California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Public Board Meeting Minutes

Date: February 8, 2024

Location: OBSERVATION AND PUBLIC COMMENT IN PERSON:
California Department of Consumer Affairs
1625 North Market Blvd.
First Floor Hearing Room
Sacramento, CA 95834

PUBLIC PARTICIPATION AND COMMENT FROM A REMOTE LOCATION: WebEx

Board Members Present:
Seung Oh, PharmD, Licensee Member, President
Jessica Crowley, PharmD, Licensee Member, Vice President
Trevor Chandler, Public Member, Treasurer (left at 2:54 PM)
Renee Barker, PharmD, Licensee Member
Indira Cameron-Banks, Public Member (left at 12:15 PM)
Jose De La Paz, Public Member
Kartikeya "KK" Jha, Licensee Member
Maria Serpa, PharmD, Licensee Member
Nicole Thibeau, PharmD, Licensee Member (arrived at 11:45 AM)
Jason Weisz, Public Member

Staff Present:
Anne Sodergren, Executive Officer
Julie Ansel, Assistant Executive Officer
Corinne Gartner, DCA Staff Counsel
Jennifer Robbins, DCA Regulations Counsel
Debbie Damoth, Executive Specialist Manager
Sara Jurrens, Public Information Officer

February 8, 2024

I. Call to Order, Establishment of Quorum, and General Announcements (Including Possible Notifications, Actions, and Disclosures Pursuant to Government Code section 11123.2(j))

President Oh called the Board meeting to order at approximately 9:02 a.m. President Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the

public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. Dr. Oh noted that as stated on the agenda, following roll call the Board would immediately convene in a closed session, with open session to resume at 11:00 a.m.

Roll call was taken. The following Board members were physically present in Sacramento: Jessi Crowley, Licensee Member; Trevor Chandler, Public Member; Renee Barker, Licensee Member; Indira Cameron-Banks, Public Member; Jose De La Paz, Public Member; KK Jha, Licensee Member; Maria Serpa, Licensee Member; Jason Weisz, Public Member. and Seung Oh, Licensee Member. A quorum was established.

II. Closed Session Matters

Open session concluded at approximately 9:04 a.m. The Board entered closed session at approximately 9:06 a.m. and ended closed session at 10:21 a.m.

III. Reconvene in Open Session at 11:00 a.m.

President Oh reconvened open session at 11:00 a.m. and provided general instructions for when public comment was to be received. Department of Consumer Affairs' staff provided general instructions for participating in the meeting in Sacramento and via WebEx or phone.

Roll call was taken. The following Board members were physically present in Sacramento: Jessi Crowley, Licensee Member; Trevor Chandler, Public Member; Renee Barker, Licensee Member; Indira Cameron-Banks, Public Member; Jose De La Paz, Public Member; KK Jha, Licensee Member; Maria Serpa, Licensee Member; Jason Weisz, Public Member, and Seung Oh, Licensee Member. A quorum was established.

IV. Presentation by the Department of Health Care Access and Information (HCAI) on Pharmacy Workforce Data

President Oh welcomed and introduced Eric Neuhauser, Research and Evaluation Section Chief, with the Office of Health Workforce Development.

Mr. Neuhauser provided an overview of the HCAI Research Data Center (RDC) and the HCAI survey including results. Mr. Neuhauser shared challenges and opportunities.

Mr. Neuhauser reviewed the race and ethnicity of California's health workforce including languages and workforce education pathways. Mr. Neuhauser also reviewed the future work of RDC. He also provided information on pharmacy deserts looking at geography, population, and drive time.

Members were provided the opportunity to comment.

Member De La Paz inquired about the exact count of survey respondents and asked if the 15 minutes included traffic patterns. Mr. Neuhauser indicated the tool has the ability to account for traffic patterns but he would need to check how the methodology was developed.

Member Crowley asked if for the race/ethnicity question people were able to choose multiple races and specify what race they identify with for the question. Mr. Neuhauser advised they could select multiple races. If multiple boxes were selected the person would be put into two or more races. Dr. Crowley noted there was 2.2 percent for multi-racial non-Hispanic and asked if there was an option for multi-Hispanic. Mr. Neuhauser said there was that option. Dr. Crowley asked if there was an option for speaking multiple languages. Mr. Neuhauser provided multiple languages would end in more than one census group. Dr. Crowley looked forward to data in the future and grants to encourage representation in areas where representation is lacking.

Member Jha asked about the coverages on languages. Mr. Neuhauser indicated the data would have to be pulled on that.

Member Serpa was interested in the pharmacy deserts and asked if there could be norming based on population. Dr. Serpa wondered if "not applicable" could be an option where the populations do not exist so that areas where population existed and there were no pharmacies could be focused.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A representative of CPhA commented CPhA was working with USC's Dr. Dima Qato who has been working on the topic of pharmacy deserts and has partnered with the National Community Pharmacist Association (NCPA) to develop interactive mapping tools to define pharmacy desert areas. The representative recommended reaching out to Dr. Qato who also tracks trends of pharmacy closures.

A representative of Walgreens commented in agreement with the approach taken. The representative noted if you change the drive time for urban pharmacy deserts from 15 to 10 minutes, it doubled the number of pharmacy deserts.

A pharmacist representative of Kaiser encouraged the Board and HCAI for future surveys to consider data points to be studied that assess the extent to which the disparities in pharmacies deserts or licensure of some group due in part to difficulties in obtaining and/or maintaining either a personal or facility license. The commenter asked

if there were policies that could be changed to make it easier to obtain and/or keep these licenses.

A representative of Loma Linda University School of Pharmacy commented the University had a federal grant that was trying to address the issue of recruitment of Hispanic students into the pharmacy profession.

Mr. Neuhauser thanked the Board for the opportunity.

Members were provided an opportunity to comment after having received public comment; however, no comments were made.

V. Discussion and Possible Action Related to Proposed Regulations, Title 16, California Code of Regulations, Section 1707.6, Related to Notice to Consumers, Including Review of Comments Received During the 15-Day Comment Period on Changes Requested by the Office of Administrative Law

President Oh referenced the meeting materials containing relevant information regarding the proposed action related to proposed regulation, title 16, California Code of Regulations (CCR), section 1707.6, Related to the Notice to Consumers Poster. As noted during the December 2023 Board meeting, the Board received edits requested by the Office of Administrative Law (OAL). The changes included restoring language included on the current notice to consumers poster and text included in section 1707.6 as required by statute. As some of the comments received requested that the Board remove that specific language, Dr. Oh noted as described in the staff responses to comments, removal of the language would violate Business and Professions Code (BPC) section 4122. Having read the meeting materials, Dr. Oh considered the comments and agreed with the staff recommendation.

Members were provided the opportunity to comment.

Member Crowley noticed public comments indicated a confusion on where the poster should be posted in a hospital pharmacy setting. Dr. Crowley wanted to better understand from someone who worked in a hospital pharmacy where the poster was required to be posted. Member Serpa indicated it is typically posted by the door of the pharmacy.

Member Jha noted the language requires the pharmacy must provide any medication prescribed to the consumer. Mr. Jha asked if a pharmacy made a business decision to not stock certain kinds of medications how that would impact the pharmacy.

President Oh indicated that was a policy issue to be considered as a possible issue for the Board's upcoming sunset review but was outside of the current regulation for consideration before the Board. Dr. Oh noted the language was currently required by the statute. Ms. Sodergren confirmed there wasn't flexibility in the statute but the Board can review conditions in BPC 733 as part of the sunset process to see if changes would be appropriate. Dr. Serpa recalled this language was not an addition but something that was on the current poster and OAL reminded the Board that it was required to be included on the new poster.

Motion: Accept the Board staff recommended comment responses and adopt the regulation text as noticed on December 13, 2023. Additionally, delegate to the executive officer the authority to make technical or non-substantive changes as may be required by the Control agencies to complete the rulemaking file.

Title 16. Board of Pharmacy
Modified Text

Proposed Text: Underline is text that will be added. ~~Strikethrough~~ is text that will be deleted.
Modified Text: Double Underline is text that will be added. ~~Double Strikethrough~~ is text that will be deleted.

Amend Section 1707.6 to Title 16 of the California Code of Regulations, to read as follows:

§ 1707.6. Notice to Consumers.

(a) ~~In every pharmacy there shall be prominently posted, in a place conspicuous to and readable by a prescription drug consumer, a notice containing the text in subdivision (b).~~ Every pharmacy shall post a notice containing the text in subsection (b) and shall place the notice in a conspicuous place, physically accessible to a prescription drug consumer (consumer) so that the consumer can easily read the notice, and use the QR code displayed on the notice to obtain language translation of the notice. Such notice shall be posted at all locations where a consumer receives medication. Each pharmacy shall use the standardized poster-sized notice provided or made available by the board, unless the pharmacy has received prior approval of another format or display methodology from the board. The board may delegate authority to a committee or to the Executive Officer to give the approval. As an alternative to a printed notice, the pharmacy may also or instead display the notice on a video screen located in a place conspicuous to and readable by ~~prescription drug~~ consumers, so long as: (1) The video screen is at least 24 inches, measured diagonally; (2) The pharmacy utilizes the video image notice provided by the board; (3) The text of the notice remains on the screen for a minimum of 60 seconds; ~~and~~ (4) The video screen utilizes QR code technology for the consumer to access translation of the notice, with sufficient display time for consumers to access the QR code; and (5) No more than five minutes elapses

between displays of any notice on the screen, as measured between the time that a one-screen notice or the final screen of a multi-screen notice ceases to display and the time that the first or only page of that notice re-displays. The pharmacy may seek approval of another format or display methodology from the board. The board may delegate authority to a committee or to the Executive Officer to give the approval.

(b) The notice must also include a QR code that assists limited-English-proficient individuals and informs consumers that the QR code may be used to obtain a translation of the notice. Consumers must be able to use the QR code to obtain translation of the notice in ~~the top 16 languages spoken by limited-English-proficient individuals in California, as determined by the U.S. Department of Health and Human Services, Office for Civil Rights, and the California Department of Health Care Services.~~ Arabic, Armenian, Chinese, English, Farsi, Hindi, Hmong, Japanese, Korean, Khmer / Cambodian, Punjabi, Russian, Spanish, Tagalog, Thai, and Vietnamese. It shall contain the following text:

~~NOTICE TO CONSUMERS~~
KNOW YOUR RIGHTS

California law requires a pharmacist to speak with you upon your request, every time you get a new prescription, and every time you get a new prescription dosage form, strength, or written directions.

~~*You* have the right to ask for and receive from any pharmacy prescription drug labels in 12-point font.~~

Interpreter services are available to you upon request at no cost.

TALK TO THE EXPERT – SPEAK WITH YOUR PHARMACIST

Before you leave the pharmacy, CHECK: ~~taking your medicine, be sure you know: the name of the medicine and what it does; how and when to take it, for how long, and what to do if you miss a dose; possible side effects and what you should do if they occur; whether the new medicine will work safely with other medicines or supplements; and what foods, drinks, or activities should be avoided while taking the medicine. Ask the pharmacist if you have any questions.~~

- The patient name on the label is correct;
- The medication matches the description on the label;
- The name of the medicine and what it does;
- How and when to take the medication, for how long, and what to do if you miss a dose;
- Possible side effects and what you should do if they occur;
- Whether the medication will work safely with other medicines or supplements; and
- What foods, drinks, or activities should be avoided while taking the medicine.

The address and contact information for consumers to send any complaints about the pharmacy:

California State Board of Pharmacy

2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100
www.pharmacy.ca.gov.

This pharmacy must provide any medicine or device legally prescribed for you, unless ~~it is not covered by your insurance;~~ you are unable to pay the cost of the drug or device ~~a copayment~~; or the pharmacist determines doing so would be against the law or potentially harmful to the patient's health. If a medicine or device is not immediately available, the pharmacy will work with you to help you get your medicine or device in a timely manner.

You may ask this pharmacy for information on drug pricing and use of generic drugs.

(c) Every pharmacy, in a place conspicuous to and readable by a prescription drug consumer, at or adjacent to each counter in the pharmacy where dangerous drugs are dispensed or furnished, shall post or provide a notice containing the following text:

Point to your language. Interpreter services will be provided to you upon request at no cost.

This text shall be repeated in Arabic, Armenian, Chinese, English, Farsi, Hindi, Hmong, Japanese, Korean, Khmer / Cambodian, Punjabi, Russian, Spanish, Tagalog, Thai, and Vietnamese. ~~the top 16 languages spoken by limited-English-proficient individuals in California, as determined by the U.S. Department of Health and Human Services, Office for Civil Rights, and the California Department of Health Care Services.~~

~~This text shall be repeated in at least the following languages: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Korean, Mandarin, Russian, Spanish, Tagalog, and Vietnamese.~~

Each pharmacy shall use the standardized notice provided or made available by the board, unless the pharmacy has received prior approval of another format or display methodology from the board. The board may delegate authority to a committee or to the Executive Officer to give the approval.

The pharmacy may post this notice in paper form or on a video screen if the posted notice or video screen is positioned so that a consumer can easily point to and touch the statement identifying the language in which ~~he or she requests~~ they request assistance. Otherwise, the notice shall be made available on a flyer or handout clearly visible from and kept within easy reach of each counter in the pharmacy where dangerous drugs are dispensed or furnished, available at all hours that the pharmacy is open. The flyer or handout shall be at least 8 1/2 inches by 11 inches.

(d) As an alternative to posting the notice from subdivision (b) in a conspicuous place, pharmacies may instead provide the notice on a patients' written receipt. ~~Every pharmacy shall either post or provide on the patient's written receipt a statement describing patients' rights per Business and Professions Code sections 733 and 4122.~~

Note: Authority cited: Sections 4005 and 4122, Business and Professions Code. Reference: Sections 733, 4005, 4076.5 and 4122, Business and Professions Code.

M/S: Chandler/De La Paz

Members of the public were provided the opportunity to comment in Sacramento; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A pharmacist with Sutter Health spoke in support of written comments that stated the poster should not be required for acute care and other pharmacies that do not dispense directly to the patient. The commenter noted that while BPC section 4122 (a) states every pharmacy, BPC section 4122 (d) states this section shall not apply to a pharmacy located in a licensed hospital accessible only to hospital medical staff and personnel. The commenter added because of the risk for diversion and robberies based on the types of medications provided to patients in hospitals, many hospitals have removed all signage to pharmacies in hospitals. The commenter requested the Board reevaluate for the questions and concerns regarding comment number two.

A representative of CSHP commented in support of the previous commenter, noting in the hospital the pharmacy location is hidden to reduce the opportunity for theft and diversion. As a pharmacist-in-charge at a hospital, the commenter personally had pharmacy signage removed to deter diversion and theft.

Member Thibeau joined the meeting at 11:45 a.m. via WebEx. Dr. Thibeau disclosed there were no individuals age 18 or older present in the room with her.

Members were provided an opportunity to comment after having received public comment.

Member Serpa requested clarification if BPC section 4122 (a) pertained to BPC section 4122 (d). DCA counsel Robbins provided because the language specifically speaks to areas open to consumers, any hospital or facility that was not consumer facing would not have to worry that the language applied.

President Oh thought further clarification might be needed for the regulation prior to moving forward. Dr. Serpa noted CCR 1707.6 didn't state anything about location and the location was stated in BPC section 4122 (d). As a result, it didn't impact the Board's action on the regulation at the meeting. Dr. Serpa noted the question seemed to be about BPC section 4122 (d). Ms. Robbins concurred.

Member Crowley asked if the Board staff's response to comment number two in the meeting materials could be revised to include BPC section 4122 (a) and (d). Ms. Sodergren clarified the final statement of reasons for the rulemaking file would add further detail.

Member Weisz requested clarification on the hospital posting requirement. Ms. Sodergren provided the comments submitted and being considered by the Board refer to the statute and not the regulation language. The recommendation was to consider the comments as they apply to the regulation.

Support: 9 Oppose: 0 Abstain: 1 Not Present: 0

Board Member	Vote
Barker	Yes
Cameron-Banks	Yes
Chandler	Yes
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Abstain
Weisz	Yes

VI. Discussion and Possible Action Related to Proposed Regulations, Title 16, California Code of Regulations, Section 1709.1, Related to Designation of Pharmacist-in-Charge, Including Review of Comments Received During the 45-Day Comment Period

President Oh advised proposed changes to section 1709.1, relevant information, and the comments received during the 45-day comment period were included in the meeting materials. Dr. Oh thanked staff and counsel for their work in preparing the materials and flagging items requiring policy consideration. Dr. Oh agreed with the staff recommendations where offered, including several instances where staff did not recommend any changes to the text based on the comments received.

President Oh requested members' thoughts on the public comment suggesting that the Board should require the pharmacy owner, officer and partner of the pharmacy and other licensed entities to also complete the training. While Dr. Oh agreed in concept that such individuals should be aware of the role of a PIC, Dr. Oh expressed concern about expanding the proposal, especially to some of the entities suggested in the CSHP comment such as wholesalers, 3PLs, etc., that do not have a PIC.

Members were provided an opportunity to comment.

Member Chandler agreed with President Oh about the need for owners to understand what a PIC does, but stated that this regulation may not be the place to address that.

Member Jha asked if the training was a prerequisite that needed to occur before applying to be a PIC. Ms. Sodergren noted that the training was a prerequisite and was intended to be easily completed online in less than an hour. Dr. Oh noted the intent was to raise awareness, so that prospective PICs know what they are signing up for. Mr. Jha thought if it could be done easily prior to hiring it made sense.

Member Barker commented in support of comment four from CSHP. Dr. Barker noted the self-assessment form must be completed every two years where the hospital administrator has to acknowledge and will understand the PIC's recommendations as well as understanding their responsibility. Dr. Barker was in support of future required training for PICs.

Member Jha stated that if this was to be a Board-supported one or two hours of continuous education training, he was also in support of it being required for all pharmacists and not just PICs.

Member Crowley said the training could be posted on the Board's website and made accessible to anyone who wanted to see it, but she did not think it should be required for all pharmacists. Dr. Crowley expressed her support for the training being required for temporary PICs. Dr. Crowley spoke from personal experience as being a new graduate being pulled into a temporary PIC position and being told it was temporary. Dr. Crowley thought the training would have been nice to have available. Dr. Crowley noted it was important for the pharmacist agreeing to be temporary or permanent PIC to know what would be required of them.

Dr. Oh expressed concern that requiring the training for temporary PICs might hinder a business' ability to function. Dr. Barker spoke in support of the training being required for temporary and permanent PICs. Mr. Jha asked if the training was Board provided, would it count toward the required continuing education. Ms. Sodergren noted the Board could approve it for purposes of continuing education. Mr. De La Paz spoke in support. Member Serpa asked if the discussion would be impacted as temporary PICs

were discussed in a different section of the regulations. DCA counsel Robbins added she would look into the question and update the Board.

Motion: Accept the Board staff recommended comment response with the amendment to include temporary PICs and adopt the regulation text as noticed on November 17, 2023. Further amend the proposed regulation text to specify that an individual being established as an interim PIC must also complete the training in advance of being placed in an interim capacity. Additionally, delegate to the executive officer the authority to make technical or non-substantive changes, release it for a 15-day comment period, and bring back to the Board for further consideration. Further, if the change could not be implemented in section 1709.1 but the Board was clear on policy, Board staff could work with counsel to ensure that it was the appropriate section or bring back options to the Board.

Title 16. Board of Pharmacy
Proposed Text

Proposed changes to current regulation text are indicated with single strikethrough for deletions and single underline for additions.

Amend Section 1709.1 of Article 2 of Division 17 of Title 16 of the California Code of Regulations to read:

§ 1709.1. Designation of Pharmacist-In-Charge

(a) The pharmacist-in-charge (PIC) of a pharmacy shall be employed at that location and shall have responsibility for the daily operation of the pharmacy. Prior to approval of the board, and as part of the application and notice process set forth in Section 1709 of this Division ("application"), a pharmacy shall submit its proposed PIC. The PIC shall have completed the board-provided Pharmacist-in-Charge Overview and Responsibility training course within two years prior to the date of application. The PIC shall complete an attestation statement in compliance with this section. For purposes of this section, a completed attestation statement shall include all of the following: name of the proposed pharmacist-in-charge, the individual's license number, a statement that they have read Sections 4036.5, 4081, 4113, and 4330 of the Business and Professions Code and this section, and a statement identifying the date that the proposed PIC took the board's training course, and a declaration signed under penalty of perjury of the laws of the State of California that the information provided by the individual is true and correct.

(b) The pharmacy owner shall vest the pharmacist-in-charge with adequate authority to assure compliance with the laws governing the operation of a pharmacy.
(c) No pharmacist shall be the pharmacist-in-charge of more than two pharmacies. If a pharmacist serves as pharmacist-in-charge at two pharmacies, those pharmacies shall not be separated by a driving distance of more than 50 miles.
(d) No pharmacist shall be the pharmacist-in-charge of a pharmacy while concurrently serving as the designated representative-in-charge for a wholesaler or a veterinary food-animal drug retailer.
(e) Notwithstanding subdivision (a), a pharmacy may designate any pharmacist who is an employee, officer or administrator of the pharmacy or the entity which owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis as the pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity which owns the pharmacy, shall be prepared during normal business hours to provide a representative of the board with documentation of the involvement of a pharmacist-in-charge designated pursuant to this subdivision with the pharmacy and efforts to obtain and designate a permanent pharmacist-in-charge.
(f) A pharmacist may refuse to act as a pharmacist-in-charge at a second pharmacy if the pharmacist determines, in the exercise of his or her professional judgment, that assuming responsibility for a second pharmacy would interfere with the effective performance of the pharmacist's responsibilities under the Pharmacy Law. A pharmacist who refuses to become pharmacist-in-charge at a second pharmacy shall notify the pharmacy owner in writing of his or her determination, specifying the circumstances of concern that have led to that determination.
(g) A person employing a pharmacist may not discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this section.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4036.5, 4081, 4113, 4305 and 4330, Business and Professions Code.

M/S: Crowley/De La Paz

Members of the public were provided the opportunity to comment in Sacramento; however, no comments were made.

Members of the public were provided the opportunity to comment through WebEx.

A pharmacist representative of Sutter Health commented the PIC was already asked to do a self-assessment as the PIC and this would require additional training. The pharmacist reiterated and supported CSHP's comment to request the owner/officer of the pharmacy would also have to take the training. The pharmacist requested to update this before the vote and have a public meeting if needed.

A representative of CSHP commented about the comment submitted by Ms. Bardas regarding consultant pharmacist for clinics and provided background. The representative also commented that the Board may not have jurisdiction over clinic administrators. The representative suggested the Board discuss at a future meeting the deviations that a consulting pharmacist was responsible for at clinics as the consulting pharmacist is not a principal and didn't have the authority to require changes.

Members were provided an opportunity to comment after having received public comment; however, no comments were made.

Support: 10 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Yes
Cameron-Banks	Yes
Chandler	Yes
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

The Board took a lunch break from 12:15 p.m. to 1:00 p.m. The Board began the meeting in open session at 1:00 p.m. At 1:01 p.m. the Board went into closed session. Closed session ended at 1:09 p.m. The Board took a break and resumed in open session at 1:24 p.m. Roll call was taken. The following Board members were physically present in Sacramento: Jessi Crowley, Licensee Member; Trevor Chandler, Public Member; Renee Barker, Licensee Member; KK Jha, Licensee Member; Jose De La Paz, Public Member; Maria Serpa, Licensee Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. Nicole Thibeau, Licensee Member, was present via WebEx. A quorum was established.

VII. Discussion and Possible Action Related to Proposed Regulations, Title 16, California Code of Regulations, Section 1746.3, Related to Opioid Antagonist Protocol, Including Review of Comments Received During the 45-Day Comment Period

President Oh provided the next regulation for consideration was a possible action related to section 1746.3 related to the Board's Opioid Antagonist Protocol. Meeting materials included relevant information. Staff were recommending that the introductory language be amended to add "for overdose reversal" which is both consistent with the Board's policy as well as the legislative intent. Dr. Oh thanked the commenters who highlighted this opportunity to improve the language with this change. Dr. Oh considered the materials and agreed with staff recommendations as well as advised

members that staff consulted with the expert used to assist with updating the protocol, Dr. James Gaspar. Dr. Gaspar agreed with the recommendations and changes offered by staff.

Members were provided the opportunity to comment.

Member Crowley asked if the language around the medication guide was required and wondered if it was redundant. Ms. Robbins asked for additional information. Dr. Crowley clarified one of the comments had a link to the FDA list for medications requiring medication guides being provided. Dr. Crowley noted naloxone as Narcan an opioid reversal agent and some of the others didn't have a medication guide through the FDA so this would be asking pharmacists to do something they may not have the ability to do. Ms. Robbins added if the medication guide was not available, the pharmacist wouldn't be required to do it noting the language already considered if the medication guide wasn't available. Ms. Robbins added the Board could review the language if it appeared confusing. Ms. Sodergren added the intent for the medication guide to be provided is because the Board was removing the requirement for the fact sheet to be provided. If the language was not clear, the phrase "where available" could be added. Dr. Crowley thought there might be confusion on the term "medication guide" and it might be more appropriate to leave the fact sheet language.

Member Serpa commented that she thought this was a semantics issue, and noted that patient medication materials were given with every prescription as well. Dr. Serpa didn't want to resurrect the fact sheet that the Board had to maintain and provide and suggested "medication guide" was meant to be patient educational materials. Dr. Oh asked if "FDA-approved medication guide" could be replaced with "education material." Dr. Serpa added if this would be duplicative as it already said, "consistent with the law and regulation" that already addresses this issue and recommended removing the sentence, "The person to whom the drug is furnished shall also receive the FDA-approved medication guide." Dr. Crowley agreed.

Motion: Accept the Board staff recommended comment response and amend the regulation text as recommended by Board staff and removal of the sentence in (4) and clarify the "opioid reversal agent" in the beginning of the regulation. Additionally, if no adverse comments are received during the 15-day comment period, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1746.3 as noticed. Further, delegate to the executive officer the authority to make technical or non-substantive changes as may be required by the Control agencies to complete the rulemaking file.

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. Board of Pharmacy

Modified Regulatory Language
Opioid Antagonist Protocol

Legend: Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~. **Modified Text Legend**: Added text is indicated with a double underline. Deleted text is indicated by ~~double strikeout~~.

Amend section 1746.3 to Article 5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1746.3. Protocol for Pharmacists Furnishing Opioid Antagonists ~~Naloxone Hydrochloride~~.

A pharmacist furnishing an opioid antagonist for overdose reversal ~~naloxone hydrochloride~~ pursuant to section 4052.01 of the Business and Professions Code shall satisfy the requirements of this section.

(a) As used in this section:
   (1) "Opioid" means naturally derived opiates as well as synthetic and semi-synthetic opioids.
   (2) "Recipient" means the person to whom ~~naloxone hydrochloride~~ an opioid antagonist is furnished.

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

(c) Protocol for Pharmacists Furnishing Opioid Antagonists ~~Naloxone Hydrochloride~~. Before providing an opioid antagonist ~~naloxone hydrochloride~~, the pharmacist shall:
   ~~(1) Screen the potential recipient by asking the following questions:~~
      ~~(A) Whether the potential recipient currently uses or has a history of using illicit or prescription opioids. (If the recipient answers yes, the pharmacist may skip screening question B.);~~
      ~~(B) Whether the potential recipient is in contact with anyone who uses or has a history of using illicit or prescription opioids. (If the recipient answers yes, the pharmacist may continue.);~~
      ~~(C) Whether the person to whom the naloxone hydrochloride would be administered has a known hypersensitivity to naloxone. (If the recipient answers yes, the pharmacist may not provide naloxone. If the recipient responds no, the pharmacist may continue.)~~

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

(~~2~~1) Provide the recipient training in opioid overdose prevention, recognition, response, and administration of the opioid antagonist furnished ~~antidote naloxone~~.

(~~3~~2) When an opioid antagonist ~~naloxone hydrochloride~~ is furnished:

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

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

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

(4~~3~~) Product Selection: A pharmacist shall advise the recipient on how to choose the route of administration based on the formulation available, how well it can likely be administered, the setting, and local context. ~~A pharmacist may supply naloxone hydrochloride as an intramuscular injection, intranasal spray, auto-injector or in another FDA-approved product form.~~ A pharmacist may also recommend optional items when appropriate, including alcohol pads, rescue breathing masks, and rubber gloves.

(~~5~~4) Labeling: A pharmacist shall label the ~~naloxone hydrochloride~~ opioid antagonist consistent with law and regulations. The person to whom the drug is furnished shall also receive the FDA-approved medication guide. ~~Labels shall include an expiration date for the naloxone hydrochloride furnished. An example of appropriate labeling is available on the Board of Pharmacy's website.~~

~~(6) Fact Sheet: The pharmacist shall provide the recipient a copy of the current naloxone fact sheet approved by the Board of Pharmacy or a fact sheet approved by the executive officer. The executive officer may only approve a fact sheet that has all the elements and information that are contained in the current board-approved fact sheet. The board-approved fact sheet shall be made available on the Board of Pharmacy's website in alternate languages for patients whose primary language is not English. Fact sheets in alternate languages must be the current naloxone fact sheet approved by the Board of Pharmacy.~~

(~~7~~5) Notifications: ~~If the recipient of the naloxone hydrochloride is also the person to whom the naloxone hydrochloride would be administered, then the naloxone recipient is considered a patient for purposes of this protocol and notification may be required under this section.~~

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

At the request of the patient, a pharmacist shall notify the identified primary care provider, if any, of the product furnished or enter appropriate information in a shared patient record system as permitted by the primary care provider. If the patient does not have or does not identify a primary care provider, ~~or chooses not to give notification consent, then~~ the pharmacist shall provide the patient a written record of the drug~~(s) and/or device(s)~~ furnished ~~and advise the patient~~ along with a recommendation for the patient to consult with an appropriate health care provider of the patient's choice.

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

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

NOTE: Authority cited: Section 4052.01, Business and Professions Code. Reference: Section 4052.01, Business and Professions Code.

M/S: Crowley/Weisz

Members of the public were provided the opportunity to comment in Sacramento; however, no comments were made.

Members of the public were provided the opportunity to comment through WebEx.

A representative of CPhA agreed with the removal of the sentence referencing the medication guide, noting if the Board was looking to require patient education materials, the language for the self-administered hormonal contraception language could be used as a model.

Members were provided an opportunity to comment after having received public comment.

Member Crowley requested clarification on whether this protocol applied to over the counter (OTC) naloxone. Ms. Sodergren thought the distinction should be made that this is for a pharmacist to furnish a prescription item so OTC would not need to follow this kind of protocol. Dr. Crowley didn't think it was relative to the motion but wanted to get clarification. Dr. Oh's hope was if the pharmacist was doing naloxone per protocol and

the insurance covers OTC, they would still be able to do it under their protocol to submit to the insurance so patients wouldn't have to be pay out of pocket.

Support: 9 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Yes
Cameron-Banks	Not present
Chandler	Yes
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

VIII. Discussion and Possible Action Related to Proposed Regulations, Title 16, California Code of Regulations, Sections 1732.5 and 1732.8, Related to Continuing Education

President Oh advised the continuing education regulation was promulgated to implement the cultural competency CE requirements established in AB 2194, Statutes of 2022. As no comments were received during the comment period, this proposed regulation was being brought to the Board for adoption if the Board believed such action was appropriate.

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

Motion: Adopt the regulation text as noticed on December 15, 2023. Additionally, delegate to the executive officer the authority to make technical or non-substantive changes as may be required by the Control agencies to complete the rulemaking file.

Title 16. Board of Pharmacy
Proposed Regulation Text

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

Amend Section 1732.5 to Article 5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1732.5. Renewal Requirements for Pharmacists.

(a) Except as provided in ~~S~~section 4234 of the Business and Professions Code and ~~S~~section 1732.6 of this Division, each applicant for renewal of a pharmacist license shall submit proof satisfactory to the ~~b~~Board, that the applicant has completed 30 hours of continuing education (CE) in the prior 24 months.

(b) At least two (2) of the thirty (30) hours required for pharmacist license renewal ("required CE hours") shall be completed by participation in a Board provided CE course in Law and Ethics. Further, beginning January 1, 2024, at least one (1) hour of the required CE hours shall be completed by participating in a cultural competency course from an accreditation agency approved by the Board pursuant to section 1732.05, covering the specified content areas as required by section 4231 of the Business and Professions Code. ~~Pharmacists renewing their licenses which expire on or after July 1, 2019, shall be subject to the requirements of this subdivision~~.

(c) Pharmacists providing specialized patient-care services, as identified in subsections (c)(1)-(4) below, shall complete specialized CE (as part of the required CE hours) as follows:

(1) At least one (1) hour of approved CE specific to smoking cessation therapy, as required by section 4052.9 of the Business and Professions Code, if applicable.

(2) At least two (2) hours of approved CE specific to travel medicine, as set forth in section 1746.5 of this Article, if applicable.

(3) At least one (1) hour of approved CE specific to emergency contraception drug therapy, as required by Business and Professions section 4052.3, if applicable.

(4) At least one (1) hour of approved CE specific to immunizations and vaccinations, as set forth in section 1746.4 of this Article, if applicable.

(d) Pharmacists who prescribe any Schedule II controlled substances (as defined in Health and Safety Code section 11055) shall complete at least one (1) hour of the required CE hours by participating in a Board approved CE course once every four (4) years on the risks of addiction associated with the use of Schedule II drugs, as required by section 4232.5 of the Business and Professions Code.

(~~c~~e) All pharmacists shall retain their certificates of completion for four (4) years following completion of a continuing education course demonstrating compliance with the provisions of this section.

(f) "Board approved CE course" shall mean coursework from a provider meeting the requirements of section 1732.1.

NOTE: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4052.3, 4052.8, 4052.9, 4231, ~~and~~ 4232, and 4232.5, Business and Professions Code.

Add Section 1732.8 of Title 16 of the California Code of Regulations, to read as follows:

§ 1732.8. Renewal Requirements for Pharmacy Technicians.

(a) Beginning January 1, 2024, as a condition of renewal, a pharmacy technician licensee shall submit proof satisfactory to the Board that the applicant has completed at least one (1) hour of continuing education (CE) in a cultural competency course covering the specified content areas, from an accreditation agency approved by the Board pursuant to section 1732.05, during the two years preceding the application for renewal, as required by section 4202 of the Business and Professions Code. All pharmacy technicians shall retain their certificate of completion for four (4) years from the date of completion of the cultural competency course demonstrating compliance with the provisions of this section.

(b) If an applicant for renewal of a pharmacy technician license submits the renewal application and payment of the renewal fee but does not submit proof satisfactory to the Board that the licensee has completed the cultural competency course as required, the Board shall not renew the license and shall issue the applicant an inactive pharmacy technician license.

(c) If, as part of an investigation or audit conducted by the Board, a pharmacy technician fails to provide documentation substantiating the completion of CE as required in subsection (a), the Board shall cancel the active pharmacy technician license and issue an inactive pharmacy technician license in its place. A licensee with an inactive pharmacy technician license issued pursuant to this section may obtain an active pharmacy technician license by submitting renewal fees due and submitting proof to the Board that the pharmacy technician has completed the required CE.

NOTE: Authority cited: Sections 462 and 4005, Business and Professions Code. Reference: Sections 462 and 4202, Business and Professions Code.

M/S: Chandler/De La Paz

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A representative of CPhA commented in appreciation of this regulation being consolidated in a single area.

A pharmacist commented raising concerns regarding the new continuing education requirement for cultural competency as it did not reflect her beliefs. The commenter spoke in support of the Board waiving the requirement for licensees in her position.

Support: 9 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Yes
Cameron-Banks	Not present
Chandler	Yes
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

IX. Licensing Committee

President Oh provide a report on the Licensing Committee, including thanking fellow committee members: Trevor Chandler, Renee Barker, Jessica Crowley and Jason Weisz.

a. Draft Survey Related to Pharmacist to Pharmacy Technician Ratio

Dr. Oh reported the Board continually receives comments about the issue of the pharmacist to pharmacy technician ratio. The meeting materials detailed the current law related to ratios and policy questions considered by the Committee with a summary of the Committee's discussion and public comment. While the issue continued to be complex, it was ultimately incumbent upon the Board to determine if the current ratio established in the statute was appropriate for consumer protection, or if changes were appropriate. Consistent with the Committee's prior discussions, it was determined that the Board should release a survey as a means to receive more feedback from pharmacists on the issue of ratios.

Dr. Oh advised at the January 2024 meeting, the Licensing Committee considered the draft survey prepared by staff in consultation with an expert within DCA and were comfortable with the survey as presented in the meeting materials.

Members were provided an opportunity to comment; however, no comments were made.

Committee Motion: Recommend approval of the survey with rewording of question 8 and including an additional option on questions 19 and 20 to allow a respondent to specify that the ratio should be determined by the PIC.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A representative of CPhA requested that question #15 be broken into two questions.

A representative of Walgreens thanked the Board for amending questions #19 and #20.

Members were provided an opportunity to comment.

Member Crowley agreed with the CPhA representative to separate question #15 into a question about prescription volume and a question about vaccines or clinical services. Dr. Oh explained the committee recommendation would have to be voted down and a new motion established.

Support: 0 Oppose: 9 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	No
Cameron-Banks	Not present
Chandler	No
Crowley	No
De La Paz	No
Jha	No
Oh	No
Serpa	No
Thibeau	No
Weisz	No

Motion: Recommend approval of the survey with rewording of question 8, including an additional option on questions 19 and 20 to allow a respondent to specify that the ratio should be determined by the PIC, and splitting question 15 into two questions.

M/S: Crowley/Thibeau

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Support: 9 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Yes
Cameron-Banks	Not present
Chandler	Yes
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

b. Proposed Amendment to California Code of Regulations, Title 16, Section 1707.4, Related to Central Fill Pharmacies

Dr. Oh recalled strategic objective 1.2 calls for the Board to consider and pursue necessary changes in the law regarding various pharmacy practice settings to ensure variances in the practice were appropriate. Consistent with this strategic objective, the Committee scheduled discussion on central fill pharmacies.

Dr. Oh reported the Committee previously considered a number of policy questions and determined it was appropriate to update its regulations to remove some of the ambiguity in the law. Dr. Oh reminded all the Committee previously received public comment suggesting that the Board could convey its policy through a means other than through rulemaking, suggesting that *The Script* may be an appropriate means by which to convey the information; however, DCA regulation counsel previously confirmed that the Board cannot interpret regulations through an FAQ or the newsletter and this must be done through regulation. At the January 2024 meeting, the Committee discussed draft regulations. After a robust discussion around several provisions contained in the draft regulations, including on topics such as final product verification, the use of technology in central fill pharmacies, and concerns that the proposed regulations would disrupt central fill operations that already exist, the Committee determined that the proposed text was not ready for consideration by the Board. The Committee received several offers from individuals interested in providing presentations to the Committee on central fill models currently in use. The Committee will continue its discussion at the next Committee meeting.

Members were provided with the opportunity to comment.

Member Jha requested clarification on CCR, title 16, section 1707.4 (a)(3) that read with the underline added "(3) The patient is provided with written information indicating that the prescription may be filled at a central fill pharmacy, and written information, either on the prescription label or with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication." Mr. Jha asked if the patient needed to be informed before they fill the prescription or if the pharmacy must have a general disclaimer with the address of the filling pharmacy on the label. Dr. Oh advised Member Jha would be able to provide his suggestion as this was a fluid discussion. Mr. Jha thought there was ambiguity in what the notification is but as long as a patient receives a vial with the label of the pharmacy that filled it that was sufficient.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A pharmacy technician from CVS commented the disclaimer was important. The commenter also expressed his view that when central fill is involved this can cause delay.

A representative of Walgreens thanked the Committee for the continued discussion.

Members were provided an opportunity to comment; however, no comments were made.

c. Proposed Definition of Mail Order Pharmacy

Dr. Oh reported the Licensing Committee began evaluation of mail order pharmacies where a few key issues were identified, including the general inability for the Board to inspect non-resident pharmacies and that all pharmacies, regardless of business model, were generally regulated under the same legal requirements, which provides for simplicity, but it can also lead to confusion and sometimes can result in patient safety concerns.

Dr. Oh provided at the January 2024 meeting, the Licensing Committee considered a draft definition of mail order pharmacy, noting that establishing a definition could ensure a common understanding between the Board and stakeholders. During the Committee's discussion several issues were identified including what would be an appropriate threshold of shipped prescriptions to designate an entity as a mail order pharmacy. The Committee believed the issue

was appropriate for inclusion in the upcoming sunset report, but noted that additional consideration of the issue was necessary. Dr. Oh indicated as the chair of the Committee, he would be working with staff on next steps before the issue was discussed again at the April 2024 Licensing Committee meeting.

Members were provided with the opportunity to comment.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

d. Pharmacy Technician Training Program Requirements

Dr. Oh referenced meeting materials detailing the relevant laws and regulations regarding pharmacy technician training programs, noting there were various pathways to licensure for a pharmacy technician applicant, including completion of a pharmacy technician training program that meets specified requirements detailed in regulation. The meeting materials described some of the different types of pharmacy technician training programs, including those that are accredited by ASHP/ACPE and employer-based training programs.

Dr. Oh recalled that Board staff identified some issues with employer-based pharmacy technician training programs. Staff brought the issue to the Licensing Committee for awareness but also to determine if additional parameters were necessary to address some of the common issues identified. Staff were bringing forward for consideration potential changes to the statutory definition of "pharmacy technician trainee."

Dr. Oh provided the meeting materials detailed out some of the common issues Board staff have encountered with pharmacy technician applications. As part of the discussion, it was noted that as the issue was considered, a balanced approach must be taken to ensure barriers to licensure were not created while also ensuring pharmacy technicians were well trained and educated.

Public comment suggested that it was not appropriate to require employer-based training programs to be accredited and recommended that the Licensing Committee receive a presentation on training programs that are accredited by ASHP/ACPE. The Licensing Committee did not take action on this issue, but would continue to consider the issue at the April 2024 meeting.

Members were provided with the opportunity to comment.

Member Serpa commented there was another qualification method of school-based training that she personally found issues with as many of those groups are not University based but are community based or private for-profit institutions. Ms. Sodergren noted the Committee discussion could be broadened if desired by the Committee.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

e. Proposed Amendment to California Code of Regulations, Title 16, Section 1793.65, Related to Pharmacy Technician Certification Programs Approved by the Board

Dr. Oh recalled another pathway to licensure as a pharmacy technician was certification by an agency approved by the Board. The Board's regulation at 16 CCR section 1793.65 lists the two programs currently approved by the Board, which are the Pharmacy Technician Certification Board or PTCB, and the National Healthcareer Association, which administers the ExCPT exam. Section 1793.65 also includes a sunset date of December 31, 2024. Absent action by the Board, the regulation will be repealed on that date.

Dr. Oh reported the Board needed to evaluate the examinations used by these two entities consistent with the Department of Consumer Affairs Licensure Examination Validation Policy. The Board also contracted with the Department's Office of Professional Examination Services (OPES) to perform the work necessary in compliance with the Department's policy; however, that work will not be completed in sufficient time for the Board to consider the results and promulgate regulations as appropriate based on the findings and subsequent Board action.

The Licensing Committee agreed with the staff recommendation to pursue an 18-month extension of the sunset date. The Committee noted that such action will allow for the continued use of these two certification programs as a pathway to pharmacy technician licensure while the work was being performed by OPES and any subsequent regulation change was promulgated. While the two-step process was unfortunate, Dr. Oh believed it was necessary and appropriate to ensure applicants can continue to avail themselves of this pathway to licensure.

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

Committee Motion: Recommend initiation of a rulemaking to amend California Code of Regulations, title 16, section 1793.65 as proposed to be amended. Authorize the executive officer to further refine the language consistent with the Board's discussion and to make any nonsubstantive changes.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Support: 9 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Yes
Cameron-Banks	Not present
Chandler	Yes
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

f. Licensing Statistics

Dr. Oh referenced meeting materials that included licensing statistics for the first six months of the fiscal year. The Board issued 5,119 licenses to individuals and 382 site licenses, and 207 temporary licenses. Dr. Oh congratulated all of those individuals who received a license during this period, including new graduates of pharmacy schools and those entering pharmacy school.

Dr. Oh noted a review of processing times showed improvement in several areas. The data reflected the oldest application of each application type. Dr. Oh highlighted so members understood the Board's average processing time was shorter than what is reported. Dr. Oh thanked licensing staff who demonstrated great commitment to applicants during this time.

Members were provided an opportunity to comment.

Member Chandler asked if any trends were identified. Ms. Sodergren noted a decrease in pharmacy interns noting working with HCAI and projections will help to see if shortages will be anticipated. Ms. Sodergren added with fees decreasing that might increase the pharmacy technician population.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

X. Enforcement and Compounding Committee

Chairperson Serpa provided the Board with a summary of the Enforcement and Compounding Committee's efforts at the January 23, 2024 meeting. Dr. Serpa thanked fellow members, Vice-Chair Renee Barker, Indira Cameron-Banks, Seung Oh, and Nicole Thibeau.

a. Presentation on the Canadian Medication Incident Reporting and Prevention System (CMIRPS) by ISMP Canada

Dr. Serpa recalled as part of the discussion on implementation activities for Assembly Bill 1286, the Board would need to approve an entity to receive and review medication errors. During the committee's October 2023 meeting, members and stakeholders indicated that presentations may be helpful to assist members in understanding the scope of work that may be appropriate for such an entity. As the Board learned through its review of medication errors and efforts undertaken by other jurisdictions, there were Canadian provinces that have mandatory reporting of medication errors, similar to the requirements the Board is implementing.

Dr. Serpa reported that during the January 2024 meeting, the Committee received a presentation from several individuals representing ISMP Canada. As part of the presentation, the Committee heard from a consumer advocate on the importance of medication error reporting. The presentation provided high level information about the reporting system including the different means by which pharmacies can submit information to the error reporting system. An

overview was provided on the elements that must be reported as well as some key findings over a 7-year period.

Dr. Serpa encouraged members to view the webcast on the presentation. Members were provided the opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A representative from Alliance for Quality Improvement in Patient Safety (AQPS) which is the professional association for Patient Safety Organizations (PSOs) encouraged the Board to allow additional presentations from other organizations; allow PSO to provide comments; and encouraged selecting a listed PSO as the approved entity.

b. Presentation on Medication Error Reporting by the Agency for Healthcare Research and Quality

Dr. Serpa recounted through the work of the Medication Error Reduction and Workforce Ad Hoc Committee, the Committee also learned about the Agency for Healthcare Research and Quality (AHRQ) which is the lead federal agency charged with improving the safety and quality of healthcare nationally. The Agency manages the Network of Patient Safety Databases (NPSD) that contains voluntarily submitted medication error reports submitted by patient safety organizations.

Dr. Serpa reported the Committee received a presentation from the Director of the Patient Safety Organization Division at the US Department of Health and Human Services Andrea Timashenka, who provided the history of the implementation of the Patient Safety and Quality Improvement Act. The Committee also learned about common formats used to facilitate standardized reporting including a common format developed specifically for community pharmacy. An overview of the reporting process was provided along with information about information made available from the reports submitted.

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

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

c. Presentation on the State Contracting Process by the California Department of Consumer Affairs

Dr. Serpa provided given the significant interest from entities interested in serving as the entity to receive medication error reports under new section 4113.1 of the BPC, the Committee also received a presentation from the Department of Consumer Affairs. The presentation provided an overview of the request for proposal process to explain how entities would be able to engage in the process. The webcast of the meeting was available on the Board's website for anyone interested in learning more about the process as well as the presentation slides. Dr. Serpa highlighted contact information was provided as the final presentation slide.

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

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

d. Scope of Work and Contract Requirements for Inclusion in the Invitation for Bid for Interested Parties Seeking to Serve as the Approved Entity under Business and Professions Code section 4113.1

Dr. Serpa reported following the presentations, the Committee transitioned its consideration to several questions to help define the scope of work for a future contract with an entity to receive and analyze medication error reports. Dr. Serpa referred to information detailed in the meeting materials and provided a summary.

Member De La Paz left the meeting at 2:21 p.m.

Dr. Serpa highlighted an update from the Committee meeting. At the recommendation of the Department of Consumer Affairs, a Request for Information (RFI) will be released providing stakeholders with another opportunity to provide input on the scope of work provisions. Dr. Serpa advised the Board

would not be approving the scope of work but that it was an opportunity to provide comments on the Committee's discussion.

Dr. Serpa identified one critical item would be to determine the appropriate data elements that must be reported. Many of the recommended elements were consistent with the common format established by AHRQ. The meeting materials highlight the recommended elements with those items in bold being elements also included in the common format. Dr. Serpa noted the meeting materials also highlighted elements from the common format that were not recommended to be included in the Board's mandatory elements. Dr. Serpa added the Committee discussed there were several desired data points and it was best to limit the data elements to the most essential.

Members were provided the opportunity to comment.

Member Chandler asked for clarification on the bold/not bold. Ms. Sodergren provided the bolded items were those in common format with AHRQ but the whole list was recommended by the Committee.

Dr. Serpa reported there were several other items considered by the Committee with consensus reached. The Committee noted the need for a single entity to be the approved entity. The Committee discussed several requirements related to the release of information to the Board. Discussion included the frequency within which data should be provided. The Committee noted that data should be provided to the Board quarterly at least early in implementation. Further, summary information including trends should be provided at least semi-annually and patient safety recommendations and best practices should be provided at least annually. Dr. Serpa highlighted there were also certain types of events that the Committee felt must be reported out more immediately, such as patient safety alerts that, given the urgency of the issue, need to be disseminated on an as needed basis. The Committee believed that the Board also needed to have the ability to request ad-hoc or custom reports.

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

Dr. Serpa advised the last few items for consideration regarding the scope of work included funding provisions and report submission requirements. The Committee agreed that the costs to be assessed to pharmacies needed to be considered as a factor in determining the awarding of the bid and the cost assessment methodology. The Committee also felt that the approved entity must provide multiple methods for pharmacies to submit their reports (*e.g.*, directly or through a designated third party).

Members were provided the opportunity to comment.

President Oh announced Member Thibeau's connection to video dropped. Member Crowley confirmed the Committee decided that pharmacies may report to a PSO and the PSO could report to the Board's selected entity.

Dr. Serpa provided the last item for consideration was if the Board wished to delegate a member to serve on the panel responsible for reviewing proposals and selecting the vendor. The Committee agreed that a member should serve on the panel and that Dr. Serpa was the appropriate member to do so.

DCA counsel Gartner clarified that the panel and the bid process will determine the winning bidder and the winning bidder will be presented to the Board for a final stamp of approval.

Members Thibeau and De La Paz returned to the meeting at 2:27 p.m.

Members were provided the opportunity to comment.

Member Crowley requested a timeline of the process. Ms. Sodergren provided approximately six to nine months, but most likely nine months with an RFI.

Member Chandler asked if it was typical to have a Board member sit on the panel. Ms. Sodergren explained it was helpful to have a member of the policy making Board on the panel.

Motion: Appoint Maria Serpa to serve on the panel responsible for review of proposals and selection of a vendor to serve as the Board's approved entity consistent with Business and Professions Code Section 4113.1.

M/S: Barker/Crowley

Dr. Serpa reiterated the Committee's desire to ensure that all interested parties were aware of the DCA contact information in the meeting materials. Interested parties can advise the Department of Consumer Affairs of their interest in participating in the Request for Information and Request for Proposal processes.

Members of the public in Sacramento were provided the opportunity to comment.

A representative of CVS commented that CVS has contracted with a federally listed PSO for more than 10 years gaining valuable education and insight related to patient safety and quality. The representative noted significant value in working with a PSO to improve patient safety as they are uniquely qualified to collect and analyze information and to provide feedback to providers to improve patient

safety. The representative urged the Board to consider listing by AHRQ as a PSO as a necessary qualification for the designated entity for accepting error reports under AB 1286. The representative suggested the use of AHRQ common formats could mitigate the risk of barriers to reporting and support the robust reporting that AHRQ has recognized as valuable.

Members of the public participating through WebEx were provided the opportunity to comment.

A representative of AQPS echoed the comments of CVS about the benefits of using a PSO. The representative stated that the pharmacy unique identifier is not a reporting element of the AHRQ community pharmacy common format. The commenter referred to the written comments her organization had submitted on this and other topics. The representative thanked the Board for having an RFI issued but stated her view that there would need to be rulemaking on some of the issues.

A representative from Walgreens commented Walgreens uses and reports to PSOs. The representative noted the PSOs are valuable when they collect company specific data that allows the company to make changes at the system level. The representative encouraged using established PSO to participate if registered with AHRQ.

A pharmacist representative from Kaiser agreed with the comments from the AQPS representative. The representative thought the unique pharmacy identifier should be removed as a data reporting element as it wasn't an element for AHRQ and neither did the ISMP Canada require this data point. The representative thought that collecting that data could have a chilling effect if implemented. The representative appreciated the fact that the law specifies the reports are confidential and not subject to discovery and must be de-identified. The representative warned the protections will not protect against bad actors or those with malicious intents. The representative thought rulemaking would be required.

Members were provided an opportunity to comment.

Dr. Serpa asked Ms. Sodergren to clarify the pharmacy unique identifier. Ms. Sodergren provided the AHRQ common format has a requirement for a provider ID that means each provider shall be identified at the PSO by a unique identifier. The term provider ID was not used but the term unique identifier which is what is required in the common format.

Dr. Serpa asked counsel to clarify if regulations were required to implement the AB 1286 provisions regarding the Board-approved entity, as several commenters had suggested. Ms. Gartner stated that she respectfully disagreed with the position that rulemaking was required.

Member Chandler asked for clarification if the pharmacy unique identifier was required common format. Ms. Sodergren confirmed as she read the documents, it was required.

Support: 9 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Yes
Cameron-Banks	Not Present
Chandler	Yes
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

e. Draft Frequently Asked Questions Related to Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023)

Dr. Serpa recalled as part of the Board's discussion on implementation of Assembly Bill 1286, the committee determined development of frequently asked questions (FAQs) was appropriate. Draft FAQs prepared by staff that cover the various provisions within AB 1286 were presented for Board consideration based on the Committee's recommendation.

Members were provided the opportunity to comment.

Member Crowley recommended adding several additional questions to the FAQ including if a pharmacist intern qualifies to meet the minimum staffing requirement and if it mattered if the pharmacist intern was paid or a volunteer. Additionally, if a pharmacy technician or clerk's rest period or lunch break falls separately from the pharmacist, does there need to be an additional person or clerk at all times.

Dr. Serpa asked Ms. Sodergren to address the pharmacy intern question. Ms. Sodergren indicated it would need to be researched. If the Board thought that was an appropriate question, the question and answer could be determined and added. Ms. Sodergren indicated the FAQs could be a living document moving forward with what is before the Board, allow for research and add further

questions if needed. The question about how AB 1286 applies to staffing regarding meals and breaks could also be researched and brought back.

Dr. Crowley also suggested that a question be added addressing PICs who have to ask permission before making staffing decisions (*e.g.*, when a PIC is required to ask a district manager or store manager, *etc.*). Dr. Serpa referenced question #9 asking if it needed to be updated. Dr. Crowley thought a question should be added indicating no entity should put barriers in how the pharmacist respond. Ms. Sodergren thought that might fit into the unprofessional conduct section.

Committee Recommendation: Recommend approval of the FAQs related to Assembly Bill 1286.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A pharmacy technician from CVS commented there needs to be a question about how the PIC goes about for permission going over the hours leads to professional misconduct. The commenter cited emails from CVS district leaders who emailed identifying stores who went over hours with permission which could lead to intimidation.

Members were provided an opportunity to comment; however, no comments were made.

Support: 9 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Yes
Cameron-Banks	Not present
Chandler	Yes
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

Member Chandler left the meeting at 2:54 p.m. The Board took a break from 2:54 p.m. to 3:10 p.m. Roll call was taken. The following Board members were physically present in

Sacramento: Jessi Crowley, Licensee Member; Renee Barker, Licensee Member; Jose De La Paz, Public Member; KK Jha, Licensee Member; Maria Serpa, Licensee Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. Member Nicole Thibeau, Licensee Member, participated via WebEx. A quorum was established.

f. Proposed Revisions to Frequently Asked Questions Regarding the Use of Mobile Units

Dr. Serpa reported updates to the Board's FAQs related to mobile units were required as part of AB 633 implementation. The Committee reviewed proposed changes and recommended changes to the Board.

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

Committee Recommendation: Recommend approval of the revised updated FAQs related to mobile units.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Support: 8 Oppose: 0 Abstain: 0 Not Present: 2

Board Member	Vote
Barker	Yes
Cameron-Banks	Not Present
Chandler	Not Present
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

g. Draft Self-Assessment Form for Surgical Clinics

Dr. Serpa provided another piece of the implementation for Assembly Bill 1286 related to the establishment of a self-assessment process for surgical clinics. Dr. Serpa referenced the meeting materials containing the draft of the self-assessment form that was updated to include changes identified by the

Enforcement and Compounding Committee Chair after consideration of public comment during the Committee meeting. Dr. Serpa noted the changes were reflected in underline and strikethrough. Dr. Serpa shared because the self-assessment process for surgical clinics was established in statute versus regulation, the Board would not need to incorporate the form by reference in regulation and the approval process would be streamlined.

Members were provided the opportunity to comment.

Member Crowley asked if there was a plan to inform surgical clinics of the self-assessment requirement. Ms. Sodergren provided a subscriber alert would be sent out.

Committee Recommendation: Recommend approval of the draft Surgical Clinic Self-Assessment Form

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A pharmacist consultant working with ambulatory surgery centers commented on item 5.9, which addresses CURES for prescribers who are authorized to prescribe. Nothing was mentioned about section 11165.4(c) and who is exempt from having to check CURES and it includes licensed clinics when a prescription is for a seven-day supply or less. The commenter also commented that in item 7.8 regarding providing translation for directions for use, the word "pharmacy" should be changed to "surgical clinic."

A commenter reminded the Board that the Board did not have jurisdiction over all surgical clinics and only have jurisdiction over surgical clinics that have a pharmacy clinic license. If the surgical clinic has a pharmacy clinic license, they can get a DEA number under the clinic license rather than physician. The commenter requested clarification that the consultant pharmacist is not a PIC.

Members were provided an opportunity to comment.

Dr. Serpa asked if the word "pharmacy" should be changed in 7.8. Ms. Sodergren would confirm with counsel and make the nonsubstantive change if needed if acceptable to the Chairperson and Board. Members were comfortable with this option.

Dr. Serpa addressed the comment regarding 5.9 and section 11165.4(c) and was not sure if surgical clinics fall under that exemption. Ms. Gartner indicated she

could research and get back to the Board. Ms. Sodergren underscored the point of the form is to confirm compliance and if the exemption does apply, the language could be updated as a nonsubstantive change if the Board was agreeable with the Chairperson reviewing prior to updating. The Board was agreeable.

Support: 8 Oppose: 0 Abstain: 0 Not Present: 2

Board Member	Vote
Barker	Yes
Cameron-Banks	Not Present
Chandler	Not Present
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

h. Possible Action to Amend California Code of Regulations, Title 16, Sections 1715 and 1784 and Self-Assessment Forms 17M-13, 17M-14, and 17M-26, Incorporated by Reference

i. Community Pharmacy/Hospital Outpatient Self-Assessment Form 17M-13 (Cal. Code Regs., tit. 16, § 1715(c))

ii. Hospital Pharmacy Self-Assessment Form 17M-14 (Cal. Code Regs., tit. 16, § 1715(c))

iii. Wholesaler/Third Party Logistics Provider Self-Assessment Form 17M-26 (Cal. Code Regs., tit. 16, § 1784(c))

Dr. Serpa recalled at the February 2023 Board meeting, the Board voted to update the community pharmacy, hospital pharmacy, and wholesaler/third party logistics provider self-assessment forms through a streamlined section 100 regulation process. At the time, it was the belief that provided the forms restate law and do not create requirements not already established in statute and regulation, such an approach was possible. Regrettably, the Board recently was advised by the Office of Administrative Law that it cannot use the streamlined process. The updated versions of the three forms were included in the meeting materials as well as a summary of the public comment received. The Committee did not make changes to the forms based on the comment received.

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

Committee Recommendation: Recommend initiation of a rulemaking to amend California Code of Regulations, title 16, sections 1715 and 1784 as proposed to be amended and self-assessment forms 17M-13, 17M-14, and 17M-26 incorporated by reference. Authorize the executive officer to further refine the language consistent with the Board's discussion and to make any nonsubstantive changes.

Members were provided an opportunity to comment.

Member Crowley asked for the community pharmacy self-assessment, who should be signing the forms. Ms. Sodergren provided the Board would accept any individual allowed to bind and sign on behalf of the organization.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A pharmacist representative of Kaiser commented on items 6.14 and 7.11 that ask about cultural competency CE. The commenter stated that it was not clear what the PIC was attesting to in making these attestations.

Dr. Serpa asked for comments from Ms. Gartner and Ms. Sodergren. Ms. Gartner had no comments. Ms. Sodergren noted the Board would not provide outcomes of possible investigations and that an individual would not be able to practice with an inactive license until all requirements were met.

Members were provided an opportunity to comment.

Member Crowley suggested removing 6.14. Member Barker hadn't considered it. Ms. Sodergren noted the self-assessment was an education tool for compliance. Member Jha asked if the Board could provide clarity that the PIC is attesting his/her continuing education has been completed. Dr. Serpa reminded the Board this was a Committee recommendation and would have to be left as is or voted down. Dr. Oh suggested the Board proceed on the rule making process noting changes could be incorporated through the rule making process.

Support: 8 Oppose: 0 Abstain: 0 Not Present: 2

Board Member	Vote
Barker	Yes
Cameron-Banks	Not Present
Chandler	Not Present
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

i. Enforcement Statistics

Dr. Serpa reported the meeting materials included a summary of enforcement statistics for the first six months of the fiscal year. The Board received 1,639 complaints and closed 1,371 investigations. The Board issued 95 Letters of Admonishment, 430 Citations and referred 142 cases to the Office of the Attorney General. As of January 1, 2024 the Board has 1,582 field investigations pending. The materials provided a breakdown of the average timeframe for the various stages of the field investigation process.

Members were provided an opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment.

Member Jha asked for irregularities or trends. Ms. Sodergren added trends will be looked at the end of the fiscal year.

XI. Communication and Public Education Committee

Chairperson Weisz provided the Board with a summary of the Committee's discussion from the January 2024 Communication and Public Education Committee meeting. Mr. Weisz thanked fellow members Vice Chair Nicole Thibeau, Renee Barker, Jose De La Paz, and KK Jha.

a. Transition of Board's Website to a new Template

Mr. Weisz reported the Board's website was transitioning to a new design to create a seamless digital experience. During the January 2024 Committee meeting, Board staff provided a presentation on the website progress. The State provides best practices, tools, resources, and implementation guidelines for the website and digital service community to implement state standards for usability, accessibility, and security. The standards establish requirements for design, content area, and footer. Mr. Weisz reported members noted the new template appeared straightforward and thought the calendar of meeting dates would be useful as well as improve ease of use. Members were advised staff anticipated the transition would be ready by the end of April or the end of June at the latest. Meeting materials included screenshots of the webpages that were designed.

Members were provided an opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

b. Public Education Campaign Related to Revised Notice to Consumers Poster

Mr. Weisz recalled during the July 2023 Committee meeting, members discussed developing a public awareness campaign to support the release of the revised Notice to Consumer poster. During the January 2024 Committee meeting staff gave a presentation on the proposed campaign. This campaign highlights how pharmacists are healthcare professionals with expertise in drug therapy and emphasizes the importance of patients speaking with their pharmacist. During the Committee meeting, members spoke in support of the campaign and provided feedback on the proposed campaign including providing guidance to staff on their preference for images to support the messaging. Members also encouraged staff to incorporate additional images highlighting diversity. The presentation slides were included in the meeting materials.

Members were provided an opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

c. Communication and Public Education Activities by Staff

i. *The Script*

Mr. Weisz advised the new issue of *The Script* was scheduled for early Spring, and will focus on new legislation and disciplinary actions. The October 2023 issue was available on the Board's website.

ii. Staff Outreach

1. Education Campaign Update Regarding ISMP

Mr. Weisz provided an update on outreach activities. An article on ISMP was included in the October 2023 issue of *The Script* as part of the educational campaign. In addition to the article, ISMP information was placed on the Board's website homepage under Important Information for Licensees.

2. Presentations and Training

Mr. Weisz reported other outreach activities included presentations offered by staff at colleges, the California Pharmacists Association, the California Primary Care Association, annual meeting of the California Society of Health Systems Pharmacists, and the America's Physician Groups Pharmaceutical Care Committee Conference, as well as staffing the booth at the Indian Pharmacist Association trade show.

Members were provided an opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

d. News Media Inquiries

Mr. Weisz reported members reviewed the list of media inquiries covering topics such as semiglutide, flavoring, medication errors, and working conditions during the Committee meeting. A list of media inquiries was included in the meeting materials.

Members were provided an opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

XII. Approval of Board Meeting Minutes

a. November 1-2, 2023 Board Meeting

Dr. Oh referenced the draft minutes from the November 1-2, 2023 Board meeting.

Members were provided an opportunity to comment.

Member Serpa requested on page 25 of 42 regarding the discussion about petitioner hearings if all members of the Board could receive materials and watch meetings. Dr. Serpa requested the answer of "no" from counsel be documented. Board staff would review the meeting recording and update the minutes if needed.

Motion: Approve the November 1-2, 2023 Board meeting minutes as presented in the meeting materials subject to updating if review of meeting recording indicated a change was needed to page 25 of 42

M/S: De La Paz/Barker

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

Support: 8 Oppose: 0 Abstain: 0 Not Present: 2

Board Member	Vote
Barker	Yes
Cameron-Banks	Not Present
Chandler	Not Present
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Yes

b. December 13, 2023 Board Meeting

Dr. Oh referenced the draft minutes from the December 13, 2023 Board meeting.

Members were provided an opportunity to comment; however, no comments were made.

Motion: Approve the December 13, 2023 Board meeting minutes as presented in the meeting materials.

M/S: De La Paz/Thibeau

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

Support: 7 Oppose: 0 Abstain: 1 Not Present: 2

Board Member	Vote
Barker	Yes
Cameron-Banks	Not Present
Chandler	Not Present
Crowley	Yes
De La Paz	Yes
Jha	Yes
Oh	Yes
Serpa	Yes
Thibeau	Yes
Weisz	Abstain

XIII. Organizational Development Committee

President Oh advised the Organizational Development Committee Report was for information only. The meeting materials included updated information on the Board's budget for the current fiscal year which began July 1, 2023. The Board's authorized expenditures were anticipated to be about $34.1 million. The largest expenditures included personnel, pro rata, enforcement, and facilities.

Dr. Oh reported the Board's fund condition indicated that it was projected that the Board fund would slowly decrease; however, at a slower rate than was provided in the Board's fee audit. According to the report provided by the DCA, the Board's fund currently has 6.1 months in reserve. Dr. Oh reminded all under the provisions of BPC section 4400(p), the Board shall seek to maintain a reserve equal to approximately one year's operating expenditures.

Dr. Oh advised Board member attendance and mail vote information was included in the meeting materials. Dr. Oh was truly grateful to everyone for their time and commitment to protecting California consumers.

Dr. Oh reported the Board currently had 10 vacant staff positions. Recruitments were ongoing and regular updates on recruitments as part of weekly meetings with the executive officer were received as part of the Organizational Development Committee meetings. Dr. Oh noted there were also three Board member vacancies.

Dr. Oh advised meeting dates for 2024 were included in the meeting materials.

Members were provided an opportunity to comment.

Member Crowley asked about the three vacancies on the Board. Ms. Sodergren advised there were two public member positions and one professional member (community chain) position vacant.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

XIV. Executive Officer Report

a. Budget Restrictions

Ms. Sodergren reported budget restrictions were included in the meeting materials. Ms. Sodergren added the Board was working to implement the restrictions and looking for opportunities to save money on costs.

b. Update on Board-Approved Regulations in Various Stages of Promulgation

Ms. Sodergren advised meeting materials contained updates on regulations in various stages of promulgation. The fee regulation was submitted to the Department to begin pre-review.

c. Update on Board-Approved Legislation for Sponsorship

1. Business and Professions Code Section 4071.1 Related to Remote Processing
2. Business and Professions Code Sections 4081 and 4105 Related to Records
3. Business and Professions Code Section 4111 Related to Ownership Prohibitions
4. Business and Professions Code Section 4112 Related to Nonresident Pharmacy Requirements

Ms. Sodergren advised the Board was not successful in finding authors for four legislative proposals and would be able to pursue these through the sunset process if authors cannot be secured.

d. Mandatory Training for Members and Required Filings

Ms. Sodergren advised Board members to contact Debbie Damoth with questions about mandatory training for Board members.

Members of the Board were provided the opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

The Board heard comments from a specialty pharmacist and member of the public asking if the Board obtained a sponsor for AB 1557.

XV. Report by the California Department of Consumer Affairs

President Oh introduced and welcome Judie Bucciarelli, Staff Services Manager, with the Department of Consumer Affairs to provide an update from the Department.

Ms. Bucciarelli provided an update about the Business, Consumer Services, and Housing Agency welcoming a new Secretary in February 2024. Ms. Tomiquia Moss was appointed by Governor Newsom and would officially begin serving as Secretary on February 12, 2024. DCA extends a warm welcome to Secretary Moss and looks forward to working under her leadership.

Ms. Bucciarelli next provided a Diversity, Equity and Inclusion Update (also referred to as DEI). The Diversity, Equity, and Inclusion Steering Committee held its quarterly meeting on December 15, 2023. The Committee reviewed a draft DEI intranet webpage for employees, reelected its Chairperson and Vice Chairperson for 2024, and discussed DEI trainings. The Committee announced the launch of the DEI intranet page to Department staff. This page provides a centralized location with DEI-related tools and information, and real time updates on the Department's DEI activities for all employees.

Ms. Bucciarelli advised providing DEI training opportunities continues to be a priority for the Department and the DEI Steering Committee. DCA was pleased to offer Board members a DEI training on "How Leaders Navigate DEI Dialogue in the Workplace." The training was recorded and could be taken online via DCA's Learning Management Systems (LMS). The online training was provided by Christopher Veal who has 25 years of corporate experience providing coaching, training, and leadership development. The training provided tools for effective conversations, psychological safety and how it impacts these conversations, and includes discussion around challenges leaders are facing. Questions about the training should be directed to DCA Board and Bureau Relations (BBR).

Ms. Bucciarelli advised the DEI Steering Committee would like to continue to learn about and showcase the DEI activities of DCA's boards and bureaus. If the Board has DEI efforts and achievements to share, please send them to DCA BBR.

Ms. Bucciarelli advised DCA continues to support DCA boards and bureaus in expanding culturally competent communications and promoting the importance of

meeting the needs of all California consumers, licensees, and applicants. The latest issue of DCA's Consumer Connection magazine includes articles with information important to consumers, including a feature cover story translated into three languages (Tagalog, Swahili, and Spanish) to further the reach of this information. The magazine is available on the DCA homepage. Printed copies of the magazine are also available. Please contact DCA BBR for more information.

Ms. Bucciarelli provided an update about Threat Assessment Training as DCA held an active threat assessment training for board and bureau leadership teams on February 2, 2024. California Highway Patrol Officer Byron Wong provided the training, where participants learned about steps that can be taken in the event of an active threat. DCA plans to explore providing this type of training to all board members and staff in the future.

Ms. Bucciarelli provided an update about legislative implementation. DCA successfully developed and launched a new process and portal in support of service members and their families following new federal and state laws passed in 2023 know as the Federal Professional License Portability and State Registration. This new DCA online portal allows boards and bureaus to accept online requests from military servicemembers and their spouses who currently hold a valid license in good standing in another state, district, or territory to register their practice in California within the same profession or vocation, if they relocate to California because of military orders.

Ms. Bucciarelli provided the online portal allows DCA boards and bureaus to timely receive, track, and review requests to ensure compliance with federal and state law. Registrations are required to be approved within 30 days of the board/bureau receiving all the necessary documentation. Additionally, DCA's military resources webpage and board and bureau licensing webpages were updated with Federal Professional License Portability and State Registration information. Currently there are 21 individuals who have registered using the portal and are authorized to practice in California.

Ms. Bucciarelli advised DCA shared the new portal with representatives from the U.S. Department of Defense, California Governor's Military Council, California Department of Veteran Affairs, and the California Military Department as well as relevant legislative committee staff. DCA also provided an outreach toolkit to each board and bureau to share social media updates and listserv emails regarding the launch of the new portal with stakeholders.

Ms. Bucciarelli provided an update on SB 372 (Menjivar) that was signed by Governor Newsom in September 2023 and became effective January 1, 2024. This bill requires DCA boards and bureaus to update license records if they receive government-issued documentation demonstrating a legal change of name or gender for gender transition or domestic violence reasons. This bill allows licensees to request their prior name not be published online in connection with the license or the current name and establishes a process for individuals to access a licensee's enforcement records under their prior

name. This required DCA to ensure the previous name does not appear in connection to the new name on the DCA online license search, while also ensuring that any previous disciplinary records follow the individual so consumers can contact the board/bureau to obtain the previous discipline information, without allowing the new name to be associated with the previous name online. DCA developed a new webpage and global form that licensees can use to request this new confidentiality. DCA also distributed an outreach toolkit with messaging for board staff to use when receiving questions from licensees and the public.

Ms. Bucciarelli provided an update on the Bagley-Keene Open Meeting Act; specifically, on February 2, 2024, DCA provided guidance to its board and bureau leadership on the Bagley-Keene Open Meeting Act amendments to the teleconference meeting requirements, which took effect on January 1, 2024. The guidance included a general overview of the traditional in-person and teleconference meeting requirements and a detailed discussion of the legal requirements and best practices for conducting meetings using the two new teleconference meeting procedures. DCA is available to help boards and bureaus navigate the new requirements. Questions about the requirements for teleconference meetings should be directed to board legal counsel.

Ms. Bucciarelli provided an update on President's Training. On February 22, 2024, DCA invites presidents and vice presidents to attend the Department's annual President's training on February 22, 2024, from 10:00 am – 12:30 pm. This virtual training will outline the role of a board president, including understanding the scope of the role, managing board members, communicating with the Executive Officer, and performing administrative duties. This training not only provides valuable information from DCA staff, but it will also include a panel of prior DCA board presidents. Their knowledge and expertise will provide insight into the significant roles a Board president and vice president play on DCA regulatory boards. They will also be available to answer questions. This training is not only for members who are new to the role of president and vice president, but also for those who have served in the role for a year or more. Learning from each other is a large part of this training. An invitation was emailed to all board presidents and vice presidents last month.

Members were provided an opportunity to comment; however, no comments were made.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment; however, no comments were made.

Members were provided an opportunity to comment; however, no comments were made.

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

President Oh announced the Board would now accept public comment for items not on the agenda and provided instructions on how the public could provide comment.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public participating through WebEx were provided the opportunity to comment.

A member of the public asked what it meant that AB 1557 passed and when could they start working remotely.

A pharmacist commented about the required continuing education for cultural competency requesting that licensee who may have religious beliefs not in alignment with the training be permitted to have a waiver of the requirement.

A retired pharmacist requested a stepdown for pharmacist similar to what is done in Nevada versus retirement of the license and asked the Board to consider for a future agenda item.

Members were provided an opportunity to comment.

Member Crowley requested the stepdown license be addressed by the Licensing Committee. Dr. Oh advised it would be on a future Licensing Committee agenda.

Member De La Paz asked that Public Comments on Items not on the Agenda/Agenda Items for Future Meetings be added to the beginning of the agenda so members of the public have a time certain and encourage members of the public to participate. Dr. Oh noted that is typically done but the meeting today was an odd day due to scheduling.

The Board adjourned 4:17 p.m.