



COMMUNICATION AND PUBLIC EDUCATION COMMITTEE

Ricardo Sanchez, Public Member, Chairperson
Valerie Muñoz, Public Member, Vice Chairperson
Ryan Brooks, Public Member
Shirley Kim, Public Member
Debbie Veale, Licensee Member

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

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

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 place the matter on a future meeting agenda. [Government Code sections 11125 & 11125.7(a)]

c. **Approval of the January 8, 2019, Communication and Public Education Committee Meeting Minutes**

A copy of the minutes is in **Attachment 1**.

d. **Discussion and Consideration of Policy on Subscriber Alerts**

Background

The board uses electronic mailing lists to communicate important messages to subscribers instantly. Business and Professions Code (BPC) section 4013 requires facilities, pharmacists, intern pharmacists, pharmacy technicians and designated representatives to sign up to receive subscriber alerts.

The board has established separate lists to target messages for each type of licensee. However, the list for facilities is also used for general messages. Besides recall notices, this list is used to issue announcements about board meetings and agendas, new board members, action items at board meetings, new laws and regulations, board webinars and CE training, publication of The Script, and other general matters.

There is concern that a glut of messages could lead some facilities to overlook important news from the board. In addition, individual licensees may not see or be informed of recall notices or other important messages sent only to facilities. Also, members of the public may not be aware that they can sign up to receive alerts sent to licensees.

At this meeting

Staff is seeking discussion and consideration by the committee on which types of messages

should be sent to which licensees. The goal is to target alerts as much as possible so that alerts from the board reach the intended recipients without overloading email boxes.

For example, recall notices currently are sent only to facilities. Should they also be sent to pharmacists and pharmacy technicians? Should notices about CE training be sent only to pharmacists and not to facilities?

A possible solution is to create mailing lists that could be used for general messages about non-urgent matters from the board, such as announcements about meetings, agendas and The Script. These lists could also draw more members of the public to sign up for alerts from the board.

Possible types of mailing lists include:

- Board meetings
- News
- Consumer information
- Disciplinary/enforcement actions
- New laws and regulations

Other DCA boards and bureaus use a variety of mailing lists to get news and information to the public as well as their licensees. For the committee's reference, a list of electronic mailing lists used by other DCA boards and bureaus is in **Attachment 2**.

e. Update on the "Ask an Inspector" Program

Background

At the January 8 committee meeting, members discussed the possibility of expanding the phone hours of the "Ask an Inspector" program. Currently, a duty inspector is assigned each week to answer phone calls from 8 a.m. to 4:30 p.m. on Tuesdays and Fridays. The committee directed staff to report back on the possibility of changing the hours to have an inspector on phone duty more days per week.

Also at the January 8 meeting, staff suggested publishing frequently asked questions (FAQs) in The Script based on the most common types of questions received by duty inspectors. At the January 30-31 board meeting, the board directed the Enforcement Committee to review FAQs submitted for publication from the "Ask an Inspector" program.

Update

Inspectors assigned to "Ask an Inspector" are now on phone duty Monday through Thursday from 9 a.m. to 1 p.m. This change began April 1. The duty inspectors currently are working from their home offices.

In addition, staff has drafted FAQs about controlled substances, the most common type of inquiry received by “Ask an Inspector.” The FAQs are undergoing legal review and are expected to be presented at the next Enforcement Committee meeting on July 2.

f. **Discussion and Consideration of Educational Materials for Consumers and Licensees during Declared Disasters**

Background

At the January 8 committee meeting, members heard a presentation about challenges in providing health care for evacuated residents that occurred during the November 2018 Camp Fire in Northern California. The committee discussed possible communications solutions to help improve pharmacy services for patients during public disasters.

Committee members directed staff to report back with recommendations on implementing specific communications improvements. At the January 30-31 board meeting, board members also asked staff to explore awarding CE credit to pharmacists who volunteer their services in shelters and temporary emergency centers during disasters.

At this meeting

Staff has taken steps to improve communications during an emergency. The board has created a social media account on Twitter, which is widely used by the public to disseminate news and to communicate with groups and individuals during a disaster.

Staff also has drafted a fact sheet with consumer tips on preparing for a declared disaster. A copy is in **Attachment 3**. This fact sheet and related information can be posted in a new “Preparing for a Disaster” section for consumers on the website.

In addition, staff has researched practices in other states for a possible model for awarding CE for pharmacists who volunteer during declared disasters. Based on information provided by the National Association of Boards of Pharmacy, four states – Florida, Virginia, Michigan, and West Virginia – offer CE credit or special considerations for volunteer pharmacists. However, these programs pertain to volunteering in indigent or medically underserved communities, not volunteering during public disasters.

- Florida – Offers up to five hours of CE every two years for pharmacists who volunteer in indigent or underserved populations. One hour of CE is awarded for each two hours of volunteer service.
- Virginia – Offers up to two hours of CE credit every year. One hour of CE is awarded for every three hours of volunteer service.
- Michigan and West Virginia – Do not provide CE credit for volunteers but offer a special license to retired health care professionals who want to volunteer their services in indigent or underserved areas.

NABP provided the text of regulations from these four states regarding incentives for pharmacist volunteers. Copies are in **Attachment 4**.

g. Update on Communication and Public Education Activities by Board Staff

1. The Script

The current issue of the newsletter was published in March. The issue focuses on news pharmacy laws for 2019. It also includes articles about renewing pharmacy technician licenses online, self-assessment forms, signing for drug deliveries to pharmacies, and the board's new Compounding Committee.

Staff is working on the next issue, which is expected to be published in the summer.

2. Projects

- Pharmacy inspections

Staff is creating a brochure about pharmacy inspections for licensees. The brochure will provide information about the inspection process – including what licensees can expect to happen during the inspection, what inspectors expect from licensees, and how licensees can contact the board with feedback or complaints after the inspection. Inspectors will hand out brochures to licensees during inspections. The brochures also will be posted on the board's website and published in The Script.

In addition, staff is creating an educational video by Inspector Steven Kyle on "How to Prepare for Pharmacy Inspections by the Board of Pharmacy." The video will be posted on the board's website.

- Billboards

Staff is awaiting information from Outfront Media regarding the creation of five billboards being donated to the board to promote awareness of prescription drug abuse. Staff will follow up with Outfront and keep the committee and board informed of an expected completion date.

- CE webinars

Staff is nearing completion of a free CE webinar on ethics that will be posted on the board's website. The webinar will apply to the requirement for pharmacists to complete at least two hours of CE in law and ethics courses created by the board. Meanwhile, the board's current CE webinar on law is also being updated.

3. News Media

The board's public information officer provided background information to news reporters in response to media inquiries listed in **Attachment 5**.

4. Public Outreach

Inspectors and staff provided training at CE events hosted by the board on February 23 at California Health Sciences University in Clovis and April 6 at UC San Diego in La Jolla. A total of 298 pharmacists attended and received up to seven hours of CE at the events. The next board CE training event is planned for July in Marin County.

The board has hosted a total of 11 CE training events throughout the state on prescription drug abuse and drug diversion since March 2017. A total of 1,531 pharmacists have received CE credit at these events, including 1,237 who also received specific training to furnish naloxone.

Additional public outreach activities by inspectors and staff are in **Attachment 6**.

h. Review and Discussion of News or Journal Articles

News articles on pharmacy issues that may be of interest to the committee are provided in **Attachment 7**.

i. Future Meeting Dates

Upcoming 2019 meeting dates for the Communication and Public Education Committee are:

- Tuesday, June 25.
- Wednesday, October 9.

Attachment 1



California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

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



DRAFT COMMUNICATION AND PUBLIC EDUCATION COMMITTEE
MEETING MINUTES

Date: January 8, 2019

Location: Department of Consumer Affairs
DCA Headquarters Building
1625 N. Market Blvd., First Floor Hearing Room
Sacramento, CA 95834

Committee Members Present: Ricardo Sanchez, Public Member, Chairperson
Ryan Brooks, Public Member
Shirley Kim, Public Member
Deborah Veale, Licensee Member

Committee Members Not Present: Valerie Muñoz, Public Member, Vice Chairperson

Staff Present: Anne Sodergren, Interim Executive Officer
Julia Ansel, Chief of Enforcement
Tom Lenox, Chief of Enforcement
Laura Freedman, DCA Staff Counsel
Kelsey Pruden, DCA Staff Counsel
Debbie Damoth, Administrative Manager
Laura Hendricks, Staff Analyst
Bob Dávila, Public Information Officer

1. Call to Order and Establishment of Quorum

Chairperson Sanchez called the meeting to order at 10:03 a.m. A quorum was established.

2. Public Comment for Items Not on the Agenda; Matters for Future Meetings

Former board member Ramón Castellblanch said many pharmacists are confused about corresponding responsibility and need more education. He said he had developed a course on corresponding responsibility and would like to bring it to the next committee meeting.

3. Discussion and Consideration of Proposed Language for a Policy Statement by the Board Regarding Proper Handling and Disposal of Oral Chemotherapy Drugs

Chairperson Sanchez recounted efforts by Chapman University pharmacy students and faculty to raise awareness about the importance proper handling and disposal of oral

chemotherapy medications. He said the committee directed staff to develop a possible board policy statement regarding oral chemotherapy medications.

Staff presented draft language for a policy statement encouraging pharmacists to provide counseling to patients on proper handling and disposal of oral chemotherapy medications and to voluntarily affix a “hazardous drug symbol” to prescription labels when appropriate.

The committee requested a minor word change and clarification regarding an abbreviation for “oral chemotherapy.” The committee directed staff to work with the chairperson on the requested modifications and voted to recommend the board adopt the statement as modified by the committee.

M/S: Veale/Brooks

- Support: Sanchez, Brooks, Kim, Veale.
- Oppose: None.
- Abstain: None.
- Not present: Muñoz.

There was no public comment.

4. Staff Report on the “Ask an Inspector” Program

Chairperson Sanchez recounted the committee’s discussion of strategic goals at its October 2018 meeting. He said the committee directed staff to report back on the board’s Ask an Inspector program, including the number of calls received and the top 10 types of calls. Staff reported inspectors responded to a total of 3,257 inquiries between Jan. 1 and Dec. 20, 2018. The 10 most common types of inquiries:

Type of inquiry	Count	Percentage of total
Controlled substances	730	22
Pharmacy practice	398	12
Other	367	11
Compounding	216	7
Pharmacy	154	5
Licensing	127	4
Prescription requirements	110	3
Prescription form	104	3
Wholesaler	61	2
Sterile compounding	53	2

Ms. Ansel and Mr. Lenox provided an overview of the program. Staff said a duty inspector is assigned each week to answer phone calls 8 a.m. to 4:30 p.m. Tuesdays and Thursdays. In

addition, inspectors research questions all week and spend two to three days the following week responding to inquiries. Ms. Sodergren said office staff triages calls to inspectors. Ms. Sodergren suggested publishing frequently asked questions (FAQs) in The Script based on the most common types of questions to help reduce calls to inspectors. In addition, she said self-assessment forms could be augmented to address commonly asked questions.

Chairperson Sanchez suggested changing the program to have an inspector available five days a week but fewer hours per day – for example, 9 a.m. to noon. The committee directed staff to report back with recommendations on the possibility of changing the hours.

Danny Martinez of CPhA said CPhA also triages Ask an Inspector inquiries by answering questions from members. He said it is important that questions are answered promptly. He said CPhA is willing to help the board improve communication and trust with licensees.

Mr. Brooks stepped out at 11:04 a.m.

Chairperson Sanchez ordered a 10-minute break. The committee returned in session at 11:15 a.m.

5. Staff Report on Surveys Performed after Pharmacy Inspections

Chairperson Sanchez recounted the committee’s discussion of strategic goals at its October 2018 meeting. He noted the committee directed staff to report back on follow-up surveys of licenses that supervising inspectors perform after inspections.

Staff reported supervising inspectors surveyed 67 licensees after inspections in 2018 – including 41 pharmacies, two hospital pharmacies, 20 sterile compounding pharmacies, three nonresident sterile compounding pharmacies, and one wholesaler. Licensees were asked to rate their inspectors in five areas. The responses are summarized below.

The board inspector was ...	Agree or Strongly Agree	Disagree or Strongly Disagree	N/A*	Total
Courteous and professional	65 (97%)	2 (3%)	0	67 (100%)
Knowledgeable and demonstrated expertise	64 (95.5%)	2 (3%)	1 (1.5%)	67 (100%)
Educational and helpful	65 (97%)	1 (1.5%)	1 (1.5%)	67 (100%)
Organized and well prepared	66 (98.5%)	1 (1.5%)	0	67 (100%)
Reasonable and fair	62 (92.6%)	4 (6%)	1 (1.5%)	67 (100%)

Staff also provided comments from licensees on the inspection process and reported most of the comments were positive. Ms. Ansel and Mr. Lenox said supervising inspectors review and discuss negative comments with the inspectors.

Committee members asked how many inspections are done annually and by each inspector. Ms. Ansel said about 2,500 inspections were performed in 2018 fiscal year. Mr. Lenox said the numbers performed by inspectors depends on their inspection team; for example, the compliance team may perform more than compounding team.

Committee members discussed the need to standardize the inspection process and to provide a way for licensees to report problems or complaints without fear of retaliation by the board. Ms. Lenox said there has never been any evidence of retaliation in response to licensee complaints.

Ms. Sodergren said staff could develop a fact sheet for licensees and post information online about the inspection process. It could discuss how to prepare for an inspection and documents to have ready; what licensees should expect during the inspection; what the board expect of licensees; and how to report problems or complaints about inspectors. In addition, the board could provide an online CE course on preparing for inspections.

Ms. Sodergren said the board also could solicit anonymous feedback from licensees through Survey Monkey or another third-party resource. She said licensees with complaints would be encouraged to contact supervising inspectors or the enforcement chief. She also noted that DCA has an online process for receiving and handling public complaints about any DCA board and bureau; this information could be provided to licensees.

There was no public comment.

6. Discussion and Consideration of Current and Potential Public Educational Materials and Activities in Preparation for 2020 Sunset Review Report

Chairperson Sanchez said staff is anticipating the 2020 sunset review process and reviewing possible communication and public education activities and initiatives to highlight in the sunset report. Staff provided a list of possible activities and materials for the report:

- Revised/updated brochures– Notice to Consumers, point to your language, etc.
- New brochures or videos – How to dispose of unwanted medications, how to prepare for a declared disaster, etc.
- Additional social media accounts – Facebook, Instagram, YouTube, etc.
- Additional CE webinars.
- A PowerPoint overview of the board for public outreach events.
- Staff presence with consumer brochures and other materials at community health fairs, senior events, other public gatherings.

Mr. Brooks recommended a focus on educational and innovative activities and materials. Ms. Veale recommended making the board's website more user-friendly.

There was no public comment.

7. Discussion and Consideration of Steps to Improve Emergency Response during Declared Emergencies

Chairperson Sanchez recounted the states of emergency declared by Governor Gavin Newsom during California wildfires in November 2018. He noted board staff issued four subscriber alerts related to the emergencies – including relevant provisions of the Business and Professions Code, a reference to the board's declared disaster policy, and information about Emergency Prescription Assistance Program for patients displaced by disaster.

Tom Ahrens of the CDPH Emergency Preparedness Office informed the committee about challenges in providing health care and pharmacy services for residents evacuated during the Camp Fire disaster. He said issues included:

- Residents were forced to evacuate with little time to pack prescription medications.
- Community shelters were not prepared to care for evacuees who were sick or needed prescription medications.
- Evacuees staying in cars, tents, local fairgrounds and other locations did not have access to health care.
- Medical disaster teams and volunteer health-care professionals did not have security prescription forms on hand at evacuation centers.
- Pharmacies in outlying communities mistakenly believed that BPC sections 4062 and 4064 were "optional" or applied only in the disaster area. As a result, they declined to fill noncompliant prescriptions out of fear of being sanctioned by the board.
- Patients did not have money available or could not afford to cover copays for medications.

Committee members and staff discussed possible solutions the board could take to improve delivery of health care and pharmacy services during disasters, including:

- Create free CE for pharmacists on what to do before and during a disaster.
- Prepare fact sheets for consumers on how to prepare for a disaster.
- Create a specific website section for disaster preparation materials for licensees and consumers.
- Assign a supervising inspector to be available to answer questions from licensees during a disaster.
- Provide complete information in subscriber alerts about BPC sections 4062 and 4064. Remind pharmacies outside the disaster area how to handle nonsecure prescription forms.
- Utilize multiple channels to communicate emergency information – including email,

website, newsletter, social media.

- Invite CDPH, Office of Emergency Services and other agencies to add links on their websites to the Board of Pharmacy so that visitors can be directed to information about getting pharmacy services during a disaster.
- Reach out to major pharmacy chains and professional organizations to help disseminate information from the board to licensees and consumers.

The committee directed staff to report back with recommendations on implementing improvements to the board's communications during declared disasters.

Danny Martinez of CPhA said his organization would be happy to help the board disseminate information during a disaster. He also recommended Twitter as important medium of communication with the public during a disaster.

8. Update on Communication and Public Education Activities by Board Staff

a. The Script

Staff reported the newsletter was published online in December 2018 and work was underway on the next issue, which will focus on new pharmacy laws.

b. Projects Update

Staff reported Outfront Media signed a no-cost contract on Jan. 8, 2019, for five billboards about prescription drug abuse. Staff said Outfront has informed staff that the proofs would be printed and shipped to billboard sites in two to four weeks.

Staff also reported the board established its first social media account in December on Twitter. The Twitter feed can be viewed at <https://twitter.com/CAPharmBoard>.

c. News Media

Staff provided a list of news media organizations that contacted the board's executive officer and public information officer for interviews or background information.

d. Public Outreach

Staff reported board inspectors and staff provided training at the board's Dec. 8, 2018, CE forum on prescription drug abuse and drug diversion at Santa Barbara Community College in Santa Barbara. A total of 94 pharmacists attended and received CE credit at the event. Staff said the board has tentatively scheduled the next forum for February 23 in Fresno and is working to schedule another in San Diego in April.

Staff also provided a list of other public outreach activities by board inspectors and staff.

9. Review and Discussion of News or Journal Articles

Staff provided a list of news articles on pharmacy issues of possible interest to the board.

10. Future Meeting Dates

Chairperson Sanchez announced the following dates for 2019 committee meetings:

- Wednesday, April 10, 2019
- Tuesday, June 25, 2019
- Wednesday, Oct. 9, 2019

The meeting adjourned at 11:52 a.m.

Attachment 2

Types of Electronic Mailing Lists Used by Other DCA Boards and Bureaus

Board of Registered Nursing

- Board of Registered Nursing – E-mail Notification List

California Board of Accountancy

- Consumer Interest
- Examination Applicant
- Licensing Applicant
- California Licensee
- Out-of-State Licensee
- Statutory/Regulatory
- CBA Meeting Information & Agenda Materials
- UPDATE Publication

Contractors State License Board

- Industry Bulletin
- Newsletter
- Press Releases and Consumer Alerts
- Public Meeting Notices and Agendas
- Surveys
- CSLB Job Openings
- All of the above

Medical Board of California

- Board Meetings
- Newsletters and News Releases
- Actions relating to the license or practice of physicians or surgeons
- Regulations

Osteopathic Medical Board of California

- Licensee Notices and Alerts
- Enforcement Actions
- General Information
- All of the above

Attachment 3



DRAFT Consumer Tips on Preparing for Emergency Evacuation

If you are forced to evacuate during a public emergency or declared disaster, you may have little time to pack medications and other health care items. It's important to be prepared in case you are forced to spend days or weeks away from your home.

Before disaster hits, pack a "consumer care kit." Important items to pack include:

- A list of your medical contacts – including doctor's office, pharmacy and other health care providers.
- A complete list of your current medications – including drug names, dosages, and allergies. Also include any over-the-counter drugs and supplements you are taking.
- At least one week's supply of your prescription medications. Periodically rotate and replenish this supply so the medications have not expired when you need them in an emergency.
- Copies of your medication prescriptions.
- A copy of your medical insurance, Medi-Cal and Medicare cards.
- A small amount of money in cash or traveler's checks to cover copayments or buy supplies.
- Specialized health care items you use. These include extra hearing aid batteries, oxygen, catheters, an extra pair of eyeglasses, wheelchair batteries, etc.

Other useful planning tips:

- Have a basic survival kit packed: Water, food, first-aid items, hygiene products, a flashlight and batteries, cell phone with a charger.
- Copies of important documents: Insurance policies, Social Security numbers, bank and credit card statements, wills, power of attorney documents, family records, etc. Keep these documents in a waterproof container.
- If you take medications that require refrigeration, have a cooler with ice packs available. Also add nonperishable food items if your medications are required to be taken with a meal.
- If you receive home health care or routine treatments administered by a clinic or hospital, ask your service provider about their emergency plans. Ask if they have back-up service providers within areas where you might be sheltered during an evacuation.
- If you receive Social Security or other regular benefits, sign up to receive electronic payments. This will protect you in case mail service is disrupted during a disaster or you must stay out of your home for several days or weeks.
 - Have your benefits deposited directly into a bank or credit union account. You can sign up for direct deposit of federal benefits by phone at (800) 333-1795 or online at <https://fiscal.treasury.gov/GoDirect/>.

- If you don't have a bank or credit union account, you can use a Direct Express® prepaid debit card. Sign up by phone at (800) 333-1795 or online at <https://www.usdirectexpress.com/index.html>.
- If you use service animals or have pets, be aware that a shelter where you are evacuated may not be able to accept animals. Before a disaster, make plans to leave your animals in the care of family or friends outside your immediate area.

Attachment 4

Special Volunteer Pharmacist Permits and CPE Credit
NABPLAW Search Results – February 2019

Contents

Florida	1
Virginia	5
Michigan.....	6
West Virginia.....	8

Florida

NABPLAW ONLINENABPLAW 02/2019/FLORIDA/FLORIDA Board of Pharmacy Regulations./FL BReg Title 64. Department of Health./FL BReg Subtitle 64b-16. Board of Pharmacy./FL BReg Chapter 64B16-26. Pharmacists Licensure./FL BReg 64B16-26.103. Continuing Education Credits; Renewal.

**FL BReg 64B16-26.103.
Continuing Education Credits; Renewal.**

(1) Prior to biennial renewal of pharmacist licensure, a licensee shall complete no less than 30 hours of approved courses of continued professional pharmaceutical education within the 24 month period prior to the expiration date of the license. The following conditions shall apply.

(a) Upon a licensee's first renewal of licensure, the licensee must document the completion of one (1) hour of board approved continuing education which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; the modes of transmission, including transmission from a healthcare worker to a patient and the patient to the healthcare worker; infection control procedures, including universal precautions; epidemiology of the disease; related infections including tuberculosis (TB); clinical management; prevention; and current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. In order to meet this requirement, licensees must demonstrate that the course includes information on the State of Florida law on HIV/AIDS and its impact on testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to Sections 381.004 and 384.25, F.S. Any HIV/AIDS continuing education course taken during the second or subsequent renewal of licensure may be applied to satisfy the general continuing education hours requirement.

(b) The initial renewal of a pharmacist license will not require completion of courses of continued professional pharmaceutical education hours if the license was issued less than 12 months prior to the expiration date of the license. If the initial renewal occurs 12 months or

more after the initial licensure, then 15 hours of continued professional pharmaceutical education hours shall be completed prior to the renewal of the license but no earlier than the date of initial licensure

(c) Prior to renewal a licensee must complete, within the 24 month period prior to the expiration date of the license, a two-hour continuing education course approved in advance by the Board on medication errors that covers the study of root-cause analysis, error reduction and prevention, and patient safety. Hours obtained pursuant to this section may be applied by the licensee to the requirements of subsection (1).

(d) Five hours of continuing education in the subject area of risk management may be obtained by attending one full day or eight (8) hours of a board meeting at which disciplinary hearings are conducted by the Board of Pharmacy in compliance with the following:

1. The licensee must sign in with the Executive Director or designee of the Board before the meeting day begins;
2. The licensee must remain in continuous attendance;
3. The licensee cannot receive continuing education credit for attendance at a board meeting if required to appear before the board; and
4. The maximum continuing education hours allowable per biennium under this paragraph shall be ten (10).

(e) A member of the Board of Pharmacy may obtain five (5) hours of continuing education in the subject area of risk management for attendance at one Board meeting at which disciplinary hearings are conducted. The maximum continuing education hours allowable per biennium under this paragraph shall be ten (10).

(f) Up to five hours per biennium of continuing education credit may be fulfilled by the performance of volunteer services to the indigent as provided in Section 456.013(9), F.S., or to underserved populations, or in areas of critical need within the state where the licensee practices. In order to receive credit, the licensee must make application to and receive approval in advance from the Board. Application shall be made on form DH-MQA 1170 (Rev. 02/09), Individual Request for Continuing Education for Volunteers, which is hereby incorporated by reference. The form can be obtained from the Board of Pharmacy, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254. One hour credit shall be given for each two hours volunteered in the 24 months prior to the expiration date of the license. In the application for approval, the licensee shall disclose the type, nature and extent of services to be rendered, the facility where the services will be rendered, the number of patients expected to be serviced, and a statement indicating that the patients to be served are indigent. If the licensee intends to provide services in underserved or critical need areas, the application shall provide a brief explanation as to those facts. A licensee who is completing community service as a condition of discipline imposed by the board cannot use such service to complete continuing education requirements.

(g) Continuing education credit shall be granted for completion of post professional degree programs provided by accredited colleges or schools of pharmacy. Credit shall be awarded at the rate of 5 hours of continuing education credit per semester hour completed within the 24 months prior to the expiration date of the license.

(h) Continuing education may consist of post-graduate studies, institutes, seminars, lectures, conferences, workshops, correspondence courses, or other educational opportunities which

advance the practice of the profession of pharmacy if approved by the Board. A course shall be approved prior to completion and will be evaluated by the Tripartite Committee using the standards found in Rule 64B16-26.601, F.A.C. Individuals must submit requests for course approval at least 45 days in advance of the program or course by completing the approved application form DOH/MQA/PH 112, (Rev. 6/12), entitled Individual Requests for Continuing Education Credit, which is incorporated by reference, and which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-01636> and the Board of Pharmacy, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254, or from the website located at <http://www.doh.state.fl.us/mqa/pharmacy>. Individuals seeking course approval must attach to the application a detailed program outline, overview or syllabus which describes the educational content, objectives and faculty qualifications.

(i) Any volunteer expert witness who is providing expert witness opinions for cases being reviewed by the Department of Health pursuant to Chapter 465, F.S., shall receive five (5) hours of credit in the area of risk management for each case reviewed in the 24 months prior to the expiration date of the license, up to a maximum of ten (10) hours per biennium.

(j) The presenter of a live seminar, a live video teleconference or through an interactive computer-based application shall receive 1 credit for each course credit hour presented, however presenter will not receive additional credit for multiple same course presentations.

(k) All programs approved by the ACPE for continuing education for pharmacists are deemed approved by the Board for general continuing education hours for pharmacists. Any course necessary to meet the continuing education requirement for HIV/AIDS, medication errors, or consultant pharmacist license renewal shall be Board approved.

(l) General continuing education earned by a non-resident pharmacist in another state that is not ACPE approved, but is approved by the board of pharmacy in the state of residence can be applied to meet the requirements of license renewal in subsection (1) above.

(m) At least ten (10) of the required 30 hours must be obtained either at a live seminar, a live video teleconference, or through an interactive computer-based application.

(2) Prior to renewal a consultant pharmacist shall complete no less than 24 hours of Board approved continuing education in the course work specified in Rule 64B16-26.302, F.A.C., within the 24 month period prior to the expiration date of the consultant license. The hours earned to satisfy this requirement cannot be used to apply toward the 30 hours required in subsection (1) above. However, if consultant recertification hours are earned and not used to meet the requirements of this paragraph, they may be applied by the licensee to the 30 hours required in subsection (1).

(a) If the initial renewal of a consultant pharmacist license occurs less than 12 months after the initial licensure, then completion of consultant courses of continuing education hours will not be required.

(b) If the initial renewal of a consultant pharmacist license occurs 12 months or more after the initial licensure, then 12 hours of consultant continuing education hours must be completed prior to the renewal date of the license but no earlier than the date of initial licensure.

(3) Prior to renewal a nuclear pharmacist shall complete no less than 24 hours of Board approved continuing education in the course work specified in Rule 64B16-26.304, F.A.C., within the 24 month period prior to the expiration date of the nuclear pharmacist license. The hours earned to satisfy this requirement cannot be used to apply toward the 30 hours required

in subsection (1) above. However, if nuclear pharmacist license renewal hours are earned and not used to meet the requirements of this paragraph, they may be applied by the licensee to the 30 hours required in subsection (1).

(a) If the initial renewal of a nuclear pharmacist license occurs less than 12 months after the initial licensure, then completion of courses of nuclear pharmacy continuing education hours will not be required.

(b) If the initial renewal of a nuclear pharmacist license occurs 12 months or more after the initial licensure, then 12 hours of nuclear pharmacy continuing education hours must be completed prior to the renewal date of the license but no earlier than the date of initial licensure.

(c) All programs approved by the ACPE for continuing education for nuclear pharmacists are deemed approved by the Board for general continuing education hours for nuclear pharmacists.

(4) Prior to renewal a registered pharmacy technician shall complete no less than twenty (20) hours of Board approved continuing education in the course work specified in Rule 64B16-26.355, F.A.C., within the 24 month period prior to the expiration date of the pharmacy technician registration.

(a) Upon a pharmacy technician's first renewal, registrant must document the completion of one (1) hour of board approved continuing education which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; the modes of transmission, including transmission from a healthcare worker to a patient and the patient to the healthcare worker; infection control procedures, including universal precautions; epidemiology of the disease; related infections including tuberculosis (TB); clinical management; prevention; and current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. In order to meet this requirement, licensees must demonstrate that the course includes information on the State of Florida law on HIV/AIDS and its impact on testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to Sections 381.004 and 384.25, F.S. Any HIV/AIDS continuing education course taken during the second or subsequent renewal of registration may be applied to satisfy the general continuing education hours requirement.

(b) If the initial renewal of a pharmacy technician registration occurs less than 12 months after the initial licensure, then completion of courses of a pharmacy technician registration education hours will not be required.

(c) If the initial renewal of a pharmacy technician registration occurs 12 months or more after the initial licensure, then 12 hours of registered pharmacy¹ technician continuing education hours must be completed prior to the renewal date of the license but no earlier than the date of initial licensure.

(d) All programs approved by the ACPE for continuing education for pharmacy technicians are deemed approved by the Board for general continuing education hours for registered pharmacy technicians. Any course necessary to meet the continuing education requirement for HIV/AIDS license renewal shall be Board approved.

(e) Prior to renewal a licensee must complete, within the 24 month period prior to the expiration date of the license, a two-hour continuing education course approved in advance by the Board on medication errors that covers the study of root-cause analysis, error reduction

and prevention, and patient safety. Hours obtained pursuant to this section may be applied by the licensee to the requirements of subsection (1).

(f) Five hours of continuing education in the subject area of risk management may be obtained by attending one full day or eight (8) hours of a board meeting at which disciplinary hearings are conducted by the Board of Pharmacy in compliance with the following:

1. The registrant must sign in with the Executive Director or designee of the Board before the meeting day begins;
2. The registrant must remain in continuous attendance;
3. The registrant cannot receive continuing education credit for attendance at a board meeting if required to appear before the board; and
4. The maximum continuing education hours allowable per biennium under this paragraph shall be ten (10).

(g) At least four (4) of the required 20 hours must be obtained either at a live seminar, a live video teleconference, or through an interactive computer-based application.

NABPLAW 12/2018

Virginia

NABPLAW ONLINENABPLAW 02/2019/VIRGINIA/VIRGINIA Pharmacy Practice Regulations./VA BReg Title 18. Professional and Occupational Licensing./VA BReg Vac Agency NO. 110. Board of Pharmacy./VA BReg Chapter 20. Regulations Governing the Practice of Pharmacy./VA BReg Part II. Licensure Requirements for Pharmacists./VA BReg 18 VAC 110-20-90. Requirements for continuing education.

**VA BReg 18 VAC 110-20-90.
Requirements for continuing education.**

A. A pharmacist shall be required to have completed a minimum of 1.5 CEUs or 15 contact hours of continuing pharmacy education in an approved program for each annual renewal of licensure. CEUs or hours in excess of the number required for renewal may not be transferred or credited to another year.

B. A pharmacy education program approved for continuing pharmacy education is:

1. One that is approved by the Accreditation Council for Pharmacy Education (ACPE);
2. One that is approved as a Category I Continuing Medical Education (CME) course, the primary focus of which is pharmacy, pharmacology, or drug therapy; or
3. One that is approved by the board in accordance with the provisions of 18 VAC 110-20-100.

C. The board may grant an extension pursuant to § 54.1-3314.1 E of the Code of Virginia. Any subsequent extension shall be granted only for good cause shown.

D. Up to two hours of the 15 hours required for annual renewal may be satisfied through delivery of pharmacy services as a pharmacist, without compensation, to low-income individuals receiving health services through a local health department or a free clinic

organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

E. Pharmacists are required to attest to compliance with CE requirements in a manner approved by the board at the time of their annual license renewal. Following each renewal period, the board may conduct an audit of the immediate past two years' CE documents to verify compliance with requirements. Pharmacists are required to maintain, for two years following renewal, the original certificates documenting successful completion of CE, showing date and title of the CE program or activity, the number of CEUs or contact hours awarded, and a certifying signature or other certification of the approved provider. Pharmacists selected for audit must provide these original documents to the board by the deadline date specified by the board in the audit notice.

NABPLAW 01/2019

[Michigan](#)

NABPLAW ONLINENABPLAW 02/2019/MICHIGAN/MICHIGAN Pharmacy Practice Act./MI PracAct Chapter 333. Health./MI PracAct Public Health Code./MI PracAct Article 15. Occupation./MI PracAct Part 161. General Provisions./MI PracAct 333.16184. Special volunteer license; eligibility; application; issuance; renewal; fees; conditions; "health profession" defined.

MI PracAct 333.16184.

Special volunteer license; eligibility; application; issuance; renewal; fees; conditions; "health profession" defined.

(1) An individual who is retired from engaging in the active practice of a health profession and who wishes to donate his or her expertise for the health care and treatment of indigent and needy individuals in this state or for the health care and treatment of individuals in medically underserved areas of this state may obtain a special volunteer license to engage in the practice of the health profession from which he or she is retired by submitting an application to the board under this section. An applicant shall submit an application for a special volunteer license on a form provided by the department and shall include each of the following:

(a) Documentation that the individual has been previously licensed to engage in the practice of a health profession in this state and that his or her license was in good standing at the time his or her license expired.

(b) Acknowledgment and documentation that the applicant will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any health care and treatment services provided under the special volunteer license.

(c) If the applicant has been out of practice for 3 or more years, documentation that, during the 3 years immediately preceding the application, he or she has attended at least 2/3 of the

continuing education courses or programs required for that health profession under this article or any rules promulgated under this article for the renewal of a license for that health profession.

(2) If the board determines that the application of the individual satisfies the requirements of subsection (1) and that the individual meets the requirements for a license under this article and rules promulgated under this article, the board shall grant a special volunteer license to the applicant. A licensee seeking renewal under this section shall provide the board with an updated acknowledgment and documentation as described in subsection (1)(b). Except as otherwise provided in this subsection, the board shall not charge a fee for the issuance or renewal of a special volunteer license under this section.

(3) Except as otherwise provided in this subsection, an individual who is granted a special volunteer license under this section and who accepts the privilege of engaging in the practice of a health profession in this state is subject to all of the provisions of this article applicable to that health profession, including those provisions concerning continuing education and disciplinary action.

(4) For purposes of this section, an individual is considered retired from engaging in the practice of a health profession if the individual's license has expired with the individual's intention of ceasing to engage, for remuneration, in the practice of the health profession.

(5) An individual who is granted a special volunteer license under this section shall only engage in activities within the scope of practice of the health profession for which he or she was licensed before his or her retirement.

(6) As used in this section and section 16185, "health profession" means a health profession for which an individual must be licensed, registered, or otherwise authorized under article 15 to practice in this state.

NABPLAW 01/2019

NABPLAW ONLINENABPLAW 02/2019/MICHIGAN/MICHIGAN Pharmacy Practice Act./MI PracAct Chapter 333. Health./MI PracAct Public Health Code./MI PracAct Article 15. Occupation./MI PracAct Part 161. General Provisions./MI PracAct 333.16185. Special volunteer license; civil liability; gross negligence.

MI PracAct 333.16185.

Special volunteer license; civil liability; gross negligence.

(1) Subject to subsection (2), an individual who provides care under a special volunteer license to engage in the practice of a health profession granted under section 16184 is not liable in a civil action for personal injury or death proximately caused by the professional negligence or malpractice of the individual in providing the care if both of the following apply:

(a) The care is provided at a health facility or agency that provides at least 75% of its care annually to medically indigent individuals.

(b) The individual does not receive and does not intend to receive compensation for providing the care.

(2) Subsection (1) does not apply if the negligent conduct or malpractice of the individual is gross negligence.

(3) As used in this section:

(a) "Gross negligence" means conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results.

(b) "Medically indigent individual" means that term as defined in section 106 of the social welfare act, 1939 PA 280, MCL 400.106.

NABPLAW 01/2019

[West Virginia](#)

NABPLAW ONLINENABPLAW 02/2019/WEST VIRGINIA/WEST VIRGINIA Pharmacy Practice Act./WV PracAct Chapter 30. Professions and Occupations./WV PracAct Article 5. Pharmacists, Pharmacy Technicians, Pharmacy Interns and Pharmacies./WV PracAct 30-5-17. Special volunteer pharmacist license; civil immunity for voluntary services rendered to indigents.

WV PracAct 30-5-17.

Special volunteer pharmacist license; civil immunity for voluntary services rendered to indigents.

(a) There is a special volunteer pharmacist license for pharmacists retired or retiring from the active practice of pharmacist care who wish to donate their expertise for the pharmacist care and treatment of indigent and needy patients in the clinical setting of clinics organized, in whole or in part, for the delivery of health care services without charge. The special volunteer pharmacist license shall be issued by the board to pharmacists licensed or otherwise eligible for licensure under this article and the legislative rules promulgated hereunder without the payment of an application fee, license fee or renewal fee, and the initial license shall be issued for the remainder of the licensing period, and renewed consistent with the boards other licensing requirements. The board shall develop application forms for the special license provided in this subsection which shall contain the pharmacist's acknowledgment that:

(1) The pharmacist's practice under the special volunteer pharmacist license shall be exclusively devoted to providing pharmacist care to needy and indigent persons in West Virginia;

(2) The pharmacist may not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, but may donate to the clinic the proceeds of any reimbursement for any pharmacist care rendered under the special volunteer pharmacist license;

(3) The pharmacist will supply any supporting documentation that the board may reasonably require; and

(4) The pharmacist agrees to continue to participate in continuing professional education as required by the board for the special volunteer pharmacist license.

(b) Any person engaged in the active practice of pharmacist care in this state whose license is in good standing may donate their expertise for the care and treatment of indigent and needy patients pursuant to an arrangement with a clinic organized, in whole or in part, for the delivery of health care services without charge to the patient. Services rendered pursuant to an arrangement may be performed in either the pharmacist's office or the clinical setting.

(c) Any pharmacist who renders any pharmacist care to indigent and needy patients of a clinic organized, in whole or in part, for the delivery of health care services without charge under a special volunteer pharmacist license authorized under subsection (a) of this section or pursuant to an arrangement with a clinic as authorized pursuant to subsection (b) of this section without payment or compensation or the expectation or promise of payment or compensation is immune from liability for any civil action arising out of any act or omission resulting from the rendering of the pharmacist care at the clinic unless the act or omission was the result of the pharmacist's gross negligence or willful misconduct. In order for the immunity under this subsection to apply, there shall be a written agreement between the pharmacist and the clinic pursuant to which the pharmacist provides voluntary uncompensated pharmacist care under the control of the clinic to patients of the clinic before the rendering of any services by the pharmacist at the clinic: Provided, That any clinic entering into such written agreement is required to maintain liability coverage of not less than \$1 million per occurrence.

(d) Notwithstanding the provisions of subsection (b) of this section, a clinic organized, in whole or in part, for the delivery of health care services without charge is not relieved from imputed liability for the negligent acts of a pharmacist rendering voluntary pharmacist care at or for the clinic under a special volunteer pharmacist license authorized under subsection (a) of this section or who renders such care and treatment pursuant to an arrangement with a clinic as authorized pursuant to subsection (b) of this section.

(e) For purposes of this section, "otherwise eligible for licensure" means the satisfaction of all the requirements for licensure as listed in section nine of this article and in the legislative rules promulgated thereunder, except the fee requirements of that section and of the legislative rules promulgated by the board relating to fees.

(f) Nothing in this section may be construed as requiring the board to issue a special volunteer pharmacist license to any pharmacist whose license is or has been subject to any disciplinary action or to any pharmacist who has surrendered a license or caused such license to lapse, expire and become invalid in lieu of having a complaint initiated or other action taken against his or her license, or who has elected to place a pharmacist license in inactive status in lieu of

having a complaint initiated or other action taken against his or her license, or who has been denied a pharmacist license.

(g) Any policy or contract of liability insurance providing coverage for liability sold, issued or delivered in this state to any pharmacist covered under the provisions of this article shall be read so as to contain a provision or endorsement whereby the company issuing such policy waives or agrees not to assert as a defense on behalf of the policyholder or any beneficiary thereof, to any claim covered by the terms of such policy within the policy limits, the immunity from liability of the insured by reason of the care and treatment of needy and indigent patients by a pharmacist who holds a special volunteer pharmacist license or who renders such care and treatment pursuant to an arrangement with a clinic as authorized pursuant to subsection (b) of this section.

NABPLAW 12/2018

Attachment)

News Media Activity

The board's public information officer provided background information in response to the following media inquiries:

- Jan. 29-30, 2019: San Jose Mercury News, Los Angeles Times, San Francisco Chronicle, CBS News, KTVU, KPIX, and Newsweek; various reporters, Walgreens case involving fake pharmacist.
- Feb. 11: California Health Report, Fran Kritz, pharmacists furnishing contraception.
- April 8: Ed Silverman, STAT Pharmalot blog, re 2017 disciplinary case against Cardinal for failing to note suspicious CS sales to pharmacy.

Attachment 6

Public Outreach Activities

Board inspectors and staff reported the following activities:

- Jan. 11, 2019: Supervising Inspector Peg Panella-Spangler discussed new pharmacy laws for 2019 to California State University pharmacists-in-charge at California State University, Sacramento.
- Feb. 23: Enforcement Chief Tom Lenox; Supervising Inspectors Janice Dang and Anne Hunt; and Inspectors Steven Kyle and Trang Song presented training on prescription drug abuse and drug diversion at Board of Pharmacy CE event at California Health Sciences University in Clovis.
- Feb. 23: Supervising Inspector Christine Acosta presented an update on compounding regulations at Western University of Health Sciences College of Pharmacy.
- April 3: Interim Executive Officer Anne Sodergren and Inspector Steven Kyle presented a 2019 pharmacy law update to the Sacramento Valley chapter of the California Pharmacists Association.
- April 6: Enforcement Chief Tom Lenox, Supervising Inspectors Janice Dang and Antony Ngondara; and Inspector Steven Kyle presented training at the board's CE program on prescription drug abuse and drug diversion at UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences.
- April 12-14: Interim Executive Officer Anne Sodergren presented a 2019 pharmacy law update and Inspector Christopher Woo staffed an information table at the CPhA Western Pharmacy Exchange in Los Angeles.
- April 24: Public Information Officer Bob Dávila presented information about the Board of Pharmacy at a Senior Scam Stopper event for consumers at the Davis Senior Center in Davis.

Attachment 7

Review and Discussion of News or Journal Articles

Recent articles about pharmacy issues that may be of interest to the committee:

[Why California pharmacies are rejecting some prescriptions for pain medications](#)

Sacramento Bee

Jan. 14, 2019

Doctors around California are complaining that the state did not send them notice of a Jan. 1 change in prescription forms and that pharmacies are rejecting prescriptions for controlled substances on forms they used just last year. The California Medical Association is working with the Medical Board of California, the **California State Board of Pharmacy** and the California Department of Justice to ensure that providers can serve their patients effectively.

[Bay Area Walgreens' fake pharmacist handled more than 700,000 prescriptions, state agency alleges](#)

San Jose Mercury News

Jan. 30, 2019

California's pharmacy board is investigating whether three Bay Area Walgreens stores allowed an employee without a pharmacist license to verify or dispense hundreds of thousands of prescriptions over several years. For more than a decade, Walgreens allowed Kim Thien Le to perform pharmacist duties for 745,355 prescriptions dispensed from a total of 395 Walgreens pharmacies, according to a **California State Board of Pharmacy** investigation.

[Pharmacists Can Now Prescribe Birth Control, But Few Do](#)

California Health Report

Feb. 15, 2018

A California law that went into effect in 2016 allows pharmacists to prescribe many forms of birth control. But three years in, only fifteen percent of pharmacies offer the option and few women know about it. "The state approved the expansion of the scope of practice for pharmacists but offered no help on expanding awareness among consumers," said Sally Rafie, a pharmacist at UC San Diego Health.

[Doctor says Legislature's prescription sends message: 'We'll fix you for complaining'](#)

Sacramento Bee

March 12, 2019

Gov. Gavin Newsom signed into law on Monday a bill meant to give doctors, pharmacists and the California Department of Justice more time to implement new security measures for prescriptions of controlled substances. However, the new law known as Assembly Bill 149 adds a new requirement: that serial numbers on the prescription pads be readable as bar codes by Jan. 2, 2021.

[Two Owners of West L.A. Pharmacy Who Made Millions Illegally Distributing Prescription Drugs Sentenced to over a Decade in Prison](#)

U.S. Department of Justice

March 14, 2019

Two brothers who owned a West Los Angeles pharmacy and were convicted of illegally selling prescription opioids and other narcotics to black market customers across the United States were sentenced late Wednesday to 121 months each in federal prison. The investigation was conducted by the Drug Enforcement Administration, IRS Criminal Investigation, the United States Postal Inspection Service, the Los Angeles Police Department, and the **California Board of Pharmacy**.

[Pharmacists could soon be able to provide PrEP to consumers without a doctor's prescription](#)

Palm Springs Desert Sun

Feb. 22, 2019

California legislators want to make it easier for people at risk of contracting HIV to access a drug that can be taken once-a-day to prevent the spread of infection. In January, State Sen. Scott Wiener, D-San Francisco, along with two co-authors in the State Assembly, Todd Gloria, D-San Diego, and David Chiu, D-San Francisco, introduced a bill that, if passed, will allow consumers to access HIV prevention medication that currently requires a doctor's prescription.