



California State Board of Pharmacy

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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
COMMUNICATION AND PUBLIC EDUCATION COMMITTEE
MINUTES**

DATE: January 10, 2011

LOCATION: Department of Consumer Affairs
1625 N. Market Blvd., 1st Floor Hearing Room
Sacramento, California 95834

COMMITTEE MEMBERS

PRESENT: Ryan Brooks, Public Member, Chair
Ramón Castellblanch, PhD., Public Member
Shirley Wheat, Public Member
Deborah Veale, RPh

COMMITTEE MEMBER

ABSENT: Rosalyn Hackworth, Public Member

STAFF PRESENT: Virginia Herold, Executive Officer
Anne Sodergren, Assistance Executive Officer
Carolyn Klein, Staff Services Manager
Karen Abbe, Public and Licensee Education Analyst
Tessa Miller, Staff Analyst

Call to Order

Communication and Public Education Committee Chairperson Ryan Brooks called the meeting to order at 10:32 a.m. Committee members Ramón Castellblanch, Shirley Wheat, and Deborah Veale were present. Mr. Brooks noted that there was quorum.

Board President Stanley Weisser was in attendance in the audience.

Mr. Brooks welcomed all visitors and attendees in the audience, and wished everyone a happy new year for 2011. Mr. Brooks commended Executive Officer Virginia Herold and board staff for their consumer protection efforts during 2010.

Agenda Items

1. Discussion of the 39th Annual Report of the Research Advisory Panel of California

Mr. Brooks noted that the Communication and Public Education Committee invited the Research Advisory Panel to send a representative to attend this meeting. The purpose of attending would be to share the activities of the Advisory Panel, and discuss their role in overseeing research involving the use of controlled substances.

Ms. Herold advised that the executive officer of the Research Advisory Panel was unable to attend today's committee meeting. They hope to send a representative to a future meeting.

No public comments were provided on this agenda item.

2. Public Education Campaign for Patient-Centered Prescription Drug Container Labels

Mr. Brooks stated that the meeting materials included a list of proposed communication strategies for the new patient-centered prescription drug container labels. He noted that ideas for a public education campaign were discussed at the last committee meeting. Promotion of the new requirements could include press releases, articles, speakers, and an informational video.

Ms. Herold acknowledged Kim Brown in attendance, representing the Department of Consumer Affairs Press Office. She advised that Ms. Brown helped develop the list of strategies included in the meeting materials.

Ms. Herold asked committee members to consider an appropriate date to alert the public about the new requirements for patient-centered prescription labels. She cautioned against creating a demand for something before it was available. Ms. Herold suggested that March 2011 would be an appropriate time to begin a public awareness campaign, in conjunction with National Consumer Protection Week (March 6-12, 2011).

Ms. Wheat stated that she believed January 1, 2011 was the date that the new requirements would be in effect. She asked Ms. Herold to restate the timelines relating to the new requirements for patient-centered prescription labels.

Ms. Herold advised that the board was required to promulgate regulations that required, on or before January 1, 2011, a standardized, patient-centered, prescription drug label for all prescription medicine dispensed to patients in

California. The board met that deadline, and the regulations became effective January 1, 2011. She further advised that during pharmacy inspections, board enforcement will have discretion during a transition period, in order to comply with the new regulations. Ms. Herold emphasized that licensees will need time to adopt the regulations promulgated January 1, 2011. For example, board inspectors can use discretion when finding that a pharmacy has not complied with a request from a consumer to print their label in a 12-point font.

Ms. Wheat asked for clarification about the requirement to provide translation services, if requested by a consumer.

Ms. Herold responded by stating that translation services are a separate requirement, but that they are required to be made available to consumers.

Mr. Brooks reiterated that the new requirements for patient-centered prescription labels took effect on January 1, 2011. He acknowledged that patients could initially be denied availability to a larger font, and that board inspectors will have discretion in the regulation regarding enforcement during a transition period.

Ms. Herold stated that full compliance of the new requirements for patient-centered prescription labels will be required, but she could not confirm a date. Enforcement activities will include an assessment of a pharmacy's readiness. For example, a pharmacy could be awaiting a software change from their vendor in order to provide a printed label reflecting a larger font size.

Ms. Veale asked for feedback regarding the idea to create a poster for the public education campaign for patient-centered prescription labels. She asked whether a poster could be created during February 2011, and then have the posters distributed in March 2011.

Ms. Herold responded that it takes at least a year to develop, revise, print, and distribute posters to be displayed in pharmacies in California because the board would need to promulgate a regulation to do this. A March 2011 date to distribute posters would not be attainable.

Dr. Castellblanch stated that he recently received a prescription container from Kaiser reflecting a label printed with a 14-point font. He was pleased with the label, and also noted that CVS provides a good prescription label.

Dr. Castellblanch also commented on readability of any poster(s) included in the public education campaign. He emphasized that wording on a poster should use simple language, and the key information should be fairly conspicuous. Dr. Castellblanch also recommended that a poster should reflect major languages as well.

Mr. Brooks agreed that too much writing distracts from important messages.

Public Comment

Aglaiia Panos, Pharm D, President of the Marin County Pharmaceutical Association, provided a copy of her letter addressed to Virginia Herold. Dr. Panos' letter dated January 10, 2011 formally requested that the board place an item on the February 2011 full board meeting agenda. The letter referred to the United States Pharmacopeia (USP) Universal Standards for prescription container labels.

Dr. Panos stated that the Marin County Pharmaceutical Association voted to mandate that the USP Universal Standards be implemented. She noted four specific recommendations designed to eliminate medication errors:

- Give explicit instructions – Instructions should clearly separate the dose itself from the timing of each dose and use numeric characters (e.g., “take 2 tablets in the morning and 2 tablets in the evening” rather than “Take two tablets twice daily”).
- Include purpose for use – The medication’s purpose should be included on the label unless the patient prefers that it not appear. When included, use clear, simple terms (e.g., “for high blood pressure” rather than “for hypertension”).
- Improve readability – The label type should use high-contrast print (e.g. black print on white background); large font size (e.g., MINIMUM 12-point Times New Roman or 11-point Arial); and horizontal text only.
- Limit auxiliary information – Labels, stickers, or other supplemental information should be expressed in simple and explicit language that is minimized to avoid distracting patients with nonessential information.

Mr. Brooks thanked Dr. Panos for her comments, but reminded her that comments regarding patient-centered labels had already been solicited over a period of time. He advised that the current regulations reflect the comments already reviewed and accepted.

Dr. Panos stated that consumers are still not happy with the 10-point minimum font that is required. She expressed concern that the issue should not be considered a ‘done deal.’

Mr. Brooks advised that the 10-point font size was set as a minimum, and that there is an option to provide a larger size when requested by a consumer.

Dr. Castellblanch stated that he appreciated Dr. Panos' comments because the regulations require that the board continue to review the requirements. He also noted that by January 1, 2013, the board will be required to report to the Legislature as to the status of implementation of the prescription drug label requirements.

Ms. Herold stated that redesign of prescription drug labels was not agendaized for this meeting. This agenda item was directed to publicizing the new changes to consumers and licensees.

Fred Mayer, RPh, MPH, and President of Pharmacists Planning Service, Inc. (PPSI) provided feedback on issues relating to consumer protection. Dr. Mayer stated that he represents 59 consumer groups, and that he has attended many Board of Pharmacy meetings. He asked for clarification regarding the minimum 10-point font. Dr. Mayer asked whether the 10-point font requirements had been 'nationalized' and if so, by whom. He emphasized that it was important to speak in consumer language, not legalese.

Mr. Brooks advised that minimum font size was not an agenda item for today's meeting, and that the purpose was to consider public noticing requirements of the new regulations already in effect.

Ms. Herold reiterated that the committee could only discuss and take action on agendaized items. She stated that the noticing requirements will take another year to complete. Ms. Herold acknowledged that not everyone supported the minimum 10-point font, and that there had been discussion regarding a 12-point font. She advised that the board is now focusing on an education program for the new requirements, and that the USP standards were released after the meeting agenda was developed.

Dr. Mayer requested that a discussion regarding the USP standards be placed on the February 2011 board agenda. He emphasized that if the 10-point font size is a 'done deal' then the board should consider whether they made a mistake in light of the USP standards. Mr. Mayer reiterated that he has been an advocate for consumers for more than 10 years.

Mr. Brooks responded that he will work with the board's Executive Officer to develop the agenda for the February 2011 board meeting.

Ms. Veale commented that she believed Mr. Mayer was trying to advocate for a 12-pt font. She suggested that the education campaign include information about the option for requesting a 12-point font.

Dr. Castellblanch supported the idea to place the item on the next board meeting agenda. He stated that the board can discuss the issue at any time. Dr. Castellblanch noted that the issue is appropriate for a later agenda.

Dr. Mayer stated that he and others would appear at the next board meeting.

Ms. Herold advised that an agenda had not yet been developed for the next full board meeting. An agenda will be released, with no less than 10 days notice prior to the meeting.

Dr. Mayer commented on the issue of 'medical indication' and that it should be printed on prescription drug labels. He emphasized that putting medical indication on the label was also a part of patient-centered information. Mr. Mayer referred to a recent Washington Post article relating to a cancer patient who died from a medication and 'purpose' was not printed on the prescription drug label. He stated that politics prevented the 'purpose' from being printed on that label, and that patient-centered label items are lost.

Dr. Castellblanch advised that medical indication is an appropriate issue for the board to discuss, but on a future agenda.

Mr. Brooks stated that the committee has noted Dr. Mayer's request to speak at a future meeting. He encouraged Dr. Mayer to conclude his remarks.

Dr. Mayer expressed concern that his comments were not welcomed or allowed, even though his comments directly related to public health and patient safety. He stated that he had additional comments to share including the subject of languages, but that he felt shut down. Mr. Mayer asked that the record show that he was not able to speak freely.

Dr. Castellblanch stated that 'purpose' will be printed on a label, if noted by the prescriber, and if the prescriber indicates that it be printed on the label.

Ms. Herold noted that she responded to an e-mail from Dr. Mayer last week on an issue relating to prescription labels, and she offered to speak with him during the meeting break today.

Mr. Brooks stated that the public comment period was not a question and answer time, and that the purpose of this agenda item was to discuss how to roll out an education campaign relating to the new labeling requirements. He reiterated that prior to 2013, the board will review the requirements, and make adjustments if appropriate.

Kim Brown provided information regarding the department's strategies for public outreach on the new prescription label requirements. She stated that the department would conduct a kickoff in early March during consumer protection week. Ms. Brown stated that prescription drug labeling is an important subject, and they would have opportunities for media attention through press releases, a press conference, high-traffic blogs, and articles posted on medical association websites.

Mr. Brooks asked whether a poll had been conducted to best identify how to reach consumers. He asked whether the department knew where people get their information from.

Ms. Brown responded that she was not aware of that type of survey conducted by the department.

Mr. Brooks suggested that traditional ways of communicating are not always the best.

Ms. Brown noted that many senior citizens use Facebook, and websites like AARP get a high volume of traffic. She also noted that the public education campaign should hit the general audience as well, and that a television interview with the executive officer could be useful.

Mr. Brooks asked whether the board has taken a semi-scientific look at how best to reach consumers. He suggested that it could cost \$15,000-\$20,000 to conduct that type of survey.

Dr. Castellblanch suggested the use of ethnic media, particularly radio stations whose listeners speak other languages.

Ms. Herold commented that the board commissioned a study in 2000 relating to how consumers view pharmacies and pharmacists. The survey cost approximately \$12,000-\$15,000 and 750 people were surveyed. She was not sure whether the current budget condition would support another survey at this time, but it would be good to have evidence-based data about consumers.

Ms. Wheat noted that public outreach efforts are not only for consumers, but also for licensees. She wants to ensure that licensees are aware of the new requirements, particularly small pharmacies not affiliated with large chains. Ms. Wheat emphasized that the board should not wait until March to begin public education efforts. She added that the department's website and the board's website should already have this information.

Ms. Herold stated a subscriber alert was sent out by the board relating to the new requirements for prescription labels, and that all board-licensed facilities are required to join the board's e-mail notification list. In addition, an article was included in the last *The Script* that was specifically tailored to the new requirements for prescription labels. Ms. Herold also noted that she will discuss the issue at an upcoming CPhA meeting.

Ms. Wheat stated that the board needs to actively seek out pharmacies to be sure they have information regarding translation requirements. She also requested that the department provide a more detailed list of communication strategies, including plans to involve ethnic media. Ms. Wheat stated that she

wants to ensure that the board does not hand off responsibility for the public education campaign to the department. The board should work with the department regarding 'how' we are reaching out to the public, and exactly 'who' we are reaching out to.

Ms. Herold advised that the board doesn't send out press releases. The department (DCA) is a better resource for that because they're in touch with many consumer groups.

Ms. Wheat suggested that an interview be conducted with Senator Corbett. She also emphasized the use of local media.

Dr. Castellblanch strongly supported the idea for an interview with Senator Corbett, because of her efforts to improve prescription drug labels. He also provided feedback from two pharmacists that he had had recent contact with. Both pharmacists viewed the new requirements as just another rule with intrusive government oversight. Dr. Castellblanch encouraged the committee to include education about 'why' the new requirements were put into place, and 'how' the changes will improve patient safety. He suggested easy-to-read instructions in a fact sheet focusing on new rights under the law. Dr. Castellblanch also suggested that the public education campaign reflect ethnic communications, including ethnic radio stations.

Ms. Wheat stated that the board's public education should be proactive, instead of just passively sending out information.

Mr. Brooks appreciated the ideas presented for rollout of the public education campaign. He also suggested that public education include information for caregivers, as they are an integral part of patient safety.

Michael Negrete, CEO of the California Pharmacy Foundation (CPhA) stated that market research is worthwhile to be sure the right message gets out and is targeted effectively. He advised that CPhA had conducted research in this area because it's important to be on the right channel with the right message. Dr. Negrete emphasized that 'why' the new changes are important and 'how' the changes will make a difference in people's lives is also important. Otherwise, the new requirements will be yet another unfunded mandate by the government. Dr. Negrete also stressed the importance of the 'source' of the information. Would the public prefer to hear about the changes from the board? Would they prefer to hear about it from a doctor or their spouse? The gender of the person providing the information can also make a difference (i.e., female caregivers).

Mr. Brooks requested that CPhA share their research with the board.

Dr. Negrete agreed to share CPhA's research with the board.

3. Development of Consumer Education Videos for the Board's Website

Mr. Brooks noted that the board worked with the Department of Consumer Affairs (DCA) and a private vendor to produce a 3-minute video for consumers. The video is currently available on the board's public website, and it relates to how patients can prevent receiving medication errors. DCA has since hired in-house video staff, and a new video relating to the dangers of buying drugs on the internet is now in development. Board staff has been working with DCA on a manuscript for the new video.

Mr. Brooks advised that a revised script for the new video was provided in the meeting materials. He encouraged feedback on the script.

Ms. Herold commented that DCA has competing priorities, so production of this second video would probably not be completed until at least July 2011. She supported public outreach in videos due to the 'graphic' qualities of a video.

Ms. Veale expressed concern about the wording in the revised script regarding making sure a pharmacy is licensed in California. The wording states that you can look up the name of the pharmacy on our license look-up page. Ms. Veale questioned whether that was the best method, given that some consumers do not have internet access or are not computer savvy.

Ms. Herold advised that under California law, anyone can check the status of a pharmacist's or pharmacy's license on the board's public website. For consumers who do not have access to the internet, they are welcome to call the board's front desk main number, and our receptionists will be happy to check the status for them.

Ms. Brown noted that the script also reflected a toll-free phone number for DCA.

4. Update and Discussion on the Consumer Fact Sheet Series with California Schools of Pharmacy Interns

Mr. Brooks stated that the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The intent was to offer students an opportunity to work with the board on meaningful projects promoting consumer education, while the board would benefit from production of the materials. Several facts sheets were developed in collaboration with the UCSF Center for Consumer Self-Care, but funding issues prevented further participation. The board offered other schools of pharmacy the opportunity to have their students develop one-page fact sheets on various topics, and have the fact sheets reviewed by an expert. Representatives from other California pharmacy schools expressed interest in this project.

Mr. Brooks referred to a fact sheet template, guidelines, and potential topics included in the meeting materials. Five schools have confirmed their interest in the project, but materials from only two schools were submitted to the board for review. Unedited copies of the materials sent to the board were included in the meeting materials, as well as a copy of one finished fact sheet.

Mr. Brooks advised that the committee should determine how it wishes to proceed with this project. He asked whether the content provided in the unedited fact sheets was getting the right message across to consumers.

Ms. Veale stated that the draft fact sheets submitted had some good information, but not all materials conformed to the template and guidelines developed by the board.

Ms. Herold said she has learned that despite providing a template or guidelines, the drafts submitted for review are usually not refined enough to convert clearly into a good fact sheet for consumers. She referred to examples of draft submissions that reflected references, while others did not indicate the source of the content. Ms. Herold also cautioned against providing medical advice to consumers.

Dr. Castellblanch commented that he appreciated the efforts of the students, and their submissions showed imagination. He noted that materials should be fully vetted before release to the public. Dr. Castellblanch noted he would try to involve his students at San Francisco State, though he would need to have the project approved before putting it into sequence with other events and projects.

Mr. Brooks expressed his appreciation to Dr. Castellblanch for his interest in involving school of pharmacy students, and for his expertise.

Ms. Veale emphasized that choosing appropriate topics is key because the board can provide consumer information, but not advice. She noted that students may not follow a format or guidelines, so oversight is necessary. Ms. Veale also advised that our list of potential topics should be evaluated so that we will provide the appropriate information to consumers.

Dr. Castellblanch emphasized that students are given directions for semester projects and terms papers, but still they may not follow these instructions. He suggested that our instructions to students be very specific, and that the students have guidance.

Dr. Mayer stated that he regularly distributed the board's fact sheets at public outreach events. He asked the board to consider development of additional facts sheets on three topics:

- take-back of drugs

- medical marijuana
- medication therapy management (preventing errors)

5. Balancing Providing Important Consumer Information vs. Consumer Indifference to Reading Extensive Important Warnings in Public Education Materials

Mr. Brooks referred to an October 2010 article entitled, "Supreme Court Chief Justice Admits He Doesn't Read Online EULAs or Other Fine Print." In the article, Richard Posner admitted to not reading boilerplate legalese on his mortgage agreement or reading the fine print on websites or medicines.

Mr. Brooks noted that this item was added to the agenda for discussion purposes only. He noted that there is a balance between providing consumer information with the human tendency to disregard too much information. Mr. Brooks emphasized that this matter lies at the heart of effective consumer and licensee education. Information needs to be conveyed, but too much information will have the opposite effect because the reader may totally disregard the message.

Mr. Brooks supported the idea that sometimes 'less is more' and the committee should be mindful not to bombard consumers with too much information. There could be unintended consequences when trying to provide relevant information on posters, a label, a video, or any other form of communication.

No public comments were provided on this agenda item.

6. Suggestions from Pharmacists Planning Services, Inc. on a Redesigned Notice to Consumers

Mr. Brooks stated that Pharmacists Planning Services, Inc. recently sent two posters for consideration by the board. One poster was designed with the intent of placement in pharmacies, and the other was designed to post in prescribers' offices.

Ms. Herold stated that both posters came to the board unsolicited via e-mail. While the posters were simple and straightforward, neither complied with the legal requirements in Business and Professions Code Sections 4122 and 733(f). Ms. Herold referred to the meeting materials that also contained the current Notice to Consumers posters that meet all current requirements. She also noted that copies of the current Notice to Consumers posters were displayed with other outreach materials at the back of the hearing room. The display included Notice to Consumers posters in four other languages (Spanish, Chinese, Tagalog, and Vietnamese). She noted that there is a balancing act in using the fewest number of words to draw attention with a catchy headline to draw the reader in for the rest of the information.

Ms. Herold suggested that the author(s) of the draft posters submitted need to review the current requirements in the statute.

Dr. Castellblanch suggested that the committee stay in touch with the author(s), and that he was curious as to what else they would come up with. The notices could still be effective in educating the public.

Ms. Herold advised that the board has decided to develop two additional topics for posting in a pharmacy. One notice will relate to the right of patients to request a 12-point font printed on their prescription labels. Another notice will relate to the right of patients to have access to interpretative services. The board is currently working on both new notices for the Legislation/Regulation portion of the next board meeting. Ms. Herold emphasized that consolidating the four notices is important, so that patients are not overwhelmed with too much information.

7. Assessment of the Board's Public Education Materials

Mr. Brooks stated that at the July 2010 Public Education committee meeting board members Debbie Veale and Ramón Castellblanch agreed to work as a subcommittee to assess the board's public education materials. To assist in that effort, board staff subsequently prepared a list of all 50 State Boards of Pharmacy and their corresponding consumer information.

Ms. Veale stated that they reviewed the board's public website, and noted a long list of consumer materials. She said they want to ensure that the board is focusing on the right areas, and she noted three categories – board information, drug information, and miscellaneous information.

Ms. Veale noted that the list compiled by board staff reflecting other states showed that California's materials for consumers is robust, compared to all other states. She noted that we probably don't need to add more materials at this time, but that our materials need to be displayed in a better way on the website.

Dr. Castellblanch stated that a considerable upgrade is in order to improve the way that consumer materials are displayed on our website. He suggested that critical information be listed first, instead of showing documents in alphabetical order. Dr. Castellblanch said that we need to work on the 'look and feel' of our public website because the current presentation is not the most intuitive. He noted that relevant information is provided, including a link to Best Buy Drugs and other sites where you can compare pricing. Dr. Castellblanch emphasized that consumers would benefit if we highlight the resources already posted on our website, so we need to improve way information is presented.

Mr. Brooks instructed the subcommittee to continue their review, and report back to the next Communication and Public Education Committee meeting.

No public comments were provided on this agenda item.

8. Public Education Materials Under Development and Proposed for the Future

Mr. Brooks advised that the board hopes to review new facts that will be developed by school of pharmacy interns. He also referred to three facts sheets for licensees that are currently being developed by staff:

- Questions and answers relating to the board's compounding regulations. The questions and answers relate to a discussion held at the June 2010 Enforcement Committee, and an ongoing number of questions being asked of the board regarding the compounding regulations. A subcommittee of board members worked with board senior staff to refine the responses which they'll bring back to the board as part of the February 2011 Enforcement Committee report.
- The Pharmacists Recovery Program
- Becoming a Licensed Pharmacist in California

Mr. Brooks also referred to the revision of self-assessment forms for community pharmacies, hospital pharmacies, and wholesalers. These materials are being updated by staff, and will be promulgated as regulations.

No public comments were provided on this agenda item.

9. Update on *The Script*

Mr. Brooks stated that work on the February 2011 issue of *The Script* was in progress, and will be submitted to Legal for review.

Ms. Herold stated that the February 2011 issue will focus on new pharmacy law and regulations for 2011. The issue will also include an update for licensees about the requirements for patient-centered prescription labels, an article about medication errors reported to the board during 2009/10, and the board's citation and fines issued for those errors.

Ms. Herold noted that work will soon begin on the July 2011 edition of *The Script*. The July 2011 issue will highlight questions and answers regarding pharmacy law. Ms. Herold noted that retired annuitant Hope Tamraz develops the board's newsletters.

No public comments were provided on this agenda item.

10. Update of the Emergency Contraception Protocol Regulation (16 California Code of Regulations Section 1746) and Consumer Fact Sheets

Mr. Brooks stated the board must update the emergency contraception protocol authorized by California Business and Professions Code Section 4052.3 and 16 California Code of Regulations Section 1746. These sections authorize a pharmacist to initiate emergency contraception pursuant to a state protocol developed by the Medical Board of California and the Board of Pharmacy, and with the assistance of the American College of Obstetricians and Gynecologists, the California Pharmacist Association, and other entities. The current state protocol was developed in 2004 and adopted by this board as a regulation. There is a typographical correction that needs to be made, and there have been subsequent changes in the availability of emergency contraception medicine and the manufacturers who produce the medication.

Ms. Veale asked when the new protocol would be available.

Ms. Herold advised that the Medical Board must recommend the protocol first. She has received comments, and additional comments are forthcoming next week. She has met with the Medical Board's executive officer, spoken with the women's health specialist pharmacist, and a representative of the American College of Obstetricians and Gynecologists. An updated manuscript will be prepared, and will be shared with all entities and brought to the board at the May 2011 board meeting. After both boards have an opportunity to review and approve the protocol, the Board of Pharmacy will need to adopt the protocol as a revision to regulation section 1746. As part of the rulemaking, this board will need to develop a patient information fact sheet, which is required to be provided to patients by the pharmacists using the protocol to dispense emergency contraception.

Mr. Brooks asked whether the data had changed since 2004, and whether there were additional types of drugs now available.

Ms. Herold stated that different companies have bought out other companies during the past few years. She emphasized that the board will need to fully vet the protocol before it is released to the public.

Dr. Castellblanch asked whether the Medical Board was the lead agency for the update (protocol).

Ms. Herold stated that the Medical Board is really the lead agency on this issue. The protocol must be approved by the Medical Board first.

There were no public comments provided on this agenda item.

11. Public Outreach Activities Conducted by the Board during the second quarter of Fiscal Year 2010/11:

Mr. Brooks referred to the list of public outreach activities provided in the meeting materials. He noted the following activities:

- September 27, 2010 – Inspector Wong provided information about Board of Pharmacy enforcement to students at California Northstate School of Pharmacy
- October 22, 2010 – Executive Officer Herold presented information about the 2010 legislative year at Seminar 2010, the annual meeting of the California Society of Health System Pharmacists (CSHP) in San Francisco
- October 22-23, 2010 – Executive Officer Herold and Inspector Hokana staffed the board's public information booth at CSHP's Seminar 2010
- November 9, 2010 – Executive Officer Herold presented information on e-prescribing and e-prescribing of controlled drugs to attendees of a CalERx Conference in Oakland
- December 15, 2010 – Executive Officer Herold provided a presentation on California's patient-centered prescription container label requirements at a quarterly meeting of the California Hospital Association's Medication Safety Committee

There were no public comments on this agenda item.

12. Public Comment for Items Not on the Agenda

Mr. Brooks commented that new (public) board members who are not licensed pharmacists can be at a disadvantage as to the issues of pharmacies. He said that he finds himself lacking in knowledge, and suggested a training program for new board members. Mr. Brooks suggested that training could include types of drugs, drug delivery systems, and an on-site viewing of a distribution center.

Mr. Brooks also commented that we are in a 'revenue-challenged' era. He asked whether the board would be in worse shape in the future. He asked if there are ways for the board to generate revenue, while not impacting consumers. Mr. Brooks asked whether the board considered allowing advertising on the public website as the State of Hawaii has done.

The meeting was adjourned at 12:20 p.m.