



California State Board of Pharmacy

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

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

DATE: July 16, 2013

LOCATION: Department of Consumer Affairs
El Dorado Room
1625 N. Market Blvd., 2nd Floor North
Sacramento, CA 95834

COMMITTEE MEMBERS PRESENT: Ryan Brooks, Public Member, Chair
Lavanza "Cheryl" Butler, RPh, Professional Member
Ramón Castellblanch, PhD, Public Member

BOARD MEMBERS PRESENT: Stan Weisser, RPh, Board President

STAFF PRESENT: Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Jan Jamison, Public Information Officer

Call to Order

Chair Ryan Brooks called the meeting to order at 9:34 a.m.

Chair Brooks conducted a roll call and noted that committee members present were Ramón Castellblanch and Lavanza Butler. Board President Stan Weisser was also in attendance.

Mr. Brooks suggested that the starting time for future committee meetings be moved to 11:00 a.m. to accommodate committee members traveling from out of town. Dr. Castellblanch requested that the meetings be moved to a downtown location closer to public transit.

Executive Officer Herold provided that other options for meeting locations would be explored.

I. Public Outreach Activities to Address Prescription Drug Abuse

a. Update on Two Public CE Trainings Provided by the California State Board of Pharmacy and the Los Angeles Field Division of the U.S. Drug Enforcement Agency

Chair Brooks explained that the Board of Pharmacy co-hosted a seminar for pharmacists on prescription drug abuse on June 27 in Downey, CA. The seminar was well-attended, with approximately 200 in attendance. One more seminar will be held in Downey, CA, on July 25.

Executive Officer Herold provided that misuse and abuse of controlled substances has become an epidemic in California and across the country. This seminar was focused on corresponding responsibility and other issues related to curtailing drug abuse and diversion of controlled substances.

Discussion and Action

Chair Brooks explained that it is crucial that we work in conjunction with the Medical Board, since prescribers and pharmacists have a corresponding responsibility in helping to prevent prescription drug abuse.

Mr. Brooks also provided that public education and communication in this area are critical. He suggested that teens and children are abusing prescription drugs in very high numbers and that a joint campaign with school districts might be a viable way to increase education among this demographic. He suggested that staff begin working on a plan to achieve these goals.

Dr. Castellblanch provided that a subcommittee on prescription drug abuse has been established specifically to address the public education component. He explained that working aged people, those in the 20 to 60 age group, are the group most affected by prescription drug abuse and are suffering the most deaths due to prescription drug and opioid overdoses. Public education targeted toward this group will be a main focus of the committee.

Dr. Castellblanch will schedule a meeting of the subcommittee before the next Communication and Public Education committee meeting.

Ms. Herold continued that the joint seminars with the DEA are designed to educate pharmacists about the many aspects of the problem. One of the topics covered deals with the escalated value of controlled substances on the street and how pharmacy robberies have increased as a result. She explained that we offer tips for preventing pharmacy robberies, as well as how to avoid financial pitfalls that may tempt pharmacy owners into selling drugs to make extra money.

Ms. Herold also explained that the DEA has developed a CE program for the schools and that there is a possibility we might be able to modify it and use it.

Discussion continued regarding the current situation with the CURES program. Ms. Herold provided that legislation has been approved that will put regulatory Boards in charge of funding the program for the next two years. To accomplish this, licensing fees will be increased \$6 per year.

Ms. Herold provided that she and Assistant Executive Officer Anne Sodergren would be giving a presentation to the Medical Board on July 19 on prescription drug abuse, CURES funding and the possibility of collaborating on another joint forum. The Med Board will also be attending our July Board meeting to give a presentation.

Ms. Herold continued that we will also be forming a subcommittee of two Pharmacy Board members to sit on a Medical Board task force. The task force will be working to develop a protocol for pain management that will be adopted and promote by the state.

b. Update on Four Public CE Trainings Provided by the California State Board of Pharmacy and the U.S. Drug Enforcement Agency Scheduled for August 2013

Chair Brooks provided that four more public CE trainings on prescription drug abuse are scheduled for August. These will be sponsored by the U.S. DEA Office of Diversion Control and will take place on August 16 and 17 in San Diego and August 18 and 19 in San Jose.

Public Comment

Steve Gray, representing Kaiser Permanente, commented that the DEA has corporate integrity agreements with many of the major pharmacy chains. These agreements provide very strict internal policies requiring pharmacists to check on the validity and appropriateness of prescriptions. As a result, the AMA has adopted a policy objecting to the practice of pharmacists questioning the appropriateness of these medications.

Mr. Gray reiterated Ms. Herold's comment that as supply of prescription drugs goes down and demand and prices go up, so do pharmacy robberies. He suggested that along with educating about corresponding responsibility and overprescribing practices, we should educate pharmacists who are not familiar with these trends about how to protect themselves and their customers.

II. Update on implementation of 16 California Code of Regulations Section 1707.6 Notice to Consumers Poster, Video Display Format of Notice to Consumers Poster and Notice of Interpreter Availability

Chair Brooks provided that the Notice to Consumers poster and Notice of Interpreter Availability poster have been mailed to all licensed pharmacies in California. The posters are also available upon request from the Board and will be mailed to any pharmacy that requests them.

Foreign language versions of the Notice to Consumers poster are also available in six additional languages: Chinese, Tagalog, Korean, Spanish, Russian and Vietnamese. The printed versions of the foreign language posters can be ordered from the Board or downloaded from the Board's website under the "Publications" tab and printed on 8.5 inch x 11 inch or 11 inch by 17 inch paper.

The video display format of the Notice to Consumers is available in English or Spanish for pharmacies that request it. The video is also available for download from the Board's website under the "Publications" tab.

Public Comment

Sarah de Guia, representing the California Pan Ethnic Health Network, sought clarification regarding the Notice of Interpreter Availability poster and asked if the Board had received any feedback or response from pharmacies or consumers regarding the usefulness of the posters.

Chair Brooks provided that there has not been any response.

III. Review Requests For Approval From Three Pharmacies to Use Another Format or Display Methodology of the Board’s “Point to Your Language” Notice as Required by 16 CCR Section 1707.6(c)

For Information

Board regulation requires pharmacies to prominently post the “Notice to Consumers” required by 16 CCR Section 1707.6.

In addition, Section 1707.6(c) requires every pharmacy to post or provide a “point to your language” notice that notifies consumers that interpreter services will be provided to them at no cost. That subdivision specifies that the pharmacy shall use the standardized notice provided by the Board unless the pharmacy has received prior approval of another format or display methodology. The twelve languages included in the Board’s “point to your language” notice are: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Korean, Mandarin, Russian, Spanish, Tagalog and Vietnamese. At the February 2013 Board Meeting, the Board directed that the Communication and Public Education Committee act on all requests to use another format or display methodology of these posters.

Discussion

Chair Brooks provided that there have been three requests for approval to use another format or display methodology of the “point to your language” notice as required by 16 CCR Section 1707.6(c) for review and approval by the committee:

- a. Costco requested that their pharmacies be authorized to use another format of the “point to your language” notice. Costco’s version includes the twelve languages specified in Board regulation, as well as eight additional languages: Thai, Italian, Hindi, German, French, Portuguese, Polish and Japanese.
- b. Walmart requested that their pharmacies be authorized to use another format of the “point to your language” notice. Walmart’s version includes the twelve languages specified in Board regulation, as well as the following languages: Portuguese, Polish, French (Canadian), German and Italian. Walmart’s notice also includes both “simplified” and “traditional” Cantonese and Mandarin.
- c. Riverside County Regional Medical Center requested that they be authorized to use another format of the “point to your language” notice. Riverside County’s version omits Cambodian and Armenian, but includes the following additional languages: Burmese, Polish, Portugese, French, Punjabi, Haitian Creole, Hindi, Somali, Italian and Japanese.

The committee discussed each of the custom poster requests and noted that the posters from Costco and Walmart have added additional languages to those regulated, and the poster from Riverside County Regional Medical Center omitted two of the languages that were mandated to be included and added additional languages. In addition, Costco has requested approval for their posters to be displayed on easels adjacent to the pharmacy counters. Chair Brooks suggested that we seek clarification regarding the placement of the easels.

Discussion continued regarding the selection of languages on the custom posters. Ms. Herold provided that in the future, we would ask pharmacies to provide us with the background information in advance of the committee meeting.

Chair Brooks requested that staff solicit additional, supporting information regarding the custom poster requests for presentation to the full Board meeting on July 31.

IV. Review and approve updated Consumer Fact Sheet on Emergency Contraception in accordance with 16 California Code of Regulations Section 1746

For Information

Title 16, California Code of Regulations Section 1746 authorizes pharmacists to provide emergency contraception without a prescription to patients of any age. Pursuant to a protocol developed by the Medical Board of California, a fact sheet was to be developed and made available to patients at the time of the pharmacist consultation.

In accordance with Business and Professions Code Section 4052.3(e), the Board developed the standardized fact sheet that a pharmacist is required to provide a patient when dispensing emergency contraception.

At the April 2013 Board meeting, the Board suggested the fact sheet be modified to include the following:

- When taken as directed, emergency contraception has been shown to be safe and effective.
- If you vomit after taking emergency contraception you may need to take another dose. Before you do, contact a pharmacist or health care provider immediately.

Chair Brooks reported that the requested changes have been made and the fact sheet has been finalized.

V. Discussion on Assessment of Patient-Centered Prescription Label Requirements

For Information

Title 16 CCR Section 1707.5 specifies requirements for patient-centered labels for prescription drug containers. When the Board promulgated these requirements, it included in subdivision (e) a requirement that the Board re-evaluate the requirements by December 2013 to ensure optimal conformance with Business and Professions Code Section 4076.5.

Business and Professions Code Section 4076.5 required the Board to consider the following factors when developing requirements for the patient-centered prescription label requirements:

- Medical literacy research that points to increased understandability of labels.
- Improved directions for use
- Improved font types and sizes
- Placement of information that is patient-centered
- The needs of patients with limited English proficiency
- The needs of senior citizens
- Technology requirements necessary to implement the standards.

The patient-centered label requirements went into effect on January 1, 2011, and since that time the Board has worked to secure compliance by educating licensees, conducting surveys, distributing notices, and reviewing pharmacies' compliance with requirements. Accomplishments include:

1. Finalized regulations to update the "Notice to Consumers" poster.
2. Finalize a new "Notice to Consumers" poster and video format of the poster to explain to the public essential information about pharmacy services and taking medications and distribute these to California pharmacies.
3. Finalize regulations to require "Point to Your Language" consumer notices in pharmacies; finalize the notice itself, and distribute to California pharmacies.
4. Conduct surveys of pharmacies for compliance with label requirements.

In April 2013, this committee initiated the review of the patient-centered prescription label requirements. Chair Brooks provided that at this meeting, the committee would continue this discussion. The following resources were referenced:

a. United States Pharmacopeia Guidelines for Prescription Drug Labels

In November 2012, the U.S. Pharmacopeial Convention (USP) published guidelines for prescription container labeling. The guidelines provide a universal approach to the format, appearance, content and language of instructions for medicines in containers dispensed by pharmacies. Ms. Herold provided that USP's guidelines already closely resemble the Board's existing regulation requirements for patient-centered prescription container labels, specifically:

- Organize the prescription label in a patient-centered way. Feature the information patients most often seek out or need to understand about taking the medication safely.
 - Emphasize: directions
 - At the top of the label place: patient's name
 - Drug name (spell out full brand AND generic name)
 - Strength
 - Explicit and clear directions for use in simple language
- Prescription directions should follow a standard format so the patient can expect where to find information.
- Less critical information can be placed elsewhere and in a matter where it will not "supersede" critical patient information, and away from where it can be confused with dosing instructions

- Use language that it is clear, simplified, concise and familiar, and in a standardized manner. Use common terms and full sentences. Do not use unfamiliar words, Latin terms or medical jargon
- Use simplified, standardized sentences that have been developed to ensure ease understanding the directions (by seeking comment from diverse consumers)
- Separate dose from the timing of each dose to clearly explain how many pills to take and specify if there is an appropriate time to take them (morning, noon, evening, bedtime).
- Do not use alphabetic characters for numbers (not in CA's) e.g., "nine" instead of "9".
- Use standardized directions whenever possible.
- Avoid ambiguous terms such as "take as directed" (not in CA's) unless clear and unambiguous supplemental instructions and counseling are provided
- Include purpose on the label unless patient does not want it, and if used, use "purpose for use" language such as for blood pressure rather than hypertension.
- Limit auxiliary information, and only if evidence based. (not in CA's)
- Use icons only if vetted with the general public (not in CA's)
- Address limited English proficiency.
- Labels should be designed so they are easy to read. Optimize typography by using:
 - High contrast print (black print on white background)
 - Large font sizes in simple, uncondensed fonts in at least 11 point if Arial, or 12 point if Times New Roman)
 - Optimize use of white space between lines (25-30 percent of font size)
 - Horizontal placement of lettering only
 - Sentence case
 - Highlighting, bolding and other typographical cues should enhance patient-centered information, but limit the number of colors used for highlighting
- Address visual impairment (not in CA's)

Regarding addressing limited English speaking/reading patients, USP encourages directions for use in the patient's language as well as in English. The guidelines also require that translations be developed using high quality translation processes (CA's translated directions would fit this criterion).

b. Medical Literacy Research

The National Council for Prescription Drug Programs developed the "Universal Medication Schedule White Paper." This document supports the standardized directions in the Board's regulation at 16 CCR Section 1707.5. The goal of the universal medication schedule is to increase patient understanding and adherence to medication instructions by standardizing the phrasing of directions, thereby improving health outcomes.

The hope is to secure the use of directions for use in a Universal Medication Schedule into e-prescribing systems. Staff will continue to identify additional medical literacy research for the committee's consideration.

c. Surveys

The Board has conducted surveys to assess California's patient-centered label requirements. Survey results were referenced in an attachment.

1. Survey of Patient-Centered Labels in Use in California Pharmacies

The first survey was conducted in 2012 and was used to measure pharmacies' compliance with the patient-centered label requirements. It included components related to the 10- and 12-point fonts used on labels and how pharmacies have been complying with the interpreter requirements. Over the course of approximately seven months, Board inspectors collected prescription labels used in California 767 pharmacies to determine compliance with the patient-centered label requirements. In general, nearly 70 percent of the labels in use as found by the Board's inspectors are printed in 12-point font; 15 percent use both 10 and 12 point font on the labels; and about 15 percent are printed in 10 point.

2. Survey of Pharmacies' Compliance With Interpreter Availability

During the inspections described in the above survey, the Board's inspectors also inquired about how pharmacies are complying with the requirements for the availability of interpreters to provide services to limited English speaking patients.

3. Consumer Satisfaction with Prescription Labels

The Board conducted a survey in 2012 to determine if consumers were satisfied with their prescription labels and how they could be improved. Several consumer groups including AARP, Consumers Union, and California Pan Ethnic Health Network (CPEHN) distributed the survey electronically. The survey was also translated into Chinese and Spanish by the Board and distributed by CPEHN to the appropriate audiences. Further, surveys were distributed and collected in person at local Senior Scam Stopper seminars (public protection fairs) sponsored by the Contractors State License Board. The Board received a total of 1204 completed surveys.

4. Survey of Pharmacies that Translate Labels

The Board is currently surveying pharmacies to determine if they are providing consumers with translated labels, and if they are using the translation 'directions for use' that are on the Board's website. A copy of the survey questions were provided in an attachment.

d. Language Assistance and Translations of Directions for Use

1. Notice to Consumers poster

Following the implementation of the patient-centered prescription label requirements, the Board promulgated a regulation to amend its Notice to Consumers poster. Following approval of the regulation, the new Notice to Consumers poster was designed, printed and subsequently distributed to all Board licensed pharmacies in late May 2013.

This poster has also been printed in six additional languages: Chinese, Korean, Russian, Spanish, Tagalog, and Vietnamese – which are available upon request from the Board. These translated posters are also available for download from the Board's website.

Pharmacies may also request Board approval of another format or display methodology.

2. Interpreter Availability Poster (“Point to Your Language”)

As part of the patient-centered prescription label requirements, the Board developed a “Point to Your Language” poster, which is required to be posted in pharmacies at or adjacent to the pharmacy counter so that consumers can point to a language to receive interpreter services. Board regulation requires that the “point to your language” text be printed in 12 languages: Arabic, Cambodian, Farsi, Korean, Russian, Tagalog, Armenian, Cantonese, Hmong, Mandarin, Spanish and Vietnamese.

Pharmacies may request approval of another format or display methodology from the Board.

3. Translated Directions for Use

The California Endowment, in an effort to support quality labels for those who do not read English, funded a project with national patient literacy researchers to develop and vet translations of the standardized directions for use that are posted on the Board’s website for use where appropriate on patient-centered prescription labels. These translations are in: Chinese, Korean, Russian, Spanish and Vietnamese.

Committee Discussion

Chair Brooks provided that the committee would be reviewing the patient-centered prescription label requirements and discussing the components of Senate Bill 472 (Corbett) and the enabling legislation (Business and Professions Code Section 4076.5) to ensure that the requirements have been met and to determine if further modifications to the label are necessary. The committee took the following discussion points into consideration for their review:

- 1. Placement of information that is “patient-centered” (i.e., patient name, name/strength of the drug, directions for use, and condition or purpose [if indicated]). Do we have the right patient-centered elements? Do we need to modify what is considered “patient centered”?***
- 2. Font size requirements. Is 10, 12 or another font / typeface appropriate?***
- 3. Use of bold text, highlighting, color and/or white space to add emphasis or set off the patient-centered items.***
- 4. Standardized directions for use.***
- 5. Translated directions for use available on the Board’s website. Do we require them?***
- 6. Requirements to help patients with limited or no English proficiency understand the information on the prescription label. Are we doing enough?***
- 7. Are we doing enough to meet the needs of senior citizens?***
- 8. Should the Board consider technology standards to implement patient-centered requirement?***

Chair Brooks explained that the committee has been discussing patient-centered label requirements for nearly two years and he believes we are fully compliant with the regulation. Board inspectors have also been collecting prescription container labels to ensure they are complying with regulations, and we have found the majority to be in compliance.

Chair Brooks continued that the committee is required to report to the Board, by December 2013, regarding label compliance and encouraged the committee to continue the evaluation process.

Ms. Herold explained that the Board has set the national standard for patient-centered labels. The United States Pharmacopeia and the NABP have followed our lead and developed their standards based upon ours. She continued that we should now take a look at the standards to determine if there is anything more that we should be doing. More specifically, the placement of information that is patient-centered.

Dr. Castellblanch recommended that the focus of the committee should remain on the four key elements of the label—patient name, drug name, directions for use and purpose. He provided that current research supports these elements as the most important to include on the label. Dr. Castellblanch also offered that there has not been full compliance with the standardized directions for use and suggested that this should be a priority.

Ms. Herold referenced the attached white paper and provided that she has worked with the NCPDP to standardize the directions for use in ePrescribing templates. When ePrescribing is implemented, a standardized, universal medication schedule format for directions for use will be used. This will standardize the directions regardless of which pharmacy is used and make it easier to get standardized translations for the label.

Discussion continued regarding the need for clear, standardized directions for use to reduce medication errors and fulfill the Board's public protection mandate.

The committee discussed font size and Chair Brooks provided that prior to the regulation, there was no requirement for a specified font size or type.

Dr. Castellblanch referenced a study that indicated that as font size drops from 12 to 10 point, the number of people in the 65 and older age group that can read it is reduced significantly. He suggested that increasing the font size requirement to 12 point should be made the standard.

Ms. Herold provided that out of 800 pharmacies that were surveyed, 70 percent are printing labels in 12 point font. Another 15 percent are printing in both 10 and 12 point font in the patient-centered area.

Board President Stan Weisser provided that there has been discussion about including two languages on prescription labels and that the issue of font size will have an impact on that.

Chair Brooks recommended that the font size requirement remain as it is and possibly readdressed at some point in the future.

The committee discussed typeface and Ms. Herold provided that the USP's guidelines suggest there is no difference in readability between serif and sans-serif typeface. She continued that the compressed font makes readability difficult.

Chair Brooks offered that the use of bold typeface, color, highlighting and white space is currently used as an emphasis and that the practice should continue.

Discussion continued regarding standardized directions for use. Ms. Herold provided that our goal is to make it easier for a pharmacist to fill a prescription, not more difficult. Because health literacy is low among the general population, our job is to ensure they understand how to take their medications correctly. One of the easiest ways to do this is to standardize the directions for use and provide translated directions for use.

Assistant Executive Officer Anne Sodergren recommended that this would be an important issue to discuss with the Medical Board to keep them informed of our plans in this area.

Mr. Gray recommended that the specific information also be shared with other prescriber boards to make sure it is clearly understood by prescribers.

The committee also discussed the issue of including the purpose for taking the drug, as well as including both English and a foreign language on the same label. There was discussion regarding the Board's authority with regard to these mandates.

Brian Warren from the CA Pharmacists' Association offered that the association's interpretation is that the Board currently does have the authority to require both English and a foreign language on a prescription label. He continued that current legislation also requires pharmacists to use written translations for directions for use. Mr. Warren suggested that the Board look at all of the issues together and come up with regulations that are truly patient-centered.

Ms. Herold provided that the Board is directing inspectors to survey pharmacies regarding their use of translated labels. She continued that a majority are providing translated directions for use.

Miss de Guia provided that the Board's foreign language translations have gone through an extensive vetting process to ensure that they are high quality translations. She continued that she is hopeful additional languages may be added in the future and that the issue should continue to be discussed.

Chair Brooks recommended that the issues in question be forwarded to legal counsel for clarification and brought back to the committee at the next meeting.

Chair Brooks recommended that the committee continue to gather research and background information for their assessment.

VI. Update on Committee's Goals for 2012/2017 to Fulfill Board's Strategic Plan

For Information

Chair Brooks offered that Board staff continues work on the Communication and Public Education section of the strategic plan. Following is an update of recent activity:

a. Strategic Objective 4.1 – Develop Notice to Consumers Posters and Video

The Notice to Consumers and Notice of Interpreter Availability posters were mailed to all pharmacies in California in April. Foreign language versions of the Notice to Consumers poster were also printed in six additional languages: Chinese, Tagalog, Korean, Spanish, Russian and Vietnamese.

A video display format of the Notice to Consumers poster was also produced and is available in English or Spanish for pharmacies that request it. The video is also available for download from the Board's website under the "Publications" tab.

b. Strategic Objective 4.2 – Restructure the Board's Website to Make it More User Friendly

Board staff continues to work on the new design and site architecture for the Board's website. Unit managers have provided input regarding navigation and content suggestions for their areas.

VII. Update on *The Script*

For Information

The next issue of *The Script* is undergoing legal review. The issue includes information about recent changes to pharmacy law, as well as disciplinary actions taken by the Board between July and March of 2013. The issue also includes answers to frequently asked questions and an article about the Joint Forum to Promote Appropriate Prescribing and Dispensing held in February in South San Francisco.

VIII. Update on Consumer Education Materials

For Information

The following new consumer brochures have been produced in response to

1. *Prescription Drug Abuse*
2. *Prescription Drug Abuse Among Teens*
3. *Purchasing Pet Meds Safely from Online Pharmacies*

Color mock-ups of the brochures were provided to the committee.

IX. Update on Media Activity: January to June 2013

Media activity for the first two quarters of 2013 was provided to the committee in an attachment.

X. Public Outreach Activities Conducted by the Board

For Information

State government continues to be subject to travel restrictions that prohibit all but the most essential travel. The Department of Consumer Affairs must still preapprove all travel not involving enforcement issues where a travel claim will be submitted. This has restricted Board operations in all areas, including public and licensee outreach.

Recent public and licensee outreach activities performed have focused principally on educating stakeholders about e-pedigree requirements that will take effect beginning January 1, 2015, via a number of webinars hosted by various companies to help educate the pharmaceutical supply chain.

Additionally, as reported earlier in this meeting, the Board has cohosted with the Los Angeles Office of the U.S. Drug Enforcement Administration two continuing education sessions on prescription drug abuse, diversion and a pharmacist's corresponding responsibility.

The following are public outreach activities we have participated in since the April report to the Board:

- April 18: Executive Officer Herold provides a teleconference presentation on the Board's pending sterile compounding requirements to attendees at a California Conference of Local Health Officers meeting in Oakland.
- April 23: Executive Officer Herold provides a teleconferenced presentation on California's e-pedigree requirements to attendees of the LogiPharma 2013 international supply chain security conference in Geneva, Switzerland.
- May 9: Executive Officer Herold provides a teleconferenced presentation on California's e-pedigree requirements to attendees of the 3rd Annual Serialization and Traceability for Brand Protection Exl Pharma Conference.
- May 23: Executive Officer Herold provides an in-person presentation to attendees at the National Association of Boards of Pharmacy Annual Meeting in St. Louis on virtual manufacturing, virtual wholesaling (brokering) and violations affecting the quality of the US drug supply.
- May 29: Executive Officer Herold and Supervising Attorney General Joshua Room provide a webinar on California's e-pedigree requirements hosted by rFXcel.
- June 5: Executive Officer Herold provides information on California's e-pedigree requirements via a communications link at the BioLogistics Summit held in San Francisco.

- June 18: Executive Officer Herold provides a teleconferenced presentation on California's e-pedigree requirements and implementation progress at the Pharmapack North America – Serialization Technology Forum held in Philadelphia.
- June 28: Executive Officer Herold provides a two-hour webinar responding to questions about California's e-pedigree requirements to over 300 attendees hosted by Tracelink.

Adjournment

Chair Brooks adjourned the meeting at 11:49 a.m.