005, 4007, 4038, 4115, and 4202, 4207 and 4400~~, Business and Professions Code. Reference: Sections 144, 144.5, 163.5, 4005, 4007, 4038, 4115, 4202, 4207, 4400 and 4402 and 4400, Business and Professions Code; and Section 11105, Penal Code.

**Proposal to amend** §1793.6 of Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

**§ 1793.6. Training Courses Specified by the Board.**

A course of training that meets the requirements of Business and Professions Code section 4202

(a)(2) is:

(a) Any pharmacy technician training program accredited by the American Society of Health-System Pharmacists,

(b) Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion, or

(c) (1) Any other course that provides a training period of at least 240 hours of instruction covering at least the following:

(~~±~~ A) Knowledge and understanding of different pharmacy practice settings.

(2 B) Knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards and ethics, laws and regulations governing the practice of pharmacy.

(3 C) Knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations and symbols commonly used in prescribing, dispensing and record keeping of medications.

(4 D) Knowledge of and the ability to carry out calculations required for common dosage determination, employing both the metric and apothecary systems.

(5 E) Knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms and storage requirements.

(6 F) Knowledge of and ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions.

(7 G) Knowledge of and ability to perform procedures and techniques relating to manufacturing, packaging, and labeling of drug products.

(2) In addition to the content of coursework specified in subdivision (c)(1), the course of training must also satisfy all of the following:

(A) Prior to admission to the course of training, an administrator or instructor must conduct a criminal background check and counsel applicants to the program about the negative impact to securing licensure if the background check reveals criminal history.

(B) Administer at least one drug screening to each student to evaluate use of illicit drugs or use of drugs without a prescription. The results of any screen shall be considered as part of the evaluation criteria to determine (1) acceptance into the course of training, or (2) appropriateness for continuation in the course of training. An administrator or instructor shall counsel students about the negative impact of a positive drug screen on eligibility for licensure.

(C) Require students to be at least 18 years of age prior to the beginning of instruction.

(D) Require a final examination that demonstrates students' understanding and ability to perform or apply each subject area identified in subsection (1) above.

Authority cited: Sections 4005, ~~4007, 4038, 4115~~, and 4202, Business and Professions Code. Reference: Sections 4005, 4007, 4038, 4115, 4115.5, and 4202, Business and Professions Code.

**Proposal to add §1793.65 to Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1793.65 Pharmacy Technician Certification Programs Approved by the Board.**

(a) Pursuant to Business and Professions Code section 4202(a)(4), the board approves the pharmacy technician certification program offered by:

(1) The Pharmacy Technician Certification Board, and

(2) The National Healthcareer Association.

(b) Approval of these programs is valid through December 31, 2021.

Note: Authority cited: Sections 4005 and 4202, Business and Professions Code. Reference: Sections 4038 and 4202, Business and Professions Code.

**Attachment 4: Board Approved Regulations Undergoing Pre-Notice  
Review by the Department of Consumer Affairs or the Business, Consumer  
Services and Housing Agency**

A hardcopy of the proposed pharmacy technician application will be made available at the meeting or upon request. Requests may be emailed to [laura.hendricks@dca.ca.gov](mailto:laura.hendricks@dca.ca.gov).

**Pharmacy Ownership,  
Management, and  
Control, Including  
Through Trusts  
16 CCR § 1709**



any related amendments shall be considered confidential financial documents by the

(3) As part of the renewal, provide to the board a complete copy of any amendments to the trust document made after submission of the original application.

(4) Include in the application and the renewal, the name, address, phone number and any email address for each grantor, settlor, trustee, and trust protector, as applicable.

(5) The application and renewal shall also include the name, address, phone number and any email address for each named beneficiary of the trust, who is age 18 or older.

(6) Notify the board in writing within 30 days of all the following:

(A) A change in trustee, protector or any other person with management or control of the business entity.

(B) Any change in the beneficiaries of the trust, where the beneficiary is age 18 or older.

(C) The revocation of the trust.

(D) The dissolution of the trust.

(E) Any amendment to the trust since the original application.

(F) Any change in the character of the trust, including, but not limited to, the trust changing from revocable to irrevocable.

(e) An application may be denied, or a license may be suspended or revoked, based on the failure of any individual required to be disclosed to the board to qualify pursuant to the provisions of sections 4302, 4307, or 4308 of the Business and Professions Code.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4035, 4058, 4101, 4110, 4111, 4112, 4113, 4120, 4124, 4130, 4131, 4133, 4141, 4149, 4160, 4161, 4196, 4201, 4207, 4302, 4304, 4305, 4307, 4308, and 4330, Business and Professions Code.

**Third-Party Logistics  
Providers and  
Dangerous Drug  
Distributors  
16 CCR §§ 1780-1783**

## Title 16. Board of Pharmacy

### Proposed Language

Underlined text indicates additions to existing regulatory text. ~~Strikeout~~ indicates deleted text.

**To Amend** Article 10 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

#### **Article 10. ~~Wholesalers~~ Dangerous Drug Distributors.**

**To Amend** Section 1780 of Article 10 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

##### **1780. Minimum Standards for Wholesalers and Third-Party Logistics Providers.**

The following minimum standards shall apply to all wholesale and third-party logistics provider establishments for which permits have been issued by the Board:

- (a) A wholesaler and a third-party logistics provider shall store dangerous drugs in a secured and lockable area.
- (b) All wholesaler and third-party logistics provider premises, fixtures and equipment therein shall be maintained in a clean and orderly condition. Wholesale and third-party logistics provider premises shall be well ventilated, free from rodents and insects, and adequately lighted. Plumbing shall be in good repair. Temperature and humidity monitoring shall be conducted to assure compliance with the standards set forth in the latest edition of the United States Pharmacopeia Standards (1990, 22nd Revision).
- (c) Entry into areas where prescription drugs are held shall be limited to authorized personnel.
  - (1) All facilities shall be equipped with an alarm system to detect entry after hours.
  - (2) All facilities shall be equipped with a security system that will provide suitable protection against theft and diversion. When appropriate, the security system shall provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.
  - (3) The outside perimeter of the ~~wholesaler~~ premises shall be well-lighted.
- (d) All materials must be examined upon receipt and ~~or~~ before shipment.
  - (1) Upon receipt, each outside shipping container shall be visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to the contents.
  - (2) Each outgoing shipment shall be carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.
- (e) The following procedures must be followed for handling returned, damaged and outdated prescription drugs.
  - (1) Prescription drugs that are outdated, damaged, deteriorated, misbranded or adulterated shall be placed in a quarantine area and physically separated from other drugs until they are destroyed or returned to their supplier.

- (2) Any prescription drugs whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such, and shall be placed in a quarantine area and physically separated from other prescription drugs until they are either destroyed or returned to the supplier.
  - (3) If the conditions under which a prescription drug has been returned cast doubt on the drug's safety, identity, strength, quality or purity, the drug shall be destroyed or returned to the supplier unless testing or other investigation proves that the drug meets the standards set forth in the latest edition of the appropriate United States Pharmacopeia Standards (1990, 22nd Revision).
- (f) Policies and procedures must be written and made available upon request by the board.
- (1) ~~Each wholesaler and third-party logistics provider drug distributors~~ shall establish, maintain, and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory and distribution of prescription drugs, including policies and procedures for identifying, recording, and reporting losses or thefts, for correcting all errors and inaccuracies in inventories, and for maintaining records to document proper storage.
  - (2) The records required by paragraph (1) shall be in accordance with Title 21, Code of Federal Regulations, Section 205.50(g). These records shall be maintained for three years after disposition of the drugs.
  - (3) ~~Each wholesaler and third-party logistics provider drug distributors~~ shall establish and maintain lists of officers, directors, managers and other persons in charge of ~~wholesale~~ drug distribution, storage and handling, including a description of their duties and a summary of their qualifications.
  - (4) Each wholesaler and third-party logistics provider shall provide adequate training and experience to assure compliance with licensing requirements by all personnel.
- (g) The board shall require an applicant for a licensed premise or for renewal of that license to certify that it meets the requirements of this section at the time of licensure or renewal.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4025, 4043, 4045, 4051, 4053, 4053.1, 4054, 4059, 4120, 4160, 4161, 4161.5 and 4304, and 4342 of the Business and Professions Code; Sections 109985 and 111280 of the Health and Safety Code; Section 321 of Title 21, U.S. Code; and Section 205.50 of Title 21, Code of Federal Regulations.

**To Amend** Section 1781 of Article 10 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

**1781. Exemption Certificate Pharmacist or Designated Representative on Premises and In Control.**

- (a) A registered pharmacist, or a designated representative certified in accordance with Section 4053 ~~or 4054~~ of the Business and Professions Code, shall be present and in control of a manufacturer's or wholesaler's licensed premises during the conduct of business.
- (b) A designated representative-3PL, qualified in accordance with Section 4053.1 of the Business and Professions Code, shall be present and in control of a third-party

logistics provider's licensed premises during the conduct of business.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4022.5, 4022.7, 4053, 4053.1, 4160, and 4161-4054, Business and Professions Code.

**To Amend** Section 1782 of Article 10 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

**1782. Reporting Sales of Drugs Subject to Abuse.**

All Each manufacturers, and-wholesalers, and third-party logistics provider shall report to the Board or its designee, up to twelve (12) times a year, all sales of dangerous drugs subject to abuse as designated by the Board for reporting, in excess of amounts to be determined by the Board from time to time. Reports shall be made within thirty (30) days of the request in the form specified by the Board.

Note: Authority cited: Section 4005, Business and Professions Code; ~~and Section 26692, Health and Safety Code.~~ Reference: Sections 4081, 4164, 4165, and 4332, Business and Professions Code; ~~and Section 26692, Health and Safety Code.~~

**To Amend** Section 1783 of Article 10 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

**1783. Manufacturer, or Wholesaler, or Third-Party Logistics Provider Furnishing Drugs and Devices.**

- (a) A manufacturer, ~~or-wholesaler,~~ or third-party logistics provider shall furnish dangerous drugs or devices only to an authorized person; prior to furnishing dangerous drugs and devices to a person not known to the furnisher, the manufacturer, ~~or wholesaler,~~ or third-party logistics provider shall contact the board or, if the person is licensed or registered by another government entity, that entity, to confirm the recipient is an authorized person.
- (b) "Authorized person" means a person to whom the board has issued a permit which enables the permit holder to purchase dangerous drugs or devices for use within the scope of its permit. "Authorized person" also means any person in this state or in another jurisdiction within the United States to the extent such furnishing is authorized by the law of this state, any applicable federal law, and the law of the jurisdiction in which that person is located. The manufacturer, ~~or-wholesaler,~~ or third-party logistics provider furnishing to such person shall, prior to furnishing the dangerous drugs and devices, establish the intended recipient is legally authorized to receive the dangerous drugs or devices.
- (c) Dangerous drugs or devices furnished by a manufacturer, ~~or wholesaler,~~ or third-party logistics provider shall be delivered only to the premises listed on the permit; provided that a manufacturer, ~~or wholesaler,~~ or third-party logistics provider may furnish drugs to an authorized person or an agent of that person at the premises of the manufacturer, ~~or-wholesaler,~~ or third-party logistics provider if (1) the identity and authorization of the recipient is properly established and (2) this method of receipt is

employed only to meet the immediate needs of a particular patient of the authorized person. Dangerous drugs or devices may be furnished to a hospital pharmacy receiving area provided that a pharmacist or authorized receiving personnel signs, at the time of delivery, a receipt showing the type and quantity of the dangerous drugs or devices so received. Any discrepancy between the receipt and the type and quantity of dangerous drugs and devices actually received shall be reported to the delivering manufacturer, ~~or wholesaler,~~ or third-party logistics provider by the next business day after the delivery to the pharmacy receiving area.

- (d) A manufacturer, ~~or wholesaler,~~ or third-party logistics provider shall not accept payment for or allow the use of an entity's credit to establish an account for the purchase of dangerous drugs or devices from any person other than: (1) the owner(s) of record, chief executive officer, or chief financial officer listed on the ~~perm~~ permit for the authorized person; and (2) on an account bearing the name of the permittee.
- (e) All records of dangerous drugs or devices furnished by a manufacturer, ~~or wholesaler,~~ or third-party logistics provider to an authorized person shall be preserved by the authorized person for at least three years from the date of making and shall, at all times during business hours, be open to inspection by authorized officers of the law at the licensed premises. The manufacturer, ~~or wholesaler,~~ or third-party logistics provider shall also maintain all records of dangerous drugs or devices furnished pursuant to this section for at least three years from the date of making and shall, at all times during business hours, keep them open to inspection by authorized officers of the law at the premises from which the dangerous drugs or devices were furnished.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4025, 4043, 4059, 4059.5, 4080, 4081, 4105, 4120, 4160, 4161, 4163, 4165 and 4304, Business and Professions Code; and Section 11209, Health and Safety Code.

# **Self-Assessment Forms**

**16 CCR § 1715**

**17M – 13**

**17M – 14**

**Title 16. Board of Pharmacy  
Proposed Regulation**

**Proposal to amend §1715 of Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1715. Self-Assessment of a Pharmacy by the Pharmacist-in-Charge.**

(a) The pharmacist-in-charge of each pharmacy as defined under section 4029 or section 4037 of the Business and Professions Code shall complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law. The assessment shall be performed before July 1 of every odd-numbered year. The primary purpose of the self-assessment is to promote compliance through self-examination and education.

(b) In addition to the self-assessment required in subdivision (a) of this section, the pharmacist-in-charge shall complete a self-assessment within 30 days whenever:

- (1) A new pharmacy permit has been issued, or
- (2) There is a change in the pharmacist-in-charge, and he or she becomes the new pharmacist-in-charge of a pharmacy.
- (3) There is a change in the licensed location of a pharmacy to a new address.

(c) A pharmacist-in-charge of a community pharmacy shall use the the components of this assessment shall be on Form 17M-13 (Rev. 10/14 16) entitled "Community Pharmacy Self-Assessment/Hospital Outpatient Pharmacy Self-Assessment." Form 17M-13 shall be used for all pharmacies serving retail or outpatient consumers. A pharmacist-in-charge of a hospital pharmacy serving inpatient consumers, shall use the components of this assessment and on Form 17M-14 (Rev. 10/14 16) entitled "Hospital Pharmacy Self-Assessment." ~~which are Both forms are~~ hereby incorporated by reference ~~to evaluate compliance with federal and state laws and regulations.~~

(1) The pharmacist-in-charge shall provide identifying information about the pharmacy including

(A) Name and license number of the pharmacy

(B) Address, phone number, and website address, if applicable, of the pharmacy

(C) DEA registration number, expiration date and date of most recent DEA inventory

(D) Hours of operation of the pharmacy

(2) The pharmacist-in-charge shall list the name of each licensed staff person working in the pharmacy, the person's license type and number, and the expiration date for each license.

(3) The pharmacist-in-charge shall respond "yes", "no" or "not applicable" (N/A) about whether the pharmacy is, at the time of the self-assessment, in compliance with each of the requirements that apply to that pharmacy setting.

(4) For each "no" response, the pharmacist-in-charge shall provide a written corrective action or action plan to come into compliance with the law.

(5) The pharmacist-in-charge shall initial each page of the self-assessment form.

(6) The pharmacist-in-charge shall provide a certification on the final page of the self-assessment that affirms he or she has completed the self-assessment of the pharmacy of which he or she is the pharmacist-in-charge. The certification shall also provide a timeframe within which any deficiency identified within the self-assessment will be corrected and that all responses are subject to verification by the Board of Pharmacy. The certification shall be made under penalty of perjury of the laws of the State of California that the information provided in the self-assessment form is true and correct.

(7) The pharmacy owner or hospital administrator shall provide a certification on the final page of the self-assessment that affirms that he or she has read and reviewed the completed self-assessment and that failure to correct any deficiency identified in the self-assessment could result in the revocation of the pharmacy's license issued by the board. This certification shall be made under penalty of perjury of the laws of the State of California.

(d) Each self-assessment shall be completed in its entirety and kept on file in the pharmacy for three years after it is performed.

(e) Any identified areas of noncompliance shall be corrected as specified in the certification.

Note: Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference:  
Sections 4019, 4021, 4022, 4029, 4030, 4036, 4037, 4038, 4040, 4050, 4051, 4052, 4059, 4070,  
4081, 4101, 4105, 4110, 4113, 4115, 4119, 4120, 4127, 4201, 4301, 4305, 4330, 4332 and 4333,  
Business and Professions Code.

# **Self-Assessment Form**

**16 CCR § 1784  
17M – 26**

**Title 16. Board of Pharmacy  
Proposed Regulation**

Proposed changes to the current regulation language are shown by strikethrough for deleted language and underline for added language.

**Amend section 1784 of Article 10 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

**1784. Self-Assessment of a Wholesaler/Third-Party Logistics Provider by the Designated Representative-In-Charge or Responsible Manager.**

- (a) ~~The designated representative in charge of e~~ Each wholesaler and third-party logistics provider, as defined under section 4160 of the Business and Professions Code, shall complete a self-assessment of ~~the wholesaler's~~ its compliance with federal and state pharmacy law. The assessment shall be performed by the designated representative-in-charge of the wholesaler, or by the responsible manager of the third-party logistics provider, before July 1 of every odd-numbered year. The primary purpose of the self-assessment is to promote compliance through self-examination and education.
- (b) In addition to the self-assessment required in subdivision (a) of this section, the designated representative-in-charge or responsible manager shall complete a self-assessment within 30 days whenever:
- (1) A new ~~wholesaler permit~~ license is issued, ~~or~~
  - (2) There is a change in the designated representative-in-charge or responsible manager. The new designated representative-in-charge of a wholesaler or responsible manager of a third-party logistics provider is responsible for compliance with this subdivision.
  - (3) There is a change in the licensed location of a wholesaler or third-party logistics provider to a new address.
- (c) ~~The components of this assessment shall be on Form 17M-26 (Rev. 10/14) entitled "Wholesaler Dangerous Drugs & Dangerous Devices Self-Assessment" which is hereby incorporated by reference to evaluate compliance with federal and state laws and regulations.~~ Each wholesaler and third-party logistics provider conducting business in California, through its designated representative-in-charge or

responsible manager, shall complete the “Wholesaler/Third Party Logistics Provider Self-Assessment,” Form 17M-26 (Rev. 09/18) which is hereby incorporated by reference. The form shall include the information required by this section.

- (1) The designated representative-in-charge or responsible manager shall provide identifying information about the wholesaler or third-party logistics provider including:
  - (A) Name, license number of the premises, and their expiration date;
  - (B) Address, phone number, website address, if applicable, and type of ownership;
  - (C) DEA registration number and expiration date and date of most recent DEA inventory;
  - (D) Verified-Accredited Wholesale Distributor accreditation number and expiration date, if applicable; and
  - (E) Hours of operation of the licensee.
- (2) The designated representative-in-charge or responsible manager shall list the name of each Board-licensed staff person currently employed by the licensee in the facility at the time the self-assessment is completed, the person’s license type and number, and the expiration date for each license.
- (3) The designated representative-in-charge or responsible manager shall respond “yes”, “no” or “not applicable” (N/A) about whether the licensed premises is, at the time of the self-assessment, in compliance with each of the requirements.
- (4) For each “no” response, the designated representative-in-charge or responsible manager shall provide a corrective action or action plan to come into compliance with the law.
- (5) The designated representative-in-charge or responsible manager shall initial each page of the self-assessment form.
- (6) The designated representative-in-charge or responsible manager shall certify, under penalty of perjury, on the final page of the self-assessment that:
  - (A) He or she has completed the self-assessment of the licensed premises for which he or she is responsible;

- (B) Any deficiency identified within the self-assessment will be corrected and the timeframe for correction;
- (C) He or she understands that all responses are subject to verification by the Board of Pharmacy; and
- (D) The information provided in the self-assessment form is true and correct.
- (7) The licensed premises owner, partner or corporate officer shall certify on the final page of the self-assessment that he or she has read and reviewed the completed self-assessment and understands that failure to correct any deficiency identified in the self-assessment could result in the revocation of the license issued by the board. This certification shall be made under penalty of perjury of the laws of the State of California.
- (d) Each self-assessment shall be completed in its entirety and kept on file in the licensed ~~wholesale~~ premises for three years after it is completed. The completed, initialed, and signed original must be readily available for review during any inspection by the board.
- (e) The wholesaler or third-party logistics provider is jointly responsible with the designated representative-in-charge or responsible manager, respectively, for compliance with this section.
- (f) Any identified areas of noncompliance shall be corrected as specified in the certification.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4022.5, 4022.7, 4043, 4044.5, 4045, 4053, 4053.1, 4059, 4120, 4160, 4161, 4201, 4301 and 4305.5, Business and Professions Code.

# **Attachment 5**

**Automated Drug  
Delivery Systems  
(ADDS)**

**16 CCR §§ 1711, 1713,  
and 1715.1**

**§ 1711. Quality Assurance Programs.**

(a) Each pharmacy shall establish or participate in an established quality assurance program which documents and assesses medication errors to determine cause and an appropriate response as part of a mission to improve the quality of pharmacy service and prevent errors.

(b) For purposes of this section, “medication error” means any variation from a prescription or drug order not authorized by the prescriber, as described in Section 1716. Medication error, as defined in the section, does not include any variation that is corrected prior to furnishing the drug to the patient or patient's agent or any variation allowed by law.

(c)(1) Each quality assurance program shall be managed in accordance with written policies and procedures maintained in the pharmacy in an immediately retrievable form.

(2) When a pharmacist determines that a medication error has occurred, a pharmacist shall as soon as possible:

(A) Communicate to the patient or the patient's agent the fact that a medication error has occurred and the steps required to avoid injury or mitigate the error.

(B) Communicate to the prescriber the fact that a medication error has occurred.

(3) The communication requirement in paragraph (2) of this subdivision shall only apply to medication errors if the drug was administered to or by the patient, or if the medication error resulted in a clinically significant delay in therapy.

(4) If a pharmacist is notified of a prescription error by the patient, the patient's agent, or a prescriber, the pharmacist is not required to communicate with that individual as required in paragraph (2) of this subdivision.

(d) Each pharmacy shall use the findings of its quality assurance program to develop pharmacy systems and workflow processes designed to prevent medication errors. An investigation of each medication error shall commence as soon as is reasonably possible, but no later than 2 business days from the date the medication error is discovered. All medication errors discovered shall be subject to a quality assurance review.

(e) The primary purpose of the quality assurance review shall be to advance error prevention by analyzing, individually and collectively, investigative and other pertinent data collected in response to a medication error to assess the cause and any contributing factors such as system or process failures. A record of the quality assurance review shall be immediately retrievable in the pharmacy. The record shall contain at least the following:

1. the date, location, and participants in the quality assurance review;
2. the pertinent data and other information relating to the medication error(s) reviewed and documentation of any patient contact required by subdivision (c);
3. the findings and determinations generated by the quality assurance review; and,
4. recommend changes to pharmacy policy, procedure, systems, or processes, if any.

The pharmacy shall inform pharmacy personnel of changes to pharmacy policy, procedure, systems, or processes made as a result of recommendations generated in the quality assurance program.

(f) The record of the quality assurance review, as provided in subdivision (e) shall be immediately retrievable in the pharmacy for at least one year from the date the record was created. Further, any record related to the use of an automated drug delivery system must also be submitted to the board within 30 days of completion.

(g) The pharmacy's compliance with this section will be considered by the board as a mitigating factor in the investigation and evaluation of a medication error.

(h) Nothing in this section shall be construed to prevent a pharmacy from contracting or otherwise arranging for the provision of personnel or other resources, by a third party or administrative offices, with such skill or expertise as the pharmacy believes to be necessary to satisfy the requirements of this section.

Note: Authority cited: Section 4005, Business and Professions Code; and Section 2 of Chapter 677, Statutes of 2000. Reference: Section 4125, 4427.7 Business and Professions Code.

## Proposed Regulatory Modifications

For Discussion at January 2019 Board Meeting

Draft Rev. 1/16/2019

### 1713. Receipt and Delivery of Prescriptions and Prescription Medications Must be To or From Licensed Pharmacy

- (a) Except as otherwise provided in this Division, no licensee shall participate in any arrangement or agreement, whereby prescriptions, or prescription medications, may be left at, picked up from, accepted by, or delivered to any place not licensed as a retail pharmacy.
- (b) A licensee may pick up prescriptions at the office or home of the prescriber or pick up or deliver prescriptions or prescription medications at the office of or a residence designated by the patient or at the hospital, institution, medical office or clinic at which the patient receives health care services. In addition, the Board may, in its sole discretion, waive application of subdivision (a) for good cause shown.
- (c) A patient or the patient's agent may deposit a prescription in a secure container that is at the same address as the licensed pharmacy premises. The pharmacy shall be responsible for the security and confidentiality of the prescriptions deposited in the container.
- (d) A pharmacy may use an automated patient dispensing system (APDS) ~~delivery device~~ to deliver ~~previously dispensed~~ prescription medications to patients provided:
- ~~(1) Each patient using the device has chosen to use the device and signed a written consent form demonstrating his or her informed consent to do so.~~
  - ~~(2) A pharmacist has determined that each patient using the device APDS meets inclusion criteria for use of the APDS device established by the pharmacy prior to delivery of prescription medication to that patient.~~
  - ~~(3) (2) The device APDS has a means to identify each patient and only release that patient's prescription medications.~~
  - ~~(4) The pharmacy does not use the device to deliver previously dispensed prescription medications to any patient if a pharmacist determines that such patient requires counseling as set forth in section 1707.2(a)(2).~~
  - ~~(5) (3) The pharmacy provides an immediate consultation with a pharmacist, either in-person or via telephone, upon the request of a patient.~~
  - ~~(6) The device is located adjacent to the secure pharmacy area.~~
  - ~~(7) The device is secure from access and removal by unauthorized individuals.~~
  - ~~(8) The pharmacy is responsible for the prescription medications stored in the device.~~
  - ~~(9) (4) Any incident involving the device APDS where a complaint, delivery error, or omission has occurred shall be reviewed as part of the pharmacy's quality assurance program mandated by Business and Professions Code section 4125.~~
  - ~~(10) The pharmacy maintains written policies and procedures pertaining to the device as described in subdivision (e).~~
- (e) Any pharmacy making use of an APDS ~~automated delivery device as permitted by subdivision (d)~~ shall maintain, and on an annual basis review, written policies and procedures providing for:
- (1) Maintaining the security of the APDS ~~automated delivery device~~ and the dangerous drugs within the APDS ~~device~~.

- (2) Determining and applying inclusion criteria regarding which medications are appropriate for placement in the APDS device and for which patients, including when consultation is needed.
- (3) Ensuring that patients are aware that consultation with a pharmacist is available for any prescription medication, including for those delivered via the automated delivery device.
- (4) Describing the assignment of responsibilities to, and training of, pharmacy personnel regarding the maintenance and filing procedures for the APDS automated delivery device.
- (5) Orienting participating patients on use of the APDS automated delivery device, notifying patients when expected prescription medications are not available in the APDS device, and ensuring that patient use of the APDS device does not interfere with delivery of prescription medications.
- (6) Ensuring the delivery of medications to patients in the event the APDS device is disabled or malfunctions.
- (f) Written policies and procedures shall be maintained at least three years beyond the last use of an APDS automated delivery device.
- ~~(g) For the purposes of this section only, "previously dispensed prescription medications" are those prescription medications that do not trigger a non-discretionary duty to consult under section 1707.2(b)(1), because they have been previously dispensed to the patient by the pharmacy in the same dosage form, strength, and with the same written directions.~~

Authority cited: Sections 4005, 4075, and 4114 Business and Professions Code.

Reference: Sections 4005, 4017.3, 4052, 4116, ~~and~~ 4117, 4417, 4427.1, 4427.2, 4427.3, 4427.4, 4427.5, 4427.6 4427.7, and 4427.8, Business and Professions Code

**Title 16. Board of Pharmacy  
Proposed DRAFT Regulation**

**Proposal to amend §17## of Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

**§ 17##. Self-Assessment of an Automated Drug Delivery System by Pharmacist-in-Charge.**

(a) The pharmacist-in-charge of each automated drug delivery system as defined under section 4119.11, 4187.5 or section 4427.3 of the Business and Professions Code shall complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law. The assessment shall be performed annually before July 1 of every year. The primary purpose of the self-assessment is to promote compliance through self-examination and education.

(b) In addition to the self-assessment required in subdivision (a) of this section, the pharmacist-in-charge shall complete a self-assessment within 30 days whenever:

- (1) A new automated drug delivery system permit has been issued, or
- (2) There is a change in the pharmacist-in-charge, and he or she becomes the new pharmacist-in-charge of an automated drug delivery system, or
- (3) There is a change in the licensed location of an automated drug delivery system to a new address.

(c) A pharmacist-in-charge of an automated drug delivery system shall assess the system's compliance with current laws and regulations by using the components of Form ##X-## (Rev 12/18) entitled "Automated Drug Delivery System Self-Assessment". Form ##X-## shall be used for all automated drug delivery systems and is hereby incorporated by reference.

(1) The pharmacist-in-charge shall provide identifying information about the underlying operating pharmacy including:

- (A) Name and any license number(s) of the underlying pharmacy and their expiration date(s);
- (B) Address, phone number, and website address, if applicable, of the underlying pharmacy;

- (C) DEA registration number, expiration date and date of most recent DEA inventory;
- (D) Hours of operation of the pharmacy; and
- (3) The pharmacist-in-charge shall respond “yes”, “no” or “not applicable” (N/A) about whether the automated drug delivery system is, at the time of the self-assessment, in compliance with laws and regulations that apply to that pharmacy setting.
- (4) For each “no” response, the pharmacist-in-charge shall provide a written corrective action or action plan to come into compliance with the law.
- (5) The pharmacist-in-charge shall initial each page of the self-assessment with original handwritten initials in ink on the self-assessment form.
- (6) The pharmacist-in-charge shall certify on the last page of the self-assessment that he or she has completed the self-assessment of the automated drug delivery system of which he or she is the pharmacist-in-charge. The pharmacist-in-charge shall also certify a timeframe within which any deficiency identified within the self-assessment will be corrected and acknowledge that all responses are subject to verification by the Board of Pharmacy. The certification shall be made under penalty of perjury of the laws of the State of California that the information provided in the self-assessment form is true and correct with an original handwritten signature in ink on the self-assessment form.
- (7) The automated drug delivery system owner shall certify on the final page of the self-assessment that he or she has read and reviewed the completed self-assessment and acknowledges that failure to correct any deficiency identified in the self-assessment could result in the revocation of the automated dispensing system’s license issued by the board. This certification shall be made under penalty of perjury of the laws of the State of California with an original handwritten signature in ink on the self-assessment form.
- (d) Each self-assessment shall be completed in its entirety and kept on file in the underlying pharmacy for three years after it is performed.
- (e) Any identified areas of noncompliance shall be corrected as specified in the assessment. An automated drug delivery system shall correct any non-compliance as specified in the assessment.

Note: Authority cited: Sections 4119.11 and 4427.7, Business and Professions Code. Reference: Sections 4001.1, 4008, 4017.3, 4021, 4022, 4036, 4037, 4038, 4040, 4050, 4051, 4052, 4059, 4070, 4076, 4081, 4101, 4105, 4107, 4113, 4119.1, 4125, 4126, 4180, 4186, 4305, 4330, 4332, 4333, and 4333, 4400, 4427, 4427.1, 4427.2 4427.3, 4427.4, and 4427.5 Business and Professions Code.



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Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



**DRAFT AUTOMATED DRUG DELIVERY SYSTEM SELF-ASSESSMENT**

Business and Professions Code (BPC) section 4427.7(a) requires the pharmacy holding an automated drug delivery system (ADDS) license complete an annual self-assessment, performed pursuant to section 17## of Title 16 of the California Code of Regulations, evaluating the pharmacy’s compliance with pharmacy law relating to the use of the ADDS. The assessment shall be performed annually **before July 1 of every year** by the pharmacist-in-charge of each pharmacy under section 4029 (Hospital Pharmacy) or section 4037 (Pharmacy). The pharmacist-in-charge must also complete a self-assessment within 30 days whenever; (1) a new automated drug delivery system permit has been issued, or (2) there is a change in the pharmacist-in-charge and becomes the new pharmacist-in-charge of an automated drug delivery system, or (3) there is a change in the licensed location of an automated drug delivery system to a new address. The primary purpose of the self-assessment is to promote compliance through self-examination and education. All information regarding operation, maintenance, compliance, error, omissions, or complaints pertaining to the ADDS shall be included in the Self-Assessment.

All references to Business and Professions Code (BPC) are to Chapter 9, Division 2, California Code of Regulations (CCR) are to Title 16, and 21 Code of Federal Regulations (21CFR) to Title 22 unless otherwise noted.

The self-assessment must be completed and retained in the pharmacy for three (3) years after performed.

Please mark the appropriate box for each item. If “NO”, enter an explanation and timeframe when the deficiency will be completed on the “CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE” lines at the end of the section. If more space is needed, you may add additional sheets.

**Pharmacy Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax number:** \_\_\_\_\_  
**Website:** \_\_\_\_\_  
**Pharmacy Permit:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_  
**DEA Registration:** \_\_\_\_\_  
**DEA Expiration Date:** \_\_\_\_\_  
**DEA Inventory Date:** \_\_\_\_\_  
**Last C2 Inventory Reconciliation Date (CCR 1715.65(c)):** \_\_\_\_\_  
**Pharmacy Hours: M-F:** \_\_\_\_\_ **Saturday** \_\_\_\_\_ **Sunday** \_\_\_\_\_  
**PIC:** \_\_\_\_\_ **RPH#** \_\_\_\_\_

ADDS Permit: \_\_\_\_\_

ADDS Address: \_\_\_\_\_

City: \_\_\_\_\_

ADDS Hours: M-F: \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Please explain if the ADDS hours are different than the pharmacy:  
\_\_\_\_\_

**FOR ALL TYPES OF ADDS: COMPLETE SECTIONS 1, 2 AND 3**

**SECTION 1: DEFINITIONS/TYPE OF ADDS DEVICE USED**

An **ADDS** – “**Automated drug delivery system**,” a mechanical system that performs operations or activities other than compounding or administration, relative to storage, dispensing, or distribution of drugs. An ADDS, shall collect, control and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability. (BPC 4119.11(b) 1), 4017.3 (a)]

**IDENTIFY THE TYPE OF ADDS DEVICE USED**

1.1. The pharmacy uses an **APDS** – “**Automated PATIENT dispensing system**,” an ADDS for storage and dispensing of prescribed drugs directly to the patients pursuant to prior authorization by a pharmacist. [BPC 4119.11(b)2), BPC 4017.3(c)]

1.2 The pharmacy uses an **AUDS** – “**Automated UNIT DOSE system**,” an ADDS for the storage and retrieval of unit dose drugs for administration to patient by persons authorized to perform these functions. [BPC 4119.11(b)3, BPC 4017.3(b)]

**SECTION 2: LOCATION OF DEVICES**

Yes No N/A

2.1 Provides pharmacy services to the patient of **covered entities**, as defined, that are eligible for discount drug programs under federal law as specified through the use of an APDS as defined. The APDS need not be at the same location as the underlying operating pharmacy if all the conditions are met. “Covered entity” as defined by Section 256(b) of Title 42 of United States Code. [BPC 4119.11(a)]

2.2 Provides pharmacy services through an ADDS **adjacent to the secured pharmacy area** of the pharmacy holding the ADDS license. [BPC 4427.3(b)(1)]

2.3 Provides pharmacy services through an ADDS in **a health facility** licensed pursuant to Section 1250 of the Health and Safety Code that complies with Section 1261.6 of the Health and Safety Code. [BPC 4427.3(b)(2)]

2.4 Provides pharmacy services through **a clinic** licensed pursuant to Section 1204 or 1204.1 of the Health and Safety Code, or Section 4180 or 4190 of Business and Professions Code. [BPC 4427.3(b)3]]

Yes No N/A

2.5 Provides pharmacy services through a **correctional clinic**. [(BPC 4187.1, BPC 4427.3(b)(4))]

2.6 Provides pharmacy services through a **medical office**. [(BPC 4427.3(b)(5), BPC 4427.6(j))]

2.7 **AUDS operated by a licensed hospital pharmacy**, as defined in Section 4029, and is used solely to provide doses administered to patients while in a licensed general acute care hospital facility or a licensed acute psychiatric hospital facility, as defined in subdivision (a) and (b) of Section 1250 of the Health and Safety Code, shall be exempt from the requirement of obtaining an ADDS license, if the licensed hospital pharmacy owns or leases the AUDS and owns the dangerous drugs and dangerous devices in the AUDS. The AUDS shall comply with all other requirements for an ADDS in Article 25. The licensed hospital pharmacy shall maintain a list of the locations of each AUDS it operates and shall make the list available to the board upon request. [BPC4427.2(i)]

Note: An ADDS license is not required for technology, installed **within the secured licensed premises area of a pharmacy**, used in the selecting, counting, packaging, and labeling of dangerous drugs and dangerous devices. [BPC 4427.2(j)]

**SECTION 3: GENERAL REQUIREMENTS FOR ALL TYPES OF ADDS**

Yes No N/A

3.1 The ADDS is installed, leased, owned, or operated in California and is licensed by the board. [BPC 4427.2(a), BPC 4427.4(a)]

3.2 The ADDS license was issued to a holder of a current, valid, and active pharmacy license of a pharmacy located and licensed in California. [BPC 4427.2(b)]

3.3 Each ADDS has a separate license. [BPC 4427.2(c)]

3.4 The licensed ADDS meets the following conditions: [BPC 4427.2(d)]

- Use of the ADDS is consistent with legal requirements.
- The proposed location for installation of the ADDS met the requirements of Section 4427.3 and the ADDS is secure from access and removal by unauthorized individuals.
- The pharmacy’s policies and procedures related to the ADDS include appropriate security measures and monitoring of the inventory to prevent theft and diversion.
- The pharmacy’s policy and procedures included provisions for reporting to the board drug losses from the ADDS inventory, as required by law.

3.5 A prelicensure inspection was conducted within 30 days of a completed application for the ADDS license at the proposed location(s). [BPC 4427.2(e)]

List dates of pre-license inspections:

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Yes No N/A

- 3.6 The pharmacy is aware a relocation of an ADDS shall require a new application for licensure. [BPC 4427.2(e)]
- 3.7. The pharmacy is aware a replacement of an ADDS shall require notification to the board within 30 days. [BPC 4427.2(e)]
- 3.8 The pharmacy is aware the ADDS license will be canceled by operation of law if the underlying pharmacy license is not current, valid, and active. Upon reissuance or reinstatement of the underlying pharmacy license, a new application for an ADDS license is submitted to the board. [BPC 4427.2(f)]
- 3.9 The pharmacy is aware the holder of an ADDS license will advise the board in writing within 30 days if use of an ADDS is discontinued. [BPC 4427.2(g)]
- 3.10 The ADDS license(s) was/were renewed annually, and the renewal date is the same as the underlying pharmacy license. [BPC 4427.2(h)]
- 3.11 The ADDS is placed and operated inside an enclosed building, with a premise address, at a location approved by the board. [BPC 4427.3(a)]
- 3.12 Prior to installation, the pharmacy holding the ADDS license and the location where the ADDS is placed pursuant to subdivision (b) of Business and Professions Code section 4427.3, jointly developed and implemented written policies and procedures to ensure safety, accuracy, accountability, security, patient confidentiality, and maintenance of the ADDS, as well as quality, potency, and purity of the drugs and devices. The policies and procedures are maintained at the location of the ADDS and at the pharmacy holding the ADDS license. [BPC 4427.3(c)]
- 3.13 Each ADDS is operated under the supervision of the pharmacy holding the ADDS license. [BPC 4427.4(b)]
- 3.14 The ADDS is considered an extension and part of the pharmacy holding the ADDS license, regardless of the ADDS location, and is subject to inspection pursuant to BPC 4008. [BPC 4427.4(c)]
- 3.15 Drugs and devices stored in an ADDS will be deemed part of the inventory and the responsibility of the pharmacy holding the ADDS license, and the drugs and devices dispensed from the ADDS shall be considered to have been dispensed by the pharmacy. [BPC 4427.4(d)]
- 3.16 The stocking and restocking of an ADDS is performed by a pharmacist, or by a pharmacy technician or intern pharmacist under the supervision of a pharmacist, except for an ADDS

located in a health facility pursuant to HSC 1250, where the stocking and restocking of the ADDS may be performed in compliance with HSC 1261.6. [BPC 4427.4(e)(1)]

Yes No N/A

- 3.17 Access to the ADDS is controlled and tracked using an identification or password system or biosensor. [BPC 4427.4(e)(2)]
  
- 3.18 The ADDS makes a complete and accurate record of all transactions including all users accessing the system and all drugs added to, or removed from, the system. [BPC 4427.4(e)(3)]
  
- 3.19 Are drugs or devices not immediately transferred into an ADDS upon arrival at the ADDS location, stored for no longer than 48 hours in a secured room within the ADDS location approved by the board under Section 4427.3 and upon retrieval of the dangerous drugs and devices from the secured storage is an inventory taken to detect any losses or overages? [BPC 4427.4(f)]
  
- 3.20 Prior to installation, and annually thereafter, the pharmacy holding the ADDS license provides training on the operation and use of the ADDS to the pharmacy personnel and to personnel using the ADDS at the location where the ADDS is placed pursuant to BPC 4427.3(b). [BPC 4427.5)
  
- 3.20 The pharmacy complies with all recordkeeping and quality assurance requirements established in pharmacy law and regulations, and maintains records within the licensed pharmacy holding the ADDS license and separate from other pharmacy records. [BPC 4427.7(b)]

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**CHECK OFF THE TYPE OF ADDS USE BY THE PHARMACY AND COMPLETE THE FOLLOWING SECTION(S) AS IT APPLIES TO THE TYPE OF ADDS THE PHARMACY IS USING.**

**Please Note: The Pharmacist-in-Charge of the pharmacy and the owner of the ADDS shall sign the Certification Acknowledgment on page 33 after completing the assessment.**

- SECTION 4 – APDS used to provide pharmacy service to covered entities and medical professionals contracted with a covered entity.
- SECTION 5 – ADDS adjacent to the secured pharmacy area and Medical Offices.
- SECTION 6 – ADDS in a health facility pursuant to HSC 1250
- SECTION 7 – APDS through a clinic pursuant to HSC 1204 or 1204.1 or BPC 4180 or 4190
- SECTION 8 – ADDS operated by a correctional clinic

**SECTION 4: APDS USED TO PROVIDE PHARMACY SERVICES TO COVERED ENTITIES AND MEDICAL PROFESSIONALS CONTRACTED WITH A COVERED ENTITY**

**A. GENERAL REQUIREMENTS**

Yes No N/A

- 4.1 Covered Entity May Contract with Pharmacy to Provide Services- The operating pharmacy providing pharmacy services to the patients of the covered entity, including, unless prohibited by any other law, patients enrolled in the Medi-Cal program, shall be under contract with the covered entity as described in BPC Section 4126 to provide those pharmacy services through the use of the APDS. (BPC 4119.11(a)2)
- 4.2 Contracts between the covered entities and the pharmacy shall comply with the guidelines published by Health Resources and Services Administration and are available for inspection by Board during normal business hours. (BPC 4126(a))
- 4.3 Drugs purchased and received pursuant to Section 256b of Title 42 USC shall be segregated from the pharmacy's other drug stock by physical or electronic means. (BPC 4126(b))
- 4.4 All records of acquisition and disposition of these drugs shall be readily retrievable in a form separate from the pharmacy's other records. (BPC 4126(b))
- 4.5 The drugs shall be returned to the distributor from which the drugs were obtained if drugs to be dispensed to patient of a covered entity pursuant to section 256b of Title 42USC cannot be distributed because of a change in circumstances of the covered entity or the pharmacy. (BPC 4126(c))
- 4.6 A licensee that participates in a contract to dispense preferentially priced drugs pursuant to this section shall not have both a pharmacy and a wholesaler license. (BPC 4126(d))

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**B. UNDERLYING OPERATING PHARMACY**

Yes No N/A

4.7 The operating pharmacy has obtained a license from the Board to operate the APDS which includes the address of the APDS location and the identity of the covered entity or affiliated site (BPC 4119.11(a) 1).

4.8 A separate license was obtained for each APDS location and has been renewed annually concurrent with the pharmacy license. (Note: The Board may issue a license for operation of an APDS at an address for which the Board has issued another site license) (BPC 4119.11(a)1), BPC 4119.11(a)8, BPC 4107

4.9 A precensure inspection of the proposed APDS location was conducted by the Board within 30 days after Board receipt of the APDS application before Board approval. (BPC 4119.11(a) 9)

Date of Inspection: \_\_\_\_\_

4.10 The pharmacy will submit a new APDS licensure application for Board approval if the current APDS is relocated (BPC 4119.11(a)9)

4.11 The pharmacy will notify the Board within 30 days of replacement of an APDS or discontinuing an APDS. (BPC 4119.11(a)9 & 11)

4.12 A new APDS licensure application will be submitted if original APDS is cancelled due to the underlying operating pharmacy's permit being cancelled, not current, not valid, or inactive. (Once cancelled, a new APDS license can only be issued if the underlying pharmacy's permit is reissued or reinstated) (BPC 4119.11(a)10)

4.13 The pharmacy does not have more than 15 APDS licenses for one underlying operating pharmacy under this section. (BPC 4119.11(d)10). List of current APDS licenses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_

11. \_\_\_\_\_ 12. \_\_\_\_\_

13. \_\_\_\_\_ 14. \_\_\_\_\_

15. \_\_\_\_\_

**Yes No N/A**

4.14 The operating pharmacy will maintain the written APDS policies and procedures for 3 years after the last date of use for that APDS. (BPC 4119.11(d)11)

4.15 The operating pharmacy of an APDS has completed an annual Self-Assessment pursuant to CCR 1715 or BPC 4427.7(a) evaluating the pharmacy's compliance with pharmacy law relating to the use of the APDS. (BPC 4119.11(i))

Date of Last Self-Assessment: \_\_\_\_\_

4.16 The operating pharmacy has complied with all recordkeeping and quality assurance requirements pursuant to BPC 4119.11 and those records will be maintain within the pharmacy holding the APDS and separately from the other pharmacy records. (BPC 4119.11(j))

4.17 The pharmacy is aware that the drugs stored in an APDS are a part of the operating pharmacy's drug inventory and the drugs dispensed by the APDS shall be considered to have been dispensed by that pharmacy. (BPC 4119.11(a)3)

4.18 The underlying operating pharmacy is solely responsible for:

- The security of the APDS. (BPC 4119.11(a)5)
- The operation of the APDS. (BPC 4119.11(a)5)
- The maintenance of the APDS. (BPC 4119.11(a)5)
- The training regarding the operation and use of the APDS for both the pharmacy and covered entity personnel using system. (BPC 4119.11(a)6)

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**C. PHARMACIST RESPONSIBILITIES**

Yes No N/A

- 4.19 The operation of the APDS is under the supervision of a licensed pharmacist acting on behalf of the operating pharmacy. (BPC 4119.11(a)7). Note: The pharmacist need not be physically present at the site of the APDS and may supervise the system electronically.
  
- 4.20 The pharmacist performs the stocking of the APDS or if the APDS utilizes removable pockets, cards, drawers, similar technology, or unit of use or single dose containers are used the stocking of the APDS may be done outside of the facility if the following conditions are met: (BPC 4119.11(g))
  
- 4.21 A pharmacist, intern pharmacist or pharmacy technician working under the supervision of the pharmacist may place drugs into the removeable pockets, cards, drawers, similar technology, or unit of use or single dose containers. (BPC 4119.11(g)(1))
  
- 4.22 Transportation of removeable pockets, cards, drawers or similar technology or unit of use or single dose container between the pharmacy and the facility are in a tamper-evident container. (BPC 4119.11(g)(2))
  
- 4.23 There are policies and procedures to ensure the removeable pockets, cards, drawers, similar technology, or unit of use or single dose containers are properly placed into the APDS. (BPC 4119.11(g)(3))
  
- 4.24 The pharmacist conducts a monthly review of the APDS including a physical inspection of the drugs contained within, operation, maintenance, and cleanliness of the APDS, and a review of all transaction records in order to verify the security and accountability of the APDS. (BPC 4119.11(h))  

Date of Last Inspection: \_\_\_\_\_
  
- 4.25 The APDS dispenses medications **directly** to the patient ONLY if all the following are met: (BPC 4119.11(d)1 & 2)
  
- 4.26 The pharmacist has performed all clinical services as part of the dispensing process including but not limited to drug utilization review and consultation. (BPC 4119.11(d)4)
  
- 4.27 Drugs are dispensed from the APDS only upon authorization from the pharmacist after the pharmacist has reviewed the prescription and the patient's profile for potentials contraindication and adverse drug reactions. (BPC 4119.11(d)5)
  
- 4.28 The pharmacist consulted patients for the first time on all prescribed drugs and devices dispensed from the APDS. The consultation shall be provided by a **Board licensed pharmacist** via telecommunication link that has two-way audio and video capabilities. (BPC 4119.11(d)6)

Yes No N/A

- 4.29 The Pharmacist-in-charge of the offsite ADDS/APDS has ensured the [CCR 1715.65(h)]:
  - All controlled substances added to the ADDS/APDS are accounted for;
  - Access to ADDS/APDS is limited to authorized facility personnel;
  - An ongoing evaluation of discrepancies or unusual access associated with controlled substance is performed; and
  - Confirmed losses of controlled substances are reported to the Board

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**D. DEVICE REQUIREMENTS**

Yes No N/A

- 4.30 Access to the APDS is controlled and tracked using an identification or password system or biosensor. Systems tracked via password shall include a camera that records a picture of the individual accessing the APDS and the picture must be maintained for a minimum of 180 days. (BPC 4119.11(e))
- 4.31 The APDS makes complete and accurate records of all transactions including users accessing system and drugs added and removed from the APDS. (BPC 4119.11(f))
- 4.32 Drugs stored in an APDS are a part of the inventory of the operating pharmacy and the drugs dispensed by the APDS shall be considered to have been dispensed by that pharmacy. (BPC 4119.11(a)3)
- 4.33 The APDS will collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of APDS. (BPC 4119.11(c)1)
- 4.34 The APDS will maintain transaction information in a readily available in downloadable format for review and inspection by authorized individuals for a minimum of 3 years. (BPC 4119.11(c)2)
- 4.35 The APDS may dispense medications **DIRECTLY** to the patient if **all** the following are met: (BPC 4119.11(d)1 & 2)
- 4.36 The pharmacy has developed and implemented written policies and procedures with respect to all the following and the policies shall be reviewed annually:

Date of Last Policy Review: \_\_\_\_\_

Yes No N/A

- 4.37 Maintaining the security of the APDS and dangerous drug and devices within the APDS. (BPC 4119.11(d)1A)
- 4.38 Determine and apply inclusion criteria regarding which drugs, devices are appropriate for placement in the APDS and for which patients. (BPC 4119.11(d)(1)B)
- 4.39 Ensuring patients are aware that consultation with a pharmacist is available for any Prescription medication including those delivered via APDS. (BPC 4119.11(d)(1)C)
- 4.40 Describing assignment of responsibilities and training of pharmacy personnel and other personnel using the APDS at that location regarding maintenance and filling procedures for the APDS. (BPC 4119.11 (d)(1)D)
- 4.41 Orienting patients on use of APDS and notifying patients when expected medications are not available in the APDS. The pharmacy must ensure the use of the SPDS does not interfere with the delivery of drugs and devices. (BPC 4119.11 (d)(1)E)
- 4.42 Ensuring the delivery of drugs and devices to patients expecting medications from the APDS in the event the APDS is disabled or malfunctions. (BPC 4119.11 (d)(1)F)
- 4.43 Only used for patient who have signed a written consent demonstrating their informed consent to receive prescribed drug and devices from the APDS. Attach copy of consent form. (BPC 4119.11 (d)2)
- 4.44 The device shall a means to identify each patient and only release the identified patient's drugs and devices to the patient or the patient's agent. (BPC 4119.11 (d)3)
- 4.45 The pharmacist has performed all clinical services as part of the dispensing process including but not limited to drug utilization review and consultation. (BPC 4119.11 (d)4)
- 4.46 Drugs are dispensed from the APDS only upon authorization from the pharmacist after the pharmacist has reviewed the prescription and the patient's profile for potentials contraindication and adverse drug reactions. (BPC 4119.11 (d)5)
- 4.47 The pharmacist shall consult patients for the first time on all prescribed drugs and devices dispensed from the APDS. The consultation shall be provided by a Board licensed pharmacist via telecommunication link that has two-way audio and video capabilities. (BPC 4119.11 (d)6)
- 4.48 The APDS shall prominently post a notice that provides the name, address and telephone number of the pharmacy (BPC 4119.11 (d)7)

Yes No N/A

4.49 The prescription labels on all drugs dispensed via APDS shall comply with BPC 4076 and CCR 1707.5. (BPC 4119.11 (d)8)

4.50 Any complaint, error or omission involving the APDS shall be reviewed as a part of the pharmacy's Quality Assurance program pursuant to BPC 4125. (BPC 4119.11 (d)9)

4.51 The federal warning label prohibiting transfer of controlled substances is on the prescription container. (21 CFR 290.5)

4.52 Prescriptions are dispensed in a new and child-resistant container, or senior-adult ease-of-opening tested container, or in a non-complying package only pursuant to the prescriber or when requested by the purchaser. (15 USC 1473[b], 16 CFR 1700.15, CCR 1717)

4.53 Patient package inserts are dispensed with all estrogen medications. (21 CFR 310.515)

4.54 The pharmacy provides patients with Black Box Warning Information in conformance with 21 CFR 201.57[c].

4.55 Medication guides are provided on required medications. (21 CFR 208.1)

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**E. RECORD KEEPING REQUIREMENTS**

Yes No N/A

4.56 The operating pharmacy has complied with all recordkeeping and quality assurance requirements pursuant to BPC 4119.11 and those records shall be maintain within the pharmacy holding the APDS and separately from the other pharmacy records. (BPC 4119.11(j))

4.57 The operating pharmacy will maintain records of acquisition and disposition of dangerous drugs stored in the APDS separate from other pharmacy records. (BPC 4119.11(a)4)

4.58 The APDS transaction information will be maintained in a readily available in downloadable format for review and inspection by authorized individuals for a minimum of 3 years. (BPC 4119.11(c)2)

4.59 Any records maintained electronically must be maintained so that the pharmacist-in-charge, or the pharmacist on duty if the pharmacist-in-charge is not on duty, must, at all times during which the licensed premises are open for business, be able to produce a hardcopy and

electronic copy of all records of acquisition and disposition or other drug or dispensing-related records maintained electronically. [BPC 4105(d)(1)]

Yes No N/A

4.60 The Records of drugs purchased and received pursuant to Section 256b of Title 42 USC shall be readily retrievable in a form separate from the pharmacy's other records. (BPC 4126(b))

4.61 The pharmacy reports drug losses as required by law. (BPC 4105.5(c), CCR 1715.6, 21CFR 1301.76, & BPC 4104)

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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#### F. POLICIES AND PROCEDURES

Yes No N/A

4.62 The APDS will dispense medications directly to the patient if all the following are met: [BPC 4119.11(d)(1)(2)]. The pharmacy has developed and implemented written policies and procedures with respect to all the following and the policies are reviewed annually:

- Maintaining the security of the APDS and dangerous drug and devices within the APDS
- Determine and apply inclusion criteria regarding which drugs, devices are appropriate for placement in the APDS and for which patients.
- Ensuring patients are aware that consultation with a pharmacist is available for any prescription medication including those delivered via APDS
- Describing assignment of responsibilities and training of pharmacy personnel and other personnel using the APDS at that location regarding maintenance and filling procedures for the APDS.
- Orienting patients on use of APDS and notifying patients when expected medications are not available in the APDS. The pharmacy must ensure the use of the APDS does not interfere with the delivery of drugs and devices.
- Ensuring the delivery of drugs and devices to patients expecting medications from the APDS in the event the APDS is disabled or malfunctions.

Date of Last Policy Review: \_\_\_\_\_

4.63 The pharmacy has policies and procedures for security measures and monitoring of the inventory to prevent theft and diversion. (BPC 4105.5(c))

4.64 The pharmacy reports drug losses as required by law. (BPC 4105.5(c), CCR 1715.6, 21CFR 1301.76, & BPC 4104)

Last Reported Drug Loss: \_\_\_\_\_

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**SECTION 5: ADDS ADJACENT TO THE SECURED PHARMACY AREA AND IN MEDICAL OFFICES.**

**A. GENERAL REQUIREMENTS**

Yes No N/A

5.1 The pharmacy maintains the APDS policies and procedures for 3 years after the last date of use for that APDS (BPC 4427.6 (l)).

5.2 The pharmacy developed and implemented, and reviewed annually the APDS policy and procedures pertaining to the APDS, including: (BPC 4427.6 (a)).

- Maintaining the security of the APDS and the dangerous drugs and devices within the APDS.
- Determining and applying inclusion criteria regarding which drugs and devices are appropriate for placement in the APDS and for which patients.
- Ensuring patients are aware consultation with a pharmacist is available for any prescription medications, including those delivered via the APDS.
- Describing assignment of responsibilities to, and training of, pharmacy personnel and other personnel using the APDS at the location where the APDS is placed, regarding maintenance and filing procedures for the APDS.
- Orienting participating patients on the use of the APDS, notifying patients when expected prescription medications are not available in the APDS, and ensuring patient use of the APDS does not interfere with delivery of drugs and devices.
- Ensuring delivery of drugs and devices to patients expecting to receive them from the APDS in the event the APDS is disabled or malfunctions.

5.3 The pharmacy does not have more than 15 APDS licenses for one underlying operating pharmacy under this section. (BPC 4427.6 (k)). List of current APDS licenses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_
11. \_\_\_\_\_ 12. \_\_\_\_\_
13. \_\_\_\_\_ 14. \_\_\_\_\_
15. \_\_\_\_\_

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**B. PHARMACIST RESPONSIBILITIES:**

Yes No N/A

- 5.4 A pharmacist licensed by the board performs all clinical services conducted as part of the dispensing process, including but not limited to, drug utilization review and consultation (BPC 4427.6 (d)).
- 5.5. Drugs are dispensed from the APDS only upon authorization from the pharmacist after the pharmacist has reviewed the prescription and the patient’s profile for potential contraindications and adverse drug reactions (BPC 4427.6 (e)).
- 5.6. A board licensed pharmacist performs consultation via a telecommunication link that has two-way audio and video for all drugs and devices dispensed to a patient from the APDS for the first time (BPC 4427.6(f)).

The Pharmacist-in-Charge of the offsite ADDS/APDS has ensured that (CCR 1715.65(h)):

- 5.7. All controlled substances added to the ADDS/APDS are accounted for;
- 5.8. Access to ADDS/APDS is limited to authorized facility personnel;
- 5.9. An ongoing evaluation of discrepancies or unusual access associated with controlled substance is performed; and
- 5.10. Confirmed losses of controlled substances are reported to the Board.

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**C. DEVICE REQUIREMENTS:**

Yes No N/A

- 5.11 The stocking of the APDS is performed by a pharmacist, or by a pharmacy technician or intern pharmacist under the supervision of a pharmacist (BPC 4427.4 (e)(1)).
- 5.12. Access to the APDS is controlled and tracked using an identification or password system or biosensor (BPC 4427.4 (e)(2)).
- 5.13. The APDS makes a complete and accurate record of all transactions that includes all users accessing the system and all drugs added to, or removed from, the system (BPC 4427.4(e)(3)).
- 5.14 Drugs and devices not immediately transferred into an APDS upon arrival at the APDS location are stored for no longer than 48 hours in a secured room within the APDS location. Upon retrieval of these drugs and devices from secured storage, an inventory is taken to detect any losses or overages (BPC 4427.4 (f)).
- 5.15 Drugs stored in the APDS are part of the inventory of the operating pharmacy and drugs dispensed by the APDS shall be considered to have been dispensed by the pharmacy (BPC 4427.4 (d)).
- 5.16 The APDS is only used for patients who have signed a written consent form demonstrating their informed consent to receive prescribed drugs and devices from an APDS, and whose use of the APDS meets established inclusion criteria (BPC 4427.6 (b)).
- 5.17 The APDS has a means to identify each patient and only release the identified patient's drugs and devices to the patient or the patient's agent (BPC 4427.6(c)).
- 5.18. A pharmacist licensed by the board performs all clinical services conducted as part of the dispensing process, including but not limited to, drug utilization review and consultation (BPC 4427.6 (d)).
- 5.19 Drugs are dispensed from the APDS only upon authorization from the pharmacist after the pharmacist has reviewed the prescription and the patient's profile for potential contraindications and adverse drug reactions (BPC 4427.6 (e)).
- 5.20. A board licensed pharmacist performs consultation via a telecommunication link that has two-way audio and video for all drugs and devices dispensed to a patient from the APDS for the first time (BPC 4427.6(f)).
- 5.21. The APDS has a notice, prominently posted on the APDS, which provides the name, address, and phone number of the pharmacy (BPC 4427.6 (g)).

Yes No N/A

5.22. Any incident involving the APDS where a complaint, error, or omission occurred is reviewed as part of the pharmacy's quality assurance program pursuant to BPC 4125 (BPC 4427.6 (i)).

5.23. If the APDS is located and operated in a medical office or other location where patients are regularly seen for purposes of diagnosis and treatment, the APDS is only used to dispense dangerous drugs and dangerous devices to patients of the practice (BPC 4427.6(j)).

5.24. The pharmacy has developed and implemented written policies and procedures with respect to the APDS use and the policies shall be reviewed annually (BPC 4427.6 (a)).

Date of Last Policy Review: \_\_\_\_\_

5.25. The labels on all drugs and devices dispensed by the APDS comply with Section 4076 and with Section 1707.5 of Title 16 of the California Code of Regulations (BPC 4427.6(h)).

5.26. The federal warning label prohibiting transfer of controlled substances is on the prescription container. (21 CFR 290.5)

5.27. Prescriptions are dispensed in a new and child-resistant container, or senior-adult ease-of-opening tested container, or in a non-complying package only pursuant to the prescriber or when requested by the purchaser. (15 USC 1473[b], 16 CFR 1700.15, CCR 1717)

5.28. Patient package inserts are dispensed with all estrogen medications. (21 CFR 310.515)

5.29. The pharmacy provides patients with Black Box Warning Information in conformance with 21 CFR 201.57[c].

5.30. Medication guides are provided on required medications. (21 CFR 208.1)

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**D. RECORD KEEPING REQUIREMENTS**

Yes No N/A

5.31. Any incident involving the APDS where a complaint, error, or omission occurs is reviewed as part of the pharmacy's quality assurance program pursuant to BPC 4125 (BPC 4427.6 (i)).

5.32. The pharmacy reports drug losses as required by law. (CCR 1715.6, 21 CFR 1301.76 & BPC 4104)).

Yes No N/A

5.33. The pharmacy operating the APDS has completed an annual Self-Assessment pursuant to CCR 1715 evaluating the pharmacy's compliance with pharmacy law relating to the use of the APDS (BPC 4427.7(a)).

Date of Last Self-Assessment: \_\_\_\_\_

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**E. POLICIES AND PROCEDURES**

**The pharmacy has developed and implemented written policies and procedures with respect to all the following and the policies shall be reviewed annually:**

Yes No N/A

5.34. Maintaining the security of the APDS and dangerous drug and devices within the APDS (BPC 4427.6 (a)(1)).

5.35. Determine and apply inclusion criteria regarding which drugs, devices are appropriate for placement in the APDS and for which patients (BPC 4427.6 (a)(2)).

5.36. Ensuring patients are aware that consultation with a pharmacist is available for any prescription medication including those delivered via APDS (BPC 4427.6 (a)(3)).

5.37. Describing assignment of responsibilities and training of pharmacy personnel and other personnel using the APDS at that location regarding maintenance and filling procedures for the APDS (BPC 4427.6 (a)(4)).

5.38. Orienting patients on use of APDS and notifying patients when expected medications are not available in the APDS. The pharmacy must ensure the use of the APDS does not interfere with the delivery of drugs and devices (BPC 4427.6 (a)(5)).

5.39. Ensuring the delivery of drugs and devices to patients expecting medications from the APDS in the event the APDS is disabled or malfunctions (BPC 4427.6 (a)(6)).

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**SECTION 6: ADDS IN A HEALTH FACILITY PURSUANT TO HSC 1250 – LONG TERM CARE FACILITIES**

**A. GENERAL REQUIREMENTS**

For purposes of this section, “FACILITY” means a health facility licensed pursuant to subdivision (c), (d), or (k) of Section 1250 that has and ADDS provided by a pharmacy (HSC 1261.6 (a)(2)).

For purposes of this section, “PHARMACY SERVICES” means the provision of both routine and emergency drugs and biologicals to meet the needs of the patient, as prescribed by a physician (HSC 1261.6 (a)(3)).

Yes No N/A

- 6.1. The facility and the pharmacy has developed and implemented written policies and procedures to ensure safety, accuracy, accountability, security, patient confidentiality, and maintenance of the ADDS as well as quality, potency, and purity of the stored drugs and devices (BPC 4427.3 (c), HSC 1261.6 (d)(1)).
- 6.2. The ADDS policies and procedures define access to the ADDS and limits to access to equipment and drugs (HSC 1261.6 (d)(1)).
- 6.3. All ADDS policies and procedures are maintained at the pharmacy and the location where the ADDS is being used (HSC 1261.6 (d)(2), (BPC 4427.3 (c))).
- 6.4. The pharmacy is responsible for review of drugs contained within the ADDS and the operation and maintenance of the ADDS (HSC 1261.6 (h)).

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**B. PHARMACIST RESPONSIBILITIES:**

Yes No N/A

- 6.5 The stocking of the ADDS is performed by a pharmacist or if the ADDS utilizes removable pockets, cards, drawers, similar technology, or unit of use or single dose containers are used, the stocking system may be done outside the facility and be delivered to the facility if the following conditions are met: (HSC 1261.6 (g)).
- 6.6. The task of placing drugs into the removeable pockets, cards, drawers, or unit of use or single dose containers is performed by a pharmacist, or by an intern pharmacist or a pharmacy technician under the direct supervision of a pharmacist (HSC 1261.6 (g)(1)).

Yes No N/A

6.7. The removable pockets, cards, drawers, or unit of use or single dose containers are transported between the pharmacy and the facility in a secure tamper-evident container (HSC 1261.6 (g)(2)).

6.8. The facility, in conjunction with the pharmacy, has developed policies and procedures to ensure that the removable pockets, cards, drawers, or unit of use or single dose containers are properly placed into the ADDS (HSC 1261.6 (g)(3)).

6.9. Individualized and specific access to the ADDS is limited to facility and contract personnel authorized by law to administer drugs (BPC 1261.6 (c)).

6.10. A pharmacist reviews and approves all orders prior to a drug being removed from the ADDS for administration to a patient. The pharmacist reviews the prescriber's orders and the patient's profile for potential contraindications and adverse drug reactions (HSC 1261.6 (f)(2)).

6.11 The review of the drugs contained within the ADDS and the operation and maintenance of the ADDS is conducted, on a monthly basis, by a pharmacist. The review includes a physical inspection of the ADDS for cleanliness, and a review of all transaction records in order to verify the security and accountability of the system (HSC 1261.6 (h)).

The Pharmacist-in-Charge of the offsite ADDS/APDS has ensured that (CCR 1715.65(h)):

6.12. All controlled substances added to the ADDS/APDS are accounted for:

6.13. Access to ADDS/APDS is limited to authorized facility personnel;

6.14. An ongoing evaluation of discrepancies or unusual access associated with controlled substance is performed; and

6.15. Confirmed losses of controlled substances are reported to the Board.

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**C. DEVICE REQUIREMENTS:**

Yes No N/A

6.16 The stocking and restocking of the ADDS is performed in compliance with Section 1261.6 of the Health and Safety Code (BPC 4427.4 (e)(1)).

6.17 The stocking of the ADDS is performed by a pharmacist or if the ADDS utilizes removable pockets, cards, drawers, similar technology, or unit of use or single dose containers are used,

the stocking system may be done outside the facility and be delivered to the facility if the following conditions are met: (HSC 1261.6 (g)).

Yes No N/A

- 6.18 The task of placing drugs into the removeable pockets, cards, drawers, or unit or use or single dose containers is performed by a pharmacist, or by an intern pharmacist or a pharmacy technician under the direct supervision of a pharmacist (HSC 1261.6 (g)(1)).
- 6.19 The removable pockets, cards, drawers, or unit of use or single dose containers are transported between the pharmacy and the facility in a secure tamper-evident container (HSC 1261.6 (g)(2)).
- 6.20. The facility, in conjunction with the pharmacy, has developed policies and procedures to ensure that the removable pockets, cards, drawers, or unit of use or single dose containers are properly placed into the ADDS (HSC 1261.6 (g)(3)).
- 6.21 Individualized and specific access to the ADDS is limited to facility and contract personnel authorized by law to administer drugs (BPC 1261.6 (c)).
- 6.22. Drugs and devices not immediately transferred into an ADDS upon arrival at the ADDS location are stored for no longer than 48 hours in a secured room within the ADDS location. Upon retrieval of these drugs and devices from secured storage, an inventory is taken to detect any losses or overages (BPC 4427.4 (f)).
- 6.23 Transaction information from the ADDS will be made readily available in a written format for review and inspection by individuals authorized by law and maintained in the facility for a minimum of three years (HSC 1261.6 (b)).
- 6.24. Information required by BPC Section 4076 and HSC 111480 is readily available at the time of drug administration if unit dose packaging or unit of use packaging is used. Unit dose packaging, for purposes of this section, includes blister pack cards (HSC 1261.6 (i)).

**When the ADDS is used as an emergency pharmaceutical supplies container, drugs removed from the ADDS are limited to the following (HSC 1261.6 (e)):**

Yes No N/A

- 6.25. A new drug order given by a prescriber for a patient of the facility for administration prior to the next scheduled delivery from the pharmacy, or 72 hours, whichever is less. The drug is retrieved only upon the authorization of a pharmacist and after the pharmacist has reviewed the prescriber's order and the patient's profile for potential contraindications and adverse drug reactions (HSC 1261.6 (e)(1)).
- 6.26. Drugs that a prescriber has ordered for a patient on an as-needed basis, if the utilization and retrieval of those drugs are subject to ongoing review by a pharmacist (HSC 1261.6 (e)(2)).

Yes No N/A

- 6.27. Drugs designed by the patient care policy committee or pharmaceutical service committee of the facility as emergency drugs or acute onset drugs. These drugs are retrieved from the ADDS pursuant to the order of a prescriber for emergency or immediate administration to a patient of the facility and reviewed by a pharmacist within 48 hours (HSC 1261.6 (e)(3)).

**When the ADDS is used to provide pharmacy services pursuant to BPC 4017.3, the ADDS is subject to the following requirements (HSC 1261.6 (f)):**

Yes No N/A

- 6.28. Drugs removed from the ADDS for administration to a patient are in properly labeled units of administration containers or packages (HSC 1261.6 (f)(1)).
- 6.29. A pharmacist reviews and approves all orders prior to a drug being removed from the ADDS for administration to a patient. The pharmacist reviews the prescriber's orders and the patient's profile for potential contraindications and adverse drug reactions (HSC 1261.6 (f)(2)).
- 6.30. The pharmacy controls access to the drugs stored in the ADDS (HSC 1261.6 (f)(3)).
- 6.31. Access to the ADDS is controlled and tracked using an identification or password system or biosensor (BPC 4427.4 (e)(2), (HSC 1261.6 (f)(4)).
- 6.32. The ADDS makes a complete and accurate record of all transactions that includes all users accessing the system and all drugs added to, or removed from, the system (BPC 4427.4(e)(3), (HSC 1261.6 (f)(5)).
- 6.33. After the pharmacist reviews the prescriber's order, access by licensed personnel to the ADDS is limited only to drugs ordered by the prescriber and reviewed by the pharmacist and that are specific to the patient (HSC 1261.6 (f)(6)).
- 6.34. When the prescriber's order requires a dosage variation of the same drug, licensed personnel only have access to the drug ordered for that scheduled time of administration (HSC 1261.6 (f)(6)).
- 6.35. If the ADDS system allow licensed personnel to have access to multiple drugs and are not patient specific in their design, the ADDS system has electronic and mechanical safeguards in place to ensure that the drugs delivered to the patient are specific to that patient (HSC 1261.6 (f)(7)).

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**D. RECORD KEEPING REQUIREMENTS**

Yes No N/A

- 6.36 The pharmacy complies with all recordkeeping and quality assurance requirements, established in pharmacy law and regulation, and maintains those records within the licensed pharmacy holding the ADDS license and separate from the other pharmacy records (BPC 4427.7 (b)).
- 6.37 Transaction information from the ADDS will be made readily available in a written format for review and inspection by individuals authorized by law and maintained in the facility for a minimum of three years (HSC 1261.6 (b)).
- 6.38 The pharmacy reports drug losses as required by law. (CCR 1715.6, 21 CFR 1301.76 & BPC 4104)).
- 6.39 The pharmacy operating the ADDS has completed an annual Self-Assessment pursuant to BPC4427.7(a) evaluating the pharmacy’s compliance with pharmacy law relating to the use of the APDS (BPC 4427.7(a)).

Date of Last Self-Assessment: \_\_\_\_\_

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**E. POLICIES AND PROCEDURES**

Yes No N/A

- 6.40. The facility and the pharmacy has developed and implemented written policies and procedures to ensure safety, accuracy, accountability, security, patient confidentiality, and maintenance of the ADDS as well as quality, potency, and purity of the stored drugs and devices (BPC 4427.3 (c), HSC 1261.6 (d)(1)).
- 6.41 The ADDS policies and procedures define access to the ADDS and limits to access to equipment and drugs (HSC 1261.6 (d)(1)).
- 6.42. All ADDS policies and procedures are maintained at the pharmacy and the location where the ADDS is being used (HSC 1261.6 (d)(2), (BPC 4427.3 (c)).
- 6.43. The facility, in conjunction with the pharmacy, has developed policies and procedures to ensure that the removable pockets, cards, drawers, or unit of use or single dose containers are properly placed into the ADDS (HSC 1261.6 (g)(3)).

Yes No N/A

6.44. The pharmacy has policies and procedures that include appropriate security measures and monitoring of the inventory to prevent theft and diversion. (BPC 4427.2 (d)(3)).

6.45. The pharmacy's policies and procedures include provisions for reporting to the board drug losses from the ADDS inventory, as required by law. (BPC 4427.2 (d)(4), CCR 1715.6, 21CFR 1301.76, & BPC 4104)

Last Reported Drug Loss: \_\_\_\_\_

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**SECTION 7: APDS THROUGH A CLINIC PURSUANT TO HSC 1204 OR 1204.1 OR BPC 4180 OR 4190**

**A. GENERAL REQUIREMENTS**

Yes No N/A

7.1 The ADDS is located inside an enclosed building with a premise address, at a location approved by the Board (BPC 4427.3 (a)). The clinic has a current Board of Pharmacy Clinic permit pursuant to BPC 4180 or BPC 4190? or the clinic is licensed pursuant to HSC 1204 or 1204.1: (BPC 4427.3(b)3)

Permit number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

7.2 The clinic has developed and implemented written policies and procedures that ensure the safety, accuracy, accountability, security and patient confidentiality. (BPC 4186(a))

7.3 Drugs removed from the ADDS shall be provided to the patient by a health professional licensed pursuant to this division. (BPC 4186(b))

7.4 The clinic has developed and implemented written policies and procedures that ensure the maintenance of the quality, potency and purity of the drugs. (BPC 4186(a)) **These policies shall be maintained at the location where the ADDS is being used. (BPC 4186(a))**

7.5 Drugs removed from the ADDS shall be provided to the patient by a health professional licensed pursuant to this division. (BPC 4186(b))

7.6 The clinic is responsible for the review of the drugs contained within, and the operation and maintenance of, the ADDS. (BPC 4186 (d))

Yes No N/A

7.7 Drugs dispensed from the clinic ADDS shall comply with labeling requirements in BPC 4076 with CCR 1707.5. [BPC 4186(g), BPC 4426.7(h)]

7.8 The clinic shall keep records of the kind and amounts of drugs purchased, administered, and dispensed and the records shall be available and maintained for a minimum of three years for inspection by all authorized personnel. (BPC 4180(2))

7.9 The proposed ADDS installation location meets the requirement of BPC 4427.3 and the ADDS is secure from access and removal by unauthorized individuals (BPC 4427.2(d)2)

7.10 The clinics licensed under BPC 4180 or BPC 4190 perform periodic inventory and inventory reconciliation functions to detect and prevent the loss of controlled substances. (CCR 1715.65(a))

7.11 The clinic shall compile an inventory reconciliation report of all **federal Schedule II controlled substance** at least every three months. (CCR 1715.65(c)) The compilation requires:

- A physical count (not estimate) of all quantities of all **federal Schedule II controlled substances**.
- A review of all acquisition and disposition records of **federal Schedule II controlled substances** since that last inventory reconciliation report: Date of last inventory \_\_\_\_\_
- A comparison of (1) and (2) to determine if there are any variances.
- All records used to compile each inventory reconciliation report shall be maintained at clinic for 3 years in a readily retrievable form.
- Possible causes of overages shall be identified in writing and incorporated into the inventory reconciliation report.

7.12 The clinic shall report in writing identified losses and known cause to the Board within 30 days of discovery. Cases of the loss is due to theft, diversion or self-use shall be reported to the Board within 14 days of discovery. If the clinic is unable to identify the cause of loss, further investigation shall be undertaken to identify the cause and actions necessary to prevent additional losses of controlled substances (CCR 1715.65(d))

7.13 The individuals performing the inventory AND the clinic professional director shall date and sign the inventory reconciliation reports. The reports shall be readily retrievable at the clinic for 3 years. (CCR 1715.65(e))

7.14 Any incident involving the APDS where a complaint, error, or omission has occurred is reviewed as part of the pharmacy's quality assurance program pursuant to BPC 4125. [BPC 4427.6(i)]

Yes No N/A

- 7.15 The federal warning label prohibiting transfer of controlled substances is on the prescription container. (21 CFR 290.5)
- 7.16 Prescriptions are dispensed in a new and child-resistant container, or senior-adult ease-of-opening tested container, or in a non-complying package only pursuant to the prescriber or when requested by the purchaser. (15 USC 1473[b], 16 CFR 1700.15, CCR 1717)
- 7.17 Patient package inserts are dispensed with all estrogen medications. (21 CFR 310.515)
- 7.18 The pharmacy provides patients with Black Box Warning Information in conformance with 21 CFR 201.57[c].
- 7.19 Medication guides are provided on required medications. (21 CFR 208.1)
- 7.20 Is the APDS located and operated only used to dispense dangerous drugs and dangerous devices to patients of the clinic? [BPC 4427.6j]
- 7.21 Does the pharmacy have no more than 15 ADDS licensed as APDS units? [BPC 4427.6(k)]

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**B. PHARMACIST RESPONSIBILITY**

Yes No N/A

- 7.22 The pharmacist performs the stocking of the ADDS. (BPC 4186(c))
- 7.23 Drugs are removed from the ADDS system only upon the authorization of the pharmacist after the pharmacist has reviewed the prescription and patient profile for potential contraindications and adverse drug reactions. (BPC 4186(b)).
- 7.24 The pharmacist shall conduct a review on a monthly basis including a physical inspection of the drugs in the ADDS for cleanliness and a review of all transaction records in order to verify the security and accountability of the ADDS. (BPC 4186(d))

7.25 The pharmacist licensed by the board performs all clinical services conducted as part of the dispensing process, including, but not limited to, drug utilization review and consultation. [BPC 4427.6(d)]

Yes No N/A

7.26 Drugs are dispensed from the APDS after the pharmacist has reviewed the prescription and the patient's profile for potential contraindications and adverse drug reactions. [BPC 4427.6(e)]

7.27 All prescribed drugs and devices dispensed to the patient from an APDS for the first time shall be accompanied by a consultation conducted by a pharmacist licensed by the board via telecommunication link with a two-way audio and video. [BPC 4427.6(f)]

7.28 The APDS has a notice, prominently posted on the APDS, with the name, address, and phone number of the pharmacy holding the ADDS license for the APDS. [BPC 4427.69g]

7.29 The pharmacist shall provide patient consultation pursuant to CCR 1707.2 via a two-way audio and video telecommunication link for drugs dispensed by the clinic ADDS. (BPC 4186(e))

7.30 The pharmacist operating the ADDS shall be located in California (BPC 4186(f)).

7.31 The clinic consultant pharmacist shall review all inventory and inventory reconciliation reports taken and establish and maintain secure methods to prevent losses of controlled substances. The clinic shall develop written policies and procedures for performing the inventory reconciliation reports. (CCR 1715.65(b))

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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### C. POLICIES AND PROCEDURES

Yes No N/A

7.32 The pharmacy has developed and implemented, and reviewed annually, written policies and procedures pertaining to the APDS, including all the following: [BPC 4427.6(a)]

- Maintaining the security of the APDS and dangerous drugs and dangerous devices within the APDS.
- Determining and applying inclusion criteria regarding which drugs and devices are appropriate for placement in the APDS and for which patients.
- Ensuring patients are aware consultation with a pharmacist is available for any prescription medication, including those delivered via the APDS.
- Describing assignments of responsibilities to, and training of, pharmacy personnel, and other personnel using the APDS at the location where the APDS is placed pursuant to

subdivision (b) of Section 4427.3, regarding maintenance and filing procedures for the APDS.

- Orienting participating patients on the use of the APDS, notifying patient when expected prescription medications are not available in the APDS, and ensuring the patient use of the APDS does not interfere with delivery of drugs and devices.
- Ensuring delivery of drugs and devices to patients expecting to receive them from the APDS in the event the APDS is disabled or malfunctions.

Yes No N/A

- 7.33 Is the APDS only used for patients who have signed a written consent form demonstrating their informed consent to receive prescribed drugs and devices from an APDS, and whose use of the APDS meets inclusion criteria established by policies and procedures. [BPC 4427.6(b)]
- 7.34 Does the APDS have a means of identifying each patient and only releases the identified patient's drugs and devices to the patient or patient's agent. [BPC 4427.6(c)]
- 7.35 The pharmacy holding the ADDS license for an APDS maintains its policies and procedures for three (3) years after the last date of use of an APDS. [BPC 4427.6(l)]
- 7.36 Does the pharmacy maintain all recordkeeping and quality assurance requirements established in pharmacy law and regulations, and maintain these records within the licensed pharmacy holding the ADDS license and separate from other pharmacy records. [BPC 4427.7(b)]

## **SECTION 8: ADDS OPERATED BY A CORRECTIONAL CLINIC**

### **A. GENERAL REQUIREMENTS**

Yes No N/A

- 8.1 The pharmacy uses an "automated drug delivery system" used in a correctional clinic, meaning a mechanical system controlled remotely by a pharmacist that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of prepackaged dangerous drugs or dangerous devices. An automated drug delivery system shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability. [BPC 4187.5(h)]
- 8.2 The ADDS is located in a "correctional clinic," a primary care clinic, as referred in subdivision (b) of Section 1206 of the Health and Safety Code, conducted, maintained, or operated by the state to provide health care eligible patients of the Department of Corrections and Rehabilitation (BPC 4187).
- 8.3 The correctional clinic licensed by the board obtains the drugs from a licensed correctional pharmacy, the Department of Correction and Rehabilitation's Central Fill Pharmacy, or from

another correctional clinic licensed by the board within the same institution for the administration or dispensing of drugs or devices to patients eligible for care at the correctional facility if under either: (BPC 4187.1(a))

- The directions of a physician and surgeon, dentist, or other person lawfully authorized to prescribe.
- An approved protocol as identified within the statewide Inmate Medical Services Policies and Procedures.

Yes No N/A

- 8.4 The dispensing or administering of drugs in the correctional clinic is performed pursuant to a chart order, as defined in Section 4019, a valid prescription consistent with chapter 9 division 2 of the Business and Professions Code, or pursuant to an approved protocol as identified within the statewide Inmate Medical Services Policies and Procedures. [BPC 4187.1(b)]
- 8.5 The dispensing or administering of drugs in the correctional clinic is performed pursuant to a chart order, as defined in Section 4019, a valid prescription consistent with chapter 9 division 2 of the Business and Professions Code, or pursuant to an approved protocol as identified within the statewide Inmate Medical Services Policies and Procedures. [BPC 4187.1(b)]
- 8.6 Medications dispensed to patients that are kept on the patient's person for use shall meet the labeling requirements of Section 4076 and all record keeping requirements of chapter 9 division 2 of the Business and Professions Code. [BPC 4187.1(b)]
- 8.7 The correctional clinic keeps records of the kind and amounts of drugs acquired, administered, transferred, and dispensed. [BPC 4187.1(c)]
- 8.8 The records are available and maintained for a minimum of three years for inspection by all properly authorized personnel. [BPC 4187.1(c)]
- 8.9 The correctional clinic has obtained a license from the board. [BPC 4187.1(d)(1)]
- 8.10 A separate license was obtained for each correctional clinic location where a APDS is located and is not to be transferrable. [BPC 4187.1(d)(2)]
- 8.11 The correctional clinic's location and address is identified by the correctional institution and building within the correctional institution. [BPC 4187.1(d)(3)]
- 8.12 The correctional clinic will notify the board in advance of any change in the clinic's address on a form furnished by the board. [BPC 4187.1(d)(4)]
- 8.13 The ADDS is secured from access and removal by unauthorized individuals. [BPC 4427.2(d)(2)]

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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## B. POLICIES AND PROCEDURES

Yes No N/A

- 8.14 The policies and procedures to implement the laws and regulations of this article within the correctional clinic was developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5024.2 of the Penal Code. [BPC 4187.2(a)]
- 8.15 Prior to the issuance of the correctional clinic license by the board, an acknowledgment of the policies and procedures was signed by the correctional facility pharmacist-in-charge servicing the institution, the pharmacist-in-charge for the California Department of Correction and Rehabilitation's Central Fill Pharmacy, and the correctional clinic's chief medical executive, supervising dentist, chief nurse executive, and chief executive officer. [BPC 4187.2(a)]
- 8.16 The chief executive officer is responsible for the safe, orderly and lawful provision of pharmacy services. [BPC 4187.2(b)(1)]
- 8.17 The pharmacist-in-charge of the correctional facility shall implement the policies and procedures developed and approved by the statewide Correctional Pharmacy and Therapeutics Committee referenced in Section 5042.2 of the Penal Code and the statewide Inmate Medical Services Policies and Procedures in conjunction with the chief executive officer, the chief medical executive, the supervising dentist, and the chief nurse executive. [BPC 4187.2(b)(1)]
- 8.18 The licensed correctional clinic will notify the board within 30 days of any change in the chief executive officer on a form furnished by the board. [BPC 4187.2(b)(2)]
- 8.19 Schedule II, III, IV or V controlled substances administered by a health care staff of the licensed correctional clinic is lawfully authorized to administer pursuant to a chart order, as defined in Section 4019, a valid prescription consistent with chapter 9 division 2 of the Business and Professions Code, or pursuant to an approved protocol as identified within the statewide Inmate Medical Services Policies and Procedures. (BPC 4187.3)
- 8.20 The ADDS located in a licensed correctional clinic has implemented the statewide Correctional Pharmacy and Therapeutics Committee's policies and procedures and the statewide Inmate Medical Services Policies and Procedures to ensure safety, accuracy, accountability, security, patient confidentiality, and maintenance of the quality, potency, and purity of drugs. [BPC 4187.5(a)]
- 8.21 All policies and procedures are maintained either in an electronic form or paper form at the location where the automated drug system is being used. [BPC 4187.5(a)]

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**C. PHARMACIST RESPONSIBILITIES**

Yes No N/A

8.22 A correctional facility pharmacist inspects the clinic at least quarterly. {BPC 4187.2(c)}

8.23 Drugs removed from the automated drug delivery system is removed upon authorization by a pharmacist after the pharmacist has reviewed the prescription and the patient profile for potential contraindications and adverse drug reactions. If the correctional pharmacy is closed, and if, the prescriber’s professional judgment, a delay in therapy may cause patient harm, the medication may be removed from the automated drug delivery system and administered or furnished to the patient under the direction of the prescriber. Where the drug is otherwise unavailable, a medication may be removed and administered or furnished to the patient pursuant to an approved protocol as identified within the statewide Inmate Medical Services Policies and Procedures. Any removal of the medication from an automated drug delivery system is documented and provided to the correctional pharmacy when it reopens. [BPC 4187.5(b)]

8.24The review is conducted on a monthly basis by a pharmacist and shall include a physical inspection of the drugs in the automated drug delivery system, an inspection of the automated drug delivery system machine for cleanliness, and a review of all transaction records in order to verify the security and accountability of the system. [BPC 4187.5(e)]

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**D. DEVICE REQUIREMENT**

Yes No N/A

8.25 Drugs removed from the automated drug delivery system is provided to the patient by a health professional licensed pursuant to division 2 of the Business and Professions Code who is lawfully authorized to perform the task. [BPC 4187.5(c)]

8.26 The review of the drugs contained within, and the operation and maintenance of, the automated drug delivery system shall be the responsibility of the correctional clinic. [BPC 4187.5(e)]

Yes No N/A

8.27 The automated drug delivery system is operated by a licensed correctional pharmacy. Any drugs within the automated drug delivery system are considered owned by the licensed correctional pharmacy until they are dispensed from the automated drug delivery system. [BPC 4187.5(f)]

8.28 Drugs from the automated drug delivery system in the correctional clinic are removed by a person lawfully authorized to administer or dispense the drugs. [BPC 4187.5(g)]

8.29 Drugs from the automated drug delivery system in the correctional clinic are removed by a person lawfully authorized to administer or dispense the drugs. [BPC 4187.5(g)]

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**E. RECORD KEEPING REQUIREMENTS**

Yes No N/A

8.30 All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices, at all times during business hours, are open for inspection by authorized officer of the law and is preserved for at least three years from the date of making. A current inventory is kept by the licensed correctional clinic. [BPC 4081(a)]

8.31 All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices, at all times during business hours, are open for inspection by authorized officer of the law and is preserved for at least three years from the date of making. A current inventory is kept by the licensed correctional clinic. [BPC 4081(a)]

CORRECTIVE ACTION OR ACTION PLAN AND COMPLETION DATE \_\_\_\_\_

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**CERTIFICATION ACKNOWLEDGMENT**

**PHARMACIST-IN-CHARGE CERTIFICATION:**

I, (please print) \_\_\_\_\_, RPH # \_\_\_\_\_ hereby certify that I have completed the self-assessment of this automated drug delivery system of which I am the pharmacist-in-charge. Any deficiency identified herein will be corrected. I understand that all responses are subject to verification by the Board of Pharmacy. I further state under penalty of perjury of the laws of the State of California that the information that I have provided in this self- assessment form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Pharmacist-in-Charge)

**ACKNOWLEDGEMENT BY OWNER OF ADDS:**

I, (please print) \_\_\_\_\_, hereby certify under penalty of perjury of the laws of the State of California that I have read and reviewed this completed self-assessment. I understand that failure to correct any deficiency identified in this self-assessment could result in the revocation of the pharmacy's license issued by the California State Board of Pharmacy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION OF COMPLETED ACTION PLAN**

**PHARMACIST-IN-CHARGE CERTIFICATION:**

I, (please print) \_\_\_\_\_, RPH # \_\_\_\_\_ hereby certify that I have completed deficiencies identified in the self-assessment of this automated drug delivery system of which I am the pharmacist-in-charge. I understand that all responses are subject to verification by the Board of Pharmacy. I further state under penalty of perjury of the laws of the State of California that the information that I have provided in this self- assessment form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT BY OWNER OF ADDS:**

I, (please print) \_\_\_\_\_, hereby certify under penalty of perjury of the laws of the State of California that I have read and reviewed this completed self-assessment. I understand that failure to correct any deficiency identified in this self-assessment could result in the revocation of the pharmacy's license issued by the California State Board of Pharmacy.

Signature \_\_\_\_\_ Date \_\_\_\_\_