California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

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

LICENSING COMMITTEE REPORT
July 14, 2021

Debbie Veale, Licensee Member, Chairperson
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member

I. Call to Order and Establishment of Quorum

II. 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).)

III. Approval of the April 21, 2021, Licensing Committee Meeting Minutes

Attachment 1 includes the draft minutes from the April 21, 2021 meeting.

IV. Discussion and Consideration of Pharmacy Technician Duties and Possible Changes

Relevant Law
Business and Professions Code (BPC) section 4038 provides the definition of a pharmacy technician as an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties.

BPC section 4115 specifies that a pharmacy technician may perform packaging, manipulative, repetitive or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist.

Title 16 California Code of Regulations section 1793.2 identifies specific duties that may be performed by a pharmacy technician.

Background
In April 2017, the Licensing Committee convened a Pharmacy Technician Summit. Included in this Summit was an overview of the current application and renewals requirements as well as discussion about the authorized duties of pharmacy technicians in various practice

settings. Subsequent to that meeting, in July 2017, the Committee continued its discussion including possible changes to the authorized duties of a pharmacy technician. Ultimately the Committee focused on the development of a proposal to establish an advanced pharmacy technician designation.

More recently, in response to the COVID-19 pandemic, the DCA Director issued DCA Waivers DCA-20-45 Order Waiving Restrictions on Pharmacies, Pharmacists and Pharmacy Technicians Relating to Ordering, Collecting Specimens for, and Performing COVID-19 Tests and DCA-20-103 Order Waiving Restrictions of Pharmacy Technicians Relating to Administering COVID-19 Vaccines

Further, as part of its October 2020 Board Meeting, the Board approved the following policy statement in support of the DCA waiver.

> In recognition of the current COVID-19 crisis and consistent with the recommendations from health experts, including the CDC, on the importance of influenza and COVID-19 vaccinations, the Board supports all efforts to facilitate influenza and COVID-19 administration in a safe manner. Further, in recognition of the unique access patients have to community pharmacies, such locations provide a safe and convenient option to receive such vaccinations. The Board further believes that influenza and COVID-19 vaccine administration may be safely performed by a specially trained licensed pharmacy technician under specified conditions and as such supports efforts to secure such temporary authority under waivers during the declared disaster, as well as a more permanent solution through statutory or regulatory changes.

The Board has not pursued the more permanent solution through either statutory or regulatory changes.

The National Association of Boards of Pharmacy publishes a Survey of Pharmacy Law that includes summary information on various provisions of pharmacy practice. Included in the survey is summary information on authorized duties of a pharmacy technician in the community setting and hospital/institution setting. Provided below is a summary of the information published that includes the task and the number of jurisdictions that allow for the task to be performed. In many instances the task to be perform includes specified conditions, e.g., special training, certification, etc.

Hospital/institutional:

1. Accept called-in prescriptions from physician's office: 15
2. Enter prescription into pharmacy computer: All
3. Check the work of other technicians: 14
4. Call physician for refill authorization: 11
5. Compound medications for dispensing: 53
6. Transfer prescription orders: 15

Community Setting:

1. Accept called-in prescriptions from physician's office: 16
2. Enter prescription into pharmacy computer: All
3. Check the work of other technicians: 9
4. Call physician for refill authorization: 43
5. Compound medications for dispensing: 52
6. Transfer prescription orders: 17

For Committee Consideration and Discussion

During the meeting members will have the opportunity to discuss the current duties authorized to be performed by a pharmacy technician and its current policy statement.

The Committee may wish to focus in specific areas of pharmacy practice or practice settings (e.g. sterile compounding, closed door, etc.). As part of its discussion the Committee should include how any proposed changes would impact the operations of the pharmacy and benefit patient care. Further, the Committee may wish to convene another Pharmacy Technician Summit.

V. Discussion and Consideration of Pharmacist to Pharmacy Technician Ratio in Community and Sterile Compounding Settings

Relevant Law

BPC section 4115 established the general conditions under which a pharmacy may use a pharmacy technician. Unless otherwise indicated, the ratio of pharmacists to pharmacy technicians in generally 1:1 for the first pharmacist. The ratio for each additional pharmacist becomes 1:2.

Background

During its July 2017 Committee meeting and as part of its larger discussion on pharmacy technicians, the Committee considered if the current ratio was appropriate. During the discussion at that time the Committee generally agreed that an increase of the pharmacist to pharmacy technician ratio to 1:2 appeared appropriate but determined it prudent to continue its evaluation as part of the larger discussion of what tasks the pharmacist technician should be authorized to perform.

In response to the COVID-19 pandemic, the DCA Director issued DCA Waiver DCA-21-142 Order Waiving Staffing Ratio of Pharmacists to Pharmacy Technicians Relating to Administering COVID-19 Vaccines. Under the provisions of this waiver, the ratio increased to one pharmacist to two pharmacy technicians if the pharmacists was engaged exclusively in initiating and administering COVID-19 vaccines, and pharmacy technicians also were engaged exclusively in administering COVID-19 vaccines under the direct supervision and control of the pharmacist.

More recently, as part of public comment during the April 2021 Board Meeting, members received public comment requesting discussion of the current pharmacist to pharmacy technician ratio in the community pharmacy and sterile compounding settings.

A review of the 2020 Survey of Pharmacy Law published by the National Association of Boards of Pharmacy includes information on the maximum ratio of technicians to pharmacists in the ambulatory care setting and institutional care setting. Many jurisdictions appear to have ratio rules that are conditional. As examples:

- Alabama allows a 3:1 ratio if one the pharmacy technician is certified.
- Connecticut provides a ratio not to exceed 2:1 when both technicians are registered. Ratio of 3:1 permitted when there are two registered technicians and one certified technician. However, a pharmacist is permitted to refuse the 3:1 ratio for the 2:1 ratio.
- Montana provides a ratio of 3:1 and allows a licensee to ask the Board for variance based on established criteria upon Board approval.
- Nevada rules provide a technician to pharmacist ratio of 3:1; however, initial prescription data input can now only be done by a registered pharmaceutical technician or a pharmacist. A clerk may enter demographic and insurance information.
- Texas allows a ratio of 4:1 if at least one of technicians is not a pharmacy technician trainee.

Ambulatory Care Setting

- 20 jurisdictions do not currently have a ratio; however, two jurisdictions reported that its Board is proposing and or developing regulations.
- 5 jurisdictions report a ratio of 2:1
- 16 jurisdictions report a ratio of 3:1
- 8 jurisdictions report a ratio between 4:1 to 6:1

<u>For Committee Consideration and Discussion</u>

During the meeting members will have the opportunity to discuss the current ratio requirement for community pharmacies and sterile compounding pharmacies and determine what, if any, changes are appropriate.

VI. Discussion and Consideration of Board's Legislative Proposal to Establish a New Licensing Program Creating Advanced Practice Pharmacy Technician Requirements and Functions

<u>Background</u>

In response to changes in pharmacy practice and the expanded roles of pharmacists, the Committee and Board completed development of a statutory proposal to create a new licensing program for advanced pharmacy technicians. The development of the proposal

occurred over several meetings and evolved through the process. The Committee and Board focused on proposed changes that would benefit consumers, including making pharmacists more available to engage in more direct patient care activities.

As part of the January 2020 Board Meeting, members considered a recommendation from the Licensing Committee for its consideration. A brief summary of the basic tenets of the proposal are described below:

1. When initially drafted, the proposal included two separate advanced pharmacy technician licenses – Advanced Pharmacy Technician (outpatient setting) and Advance Hospital Pharmacy Technician (inpatient setting).

    Recommendation: Given the similarity in application requirements, a single license type appears appropriate.

2. As the proposals developed, the pathways to licensure expanded. There is concern that the minimum licensing requirements exceed what is necessary for minimum competence to perform the authorized duties, resulting in a barrier to licensure for this advanced license.

    Recommendation:

    - Current and active license as a pharmacy technician.
    - 3,000 hours of experience performing the duties of a licensed pharmacy technician or pharmacy intern.
    - **And** one the following:
        a. Current certification by a pharmacy technician certification program.
        b. Completion of an AA degree in pharmacy technology.
        c. Completion of a bachelor's degree.

3. The board's initial proposal included specific authorized functions for community pharmacies and separate authorized functions for inpatient pharmacies.

    Recommendation: As the practice site models have evolved, it appears appropriate to consolidate authorized functions of an advanced pharmacy technician as well as consolidate the conditions under which pharmacy may employ such an individual.

As part of its prior discussions on the proposal the Committee's discussion has also focused on the primary difference between a pharmacy technician and the proposed advanced pharmacy technician, most notably the level of autonomy. As part of the discussion at the January 2020 Board Meeting, there appeared to be general consensus among members about the proposal;

however, significant public comment was received requesting that the Board convene an additional meeting to allow for further stakeholder engagement on the proposal.

For Committee Consideration and Discussion
During the meeting members will have the opportunity to review the proposal and consider input from stakeholders. Consistent with previous discussions, it may be appropriate for members to discuss issues of liability, the proposed number of hours for licensure, proposed authorized duties and ratio.

Further, to help facilitate the discussion of the ratio, the following language is offered by the chair for the Committee's consideration:

> **Proposed 4115.7 (Conditions for Use)**
> …
> (f) No more than two (2) advanced pharmacy technicians are on duty at a time in the pharmacy, although the board may allow a pharmacy to petition for additional advanced pharmacy technicians to be on-duty, provided that it is not to allow an advanced pharmacy technician to engage in direct patient services.

Attachment 2 includes the revised statutory proposal provided during the January 2020 Board Meeting.

VII. Discussion and Consideration of Committee's Strategic Plan

Background
During its October 26-27, 2016, meeting, the Board approved its current strategic plan. Historically, the Board has conducted an annual review of its plan. The strategic plan is intended to be living document and updated to reflect changes in Board priorities that may result from changes in the marketplace, legislation, etc. Strategic plans are typically a five-year plan. It is anticipated that later this year the Board will engage in the strategic planning process, most likely during the September 2021 Board Meeting. Provided below are updates to the strategic goals of the Committee.

UPDATE - Licensing Committee Strategic Goals (Rev. July 2021)
1.1 Implement online application, license renewal, and fee payment for applicants and licensees to improve licensing conveniences.
May 2020 Status:

- The Board implemented online license renewal payment to accept credit card payment for the individual licenses beginning in 2018. The board is continuing to work with the department to establish online license renewal payment for facility licenses.
- The Board implemented the ability to complete the application for issuance of a pharmacist license online and accepting online credit card payment for the initial license fee in December 2019. This has significantly improved the issuance process for pharmacist licenses.

- Board staff has continued the Business Modernization process, including analyzing the process used to assess business processes and determine how best to meet the needs of the organization and stakeholders.

July 2021 Status

- The Board's online license renewal and collection of payments was expanded to include pharmacy renewals.
- Business Modernization efforts ceased while staff efforts were redirected to respond to the COVID-19 pandemic.

1.2 Complete a comprehensive review of at least five licensure categories and update requirements to ensure relevancy and keep licensing requirements current with professional practices.

May 2020 Status:

- Post implementation review of the Advanced Practice Pharmacist is ongoing. Amendments to Business and Professions Code section 4211 went into effect January 1, 2020, which aligned the continuing education renewal requirements during the initial renewal cycle as well as the ability for an advanced practice pharmacist to have an inactive license to align with the pharmacist requirements.
- Occupation Analysis has been completed for both the recognized pharmacy technician certification examinations and regulation changes are pending to update the training requirements.
- Review of hospital pharmacy practice was evaluated, and legislative changes secured to established satellite compounding pharmacies. The board is continuing to receive hospital satellite compounding applications for licensure.
- Post implementation review of the Automated Drug Delivery Systems (ADDS) remains ongoing. The Board approved action to pursue legislative authority to expand Business and Professions Code section 4427.3 and add a new section to include authority to license ADDS to be used in all facilities listed in Health and Safety Code section 1250 as well as other locations licensed by the State that, as a function of licensure, are authorized to offer medication services. The Board continues to work with DCA in implementing the application and license process in its applicant tracking and licensing database system. Staff continues to process the applications and license renewals manually.
- The Board voted to pursue legislative authority to amend Business and Professions Code section 4161(h) to provide an alternative pathway for licensure of a nonresident third-party logistics provider.
- The Board approved action to pursue legislative authority to align the requirements for the designative representative license types across various practice settings where appropriate.
- The Committee is developing the creation of advanced pharmacy technician proposal.

July 2021 Status

- AB 1533 (Assembly Committee on Business and Professions) includes statutory changes to implement changes stemming from program reviews, including expanding locations

for ADDS licensure, changes to Advanced Practice Pharmacist requirements for license, alignment for designated representative licensure requirements, and an alternative pathway to licensure for nonresident third party logistics providers.

- Committee continues review of Authorized Functions of a Pharmacy Technician.

1.3 Improve the application process for new licensees, including providing informational resources directed toward applicants to offer more guidance about the application process.

May 2020 Status:

- To comply with The Americans with Disability Act (ADA), the applications for licensure have been made ADA accessible and as such, the instructions have been reformatted, if necessary, to simplify the requirements in assisting applicants in understanding what makes an application complete.
- Staff will continue to monitor and identify the most common deficiency items to clarify application instructions.
- Board staff continues with the evaluating the Business Modernization process, including the process used to assess business processes and determine how best to meet the needs of the organization and stakeholders.

July 2021 Status

- Applications updated to include provisions of Assembly Bill 2113 (Chapter 186, Statutes of 2020)

1.4 Establish requirements to form a licensing process for alternate work sites and vendors in the pharmacy marketplace to advance patient safety and health.

May 2020 Status:

- The passage of AB 2037 became effective on September 21, 2018 as well as SB 1447 became effective on July 1, 2019 to operate a licensed ADDS.
- AB 690 includes the requirements for pharmacy technicians to work in a remote dispensing site pharmacy. On October 9, 2019, this bill was chaptered and approved by the Governor which amended Business and Professions Code sections 4062 and 4132. The remote dispensing site pharmacy application is available on the Board's website, which includes the requirements for the pharmacy technician to work in a remote dispensing site pharmacy.

July 2021 Status: In response to the COVID-19 pandemic, Board approved a temporary waiver to Business and Professions Code section 4071.1, expanding the provisions for remote order entry for pharmacists and pharmacy technicians. This general waiver has since expired and the Board will consider site-specific waivers going forward as the State begins the process of completely reopening consistent with the Governor's amendment of various executive orders.

1.5 Identify opportunities to expand electronic interfaces with licensees to allow for online application and renewal.

May 2020 Status:

- The Board is continuing to work on Business Modernization.
- Online renewal is available for several license renewals.
- The Board recently implemented electronic notification via email to individuals at the time the Board issues their license. This provides immediate notification to the licensee.
- The Board recently implemented emailing exam pharmacist applicant's notification of eligibility for the examinations. This provides immediate notification to the applicant allowing for timely scheduling of upcoming exam dates.

July 2021 Status:

- Board implements online transcript verification process with the National Association of Boards of Pharmacy.
- The Board's online license renewal and collection of payments is expanded to include pharmacy renewals.

1.6 Implementing New Licensing Programs

May 2020 Status: The Board implemented the following licenses within FY 2018/2019:

- Designated Representative-Reverse Distributor
- Designated Paramedic
- Clinic Co-location
- Correctional Clinics
- ADDS licensure

July 2021 Status: The Board currently does not have new licenses to implement.

1.7 Annual Benchmarking with National Practice Standard

May 2020 Status:

- As part of the Board's assessment and development of the advanced pharmacy technician proposal, the Board reviewed and considered pharmacy technician requirements at the national level, including education, authorized duties and staffing considerations.
- As additional licensing programs are evaluated (consistent with strategic goal 1.2), national benchmarking will be performed.

July 2020 Status:

- Board staff monitor actions taken by other jurisdictions in response to COVID-19 pandemic.
- Board considers actions taken by other states in response to the FDA MOU Addressing Certain Interstate Distributors of Compounded Drugs.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to review the current the goals and the status of each item and determine if any changes should be recommended to the Board.

VIII. Review and Discussion of Licensing Statistics

The quarterly licensing statistics for fiscal year 2020/2021, and three-year comparison statistics are provided in **Attachment 3.** As indicated in the attachments, the data includes licensing information through June 25, 2021.

As of June 30, 2021, the Board has received 14,244 initial applications, including:

- 1,650 intern pharmacists
- 3,952 pharmacist exam applications 2,303 new, 1649 retake)
- 173 advanced practice pharmacists
- 4,706 pharmacy technicians
- 379 community pharmacy license applications
- 90 sterile compounding pharmacy license applications (LSC, LSE, SCP, SCE)
- 138 nonresident pharmacy license applications
- 29 hospital pharmacy license applications

As of June 30, 2021, the Board has received 542 requests for temporary site license applications, including:

- 265 community pharmacy license applications
- 51 sterile compounding pharmacy license applications
- 95 nonresident pharmacy license applications
- 22 hospital pharmacy license applications

As of June 30, 2021, the Board has issued 7,777 individual licenses, including:

- 1,611 intern pharmacists
- 1,964 pharmacists
- 87 advanced practice pharmacists
- 3,707 pharmacy technicians

As of June 30, 2021, the Board has issued 489 site licenses without temporary license requests, including:

- 159 automated drug delivery systems
- 82 community pharmacies
- 0 hospital pharmacies

As of June 30, 2021, the Board has issued 427 temporary site licenses, including:

- 199 community pharmacies
- 32 hospital pharmacies

Processing Times

The general application and deficiency mail processing times by license type are provided below reflecting data current as of July 2, 2021. The data reflects the time from when an application or deficiency response is received by the Board through to the time it is

reviewed by licensing staff. The standard performance processing time is within 30 days for initial applications and is within 10 days for deficiency mail. The term "Current" means there are no items to review or staff is currently reviewing the items within 1-5 days for that specific license type.

Processing times are outside of the performance measures established by the Board. The Board's licensing unit has vacancies in various stages of recruitment as well as staff out on unexpected leave. Managers are working with staff to prioritize work. It is anticipated processing times will improve as vacancies are filled and staff return from unexpected leave.

Premises Application Types	Application Processing Times as of 4/3/2021	Application Processing Times as of 7/2/2021	Deficiency Mail Processing Times as of 4/3/2021	Deficiency Mail Processing Times as of 7/2/2021
Pharmacy	25	60	45	79
Nonresident Pharmacy	21	21	40	60
Sterile Compounding	21	64	53	87
Nonresident Sterile Compounding	28	22	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	0	0
Nonresident Outsourcing	Current	73	33	2
Hospital Satellite Compounding Pharmacy	Current	18	Current	19
Hospital	22	57	Current	15
Clinic	Current	43	Current	26
Wholesaler	15	16	8	5
Nonresident Wholesaler	29	16	12	3
Third-Party Logistics Provider	Current	15	Current	9
Nonresident Third-Party Logistics Provider	14	24	Current	Current
Automated Drug Delivery System	Current	17	Current	12
Automated Patient Dispensing System	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current

Individual Application Type	Application Processing Times as of 4/3/2021	Application Processing Times as of 7/2/2021	Deficiency Mail Processing Times as of 4/3/2021	Deficiency Mail Processing Times as of 7/2/2021
Exam Pharmacist	29	29	12	10
Pharmacist Initial Licensure	Current	Current	n/a	n/a
Advanced Practice Pharmacist	10	Current	5	Current
Intern Pharmacist	25	29	1	5
Pharmacy Technician	39	49	12	43
Designated Representative	30	36	12	Current
Designated Represenatives-3PL	17	15	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	30	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Current	Current

IX. Future Committee Meeting Dates

- October 27, 2021

X. Adjournment

Attachment 1

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Department of Consumer Affairs
DRAFT Licensing Committee Meeting Minutes

Date: April 21, 2021

Location: Teleconference Public Licensing Committee Meeting Note: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 17, 2020, neither a public location nor teleconference locations are provided.

Board Members Present:
Debbie Veale, Licensee Member, Chair
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member
Albert Wong, Licensee Member

Staff Present:
Anne Sodergren, Executive Officer
Lyle Matthews, Assistant Executive Officer
Eileen Smiley, DCA Staff Counsel
Sheila Tatayon, DCA Staff Counsel
Debi Mitchell, Senior Licensing Manager
Debbie Damoth, Administration Manager

I. Call to Order, Establishment of Quorum, and General Announcements

The meeting was called to order at approximately 9:00 a.m. As part of the opening announcements, Chairperson Veale reminded everyone that the meeting was being conducted consistent with the provisions of Governor Gavin Newsom's Executive Order N-29-20.

Provisions for providing public comment throughout the meeting were reviewed.

Roll call was taken. Members present: Seung Oh, Lavanza Butler, Jignesh Patel, Jason Weisz, Albert Wong, and Debbie Veale. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided with an opportunity to provide public comment; however, no comments were provided.

III. Approval of the January 2021 Licensing Committee Meeting Minutes

Members were provided the opportunity to provide comments on the draft minutes.

Motion: Approve the January 2021 Committee meeting minutes as provided in the meeting materials.

M/S: Oh/Butler

A member of the public requested clarification on the minutes; specifically, page 10 of the minutes should reflect pharmacists as health care provider, not medical provider. The motion was amended to include the correction

Amended Motion: Approve the January 2021, Committee meeting minutes including the identify the correction.

M/S: Oh/Butler

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support
Wong	Support

IV. Presentation by the Accreditation Council for Pharmacy Education on Academic Dishonesty Including Accreditation Standards

Chairperson Veale provided a brief overview of the Accreditation Council for Pharmacy Education (ACPE). Members received a presentation from Dr. Jan Engle, Executive Director for the ACPE, and Dr. J. Gregory Boyer, Associate Executive Director of ACPE and Director of Professional Degree Program Accreditation on academic dishonesty and accreditation standards. (A copy of the presentation slides is posted on the Board's website as "Supplemental Meeting Materials.")

The presentation reviewed the relevant accreditation standards with respect to academic dishonesty as the methodology used by ACPE to assess compliance with the standards. Background information was provided about ACPE, including that it is recognized by the US Department of Education, Council on Higher Education Accreditation, and is a founding member of Health Professions Accreditors Collaborative.

An overview of key elements to the ACPE standards was provided. The committee was provided a summary of the accreditation process. The committee heard a review of the standards that specifically relate to academic dishonesty and professionalism including required documentation. Standards reviewed included: Standard 9 – Organizational Culture that include leadership, professionalism, and behaviors; Standard 10 – Curriculum Design, Delivery and Oversight that include academic integrity; and Standard 15 – Academic Environment that included student misconduct. The committee received a summary of the compliance rate of comprehensive visits by ACPE since 2016.

Dr. Engle provided an overview of the student and faculty surveys and national results from 2020. She noted data can be skewed because many times students are not aware of the actions being taken by the faculty. She also reviewed the site team visit manual related to professionalism and academic misconduct specifically with student affairs and students.

Dr. Boyer provided a summary of complaints related to academic dishonesty/cheating spanning five years of data. ACPE receive 11 complaints related to academic dishonesty/cheating, including four anonymous complaints and four complaints from different schools in California. He noted each program was contacted regarding alleged incidents, and all complaints have been closed. He added if a cheating incident was discovered, the program implemented additional policies to prevent reoccurrence where only one was discovered as true at one program.

Dr. Boyer summarized ACPE Standards address academic dishonesty. He noted schools are required to report on their policies and ACPE evaluates

this through several mechanisms including self-study, survey data, complaints, and the site team visits.

Members were provided the opportunity to ask questions.

Chairperson Veale requested the speakers' opinion if sharing examination questions or having access to prior exam questions constituted academic dishonesty. She asked if students are clear on what constitutes academic dishonesty. Dr. Engle noted it depends on how the issue is framed and reinforced that the syllabus and policy needs to be clear especially in professional documents.

Chairperson Veale inquired the impact of the pandemic. Dr. Boyer noted faculty had to be creative to deliver quality instruction quickly and effectively. He added some programs have moved to pass/fail during this time.

Member Oh inquired how many schools are accredited by ACPE and if any instruction failed accreditation due to academic dishonesty. He also asked if any state boards have any special additional requirements for recognizing schools of pharmacy. Dr. Engle added open-book tests are being used too. Dr. Engle provided there are 143 accredited schools. Dr. Boyer advised two schools lost their accreditation due to noncompliance with other areas. He recalled some states had additional experiential requirements after graduation or for foreign graduate students.

Member Butler appreciated the update. Ms. Butler participated in a past school site visit and stated she was impressed with the advancements because of the pandemic.

Dr. Boyer thanked California for regularly sending a Board Member to on-site visits.

Members of the public were provided the opportunity to provide public comment.

A member of the public inquired how to join on-site visits. Dr. Boyer advised training is required and once training has been completed, the practitioner is added to the pool.

V. Presentation, Discussion and Consideration of California Schools of Pharmacy Policies Related to Academic Dishonesty and Code of Conduct

Chairperson Veale advised as part of our January 2021 Committee meeting, the committee received a presentation from representatives of the University of California, including its approach to academic dishonesty and best practices for creating an environment that discourages such behavior. She noted Dr. Guglielmo, Dean, UCSF, School of Pharmacy, offered to assist the committee with review of the academic misconduct policies and procedures used by the California pharmacy schools. She invited Dr. Guglielmo to share the with the committee the findings of his review and assessment of the California Schools of Pharmacy academic misconduct policies and procedures. A summary of the information reviewed was included in the meeting materials.

Dr. Guglielmo advised the committee his methodology of reaching out to all the Deans of the schools of pharmacy requesting identification of policies and procedures as related to academic dishonesty and code of conduct. If no response was received, he followed up and if needed gleaned information from the school of pharmacy's website. However, he couldn't find information for some of the schools.

Dr. Guglielmo summarized his findings noting great variability in both the length and associated detail of the academic misconduct. He noted there were both campus-based approach versus a school-based policy to academic misconduct. Dr. Guglielmo noted where school-based policies were used, the school would refer to the campus-based policies.

Dr. Guglielmo provided many included the definitions of academic misconduct and gave detailed descriptions. He noted it was extremely broad in base both in terms of scope of definition and associated examples. Each school that had policies on academic misconduct included detailed procedures on how to handle an accusation of misconduct. He noted not all schools required students to sign an academic conduct or professional policy. Many schools use the oath of the pharmacist, APHA statement, or their own academic conduct professionalism principles. He provided policy questions drafted by Executive Officer Sodergren for consideration.

Members were provided the opportunity to provide comment.

Member Oh spoke in support of developing a policy statement.

Member Butler commented the questions were a good place to start and liked the idea of having the California Pharmacy Council (CPC) involved. She stated it needs to be addressed at the school level.

Member Patel stated he agreed with Members Butler and Oh. He stated some uniformity between all schools of pharmacy is required and a policy statement should be done.

Member Weisz agreed with other members' comments.

Member Wong thanked Dr. Guglielmo for his presentation. He spoke in support of a uniform requirement that all schools of pharmacy should have a policy for this purpose.

Chairperson Veale commented the committee seemed to want to recommend to the Board the development of a policy statement to encourage the schools to have the statement and have it done annually and develop a professionalism policy if one is not currently in place. She noted members were interested in reaching out to the CPC for best practices or other appropriate action as the Deans of the schools of pharmacy in California.

Motion: Recommend to the Board to develop a policy statement and delegate to executive officer and committee chair to work with the CPC if the CPC is agreeable.

M/S: Oh/Butler

Members were provided the opportunity to provide comments; however, no comments were made.

Members of the public were provided the opportunity to comments.

Danny Martinez, CPhA, commented in support of the motion considering the findings of Dr. Guglielmo.

Ashim Malhotra, Assistant Dean, California Northstate University, College of Pharmacy, advised his school does this and applauded the committee with moving forward.

Steven Gray commented in support of the motion because of its importance and noted variability needs to be reduced. He noted the issues about the schools being required to report issues has been lost. Dr. Gray requested the Board ask for a legal opinion to determine if academic dishonesty can be reported to the Board.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support
Wong	Support

Executive Officer Sodergren provided the committee may direct staff to seek a legal opinion on the Family Educational Rights and Privacy Act (FERPA) by working with DCA Counsel or obtaining a legal opinion from the Attorney General's Office, which could take 12-18 months and may involve additional cost.

Member Oh encouraged using the Attorney General's Office for a legal opinion if changes are made. Ms. Veale noted the time and cost differential for the Attorney General's Office. She mentioned using DCA counsel prior to approaching the Attorney General's Office. Members agreed.

Chairperson Veale requested Board staff to work with DCA counsel to obtain a legal opinion on FERPA to further evaluate and agenize for a future agenda.

VI. Presentation, Discussion and Consideration of report by the Office of Professional Examination Services (OPES) Documenting Results of Audits of the NAPLEX and CPJE Examinations

Chairperson Veale advised last year the Board requested an audit of the NAPLEX and CPJE examinations and referenced the meeting materials, which included an executive summary of the audit results. Ms. Veale introduced Dr. Tracy Montez, Chief, Division of Programs and Policy Review to provide members with information on the audit result and recommendations. (A copy of the presentation slides is posted on the Board's website as "Supplemental Meeting Materials.")

Dr. Montez provided the committee with an overview and services provided by the OPES. She advised the regulations, standards and guidelines used by OPES include: Business and Professions Code (BPC) Section 139; Principles for the Validation and Use of Personnel Selection Procedures; and Standards for Educational and Psychological Testing.

Dr. Montez advised licensure examinations must provide a reliable method for identifying practitioners who are able to practice safely and competently. She noted the examinations must have a focus on entry-level tasks and knowledge important for public protection. Dr. Montez added licensure examinations must be valid, reliable, and fair without limiting access to the occupations or establishing artificial barriers.

Dr. Montez advised BPC section 139 outlines the requirements for national examination reviews including meeting psychometric and legal standards as well as representing California practitioners and content. She provided the three components of the review to include the psychometric evaluation; subject matter experts compare national occupational analysis to the California analysis; and identification of any critical entry level content that is not assessed.

Dr. Montez provided the psychometric evaluation included evaluating the occupational analysis; reviewing the procedures for developing examinations; reviewing procedures for establishing passing scores; reviewing examination scoring and passing rates; reviewing administration and security procedures; and reviewing information available to the candidates.

Dr. Montez advised the committee both the CPJE and NAPLEX were found to have a substantial amount of evidence of validity. She noted both examinations were strong and robust as occupational analysis methodology was comprehensive using subject matter experts (SME) throughout the processes. The passing score methodology used was appropriate for licensing examination. There are strong security procedures in place and a lot of information available for candidates. Dr. Montez reiterated OPES concluded CPJE and NAPLEX were strong examinations.

Dr. Montez provided national examinations test core mainstream practices, where California examinations test what is unique about the state including geology, weather, health and safety laws and California-specific practices areas. She noted it is important to review the examinations every five to seven years.

Dr. Montez reiterated both the CPJE and NAPLEX have substantial amounts of evidence of validity to support their use and the decisions made from them. She noted areas of possible improvement were included in the recommendations of the report.

Dr. Montez provided the recommendations for the NAPLEX:

- Follow psychometric guidelines applicable to survey methods when developing “competency” statements that are to be used as survey items.
- Phase out the service of faculty members and educators in the NAPLEX examination development and standard setting processes to minimize conflict of interest and improve test security.
- Provide evidence to validate the decision to continue using the current passing standard for NAPLEX forms.

Dr. Montez provided the committee with the recommendations for the CPJE:

- Continue to include large and diverse groups of practicing pharmacists as SMEs during all stages of examination validation to the extent possible given examination security.
- Rotate SMEs and regularly include new SMEs in the occupational analysis, examination development, and the standard setting process to the extent possible given examination security.
- Work with SMEs to develop knowledge statements for the CPJE content outline to further delineate the California-specific knowledge required for safe and effective performance tasks.
- Monitor different pass rates of the same candidates on the CPJE and NAPLEX over time to evaluate changes made in response to OPES’ review and other mitigating factors.

Dr. Montez provided a list of services provided to the California State Board of Pharmacy, including general consulting services, oversight of the DCA’s master contract for computer-based testing including a quality assessment program, and audit of the state and national examination programs.

Members were provided the opportunity to provide comment.

Member Butler requested clarification on the recommendations based on the results of the occupational analysis and national review. Dr. Montez confirmed the CPJE and NAPLEX fall into the OPES’ recommendation of having a national exam and California law examination.

Member Oh inquired about the number of law questions on the CPJE. Dr. Montez mentioned she participated in the crosswalk between the NAPLEX content and what was missing in terms of laws and standards with the CPJE. Dr. Montez reported the participants did an excellent job pointing to specific material and documenting the process to demonstrate how best

to measure and assess what was unique to California. She noted the SMEs were able to narrow the focus of NAPLEX content and California specific content. Chairperson Veale noted some examinations questions may look clinical but are more of an application nature.

Members of the public were provided the opportunity to provide comment.

Ashim Malhotra commented on the recommendation to limit faculty in the development of the examinations. He understood the concerns but requested opening the discussion.

Daniel Robinson commented agreeing with the last commenter. He was confused why medicine wouldn't require a state specific examination where pharmacy would require it. He inquired how this could be done without access to the confidential documents.

Dr. Montez clarified she was not recommending excluding faculty from the process but stating faculty should not be involved in examination development or setting the passing score. She supported the faculty's assistance in the occupational analysis process, which is updating the scope of practice or other stakeholder meetings. Dr. Montez noted it puts the faculty in an awkward position as it does Board Members and is best not to include them in the examination development or passing score setting. She noted the expertise of faculty is respected and used in different phases of the process. Dr. Montez clarified OPES did have access to the confidential documents to be able to complete the analysis and assessment. She noted the confidential information could not be shared in a public format.

Steven Gray inquired if the California Medical Board was a client. Further he asked under BPC section 4200.2, the California practice standards has two parts to test: the ability to communicate and items not on the NAPLEX but included on the occupational analysis. Dr. Gray asked if the communication aspect of the CPJE was validated. He noted because of the laws in California, the practice in California is distinctly different from many states that use the NAPLEX. Dr. Gray added California has had collaborative drug therapy practice for over 30 years in which pharmacists prescribe in all practice settings, drugs, controlled substances, etc. He noted the Board's bill AB 1533 will provide the ability to prescribe as an entry level ability for all pharmacists.

Michael Hogue inquired of the health and healing professions that required an examination upon licensure on the laws and regulations in

California or have separate law test versus a practice standards test. He noted Idaho has removed the state specific examination and only relies on the national examination as completion of a law course is required for graduation. He inquired if this was considered.

Dr. Montez commented there are other programs that use law exams. She noted using the law examination is based on the SMEs, committee, and Board. OPES does not look at other schools' or states' requirements but focuses on whether there is evidence to support the current use of the examinations.

The committee took a break from 11:04 a.m. to 11:20 a.m. Upon returning from break, roll call was taken with the following members present: Seung Oh, Lavanza Butler, Jignesh Patel, Jason Weisz, Albert Wong, and Debbie Veale. A quorum was established.

VII. Presentation by the National Associations of Boards of Pharmacy (NABP) on the Multistate Pharmacy Jurisprudence Examination (MPJE)

Chairperson Veale reported as part of the Sunset Oversight Review, the Board was asked to determine if it believed adoption of the MPJE is feasible or if other action would be appropriate considering the examination subversion. (A copy of the presentation slides is posted on the Board's website as "Supplemental Meeting Materials.")

Dr. Maureen Garrity, Director of Competency Assessment and Dr. Michael Peabody, Senior Psychometrician, with the NABP provided the Committee with a presentation on the MPJE. Dr. Garrity provided a summary of NABP and the MPJE. She noted the MPJE is unique for each state. Dr. Garrity provided a comparison of the CPJE and MPJE including blueprints, number examination questions, testing frequency, testing centers, and scoring frequency. She noted NABP provides annual and customized reporting to the Boards of Pharmacy.

Dr. Garrity provided the committee with an MPJE examination experience including examination format, forward navigation only, waiting periods and attempt limits. She explained the MPJE is a computerized adaptive testing with pool-based exams, limited item exposure, masked outdated or exposed items, and additional precision. Dr. Garrity reviewed the application and purchase process for the MPJE. She noted there are 33 testing sites in California of which 30 are owned by Pearson VUE and 3 are government sites for MPJE and military personnel only.

Dr. Garrity explained during the license transfer process NABP follows the direction of the Board of Pharmacy as to when the MPJE must be taken.

Dr. Garrity advised NABP follows the Standards for Educational and Psychological Testing and industry best practices when designing and developing the MPJE. She explained how examination items are written and shared by jurisdictions. She noted each jurisdiction participates in the development, practice analysis and standard setting. Dr. Garrity advised NABP covers the costs for examination development including in-house item writing workshops and state specific review workshops as well as publication and masking fees.

Dr. Garrity stated all items are copyrighted and protected by NABP and all security-related incidents are investigated by NABP security and legal teams. She provided a candidate must review and agree to the NABP security agreement three times before testing. NABP security team also reviews and monitors online chatrooms and media presence. All leads received are investigated.

Members were provided the opportunity to provide comment. Members thanked the NABP representatives for their presentation.

Member Wong inquired if a California MPJE would be specific to California. Dr. Garrity confirmed this was true.

Chairperson Veale inquired if the state specific questions are application of law or more recall examination questions. Dr. Garrity provided the questions are written, reviewed, and chosen by the Board for its jurisdiction.

Members of the public were provided the opportunity to provide comment.

Daniel Robinson inquired how many jurisdictions use the MPJE as well as how many do not use the MPJE. Dr. Garrity provided California, Arkansas, and Idaho do not use the MPJE; all other states participate in the MPJE.

VIII. Discussion and Consideration of Pharmacist Licensure Examinations as required by Business and Professions Code Section 4200

Chairperson Veale provided the committee the opportunity to discuss the examination requirements currently required in Pharmacy Law and determine what, if any, changes should be recommended to the Board. She noted the policy decision before the committee was if it is appropriate to transition from the CPJE to MPJE.

Members were provided the opportunity to provide comments. Members Butler and Veale supported OPES conducting the audit of the MPJE.

Member Oh inquired about the process of change. Ms. Veale provided an audit of the MPJE and statutory change would be required.

Motion: Recommend to the Board to approve an audit of the Multistate Pharmacy Jurisprudence Examination (MPJE) and, if appropriate, transition to MPJE from California Practice Standards and Jurisprudence Examination (CPJE).

M/S: Wong/Patel

Members of the public were provided the opportunity to make a comment.

Daniel Robinson commented MPJE has the same standards as the NAPLEX and 49 competency statements. He stated an audit wasn't necessary as the NAPLEX was audited.

Dr. Montez added pursuant to BPC section 139 the Board would be required to conduct an audit for the MPJE. She clarified that if the MPJE is determined to meet psychometric standards, it may not be appropriate for use by the Board and she agreed with exploring the use of the MPJE.

Steven Gray commented the pharmacy law courses are not given in substantial amount before graduation but rather at the beginning of the programs. He noted the law specifies which NAPLEX and CPJE based on past audits. He added moving to the MPJE would require additional audits.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support
Wong	Support

The committee took a break at 12:27 p.m. and reconvened at 1:00 p.m. A roll call was taken. Members present included Albert Wong, Jason Weisz, Jignesh Patel, Lavanza Butler, Seung Oh, and Debbie Veale. A quorum was established.

IX. Discussion and Consideration of Proposal to Expand Authority for Pharmacists to Order and Perform Tests

Chairperson Veale advised existing law establishes limited authority for pharmacists to perform routine patient assessment procedures including routine drug-therapy related patient assessment procedures. She noted meeting materials detail the existing legal provisions including the provisions in Pharmacy Law, and other provisions related to pharmacist authority that reside in other areas of the BPC sections generally under the purview of the Department of Public Health's Laboratory Field Services.

Chairperson Veale noted on August 25, 2020, the DCA Director issued an order that waived specified professional licensing requirements and amends the scopes of practice of pharmacists and pharmacy technicians to allow them to perform waived, point-of-care tests used to detect SARS-CoV-2. Along with the waiver, guidance was released to inform and educate pharmacies, pharmacists and pharmacy technician of clinical laboratory requirements that apply under the DCA Order.

Chairperson Veale stated following previous discussions, the Board approved a policy statement in support of expanded testing authority for pharmacists to include both COVID-19 and influenza testing included in the meeting materials.

Chairperson Veale recalled during prior discussions, stakeholders suggested that it may be appropriate to expand the testing authority beyond COVID-19 and influenza; however, because of the limitations in the agenda item, such discussion could not occur at that time.

Ms. Veale noted to aid in the discussion, several policy questions were provided in the meeting materials and displayed on the slide. She suggested considering each of the policy questions to aid in developing a recommendation for the Board's consideration.

Members were provided the opportunity to provide comment on the policy.

1. As COVID-19 is a respiratory illness, should pharmacist authority expand to include all CLIA waived tests for all respiratory illness?
2. As a sore throat is a common symptom of COVID-19 and strep throat, should pharmacist authority expand to include CLIA waived tests for strep throat?

Member Patel commented it would be great service to the consumers and should be expanded.

Member Butler inquired if it was pursuant to BPC section 1209. Ms. Sodergren provided this would not be circumventing any requirements under laboratory field services. Should the Board agree, conforming changes would be made to laboratory field services. Ms. Butler inquired if the administration of the laboratory director would still be included. Ms. Sodergren provided under the Board's proposal there is still a laboratory director which the pharmacist-in-charge (PIC) could serve in that capacity.

Chairperson Veale asked Ms. Sodergren to remind the committee which CLIA waived tests were allowed. Ms. Sodergren provided the Board's proposal would allow for CLIA waived COVID-19 tests as well as CLIA waived influenza tests. She noted under current law pharmacists can do different types of testing where a lot of the CLIA waived testing include hemoglobin and others. She added pharmacists recently were approved to do CLIA waived HIV testing. The proposal would expand the approved list. The underlying policy question is if it is appropriate to expand for respiratory illness as well as strep throat.

Member Oh commented in support of the need to expand and to allow for providing treatments for these conditions.

3. Not related to the pandemic, but in 2019, under the provisions of SB 159 (Weiner, Chapter 532, Statutes of 2019), pharmacists were granted the authority to perform CLIA waived HIV testing. Should pharmacist authority be expanded to include other CLIA waived tests for sexually transmitted diseases?
4. Are there other CLIA waived tests that should be included as part of pandemic preparedness?
5. Are there other CLIA waived tests that should be included to reduce the spread of disease?

Member Oh commented he supported expanding to allow for all CLIA waived tests and any test that would help with the public health.

Members Butler, Patel, and Wong commented in support of expanding all CLIA waived tests. Members Butler and Wong expressed concern for pharmacists having resources available to conduct the testing. Member Weisz indicated he would be abstaining as legislation is required.

6. Should such testing authority be limited to certain types of specimen collection, e.g., including nasal swabs, blood, while not including other specimens such a urine collection?
7. Should pharmacist's current authority to perform specimen collection under the DCA Waiver 20-45 be made permanent?

Members Wong, Patel, Butler, and Oh spoke in support of making specimen collection permanent. Members discussed storage and safety requirements would need to be developed. Member Weisz abstained.

Motion: Recommend expansion of policy and statutory authority to include all CLIA waived tests. Future steps would include making permanent the specimen collection. Delegate to the executive officer and committee chair to work with the author's office to expand proposal.

M/S: Oh/Patel

Members of the public were provided the opportunity to provide comment. The committee heard support from the public and representatives of CRA/NACDS, CSHP, CPhA, CCAP, Western University of Health Sciences, and California Northstate University.

Daniel Robinson, Dean, College of Pharmacy at Western University of Health Sciences, suggested another approach of adding pharmacists to section BPC section 1206.5 (a)(2). Counsel Smiley commented the motion before the committee would allow for discussion. Ms. Sodergren commented the discussion could be taken through a different lens given how the issue is being approached.

Paige Talley, CCAP, inquired if this would be limited to patients based on their health care coverage. Ms. Sodergren indicated while the answer was dependent on how the change was effectuated, the policy of the Board would be to allow this to be available to all; if a method of effectuation would eliminate groups, selecting that method would not be within the Board's policy.

Support: 5 Oppose: 0 Abstain: 1 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Abstain
Wong	Support

As comments were accepted after the vote on the motion, the committee was surveyed to see if their vote would be changed. No committee members indicated their vote would change. Ms. Veale noted the vote stands as recorded.

X. Discussion and Consideration of Draft Pharmacist Workforce Survey

Chairperson Veale provided the committee discussed the initial draft of the survey at the January 2021 committee meeting. She noted updates were made to the draft survey to incorporate the recommendations. Ms. Veale noted the draft survey was also reviewed by DCA staff, including a Ph.D. with expertise in survey design.

Chairperson Veale noted staff have confirmed that individuals will be limited to one response per device. She reinforced the Board's preference that pharmacists limit their response to a single submission as well. Ms. Veale noted policy questions to direct the policy discussion.

1. Does the survey adequately identify the practice site of the responder?
2. Have we identified the types of medication errors and possible contributing factors?
3. We are trying to keep it concise, but did we miss any key questions?
4. Are there any questions that you think need to be reworded?

Member Weisz left the meeting at approximately 1:45 p.m.

Members were provided the opportunity to provide comments. Members indicated they liked the draft survey. Member Oh requested to remove "if, yes, please specify" and replace with "comments."

Motion: Recommend to the Board approval of the workforce survey with the following changes:

- Add clarification on what is a medication error in the opening statement consistent with CCR section 1711;

- Question 6 to change the wording in the comment box from "If yes, please specify:" to allow for any comments;
- Question 24 to add a box for "other" to be filled in; and
- Question 29 to add a box to allow for recommendations for reducing medication errors

M/S: Butler/Oh

Lindsay Gullahorn, CRA/NACDS, commented while the Board's goal to address and mitigate medication errors is appreciated some of the questions appear broad without definitions and noted the survey will not be representative of a non-COVID-19 environment. Ms. Gullahorn noted medication error is not defined. She noted some questions seem to address employment practices rather than patient safety which is the mission of the Board.

Member Wong requested adding an open-ended question asking for recommendations on how to reduce medication errors.

Steven Gray commented the drop-down box selections cannot be seen. He also agreed with Ms. Gullahorn in that error is not clearly defined.

LoriAnn DeMartini, CSHP, commented there is a definition of medication error in statute at Health and Safety Code section 1339.63 applicable to hospitals but may be considered by the Board.

Paige Talley, CCAP, commented her understanding that there are two licenses for pharmacy – community and hospital. Community includes long-term care, all closed-door pharmacies and retail pharmacies. She asked to whom this workforce study applied. Ms. Sodergren advised the survey is for all community settings and the drop-down menus will help to drill down to help identify specific settings.

Member Wong inquired why the survey was only for community pharmacy. Ms. Veale and Ms. Sodergren advised the Sunset Review report requested the survey be done on community pharmacy.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Not Present
Wong	Support

XI. Discussion and Consideration for Approval, Changes to Proposed Board Provided Training Pursuant to Business and Professions Code Sections 4052.02(b), 4052(b)(3) Related to HIV Preexposure (PrEP) and Postexposure (PEP) Prophylaxis

Chairperson Veale referred to background information included in the meeting materials on the relevant sections of the law related to the furnishing of PrEP and PEP. She noted in September 2020, the Board approved a draft training program; however, after approval, staff was notified that the subject matter expert identified to complete the recording of the training was no longer available.

Chairperson Veale advised the committee a new expert, Dr. Betty Dong, has volunteered to assist the Board with finalizing the training. Dr. Dong's credentials and CV are included in the meeting materials.

Chairperson Veale advised for the committee's review is an updated presentation prepared by Dr. Dong. She noted there didn't appear to be any significant changes to the training program as the learning objectives and content areas remain the same. Ms. Veale noted the changes made include updated data and resources to reflect the most current information as well as some reorganization of the materials and inclusion of additional graphics. Chairperson Veale noted Board staff are recommending approval of the updated training program.

Motion: Recommend to the Board approval of the updated training program.

M/S: Patel/Oh

Members were provided the opportunity to comment. Committee members commented in favor of the training. Member Oh inquired if approval was necessary when changes were needed. Ms. Sodergren advised as the practice evolves the training will need to evolve. She noted at this point the Board has not delegated to staff to work with experts as it

is being done at the Board level. She added in the future it may be appropriate for the Board to considering delegating future review and approval.

Members of the public were provided the opportunity to comment. Jim Scott, Western University of Health Sciences, commented in in support of approval of this program.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Not Present
Wong	Support

XII. Licensing Statistics

Chairperson Veale referred to the licensing statistics in the meeting materials. She noted as of March 31, 2021, the Board received 10,166 initial applications. The Board received 389 requests for temporary site license applications. The Board issued 6,148 individual licenses, 303 temporary licenses and 372 permanent site licenses.

Chairperson Veale noted processing times for applications, with one exception, are at or below the 30-day time period. Ms. Veale thanked Ms. Sodergren and her staff. She noted there are delays in the processing of deficiency mail for several of the site licensing programs and looked forward to seeing improvement in this area during the next committee meeting.

Members were provided the opportunity to provide comments. Member Wong noted he has received comments that delays from Licensing are long and he would like to see an increase in the response time to inquiries.

Members of the public were provided the opportunity to provide comments; however, no comments were made.

XIII. Future Committee Meeting Dates

Chairperson Veale provided the next Licensing Committee meeting is currently scheduled for July 14, 2021.

Chairperson Veale requested adding to a future agenda item to discuss providing the executive officer the ability to review and approve training materials for the PrEP and PEP training. Ms. Sodergren indicated she would also add to a future agenda item to treat based on CLIA waived testing.

XIV. Adjournment

The meeting adjourned at 2:17 p.m.

Attachment 2

Proposed BPC 4038.5 (Definition)

"Advanced Pharmacy Technician" means an individual licensed by the board who is authorized to perform all the duties permitted by section 4115, and technical pharmacy tasks as authorized in Section 4115.6 under the indirect supervision of a pharmacist. For the purposes of this section, "indirect supervision" means that a pharmacist is on the premises at all times and is generally aware of all activities performed by the advanced pharmacy technician, but the advanced pharmacy technician may, if permitted by the pharmacist, perform authorized tasks without direction from the pharmacist.

Proposed 4115.6 (Specified Duties)

(a) A licensed advanced pharmacy technician may perform these technical tasks to allow the pharmacist to engage in more direct patient services:
(1) Verify the accuracy of the filling of a prescription container by confirming that the medication and quantity reflected on the label is accurately reflects the container's contents for refill drug orders.
(2) Accept new prescriptions from a prescriber's office unless the prescription requires the professional judgment of a pharmacist.
(3) Inquire about the intended purpose or indication for prescribed medication on verbal orders received from a prescriber's office.
(4) Accept refill authorizations from a prescriber's office unless the authorization requires the professional judgment of a pharmacist.
(5) Transfer a prescription to another pharmacy.
(6) Receive the transfer of a prescription from another pharmacy.
(7) Provide the technical task of administration of an immunization if appropriate training has been completed.
(8) Initiate post discharge contact with a patient or patient's agent for a patient recently discharged from a health facility.
(9) Provide medication guidance and referral services for pharmacy services post discharge from a health facility.
(10) Develop medication dosing schedules for discharge medications.
(11) Initiate post discharge contact with a patient or patient's agents.
(b) Other than as permitted by this section, an advanced pharmacy technician may not engage in direct patient services.

Proposed 4115.7 (Conditions for Use)

A pharmacy may use the services of an advanced pharmacy technician if all of the following conditions are met:
(a) The duties authorized in section 4115.6 are performed as specified in the pharmacy's policies and procedures.
(b) The pharmacist-in-charge is responsible for ongoing evaluation of the performance of personnel as authorized in subdivision (a) of section 4115.6.

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(c) A pharmacist personally provides all new prescription medications and controlled substances medications directly to the patient or patient's agent, and provides patient information consistent with the provisions of Section 4052 (a) (8).
(d) A record is created identifying the personnel responsible for the preparing and dispensing of the prescription medication.
(e) Initiate and provide post discharge follow-up for a patient recently discharged from a health care facility consistent with the provisions of Section 4052(a)(8). Such discharge follow-up must be provided by a pharmacist at the request of the patient or patient's agent unless the patient is discharged to another health care facility.

Proposed BCP 4211 (Licensing Requirement)
(a) The board may issue an advanced pharmacy technician license to an individual who meets all the following requirements:
(1) Holds a pharmacy technician license issued pursuant to this chapter that has been active and in good standing for at least 1 year immediately preceding filing an application.
(2) Has obtained 2,050 hours of experience performing the duties of a licensed pharmacy technician or pharmacist intern in a pharmacy within the three (3) years immediately preceding filing an application.
(3) Satisfies at least one of the following requirements:
(A) Possesses a certification issued by a pharmacy technician certifying program as defined in Section 4202(a)(4).
(B) Has obtained a minimum of an associate degree in pharmacy technology.
(C) Has obtained a bachelor's degree.
(b) A license issued pursuant to this section, if not renewed, shall expire two years after issuance.

Proposed BPC 4234 (CE/Renewal Requirement)
As a condition of renewal, an advanced pharmacy technician shall complete 20 hours of continuing education each renewal cycle, including a minimum of two hours of education in medication error prevention and two hours of board sponsored law and ethics education.

Amendment to BPC 4400 (Fee)
…
(z) ~~This section shall become operative on July 1, 2017.~~ <u>The fee for the advanced pharmacy technician application</u> ~~and examination~~ <u>shall be $260 dollars and may be increased to $285. The fee for initial licensure and biennial renewal of as an advanced pharmacy technician shall be $140 and may be increased to $195.</u>

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Attachment 3

CALIFORNIA STATE BOARD OF PHARMACY
QUARTERLY LICENSING STATISTICS FISCAL YEAR 2020/2021

APPLICATIONS RECEIVED
*Number provided through June 25, 2021.

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	92	90	122	123	427
Designated Representatives Vet (EXV)	0	1	1	3	5
Designated Representatives-3PL (DRL)	27	29	25	25	106
Designated Representatives-Reverse Distributor (DRR)	1	1	0	1	3
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	1,237	111	130	172	1,650
Pharmacist Exam Applications	299	152	164	1,688	2,303
Pharmacist Retake Exam Applications	585	489	362	213	1,649
Pharmacist Initial License Application (RPH)	935	555	228	235	1,953
Advanced Practice Pharmacist (APH)	60	44	47	22	173
Pharmacy Technician (TCH)	1,182	1,036	1,208	1,280	4,706
Total	**4,418**	**2,508**	**2,287**	**3,762**	**12,975**

Site Applications*	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	50	60	54	48	212
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	0	0	0	1
Clinics (CLN)	26	40	13	25	104
Clinics Government Owned (CLE)	19	13	5	14	51
Drug Room (DRM)	0	0	1	3	4
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	6	9	1	8	24
Hospitals Government Owned (HPE)	1	0	0	0	1
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	1	1	2
Hypodermic Needle and Syringes (HYP)	4	5	3	1	13
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	4	3	2	10
Pharmacy (PHY)	84	109	76	85	354
Pharmacy (PHY) Chain	5	8	8	4	25
Pharmacy Government Owned (PHE)	4	2	3	0	9
Remote Dispensing Pharmacy (PHR)	2	0	1	0	3
Pharmacy Nonresident (NRP)	30	33	31	44	138
Sterile Compounding (LSC)	23	37	15	10	85
Sterile Compounding Government Owned (LSE)	1	1	1	0	3
Sterile Compounding Nonresident (NSC)	5	2	3	2	12
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	4	2	0	5	11
Third-Party Logistics Providers Nonresident (NPL)	8	8	3	17	36
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	20	9	11	15	55
Wholesalers Government Owned (WLE)	0	6	0	1	7
Wholesalers Nonresident (OSD)	30	26	22	31	109
Total	**324**	**374**	**255**	**316**	**1,269**
*Number of applications received includes the number of temporary applications received.					
Applications Received with Temporary License Requests	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Drug Room -Temp (DRM)	0	2	1	3	6
Hospitals - Temp (HSP)	6	10	0	6	22
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	1	1
Pharmacy - Temp (PHY)	58	77	63	67	265
Remote Dispensing Pharmacy - Temp (PHR)	1	0	0	0	1
Pharmacy Nonresident - Temp (NRP)	18	21	24	32	95
Sterile Compounding - Temp (LSC)	17	21	7	6	51
Sterile Compounding Nonresident - Temp (NSC)	1	1	5	1	8
Third-Party Logistics Providers - Temp (TPL)	3	0	0	3	6
Third-Party Logistics Providers Nonresident - Temp (NPL)	7	6	2	11	26
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	6	6	7	8	27
Wholesalers Nonresident - Temp (OSD)	13	1	5	15	34
Total	**130**	**145**	**114**	**153**	**542**

LICENSES ISSUED

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	57	63	94	0	214
Designated Representatives Vet (EXV)	2	0	0	0	2
Designated Representatives-3PL (DRL)	18	19	29	0	66
Designated Representatives-Reverse Distributor (DRR)	0	1	0	0	1
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	935	389	104	0	1,428
Pharmacist (RPH)	936	557	239	0	1,732
Advanced Practice Pharmacist (APH)	34	41	9	0	84
Pharmacy Technician (TCH)	711	762	1,148	0	2,621
Total	**2,693**	**1,832**	**1,623**	**0**	**6,148**

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	28	54	33	44	159
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	1	1
Clinics (CLN)	18	7	29	12	66
Clinics Government Owned (CLE)	18	13	3	10	44
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	0	0	0	1
Hypodermic Needle and Syringes (HYP)	1	0	0	2	3
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	27	15	20	16	78
Pharmacy Government Owned (PHE)	1	1	2	0	4
Remote Dispensing Pharmacy (PHR)	2	0	0	0	1
Pharmacy Nonresident (NRP)	4	0	11	2	17
Sterile Compounding (LSC)	10	7	6	9	32
Sterile Compounding Government Owned (LSE)	1	0	3	0	4
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	1	2	0	3
Third-Party Logistics Providers Nonresident (NPL)	1	2	6	1	10
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	5	5	4	8	22
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	15	4	11	12	42
Total	**133**	**109**	**130**	**117**	**488**

Site Temporary Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	1	0	2	3
Hospitals - Temp (HSP)	4	6	11	8	29
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	1	0	0	0	1
Outsourcing Facility Nonresident - Temp (NSF)	1	0	2	0	3
Pharmacy - Temp (PHY)	49	49	46	55	199
Remote Dispensing Pharmacy - Temp (PHR)	2	0	0	0	2
Pharmacy Nonresident - Temp (NRP)	17	9	16	28	70
Sterile Compounding - Temp (LSC)	11	5	19	13	48
Sterile Compounding Nonresident - Temp (NSC)	1	0	0	4	5
Third-Party Logistics Providers - Temp (TPL)	0	2	0	1	3
Third-Party Logistics Providers Nonresident - Temp (NPL)	1	7	0	3	11
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	4	8	7	6	25
Wholesalers Nonresident - Temp (OSD)	11	4	9	4	28
Total	**102**	**91**	**110**	**124**	**427**

PENDING APPLICATIONS (Data reflects number of pending applications at the end of the quarter)

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	178	206	223	246
Designated Representatives Vet (EXV)	2	3	4	7
Designated Representatives-3PL (DRL)	42	54	50	48
Designated Representatives-Reverse Distributor (DRR)	2	2	2	0
Designated Paramedic (DPM)	0	0	0	0
Intern Pharmacist (INT)	410	125	130	120
Pharmacist (exam not eligible)	1,343	1,351	1,263	1,472
Pharmacist (exam eligible)	1,456	941	898	2,010
Advanced Practice Pharmacist (APH)	85	85	117	138
Pharmacy Technician (TCH)	1,499	1,472	1,475	1,693
Total	**5,017**	**4,239**	**4,162**	**5,734**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD)	163	179	192	193
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	1
Centralized Hospital Packaging (CHP)	5	5	4	3
Clinics (CLN)	95	116	98	108
Clinics Government Owned (CLE)	29	29	30	21
Drug Room (DRM)	1	1	2	4
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	19	16	13	11
Hospitals Government Owned (HPE)	3	2	2	2
Hospital Satellite Sterile Compounding (SCP)	2	2	2	2
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	1	2
Hypodermic Needle and Syringes (HYP)	5	10	13	12
Correctional Pharmacy (LCF)	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0
Outsourcing Facility Nonresident (NSF)	5	9	7	9
Pharmacy (PHY)	150	190	196	215
Pharmacy Government Owned (PHE)	4	5	5	6
Remote Dispensing Pharmacy (PHR)	3	3	4	4
Pharmacy Nonresident (NRP)	132	155	155	163
Sterile Compounding (LSC)	84	106	93	76
Sterile Compounding - Government Owned (LSE)	10	11	10	10
Sterile Compounding Nonresident (NSC)	11	12	17	14
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	4	3	1	4
Third-Party Logistics Providers Nonresident (NPL)	46	46	41	56
Veterinary Food-Animal Drug Retailer (VET)	1	1	1	0
Wholesalers (WLS)	46	50	48	45
Wholesalers Government Owned (WLE)	1	1	1	1
Wholesalers Nonresident (OSD)	91	109	103	118
Total	**911**	**1,062**	**1,040**	**1,080**

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	0	1	1	3
Hospitals - Temp (HSP)	4	15	19	17
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Outsourcing Facility - Temp (OSF)	1	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	3	3	4	2
Pharmacy - Temp (PHY)	99	91	99	94
Remote Dispensing Pharmacy - Temp (PHR)	2	2	1	0
Pharmacy Nonresident - Temp (NRP)	36	25	28	41
Sterile Compounding - Temp (LSC)	11	13	31	29
Sterile Compounding Nonresident - Temp (NSC)	2	1	0	4
Third-Party Logistics Providers - Temp (TPL)	1	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	0	1	3	5
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesalers - Temp (WLS)	4	9	9	10
Wholesalers Nonresident - Temp (OSD)	9	9	8	7
Total	**172**	**170**	**203**	**213**

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	233	4	4	3	244
Designated Representatives Vet (EXV)	1	0	0	0	1
Designated Representatives-3PL (DRL)	70	0	0	0	70
Designated Representatives-Reverse Distributor (DRR)	1	0	0	1	2
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	3	5	1	1	10
Pharmacist (exam applications)	239	430	1	5	675
Advanced Practice Pharmacist (APH)	9	4	0	0	13
Pharmacy Technician (TCH)	7	5	2	3	17
Total	**563**	**448**	**8**	**13**	**1,032**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	3	2	3	13	21
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	1	0	1
Clinics (CLN)	1	8	0	1	10
Clinics Government Owned (CLE)	0	0	0	11	11
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	1	1
Hospitals Government Ownerd (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	0	0	0	1
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	9	7	5	3	24
Pharmacy Government Owned (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	1	2	2	5
Sterile Compounding (LSC)	1	1	2	4	8
Sterile Compounding - Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	0	1	1	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	1	1
Third-Party Logistics Providers Nonresident (NPL)	3	0	2	0	5
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	1	1
Wholesalers (WLS)	1	0	2	3	6
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	1	1	4	1	7
Total	**22**	**20**	**22**	**42**	**106**

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	0	0	0	0	0
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	0	1	1	2
Pharmacist (exam application)	1	1	2	0	4
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	1	2	3	2	8
Total	**2**	**3**	**6**	**3**	**14**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	0	0	0	0	0
Clinics Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	1	2
Pharmacy (PHY)	2	4	4	1	11
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	3	1	0	0	4
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	1	1	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	0	0	0	0
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	**7**	**6**	**4**	**2**	**19**

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

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

LICENSING COMMITTEE REPORT
July 14, 2021

Debbie Veale, Licensee Member, Chairperson
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member

I. Call to Order and Establishment of Quorum

II. 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).)

III. Approval of the April 21, 2021, Licensing Committee Meeting Minutes

Attachment 1 includes the draft minutes from the April 21, 2021 meeting.

IV. Discussion and Consideration of Pharmacy Technician Duties and Possible Changes

Relevant Law
Business and Professions Code (BPC) section 4038 provides the definition of a pharmacy technician as an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties.

BPC section 4115 specifies that a pharmacy technician may perform packaging, manipulative, repetitive or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist.

Title 16 California Code of Regulations section 1793.2 identifies specific duties that may be performed by a pharmacy technician.

Background
In April 2017, the Licensing Committee convened a Pharmacy Technician Summit. Included in this Summit was an overview of the current application and renewals requirements as well as discussion about the authorized duties of pharmacy technicians in various practice

settings. Subsequent to that meeting, in July 2017, the Committee continued its discussion including possible changes to the authorized duties of a pharmacy technician. Ultimately the Committee focused on the development of a proposal to establish an advanced pharmacy technician designation.

More recently, in response to the COVID-19 pandemic, the DCA Director issued DCA Waivers DCA-20-45 Order Waiving Restrictions on Pharmacies, Pharmacists and Pharmacy Technicians Relating to Ordering, Collecting Specimens for, and Performing COVID-19 Tests and DCA-20-103 Order Waiving Restrictions of Pharmacy Technicians Relating to Administering COVID-19 Vaccines

Further, as part of its October 2020 Board Meeting, the Board approved the following policy statement in support of the DCA waiver.

> In recognition of the current COVID-19 crisis and consistent with the recommendations from health experts, including the CDC, on the importance of influenza and COVID-19 vaccinations, the Board supports all efforts to facilitate influenza and COVID-19 administration in a safe manner. Further, in recognition of the unique access patients have to community pharmacies, such locations provide a safe and convenient option to receive such vaccinations. The Board further believes that influenza and COVID-19 vaccine administration may be safely performed by a specially trained licensed pharmacy technician under specified conditions and as such supports efforts to secure such temporary authority under waivers during the declared disaster, as well as a more permanent solution through statutory or regulatory changes.

The Board has not pursued the more permanent solution through either statutory or regulatory changes.

The National Association of Boards of Pharmacy publishes a Survey of Pharmacy Law that includes summary information on various provisions of pharmacy practice. Included in the survey is summary information on authorized duties of a pharmacy technician in the community setting and hospital/institution setting. Provided below is a summary of the information published that includes the task and the number of jurisdictions that allow for the task to be performed. In many instances the task to be perform includes specified conditions, e.g., special training, certification, etc.

Hospital/institutional:

1. Accept called-in prescriptions from physician's office: 15
2. Enter prescription into pharmacy computer: All
3. Check the work of other technicians: 14
4. Call physician for refill authorization: 11
5. Compound medications for dispensing: 53
6. Transfer prescription orders: 15

Community Setting:

1. Accept called-in prescriptions from physician's office: 16
2. Enter prescription into pharmacy computer: All
3. Check the work of other technicians: 9
4. Call physician for refill authorization: 43
5. Compound medications for dispensing: 52
6. Transfer prescription orders: 17

For Committee Consideration and Discussion

During the meeting members will have the opportunity to discuss the current duties authorized to be performed by a pharmacy technician and its current policy statement.

The Committee may wish to focus in specific areas of pharmacy practice or practice settings (e.g. sterile compounding, closed door, etc.). As part of its discussion the Committee should include how any proposed changes would impact the operations of the pharmacy and benefit patient care. Further, the Committee may wish to convene another Pharmacy Technician Summit.

V. Discussion and Consideration of Pharmacist to Pharmacy Technician Ratio in Community and Sterile Compounding Settings

Relevant Law

BPC section 4115 established the general conditions under which a pharmacy may use a pharmacy technician. Unless otherwise indicated, the ratio of pharmacists to pharmacy technicians in generally 1:1 for the first pharmacist. The ratio for each additional pharmacist becomes 1:2.

Background

During its July 2017 Committee meeting and as part of its larger discussion on pharmacy technicians, the Committee considered if the current ratio was appropriate. During the discussion at that time the Committee generally agreed that an increase of the pharmacist to pharmacy technician ratio to 1:2 appeared appropriate but determined it prudent to continue its evaluation as part of the larger discussion of what tasks the pharmacist technician should be authorized to perform.

In response to the COVID-19 pandemic, the DCA Director issued DCA Waiver DCA-21-142 Order Waiving Staffing Ratio of Pharmacists to Pharmacy Technicians Relating to Administering COVID-19 Vaccines. Under the provisions of this waiver, the ratio increased to one pharmacist to two pharmacy technicians if the pharmacists was engaged exclusively in initiating and administering COVID-19 vaccines, and pharmacy technicians also were engaged exclusively in administering COVID-19 vaccines under the direct supervision and control of the pharmacist.

More recently, as part of public comment during the April 2021 Board Meeting, members received public comment requesting discussion of the current pharmacist to pharmacy technician ratio in the community pharmacy and sterile compounding settings.

A review of the 2020 Survey of Pharmacy Law published by the National Association of Boards of Pharmacy includes information on the maximum ratio of technicians to pharmacists in the ambulatory care setting and institutional care setting. Many jurisdictions appear to have ratio rules that are conditional. As examples:

- Alabama allows a 3:1 ratio if one the pharmacy technician is certified.
- Connecticut provides a ratio not to exceed 2:1 when both technicians are registered. Ratio of 3:1 permitted when there are two registered technicians and one certified technician. However, a pharmacist is permitted to refuse the 3:1 ratio for the 2:1 ratio.
- Montana provides a ratio of 3:1 and allows a licensee to ask the Board for variance based on established criteria upon Board approval.
- Nevada rules provide a technician to pharmacist ratio of 3:1; however, initial prescription data input can now only be done by a registered pharmaceutical technician or a pharmacist. A clerk may enter demographic and insurance information.
- Texas allows a ratio of 4:1 if at least one of technicians is not a pharmacy technician trainee.

Ambulatory Care Setting

- 20 jurisdictions do not currently have a ratio; however, two jurisdictions reported that its Board is proposing and or developing regulations.
- 5 jurisdictions report a ratio of 2:1
- 16 jurisdictions report a ratio of 3:1
- 8 jurisdictions report a ratio between 4:1 to 6:1

<u>For Committee Consideration and Discussion</u>

During the meeting members will have the opportunity to discuss the current ratio requirement for community pharmacies and sterile compounding pharmacies and determine what, if any, changes are appropriate.

VI. Discussion and Consideration of Board's Legislative Proposal to Establish a New Licensing Program Creating Advanced Practice Pharmacy Technician Requirements and Functions

<u>Background</u>

In response to changes in pharmacy practice and the expanded roles of pharmacists, the Committee and Board completed development of a statutory proposal to create a new licensing program for advanced pharmacy technicians. The development of the proposal

occurred over several meetings and evolved through the process. The Committee and Board focused on proposed changes that would benefit consumers, including making pharmacists more available to engage in more direct patient care activities.

As part of the January 2020 Board Meeting, members considered a recommendation from the Licensing Committee for its consideration. A brief summary of the basic tenets of the proposal are described below:

1. When initially drafted, the proposal included two separate advanced pharmacy technician licenses – Advanced Pharmacy Technician (outpatient setting) and Advance Hospital Pharmacy Technician (inpatient setting).

   Recommendation: Given the similarity in application requirements, a single license type appears appropriate.

2. As the proposals developed, the pathways to licensure expanded. There is concern that the minimum licensing requirements exceed what is necessary for minimum competence to perform the authorized duties, resulting in a barrier to licensure for this advanced license.

   Recommendation:

   - Current and active license as a pharmacy technician.
   - 3,000 hours of experience performing the duties of a licensed pharmacy technician or pharmacy intern.
   - **And** one the following:
     a. Current certification by a pharmacy technician certification program.
     b. Completion of an AA degree in pharmacy technology.
     c. Completion of a bachelor's degree.

3. The board's initial proposal included specific authorized functions for community pharmacies and separate authorized functions for inpatient pharmacies.

   Recommendation: As the practice site models have evolved, it appears appropriate to consolidate authorized functions of an advanced pharmacy technician as well as consolidate the conditions under which pharmacy may employ such an individual.

As part of its prior discussions on the proposal the Committee's discussion has also focused on the primary difference between a pharmacy technician and the proposed advanced pharmacy technician, most notably the level of autonomy. As part of the discussion at the January 2020 Board Meeting, there appeared to be general consensus among members about the proposal;

however, significant public comment was received requesting that the Board convene an additional meeting to allow for further stakeholder engagement on the proposal.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to review the proposal and consider input from stakeholders. Consistent with previous discussions, it may be appropriate for members to discuss issues of liability, the proposed number of hours for licensure, proposed authorized duties and ratio.

Further, to help facilitate the discussion of the ratio, the following language is offered by the chair for the Committee's consideration:

> **Proposed 4115.7 (Conditions for Use)**
>
> …
>
> (f) No more than two (2) advanced pharmacy technicians are on duty at a time in the pharmacy, although the board may allow a pharmacy to petition for additional advanced pharmacy technicians to be on-duty, provided that it is not to allow an advanced pharmacy technician to engage in direct patient services.

Attachment 2 includes the revised statutory proposal provided during the January 2020 Board Meeting.

VII. Discussion and Consideration of Committee's Strategic Plan

Background

During its October 26-27, 2016, meeting, the Board approved its current strategic plan. Historically, the Board has conducted an annual review of its plan. The strategic plan is intended to be living document and updated to reflect changes in Board priorities that may result from changes in the marketplace, legislation, etc. Strategic plans are typically a five-year plan. It is anticipated that later this year the Board will engage in the strategic planning process, most likely during the September 2021 Board Meeting. Provided below are updates to the strategic goals of the Committee.

UPDATE - Licensing Committee Strategic Goals (Rev. July 2021)

1.1 Implement online application, license renewal, and fee payment for applicants and licensees to improve licensing conveniences.

May 2020 Status:

- The Board implemented online license renewal payment to accept credit card payment for the individual licenses beginning in 2018. The board is continuing to work with the department to establish online license renewal payment for facility licenses.
- The Board implemented the ability to complete the application for issuance of a pharmacist license online and accepting online credit card payment for the initial license fee in December 2019. This has significantly improved the issuance process for pharmacist licenses.

- Board staff has continued the Business Modernization process, including analyzing the process used to assess business processes and determine how best to meet the needs of the organization and stakeholders.

July 2021 Status

- The Board's online license renewal and collection of payments was expanded to include pharmacy renewals.
- Business Modernization efforts ceased while staff efforts were redirected to respond to the COVID-19 pandemic.

1.2 Complete a comprehensive review of at least five licensure categories and update requirements to ensure relevancy and keep licensing requirements current with professional practices.

May 2020 Status:

- Post implementation review of the Advanced Practice Pharmacist is ongoing. Amendments to Business and Professions Code section 4211 went into effect January 1, 2020, which aligned the continuing education renewal requirements during the initial renewal cycle as well as the ability for an advanced practice pharmacist to have an inactive license to align with the pharmacist requirements.
- Occupation Analysis has been completed for both the recognized pharmacy technician certification examinations and regulation changes are pending to update the training requirements.
- Review of hospital pharmacy practice was evaluated, and legislative changes secured to established satellite compounding pharmacies. The board is continuing to receive hospital satellite compounding applications for licensure.
- Post implementation review of the Automated Drug Delivery Systems (ADDS) remains ongoing. The Board approved action to pursue legislative authority to expand Business and Professions Code section 4427.3 and add a new section to include authority to license ADDS to be used in all facilities listed in Health and Safety Code section 1250 as well as other locations licensed by the State that, as a function of licensure, are authorized to offer medication services. The Board continues to work with DCA in implementing the application and license process in its applicant tracking and licensing database system. Staff continues to process the applications and license renewals manually.
- The Board voted to pursue legislative authority to amend Business and Professions Code section 4161(h) to provide an alternative pathway for licensure of a nonresident third-party logistics provider.
- The Board approved action to pursue legislative authority to align the requirements for the designative representative license types across various practice settings where appropriate.
- The Committee is developing the creation of advanced pharmacy technician proposal.

July 2021 Status

- AB 1533 (Assembly Committee on Business and Professions) includes statutory changes to implement changes stemming from program reviews, including expanding locations

for ADDS licensure, changes to Advanced Practice Pharmacist requirements for license, alignment for designated representative licensure requirements, and an alternative pathway to licensure for nonresident third party logistics providers.

- Committee continues review of Authorized Functions of a Pharmacy Technician.

1.3 Improve the application process for new licensees, including providing informational resources directed toward applicants to offer more guidance about the application process.

May 2020 Status:

- To comply with The Americans with Disability Act (ADA), the applications for licensure have been made ADA accessible and as such, the instructions have been reformatted, if necessary, to simplify the requirements in assisting applicants in understanding what makes an application complete.
- Staff will continue to monitor and identify the most common deficiency items to clarify application instructions.
- Board staff continues with the evaluating the Business Modernization process, including the process used to assess business processes and determine how best to meet the needs of the organization and stakeholders.

July 2021 Status

- Applications updated to include provisions of Assembly Bill 2113 (Chapter 186, Statutes of 2020)

1.4 Establish requirements to form a licensing process for alternate work sites and vendors in the pharmacy marketplace to advance patient safety and health.

May 2020 Status:

- The passage of AB 2037 became effective on September 21, 2018 as well as SB 1447 became effective on July 1, 2019 to operate a licensed ADDS.
- AB 690 includes the requirements for pharmacy technicians to work in a remote dispensing site pharmacy. On October 9, 2019, this bill was chaptered and approved by the Governor which amended Business and Professions Code sections 4062 and 4132. The remote dispensing site pharmacy application is available on the Board's website, which includes the requirements for the pharmacy technician to work in a remote dispensing site pharmacy.

July 2021 Status: In response to the COVID-19 pandemic, Board approved a temporary waiver to Business and Professions Code section 4071.1, expanding the provisions for remote order entry for pharmacists and pharmacy technicians. This general waiver has since expired and the Board will consider site-specific waivers going forward as the State begins the process of completely reopening consistent with the Governor's amendment of various executive orders.

1.5 Identify opportunities to expand electronic interfaces with licensees to allow for online application and renewal.

May 2020 Status:

- The Board is continuing to work on Business Modernization.
- Online renewal is available for several license renewals.
- The Board recently implemented electronic notification via email to individuals at the time the Board issues their license. This provides immediate notification to the licensee.
- The Board recently implemented emailing exam pharmacist applicant's notification of eligibility for the examinations. This provides immediate notification to the applicant allowing for timely scheduling of upcoming exam dates.

July 2021 Status:

- Board implements online transcript verification process with the National Association of Boards of Pharmacy.
- The Board's online license renewal and collection of payments is expanded to include pharmacy renewals.

1.6 Implementing New Licensing Programs

May 2020 Status: The Board implemented the following licenses within FY 2018/2019:

- Designated Representative-Reverse Distributor
- Designated Paramedic
- Clinic Co-location
- Correctional Clinics
- ADDS licensure

July 2021 Status: The Board currently does not have new licenses to implement.

1.7 Annual Benchmarking with National Practice Standard

May 2020 Status:

- As part of the Board's assessment and development of the advanced pharmacy technician proposal, the Board reviewed and considered pharmacy technician requirements at the national level, including education, authorized duties and staffing considerations.
- As additional licensing programs are evaluated (consistent with strategic goal 1.2), national benchmarking will be performed.

July 2020 Status:

- Board staff monitor actions taken by other jurisdictions in response to COVID-19 pandemic.
- Board considers actions taken by other states in response to the FDA MOU Addressing Certain Interstate Distributors of Compounded Drugs.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to review the current the goals and the status of each item and determine if any changes should be recommended to the Board.

VIII. Review and Discussion of Licensing Statistics

The quarterly licensing statistics for fiscal year 2020/2021, and three-year comparison statistics are provided in **Attachment 3.** As indicated in the attachments, the data includes licensing information through June 25, 2021.

As of June 30, 2021, the Board has received 14,244 initial applications, including:

- 1,650 intern pharmacists
- 3,952 pharmacist exam applications 2,303 new, 1649 retake)
- 173 advanced practice pharmacists
- 4,706 pharmacy technicians
- 379 community pharmacy license applications
- 90 sterile compounding pharmacy license applications (LSC, LSE, SCP, SCE)
- 138 nonresident pharmacy license applications
- 29 hospital pharmacy license applications

As of June 30, 2021, the Board has received 542 requests for temporary site license applications, including:

- 265 community pharmacy license applications
- 51 sterile compounding pharmacy license applications
- 95 nonresident pharmacy license applications
- 22 hospital pharmacy license applications

As of June 30, 2021, the Board has issued 7,777 individual licenses, including:

- 1,611 intern pharmacists
- 1,964 pharmacists
- 87 advanced practice pharmacists
- 3,707 pharmacy technicians

As of June 30, 2021, the Board has issued 489 site licenses without temporary license requests, including:

- 159 automated drug delivery systems
- 82 community pharmacies
- 0 hospital pharmacies

As of June 30, 2021, the Board has issued 427 temporary site licenses, including:

- 199 community pharmacies
- 32 hospital pharmacies

Processing Times

The general application and deficiency mail processing times by license type are provided below reflecting data current as of July 2, 2021. The data reflects the time from when an application or deficiency response is received by the Board through to the time it is

reviewed by licensing staff. The standard performance processing time is within 30 days for initial applications and is within 10 days for deficiency mail. The term "Current" means there are no items to review or staff is currently reviewing the items within 1-5 days for that specific license type.

Processing times are outside of the performance measures established by the Board. The Board's licensing unit has vacancies in various stages of recruitment as well as staff out on unexpected leave. Managers are working with staff to prioritize work. It is anticipated processing times will improve as vacancies are filled and staff return from unexpected leave.

Premises Application Types	Application Processing Times as of 4/3/2021	Application Processing Times as of 7/2/2021	Deficiency Mail Processing Times as of 4/3/2021	Deficiency Mail Processing Times as of 7/2/2021
Pharmacy	25	60	45	79
Nonresident Pharmacy	21	21	40	60
Sterile Compounding	21	64	53	87
Nonresident Sterile Compounding	28	22	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	0	0
Nonresident Outsourcing	Current	73	33	2
Hospital Satellite Compounding Pharmacy	Current	18	Current	19
Hospital	22	57	Current	15
Clinic	Current	43	Current	26
Wholesaler	15	16	8	5
Nonresident Wholesaler	29	16	12	3
Third-Party Logistics Provider	Current	15	Current	9
Nonresident Third-Party Logistics Provider	14	24	Current	Current
Automated Drug Delivery System	Current	17	Current	12
Automated Patient Dispensing System	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current

Individual Application Type	Application Processing Times as of 4/3/2021	Application Processing Times as of 7/2/2021	Deficiency Mail Processing Times as of 4/3/2021	Deficiency Mail Processing Times as of 7/2/2021
Exam Pharmacist	29	29	12	10
Pharmacist Initial Licensure	Current	Current	n/a	n/a
Advanced Practice Pharmacist	10	Current	5	Current
Intern Pharmacist	25	29	1	5
Pharmacy Technician	39	49	12	43
Designated Representative	30	36	12	Current
Designated Represenatives-3PL	17	15	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	30	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Current	Current

IX. Future Committee Meeting Dates

- October 27, 2021

X. Adjournment

Attachment 1

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

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

California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Licensing Committee Meeting Minutes

Date: April 21, 2021

Location: Teleconference Public Licensing Committee Meeting Note: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 17, 2020, neither a public location nor teleconference locations are provided.

Board Members Present:
Debbie Veale, Licensee Member, Chair
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member
Albert Wong, Licensee Member

Staff Present:
Anne Sodergren, Executive Officer
Lyle Matthews, Assistant Executive Officer
Eileen Smiley, DCA Staff Counsel
Sheila Tatayon, DCA Staff Counsel
Debi Mitchell, Senior Licensing Manager
Debbie Damoth, Administration Manager

I. Call to Order, Establishment of Quorum, and General Announcements

The meeting was called to order at approximately 9:00 a.m. As part of the opening announcements, Chairperson Veale reminded everyone that the meeting was being conducted consistent with the provisions of Governor Gavin Newsom's Executive Order N-29-20.

Provisions for providing public comment throughout the meeting were reviewed.

Roll call was taken. Members present: Seung Oh, Lavanza Butler, Jignesh Patel, Jason Weisz, Albert Wong, and Debbie Veale. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided with an opportunity to provide public comment; however, no comments were provided.

III. Approval of the January 2021 Licensing Committee Meeting Minutes

Members were provided the opportunity to provide comments on the draft minutes.

Motion: Approve the January 2021 Committee meeting minutes as provided in the meeting materials.

M/S: Oh/Butler

A member of the public requested clarification on the minutes; specifically, page 10 of the minutes should reflect pharmacists as health care provider, not medical provider. The motion was amended to include the correction

Amended Motion: Approve the January 2021, Committee meeting minutes including the identify the correction.

M/S: Oh/Butler

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support
Wong	Support

IV. Presentation by the Accreditation Council for Pharmacy Education on Academic Dishonesty Including Accreditation Standards

Chairperson Veale provided a brief overview of the Accreditation Council for Pharmacy Education (ACPE). Members received a presentation from Dr. Jan Engle, Executive Director for the ACPE, and Dr. J. Gregory Boyer, Associate Executive Director of ACPE and Director of Professional Degree Program Accreditation on academic dishonesty and accreditation standards. (A copy of the presentation slides is posted on the Board's website as "Supplemental Meeting Materials.")

The presentation reviewed the relevant accreditation standards with respect to academic dishonesty as the methodology used by ACPE to assess compliance with the standards. Background information was provided about ACPE, including that it is recognized by the US Department of Education, Council on Higher Education Accreditation, and is a founding member of Health Professions Accreditors Collaborative.

An overview of key elements to the ACPE standards was provided. The committee was provided a summary of the accreditation process. The committee heard a review of the standards that specifically relate to academic dishonesty and professionalism including required documentation. Standards reviewed included: Standard 9 – Organizational Culture that include leadership, professionalism, and behaviors; Standard 10 – Curriculum Design, Delivery and Oversight that include academic integrity; and Standard 15 – Academic Environment that included student misconduct. The committee received a summary of the compliance rate of comprehensive visits by ACPE since 2016.

Dr. Engle provided an overview of the student and faculty surveys and national results from 2020. She noted data can be skewed because many times students are not aware of the actions being taken by the faculty. She also reviewed the site team visit manual related to professionalism and academic misconduct specifically with student affairs and students.

Dr. Boyer provided a summary of complaints related to academic dishonesty/cheating spanning five years of data. ACPE receive 11 complaints related to academic dishonesty/cheating, including four anonymous complaints and four complaints from different schools in California. He noted each program was contacted regarding alleged incidents, and all complaints have been closed. He added if a cheating incident was discovered, the program implemented additional policies to prevent reoccurrence where only one was discovered as true at one program.

Dr. Boyer summarized ACPE Standards address academic dishonesty. He noted schools are required to report on their policies and ACPE evaluates

this through several mechanisms including self-study, survey data, complaints, and the site team visits.

Members were provided the opportunity to ask questions.

Chairperson Veale requested the speakers' opinion if sharing examination questions or having access to prior exam questions constituted academic dishonesty. She asked if students are clear on what constitutes academic dishonesty. Dr. Engle noted it depends on how the issue is framed and reinforced that the syllabus and policy needs to be clear especially in professional documents.

Chairperson Veale inquired the impact of the pandemic. Dr. Boyer noted faculty had to be creative to deliver quality instruction quickly and effectively. He added some programs have moved to pass/fail during this time.

Member Oh inquired how many schools are accredited by ACPE and if any instruction failed accreditation due to academic dishonesty. He also asked if any state boards have any special additional requirements for recognizing schools of pharmacy. Dr. Engle added open-book tests are being used too. Dr. Engle provided there are 143 accredited schools. Dr. Boyer advised two schools lost their accreditation due to noncompliance with other areas. He recalled some states had additional experiential requirements after graduation or for foreign graduate students.

Member Butler appreciated the update. Ms. Butler participated in a past school site visit and stated she was impressed with the advancements because of the pandemic.

Dr. Boyer thanked California for regularly sending a Board Member to on-site visits.

Members of the public were provided the opportunity to provide public comment.

A member of the public inquired how to join on-site visits. Dr. Boyer advised training is required and once training has been completed, the practitioner is added to the pool.

V. Presentation, Discussion and Consideration of California Schools of Pharmacy Policies Related to Academic Dishonesty and Code of Conduct

Chairperson Veale advised as part of our January 2021 Committee meeting, the committee received a presentation from representatives of the University of California, including its approach to academic dishonesty and best practices for creating an environment that discourages such behavior. She noted Dr. Guglielmo, Dean, UCSF, School of Pharmacy, offered to assist the committee with review of the academic misconduct policies and procedures used by the California pharmacy schools. She invited Dr. Guglielmo to share the with the committee the findings of his review and assessment of the California Schools of Pharmacy academic misconduct policies and procedures. A summary of the information reviewed was included in the meeting materials.

Dr. Guglielmo advised the committee his methodology of reaching out to all the Deans of the schools of pharmacy requesting identification of policies and procedures as related to academic dishonesty and code of conduct. If no response was received, he followed up and if needed gleaned information from the school of pharmacy's website. However, he couldn't find information for some of the schools.

Dr. Guglielmo summarized his findings noting great variability in both the length and associated detail of the academic misconduct. He noted there were both campus-based approach versus a school-based policy to academic misconduct. Dr. Guglielmo noted where school-based policies were used, the school would refer to the campus-based policies.

Dr. Guglielmo provided many included the definitions of academic misconduct and gave detailed descriptions. He noted it was extremely broad in base both in terms of scope of definition and associated examples. Each school that had policies on academic misconduct included detailed procedures on how to handle an accusation of misconduct. He noted not all schools required students to sign an academic conduct or professional policy. Many schools use the oath of the pharmacist, APHA statement, or their own academic conduct professionalism principles. He provided policy questions drafted by Executive Officer Sodergren for consideration.

Members were provided the opportunity to provide comment.

Member Oh spoke in support of developing a policy statement.

Member Butler commented the questions were a good place to start and liked the idea of having the California Pharmacy Council (CPC) involved. She stated it needs to be addressed at the school level.

Member Patel stated he agreed with Members Butler and Oh. He stated some uniformity between all schools of pharmacy is required and a policy statement should be done.

Member Weisz agreed with other members' comments.

Member Wong thanked Dr. Guglielmo for his presentation. He spoke in support of a uniform requirement that all schools of pharmacy should have a policy for this purpose.

Chairperson Veale commented the committee seemed to want to recommend to the Board the development of a policy statement to encourage the schools to have the statement and have it done annually and develop a professionalism policy if one is not currently in place. She noted members were interested in reaching out to the CPC for best practices or other appropriate action as the Deans of the schools of pharmacy in California.

Motion: Recommend to the Board to develop a policy statement and delegate to executive officer and committee chair to work with the CPC if the CPC is agreeable.

M/S: Oh/Butler

Members were provided the opportunity to provide comments; however, no comments were made.

Members of the public were provided the opportunity to comments.

Danny Martinez, CPhA, commented in support of the motion considering the findings of Dr. Guglielmo.

Ashim Malhotra, Assistant Dean, California Northstate University, College of Pharmacy, advised his school does this and applauded the committee with moving forward.

Steven Gray commented in support of the motion because of its importance and noted variability needs to be reduced. He noted the issues about the schools being required to report issues has been lost. Dr. Gray requested the Board ask for a legal opinion to determine if academic dishonesty can be reported to the Board.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support
Wong	Support

Executive Officer Sodergren provided the committee may direct staff to seek a legal opinion on the Family Educational Rights and Privacy Act (FERPA) by working with DCA Counsel or obtaining a legal opinion from the Attorney General's Office, which could take 12-18 months and may involve additional cost.

Member Oh encouraged using the Attorney General's Office for a legal opinion if changes are made. Ms. Veale noted the time and cost differential for the Attorney General's Office. She mentioned using DCA counsel prior to approaching the Attorney General's Office. Members agreed.

Chairperson Veale requested Board staff to work with DCA counsel to obtain a legal opinion on FERPA to further evaluate and agenize for a future agenda.

VI. Presentation, Discussion and Consideration of report by the Office of Professional Examination Services (OPES) Documenting Results of Audits of the NAPLEX and CPJE Examinations

Chairperson Veale advised last year the Board requested an audit of the NAPLEX and CPJE examinations and referenced the meeting materials, which included an executive summary of the audit results. Ms. Veale introduced Dr. Tracy Montez, Chief, Division of Programs and Policy Review to provide members with information on the audit result and recommendations. (A copy of the presentation slides is posted on the Board's website as "Supplemental Meeting Materials.")

Dr. Montez provided the committee with an overview and services provided by the OPES. She advised the regulations, standards and guidelines used by OPES include: Business and Professions Code (BPC) Section 139; Principles for the Validation and Use of Personnel Selection Procedures; and Standards for Educational and Psychological Testing.

Dr. Montez advised licensure examinations must provide a reliable method for identifying practitioners who are able to practice safely and competently. She noted the examinations must have a focus on entry-level tasks and knowledge important for public protection. Dr. Montez added licensure examinations must be valid, reliable, and fair without limiting access to the occupations or establishing artificial barriers.

Dr. Montez advised BPC section 139 outlines the requirements for national examination reviews including meeting psychometric and legal standards as well as representing California practitioners and content. She provided the three components of the review to include the psychometric evaluation; subject matter experts compare national occupational analysis to the California analysis; and identification of any critical entry level content that is not assessed.

Dr. Montez provided the psychometric evaluation included evaluating the occupational analysis; reviewing the procedures for developing examinations; reviewing procedures for establishing passing scores; reviewing examination scoring and passing rates; reviewing administration and security procedures; and reviewing information available to the candidates.

Dr. Montez advised the committee both the CPJE and NAPLEX were found to have a substantial amount of evidence of validity. She noted both examinations were strong and robust as occupational analysis methodology was comprehensive using subject matter experts (SME) throughout the processes. The passing score methodology used was appropriate for licensing examination. There are strong security procedures in place and a lot of information available for candidates. Dr. Montez reiterated OPES concluded CPJE and NAPLEX were strong examinations.

Dr. Montez provided national examinations test core mainstream practices, where California examinations test what is unique about the state including geology, weather, health and safety laws and California-specific practices areas. She noted it is important to review the examinations every five to seven years.

Dr. Montez reiterated both the CPJE and NAPLEX have substantial amounts of evidence of validity to support their use and the decisions made from them. She noted areas of possible improvement were included in the recommendations of the report.

Dr. Montez provided the recommendations for the NAPLEX:

- Follow psychometric guidelines applicable to survey methods when developing "competency" statements that are to be used as survey items.
- Phase out the service of faculty members and educators in the NAPLEX examination development and standard setting processes to minimize conflict of interest and improve test security.
- Provide evidence to validate the decision to continue using the current passing standard for NAPLEX forms.

Dr. Montez provided the committee with the recommendations for the CPJE:

- Continue to include large and diverse groups of practicing pharmacists as SMEs during all stages of examination validation to the extent possible given examination security.
- Rotate SMEs and regularly include new SMEs in the occupational analysis, examination development, and the standard setting process to the extent possible given examination security.
- Work with SMEs to develop knowledge statements for the CPJE content outline to further delineate the California-specific knowledge required for safe and effective performance tasks.
- Monitor different pass rates of the same candidates on the CPJE and NAPLEX over time to evaluate changes made in response to OPES' review and other mitigating factors.

Dr. Montez provided a list of services provided to the California State Board of Pharmacy, including general consulting services, oversight of the DCA's master contract for computer-based testing including a quality assessment program, and audit of the state and national examination programs.

Members were provided the opportunity to provide comment.

Member Butler requested clarification on the recommendations based on the results of the occupational analysis and national review. Dr. Montez confirmed the CPJE and NAPLEX fall into the OPES' recommendation of having a national exam and California law examination.

Member Oh inquired about the number of law questions on the CPJE. Dr. Montez mentioned she participated in the crosswalk between the NAPLEX content and what was missing in terms of laws and standards with the CPJE. Dr. Montez reported the participants did an excellent job pointing to specific material and documenting the process to demonstrate how best

to measure and assess what was unique to California. She noted the SMEs were able to narrow the focus of NAPLEX content and California specific content. Chairperson Veale noted some examinations questions may look clinical but are more of an application nature.

Members of the public were provided the opportunity to provide comment.

Ashim Malhotra commented on the recommendation to limit faculty in the development of the examinations. He understood the concerns but requested opening the discussion.

Daniel Robinson commented agreeing with the last commenter. He was confused why medicine wouldn't require a state specific examination where pharmacy would require it. He inquired how this could be done without access to the confidential documents.

Dr. Montez clarified she was not recommending excluding faculty from the process but stating faculty should not be involved in examination development or setting the passing score. She supported the faculty's assistance in the occupational analysis process, which is updating the scope of practice or other stakeholder meetings. Dr. Montez noted it puts the faculty in an awkward position as it does Board Members and is best not to include them in the examination development or passing score setting. She noted the expertise of faculty is respected and used in different phases of the process. Dr. Montez clarified OPES did have access to the confidential documents to be able to complete the analysis and assessment. She noted the confidential information could not be shared in a public format.

Steven Gray inquired if the California Medical Board was a client. Further he asked under BPC section 4200.2, the California practice standards has two parts to test: the ability to communicate and items not on the NAPLEX but included on the occupational analysis. Dr. Gray asked if the communication aspect of the CPJE was validated. He noted because of the laws in California, the practice in California is distinctly different from many states that use the NAPLEX. Dr. Gray added California has had collaborative drug therapy practice for over 30 years in which pharmacists prescribe in all practice settings, drugs, controlled substances, etc. He noted the Board's bill AB 1533 will provide the ability to prescribe as an entry level ability for all pharmacists.

Michael Hogue inquired of the health and healing professions that required an examination upon licensure on the laws and regulations in

California or have separate law test versus a practice standards test. He noted Idaho has removed the state specific examination and only relies on the national examination as completion of a law course is required for graduation. He inquired if this was considered.

Dr. Montez commented there are other programs that use law exams. She noted using the law examination is based on the SMEs, committee, and Board. OPES does not look at other schools' or states' requirements but focuses on whether there is evidence to support the current use of the examinations.

The committee took a break from 11:04 a.m. to 11:20 a.m. Upon returning from break, roll call was taken with the following members present: Seung Oh, Lavanza Butler, Jignesh Patel, Jason Weisz, Albert Wong, and Debbie Veale. A quorum was established.

VII. Presentation by the National Associations of Boards of Pharmacy (NABP) on the Multistate Pharmacy Jurisprudence Examination (MPJE)

Chairperson Veale reported as part of the Sunset Oversight Review, the Board was asked to determine if it believed adoption of the MPJE is feasible or if other action would be appropriate considering the examination subversion. (A copy of the presentation slides is posted on the Board's website as "Supplemental Meeting Materials.")

Dr. Maureen Garrity, Director of Competency Assessment and Dr. Michael Peabody, Senior Psychometrician, with the NABP provided the Committee with a presentation on the MPJE. Dr. Garrity provided a summary of NABP and the MPJE. She noted the MPJE is unique for each state. Dr. Garrity provided a comparison of the CPJE and MPJE including blueprints, number examination questions, testing frequency, testing centers, and scoring frequency. She noted NABP provides annual and customized reporting to the Boards of Pharmacy.

Dr. Garrity provided the committee with an MPJE examination experience including examination format, forward navigation only, waiting periods and attempt limits. She explained the MPJE is a computerized adaptive testing with pool-based exams, limited item exposure, masked outdated or exposed items, and additional precision. Dr. Garrity reviewed the application and purchase process for the MPJE. She noted there are 33 testing sites in California of which 30 are owned by Pearson VUE and 3 are government sites for MPJE and military personnel only.

Dr. Garrity explained during the license transfer process NABP follows the direction of the Board of Pharmacy as to when the MPJE must be taken.

Dr. Garrity advised NABP follows the Standards for Educational and Psychological Testing and industry best practices when designing and developing the MPJE. She explained how examination items are written and shared by jurisdictions. She noted each jurisdiction participates in the development, practice analysis and standard setting. Dr. Garrity advised NABP covers the costs for examination development including in-house item writing workshops and state specific review workshops as well as publication and masking fees.

Dr. Garrity stated all items are copyrighted and protected by NABP and all security-related incidents are investigated by NABP security and legal teams. She provided a candidate must review and agree to the NABP security agreement three times before testing. NABP security team also reviews and monitors online chatrooms and media presence. All leads received are investigated.

Members were provided the opportunity to provide comment. Members thanked the NABP representatives for their presentation.

Member Wong inquired if a California MPJE would be specific to California. Dr. Garrity confirmed this was true.

Chairperson Veale inquired if the state specific questions are application of law or more recall examination questions. Dr. Garrity provided the questions are written, reviewed, and chosen by the Board for its jurisdiction.

Members of the public were provided the opportunity to provide comment.

Daniel Robinson inquired how many jurisdictions use the MPJE as well as how many do not use the MPJE. Dr. Garrity provided California, Arkansas, and Idaho do not use the MPJE; all other states participate in the MPJE.

VIII. Discussion and Consideration of Pharmacist Licensure Examinations as required by Business and Professions Code Section 4200

Chairperson Veale provided the committee the opportunity to discuss the examination requirements currently required in Pharmacy Law and determine what, if any, changes should be recommended to the Board. She noted the policy decision before the committee was if it is appropriate to transition from the CPJE to MPJE.

Members were provided the opportunity to provide comments. Members Butler and Veale supported OPES conducting the audit of the MPJE.

Member Oh inquired about the process of change. Ms. Veale provided an audit of the MPJE and statutory change would be required.

Motion: Recommend to the Board to approve an audit of the Multistate Pharmacy Jurisprudence Examination (MPJE) and, if appropriate, transition to MPJE from California Practice Standards and Jurisprudence Examination (CPJE).

M/S: Wong/Patel

Members of the public were provided the opportunity to make a comment.

Daniel Robinson commented MPJE has the same standards as the NAPLEX and 49 competency statements. He stated an audit wasn't necessary as the NAPLEX was audited.

Dr. Montez added pursuant to BPC section 139 the Board would be required to conduct an audit for the MPJE. She clarified that if the MPJE is determined to meet psychometric standards, it may not be appropriate for use by the Board and she agreed with exploring the use of the MPJE.

Steven Gray commented the pharmacy law courses are not given in substantial amount before graduation but rather at the beginning of the programs. He noted the law specifies which NAPLEX and CPJE based on past audits. He added moving to the MPJE would require additional audits.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support
Wong	Support

The committee took a break at 12:27 p.m. and reconvened at 1:00 p.m. A roll call was taken. Members present included Albert Wong, Jason Weisz, Jignesh Patel, Lavanza Butler, Seung Oh, and Debbie Veale. A quorum was established.

IX. Discussion and Consideration of Proposal to Expand Authority for Pharmacists to Order and Perform Tests

Chairperson Veale advised existing law establishes limited authority for pharmacists to perform routine patient assessment procedures including routine drug-therapy related patient assessment procedures. She noted meeting materials detail the existing legal provisions including the provisions in Pharmacy Law, and other provisions related to pharmacist authority that reside in other areas of the BPC sections generally under the purview of the Department of Public Health's Laboratory Field Services.

Chairperson Veale noted on August 25, 2020, the DCA Director issued an order that waived specified professional licensing requirements and amends the scopes of practice of pharmacists and pharmacy technicians to allow them to perform waived, point-of-care tests used to detect SARS-CoV-2. Along with the waiver, guidance was released to inform and educate pharmacies, pharmacists and pharmacy technician of clinical laboratory requirements that apply under the DCA Order.

Chairperson Veale stated following previous discussions, the Board approved a policy statement in support of expanded testing authority for pharmacists to include both COVID-19 and influenza testing included in the meeting materials.

Chairperson Veale recalled during prior discussions, stakeholders suggested that it may be appropriate to expand the testing authority beyond COVID-19 and influenza; however, because of the limitations in the agenda item, such discussion could not occur at that time.

Ms. Veale noted to aid in the discussion, several policy questions were provided in the meeting materials and displayed on the slide. She suggested considering each of the policy questions to aid in developing a recommendation for the Board's consideration.

Members were provided the opportunity to provide comment on the policy.

1. As COVID-19 is a respiratory illness, should pharmacist authority expand to include all CLIA waived tests for all respiratory illness?
2. As a sore throat is a common symptom of COVID-19 and strep throat, should pharmacist authority expand to include CLIA waived tests for strep throat?

Member Patel commented it would be great service to the consumers and should be expanded.

Member Butler inquired if it was pursuant to BPC section 1209. Ms. Sodergren provided this would not be circumventing any requirements under laboratory field services. Should the Board agree, conforming changes would be made to laboratory field services. Ms. Butler inquired if the administration of the laboratory director would still be included. Ms. Sodergren provided under the Board's proposal there is still a laboratory director which the pharmacist-in-charge (PIC) could serve in that capacity.

Chairperson Veale asked Ms. Sodergren to remind the committee which CLIA waived tests were allowed. Ms. Sodergren provided the Board's proposal would allow for CLIA waived COVID-19 tests as well as CLIA waived influenza tests. She noted under current law pharmacists can do different types of testing where a lot of the CLIA waived testing include hemoglobin and others. She added pharmacists recently were approved to do CLIA waived HIV testing. The proposal would expand the approved list. The underlying policy question is if it is appropriate to expand for respiratory illness as well as strep throat.

Member Oh commented in support of the need to expand and to allow for providing treatments for these conditions.

3. Not related to the pandemic, but in 2019, under the provisions of SB 159 (Weiner, Chapter 532, Statutes of 2019), pharmacists were granted the authority to perform CLIA waived HIV testing. Should pharmacist authority be expanded to include other CLIA waived tests for sexually transmitted diseases?
4. Are there other CLIA waived tests that should be included as part of pandemic preparedness?
5. Are there other CLIA waived tests that should be included to reduce the spread of disease?

Member Oh commented he supported expanding to allow for all CLIA waived tests and any test that would help with the public health.

Members Butler, Patel, and Wong commented in support of expanding all CLIA waived tests. Members Butler and Wong expressed concern for pharmacists having resources available to conduct the testing. Member Weisz indicated he would be abstaining as legislation is required.

6. Should such testing authority be limited to certain types of specimen collection, e.g., including nasal swabs, blood, while not including other specimens such a urine collection?
7. Should pharmacist's current authority to perform specimen collection under the DCA Waiver 20-45 be made permanent?

Members Wong, Patel, Butler, and Oh spoke in support of making specimen collection permanent. Members discussed storage and safety requirements would need to be developed. Member Weisz abstained.

Motion: Recommend expansion of policy and statutory authority to include all CLIA waived tests. Future steps would include making permanent the specimen collection. Delegate to the executive officer and committee chair to work with the author's office to expand proposal.

M/S: Oh/Patel

Members of the public were provided the opportunity to provide comment. The committee heard support from the public and representatives of CRA/NACDS, CSHP, CPhA, CCAP, Western University of Health Sciences, and California Northstate University.

Daniel Robinson, Dean, College of Pharmacy at Western University of Health Sciences, suggested another approach of adding pharmacists to section BPC section 1206.5 (a)(2). Counsel Smiley commented the motion before the committee would allow for discussion. Ms. Sodergren commented the discussion could be taken through a different lens given how the issue is being approached.

Paige Talley, CCAP, inquired if this would be limited to patients based on their health care coverage. Ms. Sodergren indicated while the answer was dependent on how the change was effectuated, the policy of the Board would be to allow this to be available to all; if a method of effectuation would eliminate groups, selecting that method would not be within the Board's policy.

Support: 5 Oppose: 0 Abstain: 1 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Abstain
Wong	Support

As comments were accepted after the vote on the motion, the committee was surveyed to see if their vote would be changed. No committee members indicated their vote would change. Ms. Veale noted the vote stands as recorded.

X. Discussion and Consideration of Draft Pharmacist Workforce Survey

Chairperson Veale provided the committee discussed the initial draft of the survey at the January 2021 committee meeting. She noted updates were made to the draft survey to incorporate the recommendations. Ms. Veale noted the draft survey was also reviewed by DCA staff, including a Ph.D. with expertise in survey design.

Chairperson Veale noted staff have confirmed that individuals will be limited to one response per device. She reinforced the Board's preference that pharmacists limit their response to a single submission as well. Ms. Veale noted policy questions to direct the policy discussion.

1. Does the survey adequately identify the practice site of the responder?
2. Have we identified the types of medication errors and possible contributing factors?
3. We are trying to keep it concise, but did we miss any key questions?
4. Are there any questions that you think need to be reworded?

Member Weisz left the meeting at approximately 1:45 p.m.

Members were provided the opportunity to provide comments. Members indicated they liked the draft survey. Member Oh requested to remove "if, yes, please specify" and replace with "comments."

Motion: Recommend to the Board approval of the workforce survey with the following changes:

- Add clarification on what is a medication error in the opening statement consistent with CCR section 1711;

- Question 6 to change the wording in the comment box from "If yes, please specify:" to allow for any comments;
- Question 24 to add a box for "other" to be filled in; and
- Question 29 to add a box to allow for recommendations for reducing medication errors

M/S: Butler/Oh

Lindsay Gullahorn, CRA/NACDS, commented while the Board's goal to address and mitigate medication errors is appreciated some of the questions appear broad without definitions and noted the survey will not be representative of a non-COVID-19 environment. Ms. Gullahorn noted medication error is not defined. She noted some questions seem to address employment practices rather than patient safety which is the mission of the Board.

Member Wong requested adding an open-ended question asking for recommendations on how to reduce medication errors.

Steven Gray commented the drop-down box selections cannot be seen. He also agreed with Ms. Gullahorn in that error is not clearly defined.

LoriAnn DeMartini, CSHP, commented there is a definition of medication error in statute at Health and Safety Code section 1339.63 applicable to hospitals but may be considered by the Board.

Paige Talley, CCAP, commented her understanding that there are two licenses for pharmacy – community and hospital. Community includes long-term care, all closed-door pharmacies and retail pharmacies. She asked to whom this workforce study applied. Ms. Sodergren advised the survey is for all community settings and the drop-down menus will help to drill down to help identify specific settings.

Member Wong inquired why the survey was only for community pharmacy. Ms. Veale and Ms. Sodergren advised the Sunset Review report requested the survey be done on community pharmacy.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Not Present
Wong	Support

XI. Discussion and Consideration for Approval, Changes to Proposed Board Provided Training Pursuant to Business and Professions Code Sections 4052.02(b), 4052(b)(3) Related to HIV Preexposure (PrEP) and Postexposure (PEP) Prophylaxis

Chairperson Veale referred to background information included in the meeting materials on the relevant sections of the law related to the furnishing of PrEP and PEP. She noted in September 2020, the Board approved a draft training program; however, after approval, staff was notified that the subject matter expert identified to complete the recording of the training was no longer available.

Chairperson Veale advised the committee a new expert, Dr. Betty Dong, has volunteered to assist the Board with finalizing the training. Dr. Dong's credentials and CV are included in the meeting materials.

Chairperson Veale advised for the committee's review is an updated presentation prepared by Dr. Dong. She noted there didn't appear to be any significant changes to the training program as the learning objectives and content areas remain the same. Ms. Veale noted the changes made include updated data and resources to reflect the most current information as well as some reorganization of the materials and inclusion of additional graphics. Chairperson Veale noted Board staff are recommending approval of the updated training program.

Motion: Recommend to the Board approval of the updated training program.

M/S: Patel/Oh

Members were provided the opportunity to comment. Committee members commented in favor of the training. Member Oh inquired if approval was necessary when changes were needed. Ms. Sodergren advised as the practice evolves the training will need to evolve. She noted at this point the Board has not delegated to staff to work with experts as it

is being done at the Board level. She added in the future it may be appropriate for the Board to considering delegating future review and approval.

Members of the public were provided the opportunity to comment. Jim Scott, Western University of Health Sciences, commented in in support of approval of this program.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Not Present
Wong	Support

XII. Licensing Statistics

Chairperson Veale referred to the licensing statistics in the meeting materials. She noted as of March 31, 2021, the Board received 10,166 initial applications. The Board received 389 requests for temporary site license applications. The Board issued 6,148 individual licenses, 303 temporary licenses and 372 permanent site licenses.

Chairperson Veale noted processing times for applications, with one exception, are at or below the 30-day time period. Ms. Veale thanked Ms. Sodergren and her staff. She noted there are delays in the processing of deficiency mail for several of the site licensing programs and looked forward to seeing improvement in this area during the next committee meeting.

Members were provided the opportunity to provide comments. Member Wong noted he has received comments that delays from Licensing are long and he would like to see an increase in the response time to inquiries.

Members of the public were provided the opportunity to provide comments; however, no comments were made.

XIII. Future Committee Meeting Dates

Chairperson Veale provided the next Licensing Committee meeting is currently scheduled for July 14, 2021.

Chairperson Veale requested adding to a future agenda item to discuss providing the executive officer the ability to review and approve training materials for the PrEP and PEP training. Ms. Sodergren indicated she would also add to a future agenda item to treat based on CLIA waived testing.

XIV. Adjournment

The meeting adjourned at 2:17 p.m.

Attachment 2

Proposed BPC 4038.5 (Definition)
"Advanced Pharmacy Technician" means an individual licensed by the board who is authorized to perform all the duties permitted by section 4115, and technical pharmacy tasks as authorized in Section 4115.6 under the indirect supervision of a pharmacist. For the purposes of this section, "indirect supervision" means that a pharmacist is on the premises at all times and is generally aware of all activities performed by the advanced pharmacy technician, but the advanced pharmacy technician may, if permitted by the pharmacist, perform authorized tasks without direction from the pharmacist.

Proposed 4115.6 (Specified Duties)
(a) A licensed advanced pharmacy technician may perform these technical tasks to allow the pharmacist to engage in more direct patient services:
(1) Verify the accuracy of the filling of a prescription container by confirming that the medication and quantity reflected on the label is accurately reflects the container's contents for refill drug orders.
(2) Accept new prescriptions from a prescriber's office unless the prescription requires the professional judgment of a pharmacist.
(3) Inquire about the intended purpose or indication for prescribed medication on verbal orders received from a prescriber's office.
(4) Accept refill authorizations from a prescriber's office unless the authorization requires the professional judgment of a pharmacist.
(5) Transfer a prescription to another pharmacy.
(6) Receive the transfer of a prescription from another pharmacy.
(7) Provide the technical task of administration of an immunization if appropriate training has been completed.
(8) Initiate post discharge contact with a patient or patient's agent for a patient recently discharged from a health facility.
(9) Provide medication guidance and referral services for pharmacy services post discharge from a health facility.
(10) Develop medication dosing schedules for discharge medications.
(11) Initiate post discharge contact with a patient or patient's agents.
(b) Other than as permitted by this section, an advanced pharmacy technician may not engage in direct patient services.

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Proposed 4115.7 (Conditions for Use)
A pharmacy may use the services of an advanced pharmacy technician if all of the following conditions are met:
(a) The duties authorized in section 4115.6 are performed as specified in the pharmacy's policies and procedures.
(b) The pharmacist-in-charge is responsible for ongoing evaluation of the performance of personnel as authorized in subdivision (a) of section 4115.6.

(c) A pharmacist personally provides all new prescription medications and controlled substances medications directly to the patient or patient's agent, and provides patient information consistent with the provisions of Section 4052 (a) (8).
(d) A record is created identifying the personnel responsible for the preparing and dispensing of the prescription medication.
(e) Initiate and provide post discharge follow-up for a patient recently discharged from a health care facility consistent with the provisions of Section 4052(a)(8). Such discharge follow-up must be provided by a pharmacist at the request of the patient or patient's agent unless the patient is discharged to another health care facility.

Proposed BCP 4211 (Licensing Requirement)
(a) The board may issue an advanced pharmacy technician license to an individual who meets all the following requirements:
(1) Holds a pharmacy technician license issued pursuant to this chapter that has been active and in good standing for at least 1 year immediately preceding filing an application.
(2) Has obtained 2,050 hours of experience performing the duties of a licensed pharmacy technician or pharmacist intern in a pharmacy within the three (3) years immediately preceding filing an application.
(3) Satisfies at least one of the following requirements:
(A) Possesses a certification issued by a pharmacy technician certifying program as defined in Section 4202(a)(4).
(B) Has obtained a minimum of an associate degree in pharmacy technology.
(C) Has obtained a bachelor's degree.
(b) A license issued pursuant to this section, if not renewed, shall expire two years after issuance.

Proposed BPC 4234 (CE/Renewal Requirement)
As a condition of renewal, an advanced pharmacy technician shall complete 20 hours of continuing education each renewal cycle, including a minimum of two hours of education in medication error prevention and two hours of board sponsored law and ethics education.

Amendment to BPC 4400 (Fee)
…
(z) ~~This section shall become operative on July 1, 2017.~~ <u>The fee for the advanced pharmacy technician application</u> ~~and examination~~ <u>shall be $260 dollars and may be increased to $285. The fee for initial licensure and biennial renewal of as an advanced pharmacy technician shall be $140 and may be increased to $195.</u>

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Attachment 3

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	1,123	364	532	539	2,558
Designated Representative Responded	1,018	165	149	147	1,479
Advanced Practice Pharmacist Received	110	203	222	187	722
Advanced Practice Pharmacist Responded	110	217	181	151	659
Pharmacist/Intern Received	2,473	1,876	1,908	2,126	8,383
Pharmacist/Intern Responded	1,796	1,773	1,613	1,356	6,538
Pharmacy Technician Received	1,215	2,058	1,490	1,879	6,642
Pharmacy Technician Responded	1,193	1,325	1,017	978	4,513
Pharmacy Received	2,013	1,272	1,986	2,011	7,282
Pharmacy Responded	1,799	1,561	1,611	1,959	6,930
Sterile Compounding/Outsourcing Received	1,196	1,276	1,518	1,353	5,343
Sterile Compounding/Outsourcing Responded	630	846	994	891	3,361
Wholesale/Clinic/Hypodermic/3PL Received	1,014	757	864	857	3,492
Wholesale/Clinic/Hypodermic/3PL Responded	803	563	615	638	2,619
Automated Drug Delivery Systems Received	180	252	283	338	1,053
Automated Drug Delivery Systems Responded	112	197	216	246	771
Pharmacist-in-Charge Received	686	679	446	1,563	3,374
Pharmacist-in-Charge Responded	542	413	664	871	2,490
Change of Permit Received	1,285	1,090	906	1,042	4,323
Change of Permit Responded	891	746	868	773	3,278
Renewals Received	1,986	2,135	2,814	2,103	9,038
Renewals Responded	1,727	1,869	2,552	1,955	8,103

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	62	12	15	19	108
Advanced Practice Pharmacist	16	9	37	74	136
Pharmacist/Intern	991	980	879	986	3,836
Pharmacy	480	477	572	478	2,007
Sterile Compounding/Outsourcing	121	77	59	91	348
Wholesale/Clinic/Hypodermic/3PL	232	166	184	182	764
Automated Drug Delivery Systems	40	103	69	133	345
Pharmacist-in-Charge	117	60	59	139	375
Change of Permit	118	107	121	109	455
Renewals	853	985	1,100	1,095	4,033
Reception	17,184	17,940	20,220	18,062	73,406

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	441	546	458	516	1,961
Processed	469	489	369	557	1,884
Approved	457	471	290	666	1,884
Pending (Data reflects number of pending at the end of the quarter.)	175	250	424	276	n/a
Change of Designated Representative-in-Charge	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Received	28	38	32	31	129
Processed	24	31	40	35	130
Approved	23	24	21	47	115
Pending (Data reflects number of pending at the end of the quarter.)	175	67	78	61	n/a
Change of Responsible Manager	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Received	6	2	10	8	26
Processed	5	2	7	11	25
Approved	5	2	3	10	20
Pending (Data reflects number of pending at the end of the quarter.)	2	2	9	6	n/a
Change of Professional Director	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Received	24	27	21	57	129
Processed	31	19	17	66	133
Approved	17	12	7	22	58
Pending (Data reflects number of pending at the end of the quarter.)	47	61	75	109	n/a
Change of Permits	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Received	238	267	302	275	1,082
Processed	268	332	162	265	1,027
Approved	178	475	179	265	1,097
Pending (Data reflects number of pending at the end of the quarter.)	1,799	1,611	1,701	1,724	n/a
Clinic Co-Location	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Received	0	0	0	0	0
Processed	0	0	0	0	0
Approved	0	0	0	0	0
Pending (Data reflects number of pending at the end of the quarter.)	0	0	0	0	n/a
Discontinuance of Business	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Received	92	101	88	83	364
Processed	92	59	39	131	321
Approved	79	38	31	106	254
Pending (Data reflects number of pending at the end of the quarter.)	237	294	350	318	n/a
Intern Pharmacist Extensions	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Received	31	37	37	39	144
Processed	25	33	42	52	152
Completed	13	27	37	59	136
Pending (Data reflects number of pending at the end of the quarter.)	28	40	42	19	n/a
Requests Approved	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Address/Name Changes	3,351	3,009	3,378	3,006	12,744
Off-site Storage	94	14	26	32	166
Transfer of Intern Hours	5	10	10	4	29
License Verification	514	453	528	253	1,748

DISCONTINUED OF BUSINESS

discontinued by date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	12	37	2	23	74
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0	1
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	3	27	1	0	31
Clinics Government Owned (CLE)	1	2	0	1	4
Drug Room (DRM)	0	1	0	5	6
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	2	1	1	0	4
Hospitals Government Owned (HPE)	1	1	0	0	2
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	2	0	0	0	2
Correctional Pharmacy (LCF)	0	0	2	0	2
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	2	2
Pharmacy (PHY)	20	29	24	16	89
Pharmacy (PHY) Chain	11	13	7	13	44
Pharmacy Government Owned (PHE)	0	0	1	1	2
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	4	4	7	4	19
Sterile Compounding (LSC)	5	12	2	7	26
Sterile Compounding Government Owned (LSE)	1	0	3	4	8
Sterile Compounding Nonresident (NSC)	0	3	0	0	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	2	0	0	2
Third-Party Logistics Providers Nonresident (NPL)	2	1	0	0	3
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	4	3	0	0	7
Wholesalers Government Owned (WLE)	0	0	0	1	1
Wholesalers Nonresident (OSD)	5	5	6	3	19
Total	**73**	**143**	**56**	**80**	**352**

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	495	632	622	614	2,363
Designated Representatives Vet (EXV)	12	7	11	21	51
Designated Representatives-3PL (DRL)	82	62	68	65	277
Designated Representatives-Reverse Distributor (DRR)	0	0	1	0	1
Designated Paramedic (DPM)	0	0	0	1	1
Pharmacist (RPH)	4,846	5,254	5,237	5,076	20,413
Advanced Practice Pharmacist (APH)	99	112	105	94	410
Pharmacy Technician (TCH)	6,975	7,640	7,090	7,368	29,073
Total	**12,509**	**13,707**	**13,134**	**13,239**	**52,589**

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	21	645	41	83	790
Automated Drug Delivery System EMS (ADE)	0	0	1	0	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	2	0	0	1	3
Centralized Hospital Packaging (CHP)	3	1	2	1	7
Clinics (CLN)	400	231	232	263	1,126
Clinics Government Owned (CLE)	116	800	24	3	943
Drug Room (DRM)	3	4	4	6	17
Drug Room Government Owned (DRE)	5	5	0	0	10
Hospitals (HSP)	53	142	83	84	362
Hospitals Government Owned (HPE)	44	11	2	14	71
Hospital Satellite Sterile Compounding (SCP)	2	1	0	1	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	1	1
Hypodermic Needle and Syringes (HYP)	59	52	59	51	221
Correctional Pharmacy (LCF)	2	57	0	2	61
Outsourcing Facility (OSF)	1	2	0	0	3
Outsourcing Facility Nonresident (NSF)	2	6	6	5	19
Pharmacy (PHY)	1,027	1,994	1,577	1,467	6,065
Pharmacy Government Owned (PHE)	59	50	5	18	132
Remote Dispensing Pharmacy (PHR)	1	0	0	0	1
Pharmacy Nonresident (NRP)	69	164	143	115	491
Sterile Compounding (LSC)	139	244	139	164	686
Sterile Compounding Government Owned (LSE)	69	5	4	33	111
Sterile Compounding Nonresident (NSC)	10	18	11	16	55
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	4	5	7	7	23
Third-Party Logistics Providers Nonresident (NPL)	20	24	18	14	76
Veterinary Food-Animal Drug Retailer (VET)	3	5	0	8	16
Wholesalers (WLS)	123	100	88	106	417
Wholesalers Government Owned (WLE)	5	5	1	0	11
Wholesalers Nonresident (OSD)	174	173	158	168	673
Total	**2,417**	**4,744**	**2,605**	**2,631**	**12,397**

CURRENT LICENSES - Data reflects number of licenses at the end of the quarter.

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	2,849	2,826	2,821	2,844
Designated Representatives Vet (EXV)	67	60	59	59
Designated Representatives-3PL (DRL)	351	358	376	392
Designated Representatives-Reverse Distributor (DRR)	4	5	5	7
Designated Paramedic (DPM)	3	3	3	3
Intern Pharmacist (INT)	7,039	6,492	6,446	5,999
Pharmacist (RPH)	48,587	48,788	48,657	48,568
Advanced Practice Pharmacist (APH)	851	896	887	890
Pharmacy Technician (TCH)	68,637	68,350	68,114	67,986
Total	**128,388**	**127,778**	**127,368**	**126,748**

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD)	900	904	927	947
Automated Drug Delivery System EMS (ADE)	1	1	1	1
Automated Patient Dispensing System 340B Clinic (ADC)	1	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	2
Centralized Hospital Packaging (CHP)	8	8	7	8
Clinics (CLN)	1,311	1,317	1,320	1,326
Clinics Government Owned (CLE)	898	907	918	910
Drug Room (DRM)	22	22	24	22
Drug Room Government Owned (DRE)	10	10	10	10
Hospitals (HSP)	392	401	396	394
Hospitals Government Owned (HPE)	79	79	78	78
Hospital Satellite Sterile Compounding (SCP)	4	4	4	4
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2	2	2
Hypodermic Needle and Syringes (HYP)	300	300	300	302
Correctional Pharmacy (LCF)	61	61	61	61
Outsourcing Facility (OSF)	4	4	4	4
Outsourcing Facility Nonresident (NSF)	25	25	25	25
Pharmacy (PHY)	6,378	6,387	6,409	6,376
Pharmacy Government Owned (PHE)	136	136	139	137
Remote Dispensing Pharmacy (PHR)	3	2	2	2
Pharmacy Nonresident (NRP)	589	583	607	605
Sterile Compounding (LSC)	744	742	746	741
Sterile Compounding Government Owned (LSE)	112	112	113	110
Sterile Compounding Nonresident (NSC)	68	66	66	63
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	1
Third-Party Logistics Providers (TPL)	32	33	34	35
Third-Party Logistics Providers Nonresident (NPL)	84	92	98	101
Veterinary Food-Animal Drug Retailer (VET)	20	20	20	20
Wholesalers (WLS)	530	530	537	546
Wholesalers Government Owned (WLE)	14	14	14	14
Wholesalers Nonresident (OSD)	807	809	826	830
Total	**13,538**	**13,574**	**13,691**	**13,677**
Total Population of Licenses	**141,926**	**141,352**	**141,059**	**140,425**

CALIFORNIA STATE BOARD OF PHARMACY - THREE YEAR COMPARISON

APPLICATIONS RECEIVED

*Number provided through June 25, 2021.

Individual Applications	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Designated Representatives (EXC)	401	344	427	6%	
Designated Representatives Vet (EXV)	10	7	5	-50%	
Designated Representatives-3PL (DRL)	91	85	106	16%	
Designated Representatives-Reverse Distributor (DRR)	2	2	3	50%	
Designated Paramedic (DPM)	0	3	0	n/a	
Intern Pharmacist (INT)	2,212	2,015	1,650	-25%	
Pharmacist Exam Appllications	3,389	2,417	2,303	-32%	
Pharmacist Retake Exam Applications (exam applications)	n/a	1,333	1,649	n/a	
Pharmacist (initial licensing applications)	2,022	1,958	1,954	-3%	
Advanced Practice Pharmacist (APH)	246	199	173	-30%	
Pharmacy Technician (TCH)	5,338	4,422	4,706	-12%	
Total	**13,711**	**12,785**	**12,976**	**-5%**	

Site Applications*	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Automated Drug Delivery System (ADD)	595	325	212	-64%	
Automated Drug Delivery System EMS (ADE)	0	1	0	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	1	0	0	-100%	
Centralized Hospital Packaging Government Owned (CHE)	0	2	0	n/a	
Centralized Hospital Packaging (CHP)	5	1	1	-80%	
Clinics (CLN)	209	122	104	-50%	
Clinics Government Owned (CLE)	116	515	51	-56%	
Drug Room (DRM)	0	0	4	n/a	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	52	30	24	-54%	
Hospitals Government Owned (HPE)	4	3	1	-75%	
Hospital Satellite Sterile Compounding (SCP)	5	2	0	-100%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2	2	0%	
Hypodermic Needle and Syringes (HYP)	12	6	13	8%	
Correctional Pharmacy (LCF)	1	0	0	-100%	
Outsourcing Facility (OSF)	2	1	0	-100%	
Outsourcing Facility Nonresident (NSF)	8	12	10	25%	
Pharmacy (PHY)	466	334	354	-24%	
Pharmacy (PHY) Chain	33	38	25	-24%	
Pharmacy Government Owned (PHE)	6	7	9	50%	
Remote Dispensing Pharmacy (PHR)	0	4	3	n/a	
Pharmacy Nonresident (NRP)	168	124	138	-18%	
Sterile Compounding (LSC)	153	100	85	-44%	
Sterile Compounding Government Owned (LSE)	9	12	3	-67%	
Sterile Compounding Nonresident (NSC)	17	10	12	-29%	
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	-100%	
Third-Party Logistics Providers (TPL)	10	7	11	10%	
Third-Party Logistics Providers Nonresident (NPL)	16	22	36	125%	
Veterinary Food-Animal Drug Retailer (VET)	3	0	0	-100%	
Wholesalers (WLS)	70	56	55	-21%	
Wholesalers Government Owned (WLE)	0	0	7	n/a	
Wholesalers Nonresident (OSD)	101	102	109	8%	
Total	**2,065**	**1,838**	**1,269**	**-39%**	

*Number of applications received includes the number of temporary applications received.

Applications Received with Temporary License Requests	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Drug Room -Temp (DRM)	0	0	6	n/a	
Hospitals - Temp (HSP)	41	25	22	-46%	
Hospital Satellite Sterile Compounding - Temp (SCP)	5	1	0	-100%	
Outsourcing Facility - Temp (OSF)	1	1	0	-100%	
Outsourcing Facility Nonresident - Temp (NSF)	3	6	1	-67%	
Pharmacy - Temp (PHY)	878	265	265	-70%	

Remote Dispensing Pharmacy - Temp (PHR)	0	1	1	n/a	
Pharmacy Nonresident - Temp (NRP)	98	81	95	-3%	
Sterile Compounding - Temp (LSC)	78	51	51	-35%	
Sterile Compounding Nonresident - Temp (NSC)	12	4	8	-33%	
Third-Party Logistics Providers - Temp (TPL)	5	4	6	20%	
Third-Party Logistics Providers Nonresident - Temp (NPL)	5	7	26	420%	
Veterinary Food-Animal Drug Retailer - Temp (VET)	1	0	0	-100%	
Wholesalers - Temp (WLS)	28	37	27	-4%	
Wholesalers Nonresident - Temp (OSD)	31	30	34	10%	
Total	**1,186**	**513**	**542**	**-54%**	
Total Applications Received	**16,962**	**15,136**	**14,787**	**-13%**	

LICENSES ISSUED

Individual Licenses	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	
Designated Representatives (EXC)	266	349	312	17%	
Designated Representatives Vet (EXV)	4	6	2	-50%	
Designated Representatives-3PL (DRL)	64	87	91	42%	
Designated Representatives-Reverse Distributor (DRR)	2	2	3	50%	
Designated Paramedic (DPM)	0	3	0	n/a	
Intern Pharmacist (INT)	2,030	1,932	1,611	-21%	
Pharmacist (RPH)	2,025	1,917	1,964	-3%	
Advanced Practice Pharmacist (APH)	216	253	87	-60%	
Pharmacy Technician (TCH)	4,926	4,644	3,707	-25%	
Total	**9,533**	**9,193**	**7,777**	**-18%**	

Site Licenses	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Automated Drug Delivery System (ADD)	0	1,012	159	n/a	
Automated Drug Delivery System EMS (ADE)	0	1	0	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	1	0	0	-100%	
Centralized Hospital Packaging Government Owned (CHE)	0	1	0	n/a	
Centralized Hospital Packaging (CHP)	0	0	1	n/a	
Clinics (CLN)	93	202	66	-29%	
Clinics Government Owned (CLE)	122	531	44	-64%	
Drug Room (DRM)	0	0	0	0%	
Drug Room Government Owned (DRE)	1	0	0	-100%	
Hospitals (HSP)	3	1	0	-100%	
Hospitals Government Owned (HPE)	1	1	0	-100%	
Hospital Satellite Sterile Compounding (SCP)	3	1	0	-100%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	1	1	n/a	
Hypodermic Needle and Syringes (HYP)	25	6	3	-88%	
Correctional Pharmacy (LCF)	0	1	0	n/a	
Outsourcing Facility (OSF)	3	0	0	-100%	
Outsourcing Facility Nonresident (NSF)	5	4	1	-80%	
Pharmacy (PHY)	150	118	78	-48%	
Pharmacy Government Owned (PHE)	6	5	4	-33%	
Remote Dispensing Pharmacy (PHR)	0	1	2	n/a	
Pharmacy Nonresident (NRP)	35	28	17	-51%	
Sterile Compounding (LSC)	50	58	32	-36%	
Sterile Compounding Government Owned (LSE)	8	4	4	-50%	
Sterile Compounding Nonresident (NSC)	11	2	0	-100%	
Surplus Medication Collection Distribution Intermediary (SME)	0	1	0	0%	
Third-Party Logistics Providers (TPL)	3	5	3	0%	
Third-Party Logistics Providers Nonresident (NPL)	7	16	10	43%	
Veterinary Food-Animal Drug Retailer (VET)	1	0	0	-100%	
Wholesalers (WLS)	30	31	22	-27%	
Wholesalers Government Owned (WLE)	0	0	0	0%	
Wholesalers Nonresident (OSD)	60	61	42	-30%	
Total	**618**	**2,092**	**489**	**-21%**	

Site Temporary Licenses	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Drug Room -Temp (DRM)	2	0	3	50%	

Hospitals - Temp (HSP)	46	10	29	-37%	
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0%	
Outsourcing Facility - Temp (OSF)	0	0	1	n/a	
Outsourcing Facility Nonresident - Temp (NSF)	2	3	3	50%	
Pharmacy - Temp (PHY)	241	245	199	-17%	
Remote Dispensing Pharmacy - Temp (PHR)	0	0	2	n/a	
Pharmacy Nonresident - Temp (NRP)	89	78	70	-21%	
Sterile Compounding - Temp (LSC)	64	36	48	-25%	
Sterile Compounding Nonresident - Temp (NSC)	12	7	5	-58%	
Third-Party Logistics Providers - Temp (TPL)	4	3	3	-25%	
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	7	11	267%	
Veterinary Food-Animal Drug Retailer - Temp (VET)	1	0	0	-100%	
Wholesalers - Temp (WLS)	26	24	25	-4%	
Wholesalers Nonresident - Temp (OSD)	29	35	28	-3%	
Total	**519**	**448**	**427**	**-18%**	
Total Licenses Issued	**10,670**	**11,733**	**8,693**	**-19%**	

PENDING APPLICATIONS

Individual Applications	**FY 18/19**	**FY 19/20**	**FY 20/21**	**% CHANGE FY18/19 to FY 20/21**	**TREND LINES**
Designated Representatives (EXC)	390	379	246	-37%	
Designated Representatives Vet (EXV)	6	5	7	17%	
Designated Representatives-3PL (DRL)	111	103	48	-57%	
Designated Representatives-Reverse Distributor (DRR)	2	2	0	-100%	
Designated Paramedic (DPM)	0	0	0	0%	
Intern Pharmacist (INT)	170	113	120	-29%	
Pharmacist (exam applications)	1,505	1,120	1,472	-2%	
Pharmacist (eligible)	1,848	2,417	2,010	9%	
Advanced Practice Pharmacist (APH)	196	71	138	-30%	
Pharmacy Technician (TCH)	1,341	1,091	1,693	26%	
Total	**5,569**	**5,301**	**5,734**	**3%**	

Site Applications	**FY 18/19**	**FY 19/20**	**FY 20/21**	**% CHANGE FY18/19 to FY 20/21**	**TREND LINES**
Automated Drug Delivery System (ADD)	595	144	193	-68%	
Automated Drug Delivery System EMS (ADE)	0	0	0	0%	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0%	
Centralized Hospital Packaging Government Owned (CHE)	0	1	1	n/a	
Centralized Hospital Packaging (CHP)	5	4	3	-40%	
Clinics (CLN)	185	91	108	-42%	
Clinics Government Owned (CLE)	43	28	21	-51%	
Drug Room (DRM)	0	0	4	n/a	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	7	20	11	57%	
Hospitals Government Owned (HPE)	1	2	2	100%	
Hospital Satellite Sterile Compounding (SCP)	2	2	2	0%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	2	2	0%	
Hypodermic Needle and Syringes (HYP)	11	2	12	9%	
Correctional Pharmacy (LCF)	1	0	0	-100%	
Outsourcing Facility (OSF)	2	1	0	-100%	
Outsourcing Facility Nonresident (NSF)	7	5	9	29%	
Pharmacy (PHY)	189	150	215	14%	
Pharmacy Government Owned (PHE)	1	2	6	500%	
Remote Dispensing Pharmacy (PHR)	0	3	4	n/a	
Pharmacy Nonresident (NRP)	128	128	163	27%	
Sterile Compounding (LSC)	93	84	76	-18%	
Sterile Compounding Government Owned (LSE)	6	10	10	67%	
Sterile Compounding Nonresident (NSC)	8	9	14	75%	
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	-100%	
Third-Party Logistics Providers (TPL)	8	0	4	-50%	
Third-Party Logistics Providers Nonresident (NPL)	53	43	56	6%	
Veterinary Food-Animal Drug Retailer	1	1	0	-100%	
Wholesalers (WLS)	48	37	45	-6%	
Wholesalers Government Owned (WLE)	1	1	1	0%	

Wholesalers Nonresident (OSD)	112	89	118	5%	
Total	**1,510**	**859**	**1,080**	**-28%**	

The number of temporary applications pending issuance is reflected in the number reported for the primary license type.

Applications Pending with Temporary Licenses Issued - Pending Full License*	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Drug Room -Temp (DRM)	n/a	0	3	n/a	
Hospitals - Temp (HSP)	n/a	3	17	n/a	
Hospital Satellite Sterile Compounding - Temp (SCP)	n/a	0	0	n/a	
Outsourcing Facility - Temp (OSF)	n/a	0	0	n/a	
Outsourcing Facility Nonresident - Temp (NSF)	n/a	2	2	n/a	
Pharmacy - Temp (PHY)	n/a	126	94	n/a	
Remote Dispensing Pharmacy - Temp (PHR)	n/a	0	0	n/a	
Pharmacy Nonresident - Temp (NRP)	n/a	45	41	n/a	
Sterile Compounding - Temp (LSC)	n/a	9	29	n/a	
Sterile Compounding Nonresident - Temp (NSC)	n/a	3	4	n/a	
Third-Party Logistics Providers - Temp (TPL)	n/a	1	1	n/a	
Third-Party Logistics Providers Nonresident - Temp (NPL)	n/a	0	5	n/a	
Veterinary Food-Animal Drug Retailer - Temp (VET)	n/a	0	0	n/a	
Wholesalers - Temp (WLS)	n/a	7	10	n/a	
Wholesalers Nonresident - Temp (OSD)	n/a	3	7	n/a	
Total	**0**	**199**	**213**	**n/a**	
Total Licenses Pending	**7,079**	**6,359**	**7,027**	**-1%**	

* Temporary pending full license not collected FY 17/18-18/19

WITHDRAWN APPLICATIONS

Individual Applications	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Designated Representatives (EXC)	52	15	244	369%	
Designated Representatives Vet (EXV)	1	1	1	0%	
Designated Representatives-3PL (DRL)	9	6	70	678%	
Designated Representatives-Reverse Distributor (DRR)	0	0	2	n/a	
Designated Paramedic (DPM)	0	0	0	n/a	
Intern Pharmacist (INT)	56	5	10	-82%	
Pharmacist (Exam)*	12	179	675	5525%	
Advanced Practice Pharmacist (APH)	0	69	13	n/a	
Pharmacy Technician (TCH)	128	63	17	-87%	
Total	**258**	**338**	**1,032**	**300%**	

Site Applications	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Automated Drug Delivery System (ADD)	n/a	100	21	n/a	
Automated Drug Delivery System EMS (ADE)	0	0	0	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	n/a	
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	n/a	
Centralized Hospital Packaging (CHP)	1	2	1	0%	
Clinics (CLN)	9	3	10	11%	
Clinics Government Owned (CLE)	1	31	11	1000%	
Drug Room (DRM)	0	0	0	n/a	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	0	4	1	n/a	
Hospitals Government Owned (HPE)	0	0	0	n/a	
Hospital Satellite Sterile Compounding (SCP)	1	0	0	-100%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	1	n/a	
Hypodermic Needle and Syringes (HYP)	2	9	0	-100%	
Correctional Pharmacy (LCF)	0	0	0	n/a	
Outsourcing Facility (OSF)	0	1	0	n/a	
Outsourcing Facility Nonresident (NSF)	6	4	0	-100%	
Pharmacy (PHY)	592	31	24	-96%	
Pharmacy Government Owned (PHE)	0	0	2	n/a	
Remote Dispensing Pharmacy (PHR)	0	0	0	n/a	
Pharmacy Nonresident (NRP)	6	8	5	-17%	
Sterile Compounding (LSC)	9	15	8	-11%	
Sterile Compounding Government Owned (LSE)	2	1	0	-100%	

Sterile Compounding Nonresident (NSC)	5	1	2	-60%	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	n/a	
Third-Party Logistics Providers (TPL)	3	5	1	-67%	
Third-Party Logistics Providers Nonresident (NPL)	1	13	5	400%	
Veterinary Food-Animal Drug Retailer (VET)	0	0	1	n/a	
Wholesalers (WLS)	3	8	6	100%	
Wholesalers Government Owned (WLE)	0	0	0	n/a	
Wholesalers Nonresident (OSD)	15	31	7	-53%	
Total	**656**	**267**	**106**	**-84%**	
Total Applications Withdrawn	**914**	**605**	**1,138**	**25%**	
The number of temporary applications withdrawn is reflected in the number reported for the primary license type.					

DENIED APPLICATIONS

Individual Applications	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Designated Representatives Vet (EXV)	0	0	0	n/a	
Designated Representatives-3PL (DRL)	0	0	0	n/a	
Designated Paramedic (DPM)	0	0	0	n/a	
Designated Representatives-Reverse Distributor (DRR)	0	0	0	n/a	
Intern Pharmacist (INT)	11	1	0	-100%	
Pharmacist (exam applications)	5	4	2	-60%	
Pharmacist (eligible)	2	0	4	100%	
Advanced Practice Pharmacist (APH)	0	0	0	n/a	
Pharmacy Technician (TCH)	32	27	0	-100%	
Total	**50**	**32**	**6**	**-88%**	

Site Applications	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Centralized Hospital Packaging Governmenmt Owned (CHE)	0	0	0	n/a	
Centralized Hospital Packaging (CHP)	0	0	0	n/a	
Clinics (CLN)	1	0	0	-100%	
Clinics Government Owned (CLE)	0	0	0	n/a	
Drug Room (DRM)	0	0	0	n/a	
Drug Room Government Owned (DRE)	0	0	0	n/a	
Hospitals (HSP)	0	0	0	n/a	
Hospitals Government Owned (HPE)	0	0	0	n/a	
Hospital Satellite Sterile Compounding (SCP)	0	0	0	n/a	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	n/a	
Hypodermic Needle and Syringes (HYP)	0	0	0	n/a	
Hypodermic Needle and Syringes Government Owned (HYE)	0	0	0	n/a	
Correctional Pharmacy (LCF)	0	0	0	n/a	
Outsourcing Facility (OSF)	1	1	2	100%	
Outsourcing Facility Nonresident (NSF)	1	1	11	1000%	
Pharmacy (PHY)	6	11	0	-100%	
Pharmacy Government Owned (PHE)	0	0	0	n/a	
Remote Dispensing Pharmacy (PHR)	0	0	4	n/a	
Pharmacy Nonresident (NRP)	0	0	0	0%	
Sterile Compounding (LSC)	1	2	0	-100%	
Sterile Compounding Government Owned (LSE)	0	0	2	n/a	
Sterile Compounding Nonresident (NSC)	0	0	0	n/a	
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	n/a	
Third-Party Logistics Providers (TPL)	0	0	0	n/a	
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	n/a	
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	n/a	
Wholesalers (WLS)	1	1	0	-100%	
Wholesalers Government Owned (WLE)	0	0	0	n/a	
Wholesalers Nonresident (OSD)	2	0	19	n/a	
Total	**13**	**16**	**38**	**192%**	
Total Applications Denied	**63**	**48**	**44**	**-30%**	

The number of temporary applications denied is reflected in the number reported for the primary license type.

RESPOND TO STATUS INQUIRIES

Designated Represenative Responded	2,015	704	1,479	-27%	
Advanced Practice Pharmacist Received	172	760	722	320%	
Advanced Practice Pharmacist Responded	396	519	659	66%	
Pharmacist/Intern Received	6,082	6,542	8,383	38%	
Pharmacist/Intern Responded	3,584	7,515	6,538	82%	
Pharmacy Technician Received	4,303	4,598	6,642	54%	
Pharmacy Technician Responded	3,875	4,435	4,513	16%	
Pharmacy Received	7,630	8,515	7,282	-5%	
Pharmacy Responded	8,186	8,983	6,930	-15%	
Sterile Compounding/Outsourcing/CHP Received	5,560	5,781	5,343	-4%	
Sterile Compounding/Outsourcing/CHP Responded	3,791	4,149	3,361	-11%	
Wholesale/Clinic/Hypodermic/3PL Received	3,755	4,212	3,492	-7%	
Wholesale/Clinic/Hypodermic/3PL Responded	3,149	3,101	2,619	-17%	
Automated Drug Delivery System (ADD) Received	779	1,680	1,053	35%	
Automated Drug Delivery System (ADD) Responded	375	1,050	771	106%	
Change of PIC/DRIC/RMG and DOB Received	2,313	2,906	3,374	46%	
Change of PIC/DRIC/RMG and DOB Responded	1,534	1,914	2,490	62%	
Change of Permit Received	6,247	4,460	4,323	-31%	
Change of Permit Responded	4,121	2,718	3,278	-20%	
Renewals Received	6,369	7,812	9,038	42%	
Renewals Responded	5,061	6,717	8,103	60%	

Advanced Practice Pharmacist	120	443	136	13%	
Pharmacist/Intern	1,417	3,929	3,836	171%	
Pharmacy	1,177	1,681	2,007	71%	
Sterile Compounding/Outsourcing/CHP	367	477	348	-5%	
Wholesale/Clinic/Hypodermic/3PL	428	1,363	764	79%	
Automated Drug Delivery System (ADD) Received	n/a	165	345	n/a	
Change of PIC/DRIC/RMG and DOB	440	694	375	-15%	
Change of Permit	869	445	455	-48%	
Renewals	7,763	5,338	4,033	-48%	
Reception	n/a	n/a	73,406	n/a	

The board did not collected the data separately for the items identified as "n/a".

UPDATE LICENSING RECORDS

Processed	2,368	2,128	1,884	-20%	
Approved	2,169	2,389	1,884	-13%	
Pending	534	178	276	-48%	

Processed	155	185	130	-16%	
Approved	113	202	115	2%	
Pending	90	46	61	-32%	

Processed	19	28	25	32%	
Approved	22	31	20	-9%	
Pending	5	1	6	20%	

Processed	n/a	111	133	n/a	
Approved	n/a	82	58	n/a	
Pending	n/a	30	109	n/a	
* Implemented tracking FY 19/20					
Processed	1,511	1,462	1,027	-32%	
Approved	1,126	1,124	1,097	-3%	
Pending	1,374	1,717	1,724	25%	
Processed	1	0	0	-100%	
Approved	1	0	0	-100%	
Pending	0	0	0	n/a	
Processed	428	507	321	-25%	
Approved	390	459	254	-35%	
Pending	256	227	318	24%	
Processed	n/a	n/a	152	n/a	
Completed	n/a	n/a	136	n/a	
Pending	n/a	n/a	19	n/a	
* The Board did not start reporting Intern Pharmacist Extensions until FY 19/20					
Off-site Storage	169	736	166	-2%	
Transfer of Intern Hours	40	42	29	-28%	
License Verification	2,489	2,112	1,748	-30%	

DISCONTINUED OF BUSINESS

Site Licenses	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Automated Drug Delivery System (ADD)	n/a	57	74	n/a	n/a
Automated Drug Delivery System EMS (ADE)	n/a	0	0	n/a	n/a
Automated Patient Dispensing System 340B Clinic (ADC)	n/a	0	1	n/a	n/a
Centralized Hospital Packaging Government Owned (CHE)	n/a	0	0	n/a	n/a
Centralized Hospital Packaging (CHP)	n/a	0	0	n/a	n/a
Clinics (CLN)	n/a	15	31	n/a	n/a
Clinics Government Owned (CLE)	n/a	4	4	n/a	n/a
Drug Room (DRM)	n/a	0	6	n/a	n/a
Drug Room Government Owned (DRE)	n/a	0	0	n/a	n/a
Hospitals (HSP)	n/a	2	4	n/a	n/a
Hospitals Government Owned (HPE)	n/a	2	2	n/a	n/a
Hospital Satellite Sterile Compounding (SCP)	n/a	0	0	n/a	n/a
Hospital Satellite Sterile Compounding Government Owned (SCE)	n/a	0	0	n/a	n/a
Hypodermic Needle and Syringes (HYP)	n/a	1	2	n/a	n/a
Correctional Pharmacy (LCF)	n/a	0	2	n/a	n/a
Outsourcing Facility (OSF)	n/a	1	0	n/a	n/a
Outsourcing Facility Nonresident (NSF)	n/a	3	2	n/a	n/a

Pharmacy (PHY)	n/a	139	89	n/a	n/a
Pharmacy (PHY) chain	n/a	82	44	n/a	n/a
Pharmacy Government Owned (PHE)	n/a	0	2	n/a	n/a
Remote Dispensing Pharmacy (PHR)	n/a	0	1	n/a	n/a
Pharmacy Nonresident (NRP)	n/a	22	19	n/a	n/a
Sterile Compounding (LSC)	n/a	47	26	n/a	n/a
Sterile Compounding Government Owned (LSE)	n/a	6	8	n/a	n/a
Sterile Compounding Nonresident (NSC)	n/a	5	3	n/a	n/a
Surplus Medication Collection Distribution Intermediary (SME)	n/a	0	0	n/a	n/a
Third-Party Logistics Providers (TPL)	n/a	1	2	n/a	n/a
Third-Party Logistics Providers Nonresident (NPL)	n/a	3	3	n/a	n/a
Veterinary Food-Animal Drug Retailer (VET)	n/a	1	0	n/a	n/a
Wholesalers (WLS)	n/a	22	7	n/a	n/a
Wholesalers Government Owned (WLE)	n/a	2	1	n/a	n/a
Wholesalers Nonresident (OSD)	n/a	16	19	n/a	n/a
Total	**0**	**431**	**352**	**n/a**	**n/a**

* The Board did not start reporting Licenses discontinued by date of closure until FY 19/20

LICENSES RENEWED

Designated Representatives Vet (EXV)	55	63	51	-7%	
Designated Representatives-3PL (DRL)	228	254	277	21%	
Designated Representatives-Reverse Distributor (DRR)	0	2	1	n/a	
Designated Paramedic (DPM)	0	0	1	n/a	
Pharmacist (RPH)	20,573	21,920	20,413	-1%	
Advanced Practice Pharmacist (APH)	180	311	410	128%	
Pharmacy Technician (TCH)	30,172	30,705	29,073	-4%	
Total	**53,760**	**55,719**	**52,589**	**-2%**	

Automated Drug Delivery System EMS (ADE)	n/a	0	1	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	n/a	1	0	n/a	
Centralized Hospital Packaging Government Owned (CHE)	1	1	3	200%	
Centralized Hospital Packaging (CHP)	8	7	7	-13%	
Clinics (CLN)	968	1,056	1,126	16%	
Clinics Government Owned (CLE)	228	357	943	314%	
Drug Room (DRM)	20	23	17	-15%	
Drug Room Government Owned (DRE)	9	10	10	11%	
Hospitals (HSP)	356	379	362	2%	
Hospitals Government Owned (HPE)	83	75	71	-14%	
Hospital Satellite Sterile Compounding (SCP)	1	2	4	300%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	2	1	n/a	
Hypodermic Needle and Syringes (HYP)	243	240	221	-9%	
Correctional Pharmacy (LCF)	56	59	61	9%	
Outsourcing Facility (OSF)	5	6	3	100%	
Outsourcing Facility Nonresident (NSF)	16	12	19	19%	
Pharmacy (PHY)	6,188	6,241	6,065	-2%	
Pharmacy Government Owned (PHE)	125	128	132	6%	
Remote Dispensing Pharmacy (PHR)	0	0	1	n/a	
Pharmacy Nonresident (NRP)	442	486	491	11%	
Sterile Compounding (LSC)	680	682	686	1%	
Sterile Compounding Government Owned (LSE)	97	110	111	14%	
Sterile Compounding Nonresident (NSC)	52	60	55	6%	
Surplus Medication Collection Distribution Intermediary (SME)	1	0	1	0%	
Third-Party Logistics Providers (TPL)	16	27	23	44%	
Third-Party Logistics Providers Nonresident (NPL)	49	68	76	55%	
Veterinary Food-Animal Drug Retailer (VET)	18	16	16	-11%	
Wholesalers (WLS)	427	414	417	-2%	
Wholesalers Government Owned (WLE)	11	12	11	0%	
Wholesalers Nonresident (OSD)	614	608	673	10%	

Total	10,714	11,686	12,397	16%	
Total Licenses Renewed	**64,474**	**67,405**	**64,986**	**1%**	
Licenses identified as "n/a" were not in effect or eligible for renewal during the fiscal year.					

CURRENT LICENSE POPULATION

Individual Licenses	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Designated Representatives (EXC)	2,909	2,885	2,844	-2%	
Designated Representatives Vet (EXV)	66	67	59	-11%	
Designated Representatives-3PL (DRL)	300	347	392	31%	
Designated Representatives-Reverse Distributor (DRR)	2	4	7	250%	
Designated Paramedic (DPM)	0	3	3	n/a	
Intern Pharmacist (INT)	6,541	6,943	5,999	-8%	
Pharmacist (RPH)	47,085	47,926	48,568	3%	
Advanced Practice Pharmacist (APH)	550	803	890	62%	
Pharmacy Technician (TCH)	70,126	69,233	67,986	-3%	
Total	**127,579**	**128,211**	**126,748**	**-1%**	

Site Licenses	FY 18/19	FY 19/20	FY 20/21	% CHANGE FY18/19 to FY 20/21	TREND LINES
Automated Drug Delivery System (ADD)	n/a	910	947	n/a	
Automated Drug Delivery System EMS (ADE)	0	1	1	n/a	
Automated Patient Dispensing System 340B Clinic (ADC)	1	1	0	n/a	
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	0%	
Centralized Hospital Packaging (CHP)	8	8	8	0%	
Clinics (CLN)	1,147	1,301	1,326	16%	
Clinics Government Owned (CLE)	357	880	910	155%	
Drug Room (DRM)	22	22	22	0%	
Drug Room Government Owned (DRE)	10	10	10	0%	
Hospitals (HSP)	385	389	394	2%	
Hospitals Government Owned (HPE)	83	82	78	-6%	
Hospital Satellite Sterile Compounding (SCP)	3	4	4	33%	
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	1	2	n/a	
Hypodermic Needle and Syringes (HYP)	297	300	302	2%	
Correctional Pharmacy (LCF)	60	61	61	2%	
Outsourcing Facility (OSF)	5	4	4	-20%	
Outsourcing Facility Nonresident (NSF)	23	24	25	9%	
Pharmacy (PHY)	6,455	6,399	6,376	-1%	
Pharmacy Government Owned (PHE)	130	135	137	5%	
Remote Dispensing Pharmacy (PHR)	0	1	2	n/a	
Pharmacy Nonresident (NRP)	553	581	605	9%	
Sterile Compounding (LSC)	750	746	741	-1%	
Sterile Compounding Government Owned (LSE)	119	113	110	-8%	
Sterile Compounding Nonresident (NSC)	70	68	63	-10%	
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	0%	
Third-Party Logistics Providers (TPL)	26	33	35	35%	
Third-Party Logistics Providers Nonresident (NPL)	68	84	101	49%	
Veterinary Food-Animal Drug Retailer (VET)	21	21	20	-5%	
Wholesalers (WLS)	530	545	546	3%	
Wholesalers Government Owned (WLE)	14	14	14	0%	
Wholesalers Nonresident (OSD)	754	789	830	10%	
Total	**11,894**	**13,530**	**13,677**	**15%**	
Total Population	**139,473**	**141,741**	**140,425**	**1%**	
Licenses identified as "n/a" were not in effect during the fiscal year.					