California State Board of Pharmacy
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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GRAY DAVIS, GOVERNOR

STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
PUBLIC BOARD MEETING
MINUTES

DATE: October 20 and 21, 1999

TIME: 8:00 a.m. - 5:00 p.m.

LOCATION: Department of Consumer Affairs
400 R Street, Hearing Room #1030
Sacramento, CA 95814

BOARD MEMBERS PRESENT:
Richard Mazzoni, President
Robert Elsner, Vice President
Darlene Fujimoto
Thomas Nelson
Andrea Zinder
John Jones
Steven Litsey
Holly Strom
Caleb Zia

BOARD MEMBERS ABSENT:
Sandra Bauer
Marilyn Shreve

STAFF PRESENT:
Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer
Robert Ratcliff, Supervising Inspector
Gilbert Castillo, Supervising Inspector
William Marcus, Deputy Attorney General
Lavone Powell, Department Legal Counsel

CALL TO ORDER

President Mazzoni called the meeting to order at 8:03 a.m. on October 20, 1999.

COMMITTEE REPORTS AND ACTION

PUBLIC EDUCATION AND COMMUNICATION COMMITTEE

Ms. Harris reported that the Public Education and Communications Committee held a meeting on October 15th. She updated the board on the activities of the committee, specific items of interest are:

Health Notes

The Health Notes on the care of children and adults with developmental disabilities is in the final stages of peer review and editing. It is anticipated that this Health Notes will be released after the first of the year provided that there is adequate funding for printing and mailing.

An interagency agreement is being drafted with the University of San Francisco, School of Pharmacy to produce the next Health Notes, The subject of which will be alternative medicines. The administrative cost for this project is anticipated to be $25,000; however, this does not include the design, printing, and mailing of the publication.

Request for Proposal (RFP) on the Effectiveness of the Public Education Program

A request for proposal (RFP) was issued to hire a contractor to measure the effectiveness of the board's Public Education Program. This measure will be used to determine what the board's educational efforts should be and to establish a baseline, upon which to measure those efforts. This year the board was provided a onetime augmentation to perform this evaluation.

Newsletter

The board was unable to produce its October newsletter for two reasons. The first is staff was redirected to write the budget change proposal to continue the funding of the board's public education program. And two, budget constraints have required the board to place some projects on hold pending approval by the Department of Finance for current year funding augments for the board's rent and salary increases.

Pharmacy Law-book

The board anticipates mailing the Y2K pharmacy law-book at the end of this year. The cost of mailing this book to all pharmacies is projected to be $55,000.

SMART Coalition

Vice-President Robert Elsner introduced Ellie Peck, executive officer of the SMART coalition, and reported on the activities of the SMART Coalition. A press conference was held on October 5, 1999, for Senior Medication Awareness Month.

Ms. Peck reported on SMART's focus on October for Senior Medication Awareness Month. SMART received a proclamation from Governor Gray Davis. SMART cards are given out only if a senior has attended the workshop, where SMART teaches them how to use the card. The need is overwhelming, 3,000 seniors have been reached and SMART is moving forward. SMART is struggling financially, with less than $30,000 budgeted for last year.

Ms. Peck expounded that SMART is grateful for all of Mr. Elsner's hard work as liaison, and expressed her gratitude to the board for its support.

Medication Education Technology Task Force

The Task Force has not met since the last board meeting. However, the committee has requested that Deputy Attorney General William Marcus analyze recent legislation that has passed regarding patient confidentiality and privacy, to determine its regarding patient compliance programs impact before the task force meets again.

ENFORCEMENT COMMITTEE REPORT

Dr. Fujimoto reported on the September 28, 1999, Enforcement Committee meeting. The following are items of interest or items that require board action.

Quality Improvement Efforts

The inspectors received a 14 percent salary increase through the collective bargaining process. This is a10 percent realignment with a 4 percent cost of living increase. The contract still must be ratified before it will go into effect and will be retroactive to July 1, 1999. The inspectors will receive another 4 percent increase in September 2000 and received a 5 ½ percent on April 1999.

The inspectors were the only pharmacists in its bargaining unit to receive the 10 percent increase, which was due in a large part to the board's support, and the support of the Department of Consumer Affairs.

The board also hired two new inspectors, Roberta Qrzechowski and Robert Grimm.

Team Reports

The Enforcement Team has made efforts to resolve consumer complaints more quickly. It will hire two limited-term analysts to mediate consumer complaints so that the inspectors on the Compliance Team can be redirected to the field to handle the most serious cases. In addition as new inspectors are hired, they will be trained first with the Compliance Team to mediate consumer complaints.

CURES Taskforce

The Enforcement Committee has made efforts to form a Controlled Utilization Review and Evaluation Systems (CURES) Taskforce with other agencies that use CURES such as the Bureau of Narcotic Enforcement and the Medical Board. The data being collected at this time averages 154,000 triplicates a month. In addition, a legislative proposal has been discussed to establish CURES as a permanent program.

Dr. Fujimoto stated that the task force experts would guide the regulatory agencies in identifying excessive levels where intervention may be warranted. This is similar to the regulatory approach taken in Nevada, where prescribes are notified when patients meet parameters set by the Nevada task force that could be indications of "doctor shopping" for controlled drugs. The boards concern is also that patient's aren't receiving proper pain management.

There was further discussion regarding patient confidentiality issues, and how to set up the program so that the information is available to both pharmacists and prescribing physicians, without being punitive in nature.

Healthcare Integrity and Protection Data Bank

New federal requirement mandate that the board report disciplined pharmacists and pharmacies to a federal data bank. Although it appears that the board was required to report as of October 1, the department directed that the board not report any data until the federal regulations are issued.

Expand Cite and Fine Authority

The Enforcement Committee is recommending that the board expand its authority to cite and fine for violations of pharmacy law. The committee is seeking direction as to how this authority should be expanded.

John Jones reported on the specifics of the enforcement team's discussions on cite and fine.

The enforcement team would like to see the board's authority expanded to include such violations as; citing for abandonment of a pharmacy, failure to produce records, absence of pharmacist, no PIC on record, failure to notify board with change of address, failure to comply with CURES program, license lapse of technicians, delinquency fine, medical fraud. In addition the enforcement team would like to see more latitude for board members to cite and fine at compliance committee meetings for diverse violations of pharmacy law.

The board has broad statutory authority to cite and fine, but regulations have to be amended to add the specific sections. Alternatively the regulation could be amended to include any infraction of pharmacy law.

Mr. Marcus stated that it has been his experience that expanding the citation and fine authority has resulted in fewer cases being referred to the Attorney General's office. Also the vast majority of the cases tend to be settled.

The board received general comments from the public about hiring retired inspectors until positions are filled, concern that the board should not expand its cite and fine authority and clarification on the enforcement workload statistics.

MOTION: Amend board regulations to expand the cite and fine authority.

M/S/C: Strom/Elsner

SUPPORT: 9 OPPOSE: 0 ABSTAIN 0

LICENSING COMMITTEE REPORT

Ms. Strom reported on September 16, 1999, Licensing Committee meeting. She stated that the committee is recommending that the board pursue legislation in three areas. Language had not been developed and the committee is seeking direction from the board if supportive of the concepts.

Ms. Strom shared worklaod statistics of the licensing unit. She commended board staff of the licensing team who have done a great job to process application more timely.

Internet Pharmacy

The committee is recommending that the board consider legislation to establish parameters for Internet pharmacies that do business in California. However, the concern is with the enforcement of such provisions.

Proposed Legislation regarding pharmacy practice on the Internet

The board discussed that the board has received a number of media inquiries regarding internet distribution of drugs. However, consumers are not yet calling regarding this subject. However, the Assembly Health Committee wants input from the board for possible legislation next year.

The board stated that an important area is for public support recommendation and to communication/education materials. Additionally, the board (as well as consumers) cannot identify where an internet distributor is located, which makes enforcement difficult. The internet is convenient and is typically used now for "Lifestyle" drugs (hair loss, sexual enhancement, weight loss). Patients need to be educated that such sites may not be like the pharmacy they are familiar with but could be located outside the US and sell substandard drugs. Legitimate operations are willing to register as non-resident pharmacies.

The subject of internet regulations is emerging as a hot area. National and international policy needs to be formulated in this area before the board seeks legislative authority its own. This is an important issue, but legislative action by the board is premature.

MOTION: Retain the Licensing Committee's involvement in this area and keep the board advised.

M/S/C: Strom/Elsner

SUPPORT: 9 OPPOSE: 0 ABSTAIN 0

Demonstration Projects

The committee is recommending that the board pursue legislation that would authorize the board to approve demonstration projects under specified conditions. The proposed legislation would authorize the board to waive certain statutes so that a pharmacy can enter into a demonstration project with a school of pharmacy. The need for such projects was demonstrated during the board's July public forum on automation. While pharmacy law was cited as an impediment to advanced use of emergency technology.

Automated Dispensing

The committee is recommending that the board pursue legislation that would authorize pharmacies to place off-site automated dispensing devices, including such systems that are video interactive with the patient. The device must be controlled by a pharmacist and must be placed in locations authorized to dispense dangerous drugs or devices such as physician offices and clinics. The automated dispensing device would be considered an extension of the licensed pharmacy and as such the pharmacy would be responsible for the record keeping and dangerous drugs stocked in the device. In addition the legislation would authorize a pharmacy to place the device in other locations not authorized to dispense drugs; however, these locations would be required to be licensed as a pharmacy with some modifications to the current pharmacy licensure requirements.

Pharmacy Manpower Shortage

President Richard Mazzoni chaired the Pharmacy Manpower Forum that the Licensing Committee held on September 16th in Sacramento. Board members Holly Strom, Andrea Zinder, Marilyn Shreve Tom Nelson, and John Jones attended. Approximately 75 pharmacists and other interested parties attended. The committee received many comments regarding reciprocity and changed pharmacist-technician ratios that were proposed as possible solutions to the pharmacy manpower shortage. The committee would like direction from the board on how it should proceed on this issue.

Ms. Strom also met in September with all the deans' from the schools of pharmacy. The deans agree that there is no manpower shortage. The deans' do not agree with reciprocity, the majority of them are against it. Dean's goal is for pharmacists to have a more visible role in patient care. The dean's expressed concern with the board using the NAPLEX exam, their first concern is how the pass rate was set. Their second concern is whether the exam matches with the NABP's job analysis. Moreover if the national exam does not meet with California's job analysis then the board can't approve the licensing exam for California. The board can't use their exam because it doesn't test for same skills being taught here in California.

Ruta Arellano reported that at the October Competency Committee meeting, the committee finalized their job analysis survey. By the end of October 2000 surveys will go out to pharmacists throughout the state. Half of the surveys are going to pharmacists who have been licensed more than 5 years, and the other half to pharmacists licensed less than 5 years. The results of the survey will be compiled into a new task outline, from which questions for the California Pharmacist exam will be based.

Ms. Strom continued her report on her meeting with the deans' of the schools of pharmacy. The deans' want a higher standard of care for California residents. The dean's think that California does have the highest standard now. The deans plan to produce their own white paper: ensuring and maintaining competency, assessment of pharmacy staff workload, licensing requirements, and patient assessment. The patient assessment would include six points:

1. Is the drug indicated
2. Is the patient compliant
3. Is the patient using the medication correctly
4. Is the patient receiving the benefit of the drug
5. Does the patient experience any adverse effects
6. Document the entire assessment

Automation devices and demonstration projects

The Licensing Committee recommends that the board pursues statutory amendments permitting waiver of provisions for automation projects and demonstration projects under the auspices of schools of pharmacy, and to authorize the use of automated dispensing devices by pharmacies under specific conditions.

Public Comment

Steve Gray of Kaiser Permanente stated that the board should consider broadening it from schools of pharmacy to schools of medicine. Even other government agencies could be in charge of demonstration projects.

Bruce Young of the California Retailers Association, urged the board to be cautious about demonstration projects. He stated that Allscripts is advertising its dispensing machines to prescribing physicians as "profit centers."

MOTION: Pursue statutory amendments permitting waiver of provisions for automation projects and demonstration projects under the auspices of schools of pharmacy, and to authorize the use of automated dispensing devices by pharmacies under specific conditions.

M/S/C: Strom/Elsner

SUPPORT: 9 OPPOSE: 0 ABSTAIN 0

LEGISLATION AND REGULATION REPORT

A APPROVED - Furnishing to Authorized Persons – Manufacturers and Wholesalers—Adopt Section 1783.

This regulation specifies who is an authorized person within the meaning of section 4163. The board has encountered numerous situations where an individual (e.g. a delivery person) who is not the owner of record of a pharmacy has taken a shipment of drugs from a manufacturer or wholesaler and, in turn, resold these drugs illegally. Additionally, individuals not licensed by the board to conduct a pharmacy have set up pharmacies with "straw man" owners for the purpose of diverting drugs purchased at a discount.

The Office of Administrative Law approved this regulation on August 25, 1999. The regulation became effective on September 25, 1999.

B AWAITING NOTICE – Graduates of Foreign Pharmacy Schools – Amend Section 1720.1

The proposed amendment would specify that the evaluation of a foreign pharmacy school graduate's education for equivalency with the requirements for 150 semesters of collegiate study may be performed by a service outside the board in instances when the applicant is unable to provide the board with adequate background information to complete the evaluation.

C PENDING

1. Waiver Requirements for Off-Site Storage of Records – Adopt Section 1707.

The proposal would establish the standards for off-site storage of specified records when a waiver is granted to an eligible site permit holder by the board. These standards are intended to assure the security, patient

confidentiality and accessibility of records stored in a facility other than the licensed premises.

At its July meeting the board held a hearing in the matter. Several modifications were made in response to comments received. The modified language was sent out for a new 45-day comment period. No hearing was scheduled. The comment period closed on October 4, 1999.

The board received one comment during the 45-day period. Steven Gray, representing Kaiser Permanente, in a letter dated September 7, 1999, made six suggestions regarding the board's proposal: 1) in (a) change the word "entity" to read "any applicant licensed;" 2) in (b) (2) make the length of time allowed for retrieval of stored documents "two business days of the storage facility specified in the waiver application;" 3) in (c) remove the phrase "without a hearing" to allow for a hearing in such a matter and modify (c) to allow for storage at a location adjoining the licensed premises should the waiver be cancelled; 4) also in (c) – to be consistent with subsection (a), "shall be granted a waiver" should be added at the end of the subsection; 5) in (e) require that one year's worth of non-controlled substance prescription records and two year's worth of controlled substance prescription records be maintained on the licensed premises; 6) in (f) include other facilities licensed by the board at the same address or adjoining the licensed premises to the provisions of subsection (f).

The board delegated to its executive officer the authority to make changes in the proposal and of modified, send the modified language out for a 15-day comment period. Ms. Harris has not made any modifications to the proposal as adopted at the July board meeting. Absent any changes the board may wish to make in light of Mr. Gray's comments, the board does not need to vote again on this matter.

The committee requested 1707.4, be rewritten with more consistent language with regards to the originating and receiving pharmacy. It was determined that the language could be revised, using one clear definition.

The board discussed that 1707 (c) required that all records be maintained for 2 years but if the pharmacy requests a waiver, the records can be stored offsite. Only the third year of prescription records can be stored off site, or in other words records over two years old.

Let the provision stand, as records must be produced in 48 hours and have the pharmacy be responsible for getting records to the inspector. This provision only applies to non-controlled substance prescriptions, because under DEA law all controlled substance records have to be maintained in the licensed pharmacy for two years.

1720.1 would be used if the United States is at war with the country or in cases where the United States does not have a diplomatic relationship with the county in question.

Steve Gray, representing Kaiser Permanente, commented with regards to 1707, since there is the 15-day waiting period, Mr. Gray urges the board to consider the 48 hours requirement.

It was requested that the language be clarified because it was confusing. The pharmacy that may have taken the prescription form the patient, the central refill pharmacy, and then the pharmacy that actually dispensed the medication. It is Kaiser's opinion that there are only two of the pharmacies that really matter for regulatory purposes are the pharmacy that actually refilled the medication and the subsequent pharmacy that receives the prescription from the refill pharmacy and dispenses the medication to the patient. There is no need for the label to identify the first pharmacy, the label just needs to identify the two pharmacies that are legally responsible for the accuracy for the refilling of the prescriptions and the accuracy for making sure that the prescription is given to the correct patient.

2. Procedures for Refill Pharmacy – Adopt Section 1707.4

The proposal would allow a pharmacy to utilize the services of another pharmacy to provide refills if they have a contract for these services or have common ownership.

At its May meeting the board conducted a public hearing in the matter. There were modification made to the originally proposed language in response to comments received during the 45-day written comment period and at the hearing. The modified language was sent out for a 15-day comment period from June 3 through June 21, 1999. The board directed that the proposal would stand adopted as modified absent any comments relevant to the action taken that might be received during the 15-day comment period. The two comments received during the 15-day comment period did not affect the adoption of the proposed modified language.

The regulation proposal was submitted to the Department on Consumer Affairs for the director’s review. The DCA has until October 18, 1999, to complete its review.

3. Dangerous Drugs Exempt from Storage in a Pharmacy – Adopt Section 1714.5.

   Business and Professions Code section 4057 is being amended through board-sponsored legislation to remove the list of dangerous drugs and devices that can be stored in non-pharmacy areas of a hospital or by licensed practitioners. This list will be maintained in proposed section 1714.5 of the California Code of Regulations.

   The notice of proposed action will be published on October 29, 1999. The 45-day comment period will end on December 13, 1999. No hearing is scheduled.

4. Medical Device Retailer Location – Adopt Section 1748.3

   This adoption would prohibit a medical device retailer from conducting business from a private residence. In addition, a medical device retailer would be prohibited from using a private residence as a warehouse for a medical device retailer.

   The regulation file was submitted to the Department of Consumer Affairs for the director's review and approval. The DCA had until September 28, 1999, to complete its review. To date the board had not received the file back from the DCA.

5. Citations and Fines – Amend Sections 1775 and 1775.1

   This proposal would make technical amendments to section 1775 and add a violation of Business and Professions Code section 4231 to the list of violation subject to citation and fine listed in section 1775.1. The file is to be submitted to the DCA for review.

II. LEGISLATION IMPACTING THE PRACTICE OF PHARMACY

Ms. Herold informed the board about the status of legislation with major impact on the profession, or consumers and upon which the board has taken positions.

A. Enacted

SB 1308 (Senate Business and Professions Committee)

SB 1308 was signed by the Governor, and contains provisions submitted by the board.

Since the last board meeting, there were two changes to the bill regarding the board's provisions. In response to opposition from the Department of Personnel Administration, the board removed the salary link of board inspectors with that of pharmacists in the UC system. At the time the DPA notified the board of its opposition to these provisions, the DPA agreed to provide inspectors with a 10 percent added augment to the 4 percent provided to all employees.
The board also worked to remove the late August opposition of the CMA, which had concerns with the pharmacists' patient assessment procedures in section 4102. The board joined with CSHP and CPhA to rework this section, so that pharmacists may perform waived or moderately complex tests on patients, functions they are authorized to do under CLIA.

The specific provisions in SB 1308 authored my the board, which will take effect January 1, 2000, Are:

Pharmacy Technicians

- Requires that applicants for pharmacy technician registration possess a high school education or GED.
- For pharmacy technician trainees to earn – extends the period of time allowed for practical experience in a pharmacy from six months to one year for trainees enrolled in training programs run by private or public schools.

Pharmacists' Care

- Specifies that pharmacists may perform skin puncture to assist in managing a patient's drug therapy.

Entities/Facilities Licensing

- Clarifies that "reverse distributors" (companies that remove outdated/non-saleable drug products from pharmacies for disposal) and brokers (those who arrange for the sale of drugs, but may not take actual possession of the drugs) must be licensed by the board as wholesalers.

- Removes from statutory law a specific list of dangerous drugs and devices that can be stored in non-pharmacy areas of a hospital, and moves the list of dangerous drugs and devices to board regulations so that only one list exists and the list can be kept current (via the regulation process of the board).

Prescriptions

- The federal definition of dangerous drug.
- Permits the labeling of prescriptions in double blind studies or special situations.

Board of Pharmacy

- Modifies requirements for those seeking a retired pharmacist's license so that they do not need to surrender their original wall certificate to the board to retire their licenses.
- Modifies requirements that cancel all licenses by operation of law (except pharmacist) that are not renewed within 60 days after their expiration.

CURES

- Extends CURES three years, which will now sunset on July 1, 2003.

AB 261 (Lempert)

This bill, sponsored by the California Pharmacists Association, will permit individual physicians to enter into protocols with pharmacists to adjust patients' drug therapy. Pharmacists have been able to do this in specified practice settings and for home health care and patients covered by managed care plans. The bill requires that a pharmacist function as part of a multidisciplinary group including physicians and direct care registered nurses, even when providing services for an individual physician as well as those groups listed in 4052(a)(5). In addition, the patient's medical records will have to be available to both the prescriber and the pharmacist, and the pharmacist can only treat patients for a condition for which a physician has already seen the patient.

SB 188 (Leslie)

This bill, which is in effect now because it contains an urgency provision, allows "exempt hospitals" (those with a pharmacy but without a pharmacist present in the pharmacy) to dispense drugs to patients in rural settings if no community pharmacy is open. The law restricts such outpatient dispensing to rural hospitals, where the physician personally must provide the medications, the quantity of drugs is limited to a 72-hour supply, and there is no pharmacy open within 30 miles or 30 minutes of the hospital. According to the sponsor, these provisions will apply to only 12 hospitals (all in non-urban areas).

At the end of the session, the bill was also amended to contain provisions to require the board to promulgate regulations regarding the operations of a pharmacy during the temporary absence of a pharmacist for breaks and lunch periods.

AB 724 (Dutra)

This bill contains an urgency provision so its requirements are in effect now. The bill deals with Y2K issues in a number of areas, but contains one provision that impacts pharmacies and patients. Ms. Herold stated that the language of this section was drafted in part by the board to remove our opposition to prior versions of the bill, and in response to Mr. Dutra's personal interest in this subject.

The provisions enacted are in addition to the pharmacist's existing authority to refill medication when a prescriber is not available under B & P Code section 4064. The new provision provide that from December 1, 1999, through February

1, 2000, if a patient requests an early refill of his or her medication, and (1) there are refills remaining on the initial prescription order and (2) the prescriber is not available to authorize an early refill, then the pharmacist may refill the medication in a quantity not to exceed the supply needed to sustain the patient through February 1, 2000, if refilling the medication is not against the pharmacist's professional judgement. The bill also establishes provisions to assure the reimbursement of patients who obtain medication under the provisions if covered by a third-party payer. The new provisions sunset after February 1, 2000.

SB 816 (Escutia)

This bill permits physician assistants and nurse practitioners, who are authorized by their practice acts to furnish medications under protocols with physicians, to include controlled substances within this authority may obtain DEA registration numbers to prescribe. The bill changes the definition of prescription in pharmacy law (section 4040) to include physician assistants and nurse practitioners to the group of providers who may issue "drug orders." The bill also would add nurse practitioners and physician assistants to the group who may access stock containers of controlled drugs (section 4060); however, the board secured an amendment to this section to provide that nurse practitioners and physicians assistants cannot order his or her own stock containers of drugs. The bill would allow nurse practitioners and physician assistants to "prescribe" schedule III – V controlled drugs. The bill also contains language that it is not intended to expand the scope of practice of nurse practitioners or physician assistants.

AB 1545 (Correa)

This bill amends section 4061 to allow nurse practitioners and physician assistants to sign for delivery of drug samples directly from manufacturers – however, a prescriber must order the samples, and the physician is responsible for the samples. The section also expands record keeping provisions regarding drug samples. The nurse practitioner or physician assistant may provide drug samples to patients (section 4170). The bill also amends section 4076 to authorize the name of the physician assistant or nurse practitioner to be used on a prescription label as well as that of the supervising prescriber. The bill also will permit the nurse practitioner or physician assistant to hand the patient an appropriately labeled prescription drug.

B. VETOED BILLS

AB 1430 (Bates)

Ms. Herold stated that since the last meeting, the board spent hours working with the sponsor to remove the board's opposition to various provisions. A major source of opposition was seeking the removal of the provision that would have allowed groups of prescribers to collectively purchase and dispense drugs outside a pharmacy or pharmacy controls such as on clinics. The amendments sought by the board were finally fully amended into the bill on September 9. However, the Attorney General's Office opposed the provisions permitting the wavier of state requirements for electronic transmission of prescriptions for Schedule II drugs if the federal government issued a waiver.

Copies of a number of letters sent by the board on this bill are in the board packet.

In late August, the CMA and Kaiser Permanente requested the board suspend implementation of regulation section 1783 for one year (the regulation deals with who is an "authorized individual" with respect to receiving deliveries of prescription drugs from drug wholesalers and manufacturers, and which was approved by the Office of Administrative Law on August 25).

The CMA and Kaiser stated that this regulation will prevent groups of prescribers from receiving drug deliveries from wholesalers. They added provisions to AB 1430 to hold the regulations enforcement action for one year.

Bob McElderry, representing the California Medical Association (CMA), appeared before the board to request that the board not implement CCR 1783.

He stated that the veto of AB 1430 and the implementation of CCR 1783 will have a chilling effect on medical group activity. The CMA is requesting a moratorium on the regulation.

Mr. McElderry, stated that the CMA disagrees that group purchasing is illegal. The delay of enforcement of CCR 1783 will permit medical groups to continue practicing the way they have been. He added that the CMA wants to hold receivers accountable, just as the Board of Pharmacy does

The board explained its position there is no existing authority for groups of prescribers to order drugs as a group for a group use. Furthermore, it is illegal if groups are doing it. California Code of Regulations section 1783 identifies what the manufacture must do to verify if a customer can purchase, and to delay enforcement, of the regulation would require the board to hold a regulation hearing. The board agreed to work with CMA on this issue, but decided not to take any action to delay CCR 1783.

C. TWO-YEAR BILLS OR STALLED LEGISLATION

AB 141(Knox)

This bill would require the board to conduct and fund a prescription error study over a five-year period. The board agreed to appropriate $1.35 million for the study ($1 million for the study itself, and $350,000 for an associate analyst for three years to provide support for the program and undertake a review of staffing ratios and prescriptions dispensed on the days prescription errors have been reported to the board). However, the Senate Appropriation Committee agreed to provide a $1.08 million appropriation in the bill. The bill is stalled on the suspense file of the Senate Appropriations Committee.

AB 1496 (Olberg)

This bill would have expanded the board's medical device retailer program to regulate "home medical equipment supplies" with a jurisdiction broader than just dangerous devices – including "disposable medical supplies" if prescribed and delivered to patients at home (so we would have regulated diapers, bandages, toilets and just about everything else). In addition, the board would have been required to enforce provision currently administered by the Bureau of Home Furnishings regarding sterilization of upholstered items (mattresses, wheelchairs).

Since the March Board Meeting, the board has been opposed to the bill. After the July board meeting, the Department of Consumer Affairs received an oppose unless amended position on the bill. The bill stalled in the Senate in the late days of the session. On September 10, the bill was stripped and new provisions inserted dealing with MTBE.

SB 19 Figuerea

This bill will provide safeguards and right of action for patient confidentiality has been violated. This bill revises the definition of those that are covered to include all health care service plans.

This bill will add a specific requirement that every provider of healthcare, health plan service, or contractor who creates and maintains, stores, abandons, destroys, etc… medical records, dose so in a manner that preserves the confidentiality of the medical information act. In addition the intentional sharing, sale, or use of medical information for any purpose not necessary for providing medical treatment to patient will be prohibited except as specifically authorized under the medical information act.

The bill adds authorization to disclose medical information to encode or encrypted for government reporting or chronic disease management programs.

This bill substantially increases the penalty for any violation of the medical information act.

REGULATION HEARING

CCR SECTION 1717.5 – Quality Assurance Program

President Mazzoni stated that this regulation hearing is to consider the adoption of section 1717.5 of division 17 of Title 6 of the California Code of Regulation.

This proposal would require that each pharmacy develop and implement a quality assurance program (QAP) to document medication errors attributable to the pharmacy or its personnel. The proposal would set forth the location of the documentation of the QAP, the factors to be considered resulting actions, and the retention schedule and accessibility requirements for records of activities related to the QAP. The proposal would require the pharmacy be able to demonstrate compliance with its QAP and the requirements of this proposal. Further, proposed section 1717.5 would include a provision that compliance be considered as a possible mitigating factor in an investigation and evaluation of a medication error by the board.

Lastly, proposed section 1717.5 would define "medication error" as well as the circumstances to be considered relevant to creating or leading to medication error.

Bruce Young, representing California Retailers Association (CRA), requested that the board defer action on these regulations until the end of the next legislative session. Mr. Young stated that the CRA has objections to the definition of medication error. He stated that the public might be better served if the board's proposal contained a general policy with goals and objectives that each pharmacy would use to assure that errors are not repeated.

Mr. Young stated that the issue of self-incrimination is a concern with this regulation. It would be a disincentive to reporting errors and encourage civil action against pharmacists who had made errors and reported them as part of the program. He suggested an alternative of immunity from discovery. Mr. Young stated that the CRA might sponsor legislation with this provision.

Doug Stateler, representing Albertson's, stated that Albertson's considers the definition of a prescription error too broad. He stated that errors that are caught before the medication is dispensed to customer should not have to be reported. Otherwise, reporting all errors would cause a backlog of work. In addition, this information might be used in civil actions. Mr. Stateler stated that the proposed regulation does not prevent discovery. He also stated that Albertson's believes quality assurance is vital, and should be used as an educational tool to prevent errors, but not to track them.

Steve Gray, representing Kaiser Division Offices (Kaiser), stated that Kaiser supports in concept establishment and maintenance of quality assurance programs regarding the dispensing prescription pharmaceuticals. Mr. Gray also provided written testimony.

Mr. Gray stated that the board needs to take time in considering this regulatory action. He stated concerns including problems with language as drafted and that too much focus is put on documenting every event rather than concentrating on errors that actually leave the pharmacy.

Mr. Gray stated that the regulation should require that out patient pharmacies have programs similar to those in place for inpatient pharmacies. He stated that there is a substantial risk of discovery for the data for use in civil actions once it is collected.

Mr. Gray recommended that quality assurance programs include an obligation to review the current literature and incorporate that information into the programs. Further, he stated that once the errors have been dealt with, the pharmacy should be able to get rid of the data.

Mr. Gray stated that Kaiser is concerned that the definition of a medication error requires simplification. Kaiser encouraged the board to consider other definitions such as those used by the Institute of Safe Medication, ASHP, and others.

Brian Gallagher, representing the National Association of Chain Drug Stores (NACDS), stated that the NACDS endorsed the statements of Mr. Young, and the other two speakers.

Mr. Gallagher stated that quality assurance is a good idea and is well intended,; however, there are several potential problems including no protection from discovery. The three possible areas for sanctions against someone reporting an error include: board sanctioning, potential treat of discovery by plaintiffs' attorneys, and reporting to Federal Practitioner Database. He stated that the NACDS urges the board to mandate quality assurance but not until proper protection for the pharmacist is in place.

Dave Fong, Senior Vice President for Longs, stated that conceptually the quality assurance program is a good idea. Mr. Fong recommended that the program would require a peer review group that discusses general guidelines that meet certain objectives and goals. He explained the he represent s1400 plus pharmacists and Longs encourages its pharmacists to report errors when the error leaves the pharmacy door. But when errors caught before the error leaves the pharmacy, it means the quality assurance program is working.

Mr. Fong stated that it is more important to know what is happening in the pharmacy - what was done to identify errors, educate staff, take care of patient needs and ensure errors won't happen again. He stated that the program should be concerned with errors trends in a pharmacy, not with which pharmacist made an error. The regulation language assumes errors are only internal, there is no method to track errors made by doctors and illegibility of the doctor's handwriting. Longs recommends and supports a quality assurance protocol for all pharmacies, but not as proposed.

John Cronin, representing the California Pharmacists Association (CPhA), recommended that the board use the comments received to develop fine tuned language for its proposal.

Dr. Cronin stated that the CPhA has four concerns:

1. The board stated that no fiscal impact exists with this proposal. The CPhA disagrees. It sees impact on pharmacies that do not have to comply (e.g., Internet pharmacies, and non-resident pharmacies).
2. Subsection (a) states that the primary purpose of this regulation is to analyze medication errors. The CPhA feels is not consistent with the initial statement of reasons published for this regulation proposal.
3. The CPhA suggests modifying the definition of a medication error to read: "an error in dispensing of medicine that occurred under the pharmacist's control that could have been caught using reasonable professional judgement."
4. This proposal places a burden on independent pharmacies.

Terri Miller, Executive Vice President of California Society of Health-System Pharmacists (CSHP), commended the board for developing this proposed regulation, and suggested amendments. Dr. Miller stated that the CSHP would be interested in working with the board to amend its proposal.

Dr. Miller stated that hospital pharmacies are already required to have quality assurance programs in place. These programs are under the auspices of hospital staff; therefore, the information collected is non-discoverable. She suggested that the board may wish to keep in mind while amending the regulation.

Dr. Miller stated that existing programs would make excellent models and are already available. She stated that it is important that the board's inspectors understand how to measure quality assurance programs and determine if they are effective. Dr. Miller provided

as an example the CSHP guidelines for preventing medication errors in hospitals. She stated that while they are specific for inpatient setting, there is also information that might be applicable to other settings as well.

Alan Pope, Longs Drugs Corporate Counsel, stated that Longs supports the development of quality assurance programs that prevent such medication errors. Mr. Pope stated that the major causes of medication errors are poor professional judgement and poor working conditions. He suggested that quality assurance programs include a provision addressing patient consultation – to assure it occurs.

Mr. Pope stated that the regulation should not require a pharmacist to perform self-evaluation to determine why an error occurred. He stated that confidentiality should be assured for the pharmacist, by keeping the review process within the context of a peer review organization.

Mr. Pope stated that to reduce errors, the board should adopt two regulations. The first would allow pharmacists to fill only those prescriptions that are printed or typed. The second would allow a pharmacist to only accept oral prescription orders directly from the prescriber.

Barry Broad, representing the United Food and Chemical Workers(UFCW), stated that the UFCW acknowledges that the board is headed in right direction with its proposal. Mr. Broad stated that the UFCW has been concerned with this issue for many years. While in the view of the UCFW, the regulation needs fine-tuning, Mr. Broad encouraged the board to move forward with the adoption of the regulations.

At this point there being no further public comment Board President Mazzoni closed the hearing.

The board discussed its concerns with regard to prescription errors. This regulation is designed to assure pharmacists are aware of the facts regarding errors.

The board discussed its concerned with discoverability and self-incriminating factors. The regulation is intended to reduce medication errors, not to punish pharmacists. The intent is to acknowledge that something needs to be done and have program to reduce errors.

The board acknowledged that the most common consumer complaint that it receives is for medication errors. The board seeks to address prescription errors and to ensure that there are safeguards in place to prevent them.

MOTION: Move that 1717.5 to be referred to enforcement committee for further study.

M/S/C: Elsner/Fujimoto

SUPPORT: 9 OPPOSE: 0 ABSTAIN 0

Emergency Regulations to Adopt SB 188 (Leslie)

Ms. Herold Stated that at the end of the session, SB 188 was amended (on September 7) to require the board to promulgate regulation to permit the temporary absence of a pharmacist from a pharmacy for breaks and lunch periods under provisions of the Labor Code and orders of the Industrial Welfare Commission. The bill was signed by the Governor and is in effect now.

Existing law requires the physical closing of a pharmacy (the area in which the prescription medications are kept) when a pharmacist is not present, as well as the removal of all non-pharmacist staff. In January 2000 under provisions of SB 651 (Burton, Chapter 190, Statutes of 1999), pharmacists must be given breaks and a lunch period. The requirement in existing law to close the pharmacy and remove all personnel from the area could limit the ability of some pharmacists to take the required and necessary breaks.

The regulations specify security requirements for the prescription drugs and the limited functions that non-licensed staff could perform when a pharmacist is not present for a temporary period. However, SB 188 restates existing law that a pharmacist is responsible for the actions of all staff whether the pharmacist is present or not, including the checking of any work performed by the non-licensed staff. The bill also restates that it does not change the scope of practice of any technician or the ratio of pharmacists to technicians.

The Legislation and Regulations Committee provided the board with a draft regulation for review and comment.

Public Comment

Doug Statler, representing Albertson's and Sav-On Drug, stated that Albertson's and Sav-On are in agreement with the proposed regulation. The proposed language has a number of safety assurances in that if the pharmacist does not feel comfortable leaving the pharmacy he or she is able to lock up the pharmacy and remove personnel. This bill is designed to improve the quality of life for pharmacists and provide safety of the consumers. This will also add parity between hospitals and retailers, in that hospital pharmacists are allowed to leave a hospital pharmacy while technicians and clerks are still working.

Bruce Young, representing California Retailers Association, requested that the language be modified that if a request for consultation is made by the consumer, there should be a provision made that the prescription not be dispensed in the absence of a pharmacist. It was requested that the pharmacist could request that a technician take break at the same time or to have flexibility to leave the clerk/typist and have no dispensing allowed in his or her absence.

Rose De Leonardis, representing California Employee Pharmacist Association (CEPA), stated that CEPA was surprised to find the controversial language in SB 188. She explained that it is hard to control one's work place. Staff pharmacists should not be responsible for what happens in a pharmacy when they are not there. Pharmacist managers and others accept these responsibilities, but pharmacists take an oath to protect patients, not corporations.

Brian Gallagher, representing National Association of Chain Drug Stores (NACDS), stated that there are at least four reasons to support the proposed regulation. It is important that the pharmacy owners decrease stress and workload while increasing job satisfaction for pharmacists. This can only be accomplished if the pharmacy is left open to operate in some fashion in the pharmacists' absence, Otherwise the stress would increase when the pharmacist returned to the pharmacy and the waiting patients. The profession of pharmacy has to be responsive to customer needs. This is discretionary to the professional judgment of the pharmacist. Also the board has no other option because the statute is mandatory.

John Berger, representing local 77 United Food & Commercial Workers, (UFCW), committed that the proposed regulation only refers to pharmacy technicians who may be able to stay in the pharmacy in the absence of a pharmacist. UFCW does not support the ability to dispense refills in the absence of a pharmacist, because a patient may have questions, and there is no pharmaceutical care without a pharmacist. Also discussing with pharmacists are the only time it can be determined if a patient is compliant with their medications, if the drug is still indicated, if the patient is getting the intended effect, or if the patient is having an adverse effect from the drug is when a refill is dispensed. Therefore the board should amend 1707.2 to require consultation on refills as well.

Barry Broad, representing United Food and Commercial Worker (UFCW), stated that the emergency regulation should become effective on 1/1/2000. This proposal was written consistent with labor code statutes. The UFCW does not believe that the intent is to require all ancillary staff to stay or that all ancillary staff must leave the pharmacy. Who and when the ancillary staff takes a break remain open, it should be the pharmacist's discretion as to when the pharmacy is open or if the ancillary staff must also take a break.

John Cronin, representing the California Pharmacists Association (CPhA), expressed concern that the decision to leave the pharmacy open or closed is left to the discretion of the pharmacist. It is CPhA's understanding that the intent of the proposal would be any break or lunch period over 30 minutes does not qualify for the temporary absence, and therefore the pharmacy cannot be left open.

The board discussed the concerns regarding the proposed regulations. The board modified the language to address the concerns.

The board also specifically modified the language that action would be taken against the technician if the pharmacist did everything to correct the situation, and reported the incident to the board.

MOTION: Adopt the proposed language as amended, as an emergency regulation to become effective January 1, 2000.

M/S/C: Nelson/Elsner

SUPPORT: 9 OPPOSE: 0 ABSTAIN 0

Thursday, October 21, 1999

ORGANIZATIONAL DEVELOPMENT

President's Report

President Mazzoni reported that Executive Officer Patrician Harris spoke at the NACDS Conference in San Diego on proposed regulations on refill pharmacies.

He stated that he also had an opportunity to attend the NACDS conference. The overall theme of the conference was an emphasis to move to e-commerce, the potential and the impact of the Internet on the pharmacy industry. There was also a great deal of discussion on pharmacist manpower, workload, and how the industry needs to address these issues in the coming years. NACDS did present a white paper co-written by American Pharmacists Association and National Community Pharmacists Association. President Mazzoni served on a panel that discussed patient confidentiality, patient compliance programs, and medication management.

President Mazzoni and board member Darlene Fujimoto attended the district 7 & 8 meetings of the National Association of Boards of Pharmacy in Canada. There was a presentation on the Canadian system for healthcare. It is a hybrid of socialized medicine because it is government managed but privately funded. Another very interesting presentation was on the Canadian Pharmanet system. Every prescription dispensed on an out patient basis is entered into a database system. All pharmacies are mandated to be part of this computer system, and software vendors must make sure that they interface. The government maintains this database with 14 months worth of data, and anytime a patient has a prescription filled anywhere in the province, the pharmacist can view the patient's entire profile. The patient owns the profile and can request a copy from the government at anytime. Another interesting presentation was on Canada's methadone

program. It is community based in that all of the methadone clients receive the dose from the community pharmacy, and pharmacists are paid to give patients their medication and watch them take it.. Each pharmacy can supervise up to 35 clients.

ORGANIZATIONAL DEVELOPMENT COMMITTEE REPORT

Mr. Elsner reported on the Organizational Development Committee meeting on August 31, 1999. During this meeting, three action items were forwarded to the board for discussion and action at the next board meeting

Most importantly, through the efforts of a number of individuals (board members, staff, and administration officials), the board's inspectors received a salary increase of 14 percent, to $69.048 annually. The department, at the board's request, supported a 20 percent increase.

1. Proposed Legislation Regarding Fees

In January 1999, the board received the results of an independent audit of its fees. Whereas many of the board's fees are close to the board's actual cost of providing the service, there are some fees that are greatly out of line. In January, the board referred the issue of inequitable fees to the Organizational Development Committee.

The following fees are substantially out of alignment with the board's costs in providing the service ore evaluation. To increase any of these fees to neat their current costs, an increase in the statutory levels for the fees needs to be sought.

	Current Fee	Current Cost	Statutory Max. Fee
Pharmacy technicians:	$50	$143	$50
Technician renewal:	$50	$110	$50
Pharmacy interns:	$65	$173	$75
Intern Extension:	$65	$148	$75
Regrade of RPH Exam*	$75	$191	$85

(* This fee is refunded if individual passes exam due to regrade)

The committee reviewed other fees that are also different from the board's expenses in providing the service, but where the differences are not so great. All

other fees will be examined more closely after budget forecasts are made to determine the impact on the board with altered fees.

The committee recommended that the board pursue legislation to make the following statutory changes in fees:

- Amend pharmacy technician fees in Business and Profession Code section 4400(u);
  A) For application from a range of $25 to $50, to $143 to $175.
  B) For two-year renewal from a range of $25 to $50, to $110 to $150.
- Amend pharmacy intern fees in Business and Professions Code section 4400 (o);
  A) For application from a range of $65 to $75, to $173 to $200.
  B) For intern permit extensions from $65 to $75, to $148 to $175.
- Amend the regrade fee for the pharmacist exam in Business and Professions Code section 4400 (e);
  A) From a range of $75 to $85, to $190 to $225.

Amend Business and Professions Code section 4400 (e) (o) (u)

MOTION: Adopt the committee recommendation

M/S/C: Nelson/Elsner

SUPPORT: 8 OPPOSE: 1 ABSTAIN 0

2. Management Workload Study

The committee discussed that rapid growth over the last decade in existing and new programs, coupled with the activation of the board's strategic plan has placed significant burdens on staff. The board currently has more than 67,000 licensees, including 5,700 licensed pharmacies scattered across the state. Even at full employment, the board's full allocation of 19 inspectors, two supervising inspectors and 30 other positions may not be sufficient to perform all board functions at the level needed for statewide consumer protection. Over the last few years, the board has requested additional staff to perform its duties, which the Department of Finance has generally denied. When other agencies are in such positions, management consultants are hired to evaluate workload, audit duties and develop modified organizational structures to meet the goals of the organization. The Department of General Services prescreens consultants who can provide such review.

Contracts up to $100,000 are possible. The committee discussed and recommended that the board hire an outside consultant to evaluate board workload and organization, under the review of the Organizational Development Committee, at a cost not to exceed $100,000

MOTION: Adopt the committee's recommendation to hire an outside consultant to perform a management study of board operations.

M/S/C: Elsner/Jones

SUPPORT: 7 OPPOSE: 1 ABSTAIN 0

3. Elections

The committee clarified that with the new board meeting schedule of four meetings per year, the elections of officials will take place at the last meeting of the fiscal year currently scheduled in april. However, the elected officially will not take over his/her duties until June.

Executive Officer's Report

Personnel Update

Ms. Harris reported that Cindy Figgins joined the board in August as a consumer assistance technician. The board also has two new inspectors, who began working for the board in September: Roberta Orzechowski and Robert Grimm.

The board has 10 of its 19 inspector positions filled. In September, she and Supervising Inspector Bob Ratcliff interviewed 30 candidates for qualifications assessment interviews as inspectors. A new list is being compiled from which additional inspectors will be hired in the future. Additionally an examination will be given in 2000 for the classification of supervising inspector.

Ms. Harris stated that Paul Riches will begin working for the board in November.

Ms. Harris reported that the board is currently recruiting for an analyst to issue citations and fines, and the CURES Program, associate analyst's to assist with the assessment of the public education program, and a computer administrator. In addition the board will hire two limited-term staff services analysts to mediate consumer complaints.

Budget Update

Ms. Harris reported on the 1998/99 budget year. She stated that the revenue received was $10,377,867 and the expenditures were $5,185,975. The expenditures does not include funding of $474,750 for CURES (which was encumbered in 1997/98).

Final expenditures for the year included $642,178 for the AG's Office--$121,000 more than the budgeted amount for the year. The board was able to redirect money from other line items (principally salary savings) to prevent a shortfall.

The fund condition is $11,043,164, which is 18.6 months of operating expenses in the board's fund as of June 30, 1999.

Ms. Harris reported for the1999/00 budget year. She stated that the revenue is projected at $5,117,815. This includes the board's decrease in licensing fees effective July 1, reducing the annual revenue by an estimated $1,125,125. The projected revenue for the year is comprised of $4,693,158 in revenue from licensing fees and $424,657 in interest.

She noted that expenditures projected at $6,722,837. The board has been authorized $5,874.009 in baseline expenditures. This includes supplemental funding of $466,345 (which will be encumbered to fund the CURES program for the next two years), and $382.283 (to replace outdated programs and hardware modifications needed for Y2K.) Also included in this year's appropriation are three budget augments: for $238,000 for a one-year continuation of the public education program, to create an associate analyst position to perform legislative analyses and pursue regulation changes, and $25,000 to perform a job analysis of the board's pharmacist licensure exam (which is currently underway). The public education program has been funded for only one year, during which time the board is directed to establish an effectiveness assessment of the program.

The board had requested $568.000 in additional supplemental funding requests.

The board will have approximately 15.6 months in its reserve on June 30, 2000 (this amount includes the $568,517 itemized above to fund the current year budget change proposals).

2. 2000/01 Budget Year

Expected Revenue: 6,479,992

Projected Expenditures: $6,871,655

Fund Condition: $8,526,140 (14.8 Months)

3. Additional Budget Issues

1. Y2K Issues

The board continues to more toward Y2K compliance. In July, the board received the long-awaited Y2K supplemental funding that has been expected for two years.

- $312,166 to upgrade software that is not Y2K compliant
- $30,000 for miscellaneous hardware
- $39,347 in increased pro rata charges to the department.

However, the board will not need to spend all the $382,113 to become Y2K compliant. However, any unspent money not used for Y2K issues may not be redirected for other board expenditures, and will return to the board's fund.

The board has undergone multiple checks by the department's Y2K team. Since July the operating systems in all Sacramento office computers to Windows NT has been replaced and expanded the computers' memories to assure these systems are Y2K compliant. In the next few weeks, all notebooks will undergo a similar conversion. This will cost about $26,000 for all our machines.

Contract programmers were hired to finish the upgrades on the board's inspector activity tracking report and several other programs developed for use by board staff.

Also coming this year, is a new phone system with computerized components to replace the phones in the next few months. This new $45,000 system, recommended by the department's Telecom Unit, will feature new equipment and such features as:

- An auto attendant response system.
- Live attendants upon selection.
- A "fax on demand" system that allows automatic faxing of documents to the caller.
- Retrieval of statistical information (how many calls to each extension, duration of calls, how long on hold, etc).

2. Additional Office Space

Ms. Harris reported that she learned before the May Board Meeting that the board will gain additional office space contiguous to its current office location at 400 R street. The board may be able to expand its space by 5,000 square feet sometime early next year. This will permit the board to have among other things, a conference room of a sufficient size to hold full staff meetings, NCC meetings and committee meetings and to administer exemptee exams. The board will also gain filing space and small meeting rooms where staff can meet and work.

A current year (1999/00) budget change proposal has been submitted for $340,000 for conversion and build-out of this space, to purchase and install systems furniture and to re-cable the space for telephones and computers. There will also be an annual increase of $142,000 in our rent. The proposal is currently undergoing review. Without the funding augment, the board will be unable to occupy the space until July 2000 unless money is redirected from budgeted expenses, which is not an acceptable option.

The Communication Team Report

Debbie Anderson, Linda Kapovich, and Cassandra Kearney reported to the board that The Communication Team (TCT) has held ten team meetings to date. A total of eight issues have been brought to the TCT. Five of the issues have been resolved and three issues are pending.

On September 29, 1999, the TCT held its third quarterly all-staff meeting. At the staff meeting the TCT unveiled two completed projects. The first project was that of the employee Recognition Program for tenure with the Board of Pharmacy. Certificates were presented to new employees welcoming them to the board. Awards were presented to employees on the basis of passing probation or one-year (a board highlighter and a folder with the board's logo), five years (board Logo pin), 10 years (gold star paperweight engraved for 10 years of service) and 15 years (engraved board pen) of service to the board. The second project was a new optional written exit interview survey for employees leaving the board. This is to be used in conjunction with the exit interview given by board management.

The TCT is pleased to report its observations of communication throughout the board. Multiple members of the TCT have observed that staff meetings have become more positive.

The board expressed its pleasure to see the cooperation and involvement between the board and the staff. It is great that a TCT member communicates with the board at each meeting. It is both informative and rewarding to hear the efforts of staff. The board thanked the TCT for all its hard work and support.

Approval of Minutes

Full Board Minutes – July 28 & 29, 1999

MOTION: Approve as submitted.

M/S/C: Elsner/Zia

SUPPORT: 8 OPPOSE: 0 ABSTAIN 0

Northern Compliance Minutes – September 1, 1999

MOTION: Approve as submitted

M/S/C: Elsner/Nelson

SUPPORT: 8 OPPOSE: 0 ABSTAIN 0

Southern Compliance Minutes – September 21, 1999

MOTION: Approve as amended

M/S/C: Strom/Litsey

SUPPORT: 8 OPPOSE: 0 ABSTAIN 0

NEW BUSINESS/AGENDA ITEMS FOR FUTURE MEETINGS

Ms. Strom requested that the video conferencing Telephamracy units be discussed at a future meeting. After it is first reviewed by licensing committee.

ADJOURNMENT

President Mazzoni adjourned the meeting at 11:00 a.m.