



**STATE BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
LICENSING COMMITTEE MEETING  
MINUTES**

**DATE:** July 19, 2017

**LOCATION:** Department of Consumer Affairs  
First Floor Hearing Room  
1625 North Market Blvd.  
Sacramento, CA 95834

**COMMITTEE MEMBERS PRESENT:** Stanley Weisser, Chairperson  
Albert Wong, Licensee Member  
Lavanza Butler, Licensee Member  
Ricardo Sanchez, Public Member

**COMMITTEE MEMBERS**

**NOT PRESENT:** Debbie Veale, Vice-Chairperson

**STAFF MEMBERS PRESENT:** Virginia Herold, Executive Officer  
Anne Sodergren, Assistant Executive Officer  
Laura Freedman, DCA Staff Counsel  
Debi Mitchell, Staff Services Manager I

**1. Call to Order and Establishment of Quorum**

Chairperson Weisser called the meeting to order at 9:00 a.m. Roll call was taken with the following members present: Lavanza Butler, Albert Wong, and Stan Weisser. Member Ricardo Sanchez joined the meeting around 9:03. A quorum was established.

**2. Public Comment for Items Not on the Agenda, Matters for Future Meetings**

No public comments were offered.

**3. Discussion and Consideration of Retake Waiting Period for North American Pharmacist Licensure Examination (NAPLEX) and California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)**

Chairperson Weisser reviewed relevant statutes applicable to the discussion in Business and Professions Code (BPC) section 4200 establishing requirements for licensure as a pharmacist and subsection (a)(6) further providing that a candidate shall have passed the NAPLEX and the CPJE. BPC section 4200.4 specifies that an applicant who fails the national examination may not retake the examination for at least 90 days or for a period established by regulations adopted by the board in consultation with the Office of Professional Examination Services of the Department.

Chairperson Weisser noted on July 28, 2016, the NABP advised executive officers of changes to the NAPLEX program. Changes included transitioning to a new administration model that included increasing the number of test items, increasing the test administration time and increasing the fee. Additionally, NABP advised that the waiting period for the NAPLEX examination would be decreased to 45 days.

The committee was reminded at the September 2016 Licensing Committee meeting, the committee discussed NABP's change in policy related to the waiting period for candidates who fail the NAPLEX. The committee discussed that while NAPLEX decreased its waiting period to 45 days, California law still requires a 90-day waiting period for the NAPLEX. As part of its discussion, the committee considered whether the proposed change to the waiting period for the NAPLEX is appropriate. The committee discussed that, by statute, any changes to the current waiting period for the NAPLEX would require consultation with Office of Professional Examination Services (OPES). The committee requested that this item be referred back to the committee after consultation with OPES.

Mr. Weisser informed the committee that board staff met with DCA OPES to discuss the rationale for proposed changes from a 90-day waiting period for both the NAPLEX and CPJE. OPES concluded that the 45-day waiting periods are reasonable for both the NAPLEX and CPJE. Further, board staff also consulted with the board's contracted psychometric firm (PSI) responsible for CPJE development and deployment. They reached a similar conclusion to that of board staff and OPES.

The committee was advised based on the conclusions of both OPES and PSI, board staff recommended seeking the necessary changes in statute to reduce the waiting period to 45 days. The committee reviewed draft language based on this recommendation.

Danny Martinez of the California Pharmacist Association (CPhA) commented in support of the motion. Mr. Martinez requested clarification on when the committee would like to see the statute changed. Executive Officer Virginia Herold explained if an author could be found this year, the board would be interested in an immediate change.

Cindy Hespe of the California Society of Health-Systems Pharmacists (CSHP) representing Loriann DeMartini explained Ms. DeMartini had a concern about the word "and" and residents taking the examinations. Ms. Hespe requested on behalf of Ms. DeMartini if the "and" could be changed to "or." Ms. Herold explained that licensure as a pharmacist requires passage of both the NAPLEX and CPJE. Ms. Herold continued residents usually have six months to become licensed in the state where the residency is being completed and residency can be started later than July, which is typically when residencies start. The board offers expedited service for applicants in residency. Assistant Executive Officer Anne Sodergren clarified the intent of the language is to allow for an applicant who passes one exam and fails the other exam to wait 45 days to retake the exam that was failed. Ms. Sodergren clarified the exam that was

passed does not have to be retaken. Ms. Hespe stated they would support this being enacted this year. Ms. Herold encouraged Ms. Hespe to have the residents notify the board when they apply for residency.

DCA Counsel Laura Freedman reiterated Ms. Sodergren's clarification that failure on either one of the exams would trigger a 45-day waiting period for solely that particular exam.

**MOTION:** Pursue statutory changes to change the waiting period for both the NAPLEX and CPJE to 45 days by amending BPC sections 4200.4.

**Proposed Amendment to B&PC 4200.4**

4200.4. An applicant who fails the ~~national examination~~ North American Pharmacist Licensure Examination and the California Practice Standards and Jurisprudence Examination for Pharmacists may not retake the examination for at least ~~90~~45 days or for a period established by regulations adopted by the board in consultation with the Office of Professional Examination Services of the ~~Department~~.

M/S: Sanchez/Wong

Support: 4      Oppose: 0      Abstain: 0

**4. Discussion and Consideration of Issuing Board Licenses Including Photos for Individual Licensees**

Chairperson Weisser reviewed that the board has encountered instances of unlicensed individuals posing and working as a licensed pharmacist using a name and license number issued to someone else. In such cases the unlicensed individual has provided a fake license to the employer. There are several programs within the DCA that currently issue licenses that include a photo of the individual.

Mr. Weisser noted board staff would appreciate discussion from the committee to determine if it would be appropriate to implement photo licenses for individuals licensed by the board. If agreed upon by the committee and board, implementation could be in place by July of 2018. Staff would recommend a phased approach where newly licensed pharmacists will be issued the photo license upon licensure and current pharmacists will convert to the photo license as part of the renewal process. Mr. Weisser added that he recommended starting with the pharmacists and eventually adding other license types if deemed appropriate.

Committee member Sanchez inquired if this was seen at the pharmacist or pharmacy technician level. Ms. Sodergren confirmed it is seen by the board at the pharmacist level. Ms. Herold added that the paper license provided by the board currently is not very durable. Mr. Sanchez further inquired if there were biometrics such as thumbprint available. Ms. Sodergren indicated she didn't believe so and the samples provided cost at most approximately \$16 per license.

Mr. Sanchez asked if the application could include a clause certifying under the penalty of perjury the licenses can't be duplicated so that if a license was duplicated, it would be a felony. Ms. Herold added there are other ways to have such cases prosecuted. Ms. Freedman added that the issue was with people impersonating the pharmacist who are not necessarily applicants to the board. Ms. Herold added that the current situation of a pharmacist being impersonated is being dealt with by the local police as the person

is not a licensee. Committee member Lavanza Butler added it is appropriate to implement the photo license so that the pharmacists can be easily identified. Committee member Albert Wong agreed a new photo is a good idea. Ms. Sodergren added that policy direction provided to board staff allows board staff to report back with options for implementation strategy.

Danny Martinez of CPhA commented in support of the motion. Mr. Martinez requested clarification if this would be included in the new fees. Ms. Sodergren reported it would depend on the implementation strategy.

**MOTION:** Proceed with photo licenses for licensed pharmacists.

M/S: Butler/Sanchez

Support: 4      Oppose: 0      Abstain: 0

## **5. Discussion and Consideration of Pharmacy Technician Duties and Possible Changes to Such Duties**

Chairperson Weisser provided an overview of the item as well as detailed relevant laws and a pending regulation to add additional requirements for pharmacy technician training courses. Mr. Weisser provided a brief overview of topics discussed at the April 4, 2017, Pharmacy Technician Summit that included: current requirements for pharmacy technicians; pending regulations regarding requirements for pharmacy technician training courses; mechanisms for pharmacy technicians to expand knowledge base; continuing education requirements for pharmacy technicians; overview of possible changes for duties of pharmacy technicians in a community setting to allow for pharmacists to provide more patient care services such as drug utilization review, patient profile review, and patient consultation; possibility of supervising technician with the ability to verify refills filled by a pharmacy technician or verify clerk typist work; increased pharmacy technician standards with an educational component if responsibilities are greater; and Idaho pharmacy technician duties that have expanded to include the authorization of new orders, taking new orders from prescriptions, clarifying prescriptions, immunizing, and extending pharmacy hours to include time when a pharmacist is not present.

Mr. Weisser asked Ms. Sodergren to expand upon the pharmacy technician duties in Idaho. Mr. Weisser noted the Idaho board's former executive officer was present at the meeting. Ms. Sodergren reported as requested by the committee, staff provided in the meeting materials a grid detailing a high-level comparison by state for neighboring and larger states as well as the NABP's survey of pharmacy law. Ms. Sodergren provided to the committee specific areas of pharmacy practice, how the change would impact the operations of the pharmacy, and the resulting benefits to patients receiving care in those settings for direction to board staff by the committee.

Mr. Weisser posed to the committee that the committee may want to consider having, under the supervision of a pharmacist, one pharmacy technician check the work of another pharmacy technician – known as tech-check-tech – in a community setting. Mr. Weisser noted the tech-check-tech is currently used in the hospital setting and has been noted as effective.

Ms. Butler inquired if the pharmacist is responsible for the work done by tech-check-tech as that was her primary concern. Ms. Butler further inquired why the states identified in the meeting materials were

selected. Ms. Sodergren explained neighboring states and states that are larger like California in addition to Idaho and two other states were selected for comparison.

Mr. Weisser posed several questions to the committee when considering tech-check-tech: Would this be limited based on the type of prescription, i.e., refill versus new, controlled substance versus noncontrolled, compounded medications? Should the “supervising technician” require special licensure like an advanced practice pharmacist? Should a pharmacist also be responsible for the functions performed by the “supervising technician” or just the PI? If the “supervising technician” is performing the final check, what impact does that have on current ratios, and should the “supervising technician” be included in a ratio? How would this ultimately benefit the patient? Should the pharmacist be required to have patient contact on transactions?

Dr. Wong expressed concern about tech-check-tech and liability of the pharmacist for any mistakes made by a technician in a tech-check-tech program. Mr. Weisser noted the pharmacist has to be relied upon for supervision and oversight before medicine is provided to the consumer. Mr. Sanchez asked if the liability could be shared with a supervising pharmacy technician. Ms. Butler expressed interest in understanding better how tech-check-tech would work in a community pharmacy. Dr. Wong explained with tech-check-tech, the pharmacist would not see the prescription before it was provided to the consumer. The committee expressed concern with this. Mr. Weisser asked where the responsibility would be and how to assist the pharmacist in working more closely with the consumer. Dr. Wong suggested hiring more pharmacists.

Mr. Weisser noted that tech-check-tech was one of many options that could be pursued by the committee. Mr. Weisser indicated his interest was identifying tasks that pharmacists are responsible for by law but do not require a pharmacist’s knowledge so that the pharmacist can be freed up to do drug utilization and patient consultation and to interact with the patient. Dr. Wong expressed more pharmacists are needed but cannot be hired because insurance reimbursements are too low.

Ms. Freedman noted that as the duties and scope of an interim practitioner level for pharmacy technicians develop, the responsibilities would shift to that interim practitioner level for pharmacy technicians in addition to the pharmacist. Dr. Wong was not in agreement of shared responsibility of a pharmacist and pharmacy technician. Ms. Butler was in support of expanded duties for pharmacy technician as she noted there are some duties pharmacists are required to complete but a pharmacy technician could complete. Ms. Butler indicated she is in support of a supervising/lead pharmacy technician but is concerned that a pharmacist is responsible for the pharmacy technicians doing different items under their supervision.

Ms. Sodergren clarified the committee doesn’t seem to be averse to the tech-check-tech model but there is concern as to what safeguards might be developed to assist consumer protection. Adding a secondary licensure category with increased knowledge, skills and abilities might be one safeguard. Ms. Sodergren suggested board staff make recommendations for a tech-check-tech program based on the concerns of the committee to move forward for consumer protection. Mr. Weisser noted he is interested in vetting the process to ensure consumer protection and liability is attributed to the correct person.

Dr. Wong voiced concern of looking at how more pharmacists can be hired and insurance reimbursements increased. Mr. Weisser suggested based on current ratios, benefits of the pharmacists are being realized

and he would like the pharmacist to be freed up to interact with the patient more.

Ms. Herold added if a specialty pharmacy technician is established and patient consultation is the focus where the pharmacist works directly with the patient, the medication errors can be caught at this level. Ms. Herold indicated that building in the pharmacist interaction at the end of the process will benefit the consumer and ensure drug utilization is completed.

Mark Johnston, former Idaho Board of Pharmacy director currently working for CVS Health representing them today and NABP Executive Committee commented to the committee. Mr. Weisser asked Mr. Johnston to speak in the capacity of former director of the Idaho Board of Pharmacy. Mr. Johnston explained tech-check-tech in Idaho is just the check of the pills in the bottle. He continued in Iowa, Drake University did a study on tech-check-tech and found technicians had a lower error rate of 0.36 percent compared to 0.53 percent error rate for pharmacists. In Idaho, the pharmacy technician is held responsible for errors as done in Canada for twenty years. Mr. Johnston added if this requirement is added, it can be an option for the pharmacist, but not required.

Mr. Weisser clarified that in California the clerk can complete data entry for the prescription but in Idaho only registered technicians can type the label. Mr. Johnston clarified Idaho allows tech-check-tech for new prescriptions, refill prescriptions and controlled substance prescriptions but not compounded prescriptions. In Idaho, the pharmacist checks the prescription when received and again before the prescription is picked up by the consumers. Additionally, Idaho provides for a pharmacy technician to check medicine from a machine. Other states also allow pharmacy technicians to check automation at a low rate.

Paige Talley from the California Council for the Advancement of Pharmacy (CCAP) requested clarification on the type of practice settings. Mr. Weisser clarified that the focus is on community setting. Ms. Talley reported CCAP is in support of more education, certification and mandatory continuing education for pharmacy technicians.

Cindy Hespe representing CSHP commented on CSHP's support of tech-check-tech. She added policies and procedures might be a good requirement as required in the hospital setting. Ms. Hespe inquired if the inspectors look on the self-assessment forms to know how many hospital settings are doing tech-check-tech. Mr. Weisser reiterated this discussion is for the community pharmacy setting. Ms. Herold mentioned she knew of two hospitals but the board doesn't track this information. Ms. Herold knew of one related error but indicated errors wouldn't be reported to the board unless there was a financial settlement.

Lindsay McDonald from the National Health Career Association and provider of ExCPT certification program for pharmacy technicians inquired about the implementation of pending regulations on pharmacy technician training courses. Ms. Freedman referred to the agenda item. Ms. Sodergren directed Ms. McDonald to the rulemaking process and offered to speak with her after the meeting.

The committee took a break.

A pharmacist member of the public commented in a low-volume pharmacy, tech-check-tech is helpful. When there is an overlap of pharmacists, typically the second pharmacist does technician work. In a high-volume pharmacy, a machine is used but is typically maintained by a pharmacist. The pharmacist was

concerned Idaho might not be a fair comparison where New York and Florida might be a better comparison. Accountability for pharmacy technicians will help them to be better. If technicians can pull for another technician that would assist in processing.

John Roth, CEO for California Pharmacists Association (CPhA), commented the board may want to look at the process used for SB 493. Mr. Roth continued to request clarification if the definition of tech-check-tech is the same throughout the nation. He also commented on the drawbacks of the Iowa study as the freeing up of the pharmacists' time didn't change the workflow of the pharmacist. Mr. Roth recommended the board ensure that tech-check-tech is the method that would be used in community pharmacies.

Lorri Walmsley on behalf of Walgreens commented on the Drake study presented at the Iowa Association reporting the error rates remained low as the pilot went through the process, and the amount of dispensing and patient care activities for pharmacists changed significantly and pharmacists were able to offer more clinical services. Walgreens is participating in a pilot study in Iowa and a few stores in Wisconsin.

Dr. Wong stated he is worried that tech-check-tech would result in the workload of the pharmacist being increased but patient care not being increased. Ms. Walmsley indicated that is not what she believed the study indicated. Ms. Butler recalled these states do not have the volume of California.

Mr. Weisser asked the committee their thoughts on continuing education for pharmacy technicians. Ms. Butler indicated she thought it was a good thing. Mr. Weisser also commented it helped to sift through those pharmacy technicians who are committed versus those who aren't committed. Dr. Wong agreed the more educated the pharmacy technician is, the better the consumer is served. Mr. Sanchez agreed more education would better the profession.

Chairperson Weisser requested staff prepare and bring more information forward to the next committee meeting to review the data that staff has found regarding the duties and the scope as well as the sensitivity of the issues brought up by the committee members (responsibility), certification and recertification, CE and how the board will enforce. Staff will check in with Chairperson Weisser to ensure the information gathered is following the committee's direction and the committee agreed.

## **6. Discussion and Consideration of Pharmacy Technician Ratios in California**

Chairperson Weisser provided an overview of the relevant laws regarding pharmacy technician ratios of pharmacist to pharmacy technicians.

Ms. Butler stated she supported an increase in the pharmacy technician ratio to possibly 1:2 but that there should be a limit to the ratio of pharmacists to pharmacy technicians. Dr. Wong agreed there should be an increase in the ratio.

Mr. Weisser asked the committee how they envisioned the increase in ratios fitting in with a change of duties for the pharmacy technician. Ms. Butler and Dr. Wong expressed an interest of a motion in increasing the ratio of pharmacist to pharmacy technician to 1:2.

**MOTION:** Increase the pharmacist to pharmacy technician ratio to 1:2.

M/S: Butler/Wong

Mr. Weisser recommended further discussing the issue and determining how the committee would like the duties of the pharmacy technician to change before changing the ratio. Ms. Butler and Dr. Wong agreed to withdraw their motion.

Angie Manetti on behalf of the California Retailers Association (CRA) commented in support the need for an increase in the ratios. She reported many of CRA's members have realized an 80 percent increase in prescriptions from 1997 to 2015 and look forward to increased dialogue as the dialogue hasn't occurred since 2001 when then the ratios were changed. Mr. Weisser stated he also received a letter from Mary Staples of the CRA and looks forward to her input at the next meeting.

Mark Johnston of CVS Health and NABP stated in his capacity representing NABP that the NABP Pharmacy Survey of Pharmacy Law is a very static document that is updated annually and only as good as each board is at updating their respective laws. Mr. Johnston commented that after the publication many states changed their ratios. He added the survey also doesn't show trends that are happening such as elimination of ratios. Mr. Johnston expressed support in the discussion.

## **7. Discussion and Consideration of Application and Renewal Requirements for Pharmacy Technicians**

Mr. Weisser reviewed relevant law detailing requirements for becoming licensed as a pharmacy technician. He continued reviewing pending regulations regarding pharmacy technician application requirements. Mr. Weisser reviewed the committee's previous discussion that certification as one of the pathways to licensure does not require maintaining the certification. The committee also previously noted if continuing education should be a requirement of renewal for pharmacy technicians. Mr. Weisser provided most states require licensure or registration while some states also require the maintenance of certification and/or continuing education.

Dr. Wong commented he would like to see more education to qualify for licensure and increase the requirement because of the increase of responsibility. Additionally, this would prevent people entering the field for the purpose of diversion and would elevate the field.

Ms. Butler stated that if duties and ratios are to be expanded, the committee should also look what the continuing education would want to require.

Mr. Sanchez asked if other programs were successful in increasing hours. Ms. Sodergren reported that the Pharmacy Technician Certification Board (PTCB) and ExCPT which are pathways to licensure has 20 hours of continuing education required to maintain certification. The board currently only requires payment of a renewal fee. Other states have determined that 20 hours of continuing education is sufficient and appropriate. Additionally, the committee found at the pharmacy technician summit there is value in continuing education and it is not a barrier to renewal as there are many free continuing education courses and many employers make them available as well.

Dr. Wong recommend making one of the courses be drug and alcohol abuse. Ms. Butler stated she would not have a problem with it.



Mr. Weisser asked Ms. McDonald of the National Health Career Association provider of ExCPT certification program what continuing education is required by ExCPT. Ms. McDonald informed the committee that 1 hour of law is required and 1 hour of drug safety is required in addition to the 18 hours of continuing education required every two years. Ms. Butler thought this was a good. Dr. Wong stated he wanted more specific education of drug and alcohol abuse.

Mr. Weisser requested staff incorporate continuing education required for certification and one to two units in drug and alcohol abuse. Ms. Butler indicated she wouldn't have a problem with it. Mr. Sanchez felt more continuing education is required and would like to see if continuing education helped to bring back drug abuse. Dr. Wong suggested one unit of alcohol abuse and one unit of drug abuse.

Ms. Sodergren asked if the committee would like to incorporate the law and ethics required of pharmacists. Ms. Herold recommended looking at the duties and identifying what will re-instill training. Ms. Butler agreed.

A representative of Cerritos College reported to the committee that Cerritos College is set by the state at 30-33 units – two semesters and summer for certificate. An associate degree requires approximately 75 units. The representative stated their students were higher quality. Many go on to pursue their pharmacist degree or work as a pharmacy technician in a hospital setting. At the request of Mr. Weisser, the representative indicated there is an interest in advanced practice pharmacy technician.

## **8. Update on Development of Mandatory Board Provided Law and Ethics Continuing Education Courses**

Chairperson Weisser provided an overview of the new regulation requiring board provided continuing education for pharmacists effective July 1, 2017. Mr. Weisser reported board staff routinely provide continuing education on pharmacy law in person but can be scalable using other deployment options, including webinars. The department's training unit uses an interactive web based platform for training, and board staff is exploring that option. Based on discussions with the department, board staff believes the course could be available by March 1, 2018.

Ms. Sodergren inquired if the webinar model is acceptable by the committee. Ms. Herold reported the board provides other training and would like direction if this training is acceptable, for example, training on being a pharmacist-in-charge (PIC), corresponding responsibility, and joint DEA/Board opioid abuse prevention training. Mr. Weisser was agreeable to this. Ms. Herold indicated it would be helpful to determine if the board is favorable to this policy and then seek legal clarification. Counsel Freedman indicated she thought this would be acceptable but would need to research and verify. Mr. Weisser asked Ms. Freedman to bring her direction to the next meeting. Ms. Butler participated in the PIC and corresponding responsibility training and would like to include this as acceptable.

Dr. Wong inquired if the joint DEA/Board training was being provided throughout the state. Ms. Herold indicated one was provided in San Diego with scheduled events in Sacramento and Los Angeles. The board is working to secure training in the Bay area. Ms. Herold stated the board is looking to have a session in Chico. Dr. Wong would like to see the training available for no cost and work with the licensees. Mr. Sanchez is in favor of training.

The committee took a lunch break.

## **9. Discussion and Consideration on Pharmacist Consultation in Various Pharmacy Settings**

Chairperson Weisser provided an overview of relevant law regarding pharmacist consultation and automated drug delivery system (ADDS).

Mr. Weisser reminded the committee of previous committee discussion at the April 2017 Licensing Committee Pharmacy Technician Summit, where the committee discussed changes in duties performed by pharmacy technicians in various settings. The committee discussed whether expanding pharmacy technician duties to include more responsibilities while under the supervision of a pharmacist would allow pharmacists to provide more patient care services, including drug utilization review, patient profile review and patient consultation.

As part of the discussion, the committee considered various settings, including traditional community pharmacy, mail order and closed door pharmacy, inpatient, and other specialty pharmacy settings. The committee reviewed a summary of the workflow in Iowa's tech-check-tech pilot, where the pharmacist is involved at the first level interaction with the patient performing the data and review prior to printing the label, and providing the final consultation.

The committee reviewed the pharmacist involvement for call-in prescriptions in Idaho. It was explained that in Idaho, the pharmacist would be at the DUR and PU1 station verifying the data entry. In regard to patient consultation there is a toll-free number that patients may call.

Mail order pharmacies were discussed, and staff suggested the need to broaden consultation requirements for mail order pharmacies, noting that consumer complaints surrounding mail order pharmacies involve allegations of delays in therapies because the patient is unable to reach a pharmacist.

The committee heard that medication reconciliation is performed in the mail order pharmacy setting by the pharmacy benefit managers (PBMs), who have access to patient records and would highlight if there was duplication in therapy. Mr. Weisser expressed concern that some pharmacists rely on the PBMs.

Mr. Weisser queried the committee on their thoughts on patient consultation. Ms. Sodergren relayed to the committee that inspectors often find patient consultation is provided but there is low quality of the patient consultation. Mr. Weisser expressed concern of the requirements of the patient consultations. Dr. Wong suggested working with the doctors to ensure the patients get the information they need. The committee discussed the option of adding the purpose of the drug on the prescription label to enhance patient consultations to prevent future medication errors.

Ms. Herold indicated the board may work with the Medical Board of California to have the indication on the labels. The committee was in consensus to work with the Medical Board of California on this.

Mr. Weisser queried the committee their thoughts on where the pharmacists should be in the workflow of a pharmacist. Dr. Wong commented the pharmacist should be the person to hand the medication to the consumer. Ms. Butler commented that pharmacist should be at the beginning and end of the process. Mr. Sanchez agreed.

Mr. Weisser inquired of the committee if the mail order pharmacy requirements for patient consultations is sufficient. Mr. Weisser is concerned that the pharmacist is removed from the scenario. Mr. Weisser asked the committee if the board wants to mandate how the patient consultation is required. Ms. Butler agreed the board should mandate the requirements of the patient consultation by mail order pharmacies and other specialty pharmacy settings.

Mr. Weisser inquired of the committee members if the ADDS requirements sufficiently ensure patient consultation. Mr. Sanchez asked if quality of the consultation when the pharmacist can't see the individual varied. Ms. Butler agreed the consultation should take place, a pharmacist should be available if a new medication is dispensed, and it would be better for the pharmacist to see the patient. Mr. Weisser suggested at minimum a video screen to see the patient. Dr. Wong stated it is good to have this but there is a cost associated. The committee would like the machine physically located by the pharmacy and at minimum a video consultation.

Mr. Weisser inquired if the committee felt patients discharged from the hospital are receiving enough information from either a pharmacist or nurse upon discharge. Mr. Sanchez had a good experience. Mr. Weisser asked if CSHP had any comments. Cindy Hespe of CSHP reported they are working on the transition of care of patients at the various stages in obtaining medication in the pharmacy, being admitted/discharged from the hospital, admitted/discharged from the nursing home, etc., to ensure patient safety.

Mr. Weisser requested staff return with recommendations based on the committee's discussion so the committee may revisit the issues at the next meeting.

Paige Talley from CCAP reported to the committee various groups have a transitions of care team. Mr. Weisser expressed concern on a transition from skilled nursing homes back to patients' homes when medications may have changed, and who is providing the consultation.

## **10. Licensing Discussion and Consideration of the Centers for Disease Control's Newly Released Guide for Pharmacist to Establish Collaborative Practice Agreements**

Chairperson Weisser told the committee the Centers for Disease Control and Prevention (CDC) recently released a guide entitled "Advancing Team-Based Care Through Collaborative Practice Agreements -- A Resource and Implementation Guide for Adding Pharmacists to the Care Team." The CDC has also developed additional resources to promote the use of collaborative practice agreements and team based care.

Danny Martinez from CPhA reported to the committee that through the National Alliance of State Pharmacy Associations, CPhA helped developed this publication and wanted to let the committee know they are working on incorporating CPAs into the APP program.

## **11. Licensing Statistics**

Chairperson Weisser provided an overview of the licensing statistics including receipt of 256 applications for the new Advanced Practice Pharmacists license. In fiscal year 2016/2017, the board has received 17,504 applications, including:

- 2,462 intern pharmacists.
- 3,332 pharmacist exam applications.
- 256 advanced practice pharmacists.
- 6,262 pharmacy technicians.
- 7 outsourcing facilities.
- 33 nonresident outsourcing facilities.

As of June 30, 2017, the board has issued 11,784 licenses, renewed 64,206 licenses and has 139,164 active licenses, including:

- 6,584 intern pharmacists.
- 44,864 pharmacists.
- 130 advanced practice pharmacists.
- 72,562 pharmacy technicians.
- 6,663 pharmacies.
- 514 hospitals and exempt hospitals.
- 2 nonresident outsourcing facilities.

Ms. Herold introduced Licensing Manager Debi Mitchell as one of the managers of the licensing units. The committee commended the board staff for the work they do processing applications and renewals.

DCA Counsel Laura Freedman clarified for agenda item No. 8 that board-provided continuing education training would meet the requirements for the law and ethics continuation training effective July 1, 2017.

## **12. Future Committee Meeting Dates for 2018**

The committee reviewed the remaining meeting dates for 2017 including a date to be determined in August 21, 2017, and September 19, 2017. The dates for 2018 are as follows:

- January 16, 2018
- April 19, 2018
- June 26, 2018
- September 26, 2018

The meeting adjourned.