California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

California State Board of Pharmacy
Department of Consumer Affairs
Licensing Committee Meeting Minutes

Date: July 18, 2024

Location: OBSERVATION AND PUBLIC COMMENT IN PERSON:
California State Board of Pharmacy
2720 Gateway Oaks Drive,
First Floor Hearing Room
Sacramento, CA 95833

California State Board of Pharmacy staff members were present at the observation and public comment location.

PUBLIC PARTICIPATION AND COMMENT FROM A REMOTE LOCATION: WebEx

Board Members Present:
Seung Oh, PharmD, Licensee Member, Chairperson
Trevor Chandler, Public Member, Vice Chairperson
Renee Barker, PharmD, Licensee Member
Jessi Crowley, PharmD, Licensee Member
Satinder Sandhu, PharmD, Licensee Member
Jason Weisz, Public Member

Staff Present:
Anne Sodergren, Executive Officer
Julie Ansel, Deputy Executive Officer
Corinne Gartner, DCA Counsel
Shelley Ganaway, DCA Counsel
Jennifer Robbins, DCA Counsel
Debbie Damoth, Executive Specialist Manager

I. Call to Order, Establishment of Quorum, and General Announcements

Chairperson Oh called the meeting to order at approximately 9:00 a.m. As part of the opening announcements, Chairperson Oh reminded everyone that the Board is a consumer protection agency charged with

administering and enforcing Pharmacy Law. Department of Consumer Affairs' staff provided instructions for participating in the meeting.

Roll call was taken. The following members were present via WebEx: Trevor Chandler, Public Member; Renee Barker, Licensee Member; Jessi Crowley, Licensee Member; Satinder Sandhu, Licensee Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. A quorum was established.

Dr. Oh reminded Committee members to remain visible with cameras on throughout the open session of the meeting. Dr. Oh advised if members needed to temporarily turn off their camera due to challenges with internet connectivity, they must announce the reason for their nonappearance when the camera was turned off.

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

Members of the public were provided the opportunity to provide comment.

No public comment was made in Sacramento.

Public comment was received via WebEx.

The Committee heard comments from several specialty pharmacists who thanked the Board for their continued efforts to find an author to sponsor proposed amendments for the remote processing statute and requested an update on the status of securing an author.

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

III. Approval of the April 10, 2024 Licensing Committee Meeting Minutes

The draft minutes of the April 10, 2024 Licensing Committee meeting were presented for review and approval.

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

Motion: Accept the April 10, 2024 Licensing Committee meeting minutes as presented in the meeting materials.

M/S: Crowley/Chandler

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

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Support

IV. Discussion and Consideration of Proposed Amendment to Business and Professions Code (BPC) Section 4038 Related to the Definition of Pharmacy Technician Trainee

Chairperson Oh recalled during the past several meetings the Committee received presentations and discussed pharmacy technician training programs, including employer-based training programs. Dr. Oh noted what appeared to be great variability in the quality of employer-based programs and suggested perhaps the need for greater oversight of such training programs. During the January 2024 meeting, the Committee discussed work being performed by the Office of Professional Examination Services (OPES) which was performing an occupational analysis for the Board for the pharmacy technician licensure program which the results of the analysis may help inform the Committee in its assessment of training program requirements.

Dr. Oh referenced in prior discussions the current definition of "pharmacy technician trainee" was currently limited a person enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocationals institution. As currently defined in the law, this definition does not extend to an individual completing an employer based-training program.

Dr. Oh recalled during the April 2024 meeting, the Committee determined it appropriate to remove the current limitation. Dr. Oh believed it was important to note that while the Committee was looking to expand the definition to encompass additional training programs, the provisions for a training program would remain consistent including requirements that a training program cover all knowledge and understanding of a different pharmacy practice settings and laws and regulations governing the practice of pharmacy. He highlighted this to ensure there was a clear understanding that an employer-based training program could not be solely focused on that specific pharmacy or type of pharmacy due in large part because once issued, the license allows the pharmacy technician to work in a variety of settings, not just the pharmacy where they completed the employer-based training. Dr. Oh reminded all the provisions related to externship requirements for a pharmacy technician trainee would apply irrespective of the individual's pathway to functioning as a pharmacy technician trainee. Dr. Oh highlighted this to ensure a clear understanding of the hours' limitations established in the existing law and the applicability of those provisions.

Dr. Oh referenced meeting materials that included a draft statutory language prepared by staff that he believed was consistent with prior discussion and direction.

Members were provided the opportunity to comment.

Members discussed employer-based training programs were required to meet the requirements outlined in regulations. The employer-based training programs were not approved by the Board, but the Board did audit to confirm compliance with the regulation. Members discussed some of the employer-based training programs were accredited by ASHP and PTCB recommended adding "accredited" to the proposed language as that would be an avenue for applicants qualifying through these methods to gain experience. The intent was to increase the types of qualifications for licensure. Members considered how other states handled this area. It was noted that there was great variability from state to state. Members discussed alternative pathways from accredited schools could be cost prohibitive and some members didn't agree with adding "accredited" to the proposed language while others expressed concern for the content of current employer-based training and was in favor of adding "accredited" to the proposed language.

Dr. Crowley left the meeting at 9:30 a.m.

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

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

Members heard comments in agreement from the public that it would be hard to compare other states' pharmacy technician programs and qualification methods as many states differed in their approach.

Comments were heard in favor of hands-on training for pharmacy technician trainees. Some commenters were agreed with adding "accredited" while others expressed concern that it would be cost prohibitive. Comments were heard indicating employer-based trainings can be too unique to the employer and not prepare the pharmacy technician to work outside of the current employer.

Comments were received asking for clarification of how the pharmacy technician trainee would be counted in the ratio and how maternity leaves would be factored in with the proposed language.

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

Mr. Chandler left the meeting at 9:45 a.m.

Board staff was asked if having accreditation and Board-approved training programs could be contemplated. Ms. Sodergren provided if the Board made the policy decision to do this, data would have to be reviewed to understand the impact on the Board's workload.

Members discussed adding accreditation only. Members were in agreement with accreditation being added so that hands-on experience could be included to enhance the learning experience noting the accreditation has a cost factor.

Ms. Sodergren requested clarification if the intent was to include the ASHP accreditation currently in law or add other accreditations. Members were in agreement to including additional accreditations.

Motion: Recommend to the Board consideration to amend BPC section 4038 (b) to include as an option an accredited employer-based pharmacy technician program.

Business and Professions Code Section 4038 is amended as follows:
4038.
(a) "Pharmacy technician" means an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties, as specified in Section 4115.

(b) A "pharmacy technician trainee" is a person who is enrolled in a pharmacy technician training program ~~operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational Education~~.

Business and Professions Code Section 4115.5 is amended as follows:
4115.5.
(a) Notwithstanding any other law, a pharmacy technician trainee may be placed in a pharmacy to complete an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician.

(b) (1) A pharmacy technician trainee participating in an externship as described in subdivision (a) may perform the duties described in subdivision (a) of Section 4115 only under the direct supervision and control of a pharmacist.

(2) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall be directly responsible for the conduct of the trainee.

(3) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall verify any prescription prepared by

the trainee under supervision of the pharmacist by initialing the prescription label before the medication is disbursed to a patient or by engaging in other verification procedures that are specifically approved by board regulations.

(4) A pharmacist may only supervise one pharmacy technician trainee at any given time.

(5) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall certify attendance for the pharmacy technician trainee and certify that the pharmacy technician trainee has met the educational objectives established by the training program ~~by a California public postsecondary education institution or the private postsecondary vocational institution in which the trainee is enrolled, as established by the institution~~.

(c) (1) Except as described in paragraph (2), an externship in which a pharmacy technician trainee is participating as described in subdivision (a) shall be for a period of no fewer than 120 hours and no more than 140 hours.

(2) When an externship in which a pharmacy technician trainee is participating as described in subdivision (a) involves rotation between a community and hospital pharmacy for the purpose of training the student in distinct practice settings, the externship may be for a period of up to 340 hours.

(d) An externship in which a pharmacy technician trainee may participate as described in subdivision (a) shall be for a period of no more than six consecutive months in a community pharmacy and for a total of no more than 12 months if the externship involves rotation between a community and hospital pharmacy. The externship shall be completed while the trainee is enrolled in ~~a course of instruction at the institution~~the training program.

(e) A pharmacy technician trainee participating in an externship as described in subdivision (a) shall wear identification that indicates the pharmacy technician trainee's status as a trainee.

M/S: Sandhu/Barker

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

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

Comments were heard from the public in support of the addition of "accreditation" as proposed.

Support: 4 Oppose: 0 Abstain: 0 Not Present: 2

Board Member	Vote
Barker	Support
Chandler	Not Present
Crowley	Not Present
Oh	Support
Sandhu	Support
Weisz	Support

V. Discussion and Consideration of Survey Results Received Related to the Pharmacist to Pharmacy Technician Ratio

Chairperson Oh referenced previous discussion of the Committee's intention to focus on strategic objective 1.3 related to the exploration and pursuit of changes in law as appropriate for the authorized duties of a pharmacy technician. He noted the Committee made significant steps in this area by convening listening sessions and soliciting feedback from licensees regarding potential changes. The results of these efforts were incorporated in Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023), which became effective on January 1, 2024.

Dr. Oh recalled during the October 2023 meeting, the Committee initiated a review of the Board's ratio requirement. He added meeting materials detailed the current law related to ratios and noted members routinely receive public comment indicating that California has one of the most restrictive ratios. Dr. Oh reminded a review of various state ratios did not necessarily provide equal comparisons, as jurisdictions have varying approaches on provisions for services within a pharmacy, including where

some jurisdictions require all pharmacy personnel to be licensed as a pharmacy technician if performing even basic functions such as data entry. Dr. Oh reminded this was not the case in California. He highlighted it to remind all when comments are made, context mattered.

Dr. Oh provided background during the January 2024 Committee meeting, members reviewed and approved a draft survey to solicit feedback from pharmacists on this topic. The survey was released March 6, 2024 and ended March 25, 2024 during which over 5,100 responses were received.

Dr. Oh added during the April 2024 meeting, the Committee received a presentation on results of the survey as included in the meeting materials. Dr. Oh noted the data was informative but members requested additional information specifically from survey respondents that did not identify as serving as a pharmacist-in-charge (PIC) or working in a management or administrative position. The additional data was included in the meeting materials. Dr. Oh thanked the experts within the OPES for working to develop, deploy and evaluate the survey results and compiling the additional data for consideration included in the meeting materials.

Ms. Sodergren provided a brief presentation reviewing additional data requested by the Committee indicating by pharmacists self-identifying as not working in the capacity of PIC or management.

Dr. Oh reflected it appeared the ratio established for the institutional setting remained appropriate. He found some of the results very interesting, including the responses specifically from pharmacists that identified as neither in management positions nor serving as the pharmacist in charge believe that the current ratio is appropriate. Dr. Oh continued the data suggested the Board's current regulation remained appropriate. Dr. Oh added in the noninstitutional setting, the data either supported the current ratio, or a ratio of 1:2.

Members were provided an opportunity to comment.

Members discussed the status of legislation regarding pharmacy technician ratios and were advised it was held in suspense and not moving forward. Members thought the information from the presentation was helpful to understand perspectives from pharmacists self-identifying as not working in the capacity of PIC or management. Discussion continued

around ratios of 1:2 and 1:3 with support for the pharmacist to have autonomy on the ratios during their shift.

Motion: Recommend to the Board an amendment to BPC section 4115 to increase the ratio of pharmacist to pharmacy technician to 1:2 in the community pharmacy setting with authority for the pharmacist to refuse to supervise a second pharmacy technician.

M/S: Weisz/Barker

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

Dr. Crowley returned to the meeting at 10:19 a.m.

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

The Committee heard support from the public of transferring the authority to establish pharmacy technician ratios to the Board through its regulation process during the sunset review.

Comments were heard in support of the ratio included in the motion as well as in support of ratios being increased up to 1:4 or no ratio at all. There was comment received cautioning on unintended consequences. Additionally, public comment was made recommending other pharmacy types that may need increased ratios such as closed-door pharmacies or providing for waivers for closed-door pharmacies.

The Committee heard support of the motion from CPhA and Cardinal Health representatives.

The motion was amended after public comment was received.

Amended Motion: Amend BPC section 4115(g) to change the ratio of pharmacist to pharmacy technician to 1:2 in the outpatient pharmacy setting, with a pharmacist having the ability to refuse to supervise the second pharmacy technician, and

further providing that the Board may, by regulation, establish a different ratio applicable to different outpatient pharmacy practice settings.

M/S: Weisz/Barker

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

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

Comment was received in favor of the updated motion.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Chandler	Not Present
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Support

The Committee took a break from 10:40 a.m. to 10:55 a.m. Roll call was taken. The following members were present via WebEx: Renee Barker, Licensee Member; Satinder Sandhu, Licensee Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. A quorum was established.

Dr. Crowley returned to the meeting at 10:57 a.m.

VI. Discussion and Consideration of Proposal to Establish Reinstatement of a Retired Pharmacist License

Chairperson Oh recalled following a request from the public, the Board referred this item to the Committee for consideration. Background information was included in the meeting materials. Dr. Oh summarized indicating public comment suggested that the Board consider development of a step-down licensure process for pharmacists getting

ready to retire. It was suggested through public comment that the Board consider the approach used by Nevada.

Dr. Oh provided during previous discussions, the Committee considered a provision in Nevada's law that provides a pharmacist that has been registered with Nevada for at least 50 years was not required to pay renewal fees after that time. Following feedback from members during the April 2024 Board meeting, staff reviewed additional provisions that allow the reinstatement of a license from an inactive status. It is staff's understanding that Nevada relies on the reactivation provisions when restoring a previously retired pharmacist license. Dr. Oh referenced meeting materials of proposed draft amendments to BPC section 4200.5 that would establish limited provisions for restoration of a retired license. Dr. Oh noted the proposal as drafted was similar in concept to both the Nevada model, but also current provisions in the Board's law related to reactivating an inactive pharmacist license.

Dr. Oh stated having reviewed the provisions of the draft proposed language was comfortable with the approach. He appreciated as drafted, the language would allow for reactivation of a previously retired pharmacist license and that the provisions were similar to current requirements to reactivation of a license. He believed the approach offered would be consistent with the Board's policy in this area.

Members were provided the opportunity to comment.

Mr. Chandler returned to the meeting at 11:00 a.m.

Members spoke in support of the language provided the loss of revenue wasn't shifted to the active licensees. Staff clarified the proposal would not have any impact on the fee. Members discussed the required 30 units and if this proposal would have been in place during COVID. There was general agreement that this would have been helpful during COVID if the waiver wasn't available. Ms. Sodergren clarified the draft proposed language would establish a pathway to re-establish a retired license to active status.

Motion: To recommend to the Board amendment to Business and Professions Code Section 4200.5.

Proposed Amendments Related to Retired Pharmacist License

Business and Professions Code Section 4200.5 is amended as follows:
4200.5.

(a) The board shall issue, upon application and payment of the fee established by Section 4400, a retired license to a pharmacist who has been licensed by the board. The board shall not issue a retired license to a pharmacist whose license has been revoked.

(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active pharmacist's license is required. A pharmacist holding a retired license shall be permitted to use the titles "retired pharmacist" or "pharmacist, retired."

(c) The holder of a retired license shall not be required to renew that license.

(d) The holder of a retired license may request to restore their pharmacist license to active status within three years of issuance of the retired license. Such a request must be accompanied by the renewal fee established by Section 4400(e) and demonstration that, within the two years preceding the request for restoration, the pharmacist has successfully completed continuing education consistent with the requirements set forth in Section 4231(b).

(e) If more than three years have elapsed since the issuance of the retired license, ~~I~~in order for the holder of a retired license issued pursuant to this section to restore their ~~his or her~~ license to active status, they~~he or she~~ shall be required to reapply for licensure as a pharmacist as consistent with the provisions of 4200. ~~pass the examination that is required for initial licensure with the board.~~

M/S: Crowley/Barker

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

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Support

VII. Discussion and Consideration of Compounding by Pharmacy Technicians Outside of Pharmacies

Chairperson Oh advised this agenda item was referred to the Licensing Committee from the Enforcement and Compounding Committee noting previous Committee discussions about licensure requirements pharmacy technicians. Dr. Oh added by definition, pharmacy technicians work in a pharmacy under the direct supervision and control of a pharmacist. He noted federal law, Section 503A of the Food, Drug and Cosmetic Act, makes clear that authority to compound a drug preparation is in part predicated on compliance with USP compounding chapters. Dr. Oh reminded that USP General Chapter 797 describes the minimum requirements that apply to all persons who prepare compounded sterile preparations and all places where sterile preparations were compounded including pharmacists and pharmacy technicians compounding in all places including those areas outside of a pharmacy.

Dr. Oh advised during previous Committee discussion, members considered a number of policy questions, and a summary of the discussion was included in the meeting materials. He noted it would again highlight that the Committee and the Board noted it is the Board's role to safeguard the health and safety of the public and this role is memorialized in BPC section 4008.

Dr. Oh provided following and consistent with the Committee's previous discussion, staff developed draft proposed language to amend BPC section 4115 to establish clear authority for a pharmacy technician to compound under the direct supervision and control of a pharmacist OUTSIDE of a licensed pharmacy. As proposed, a notification requirement would be established. He noted the notification requirement would assist the Board in directing resources to those locations for inspections. Dr. Oh indicated having reviewed the language and believed it was consistent

with the Committee's discussion and direction.

Members were provided the opportunity to comment.

Some members wondered how this would work for pharmacists and how much control the pharmacists would have over the operations of the facilities. Other members were in support of this noting it was a step in the right direction so that the Board would be notified of where this was occurring. The Committee discussed how it would be operationalized. Ms. Sodergren provided if approved, the notification system could mirror other interactive online notification programs the Board currently maintains so that the pharmacist would self-report to the Board online.

Motion: Recommend to the Board amendment to BPC section 4115.

4115.

(a) A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under their supervision by a technician.

(b) (1) In addition to the tasks specified in subdivision (a) a pharmacy technician may, under the direct supervision and control of a pharmacist, prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, perform specimen collection for tests that are classified as waived under CLIA, receive prescription transfers, and accept clarification on prescriptions under the following conditions:

(A) The pharmacy has scheduled another pharmacy technician to assist the pharmacist by performing the tasks provided in subdivision (a).

(B) The pharmacy technician is certified pursuant to paragraph (4) of subdivision (a) of Section 4202 and maintains that certification.

(C) The pharmacy technician has successfully completed at least six hours of practical training approved by the Accreditation Council for Pharmacy

Education and includes hands-on injection technique, the recognition and treatment of emergency reactions to vaccines, and an assessment of the pharmacy technician's injection technique.

(D) The pharmacy technician is certified in basic life support.

(2) "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a; Public Law 100-578).

(c) This section does not authorize the performance of any tasks specified in subdivisions (a) and (b) by a pharmacy technician without a pharmacist on duty.

(d) This section does not authorize a pharmacy technician to perform any act requiring the exercise of professional judgment by a pharmacist.

(e) The board shall adopt regulations to specify tasks pursuant to subdivision (a) that a pharmacy technician may perform under the supervision of a pharmacist. Any pharmacy that employs a pharmacy technician shall do so in conformity with the regulations adopted by the board.

(f) A person shall not act as a pharmacy technician without first being licensed by the board as a pharmacy technician.

(g) (1) A pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a). A pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (b). If a pharmacy technician is performing the tasks specified in subdivision (b), a second pharmacy technician shall be assisting a pharmacist with performing tasks specified in subdivision (a). The ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, as specified in

paragraph (2), an inmate of a correctional facility of the Department of Corrections and Rehabilitation, and for a person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs.

(2) The board may adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency. Any ratio established by the board pursuant to this subdivision shall allow, at a minimum, at least one pharmacy technician for a single pharmacist in a pharmacy and two pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117.

(3) A pharmacist scheduled to supervise a second pharmacy technician may refuse to supervise a second pharmacy technician if the pharmacist determines, in the exercise of their professional judgment, that permitting the second pharmacy technician to be on duty would interfere with the effective performance of the pharmacist's responsibilities under this chapter. A pharmacist assigned to supervise a second pharmacy technician shall notify the pharmacist-in-charge in writing of their determination, specifying the circumstances of concern with respect to the pharmacy or the pharmacy technician that have led to the determination, within a reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule. An entity employing a pharmacist shall not discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this paragraph.

(h) Notwithstanding subdivisions (a) to (c), inclusive, the board shall by regulation establish conditions to permit the temporary absence of a pharmacist for breaks and lunch periods pursuant to Section 512 of the Labor Code and the orders of

the Industrial Welfare Commission without closing the pharmacy. During these temporary absences, a pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. The pharmacist shall be responsible for a pharmacy technician and shall review any task performed by a pharmacy technician during the pharmacist's temporary absence. This subdivision shall not be construed to authorize a pharmacist to supervise pharmacy technicians in greater ratios than those described in subdivision (g).

(i) The pharmacist on duty shall be directly responsible for the conduct of a pharmacy technician supervised by that pharmacist.

(j) In a health care facility licensed under subdivision (a) of Section 1250 of the Health and Safety Code, a pharmacy technician's duties may include any of the following:

(1) Packaging emergency supplies for use in the health care facility and the hospital's emergency medical system or as authorized under Section 4119.

(2) Sealing emergency containers for use in the health care facility.

(3) Performing monthly checks of the drug supplies stored throughout the health care facility. Irregularities shall be reported within 24 hours to the pharmacist-in-charge and the director or chief executive officer of the health care facility in accordance with the health care facility's policies and procedures.

(k) Notwithstanding the definition of a pharmacy technician in 4038(a), a pharmacy technician may, outside of a licensed pharmacy, perform compounding activities only under the direct supervision and control of a pharmacist. The board shall be notified in writing by the supervising pharmacist of the location where such compounding activities occur.

M/S: Barker/Sandhu

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

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

Public comment was heard in support as movement in the right direction.

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

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Support

VIII. Presentations on Central Fill Pharmacy Models in Use in California

Chairperson Oh recalled the Committee received presentations on the central fill model used by Albertsons and Walgreens. Dr. Oh reported having the opportunity to tour two central fill pharmacies including one used by the California Department of Corrections and a Walgreens central fill pharmacy which was helpful in understanding the operations of central fill models and, in particular, understanding the diversity of the models.

Dr. Oh introduced Dr. Janice Dang, PharmD, Supervising Inspector for the Board, who would provide a presentation about the central fill models currently in use in California.

Dr. Dang provided an general overview of the current pharmacy law providing for central fill pharmacies and a brief overview of the central fill pharmacy process. She reported on the number and type of central fill pharmacies inspected in California including general information about the central fill pharmacies including staffing, fulfillment process, dispensing processes used, packaging and shipping, and receiving at originating pharmacy. Dr. Dang reviewed the handling of medication errors related to central fill pharmacy.

Members were provided the opportunity to comment.

Members discussed how not all pharmacists perform final verifications at the originating pharmacy. Some members wondered how the pharmacy personnel could verify that the prescription was not further accessed when arriving at the originating pharmacy. Staff provided there were variations at each facility and technology was leveraged to provide safeguards. Some were interested in how errors were identified. Staff provided errors were identified by the pharmacy through the automated drug delivery system (ADDS); consumer; or person administering the drug. A member wondered if the upfront data was being reviewed by the originating pharmacy. Staff reported all drug utilization reviews (DUR) are done by the originating pharmacy and that errors are identified by central fill pharmacies as less than one percent.

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

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

The Committee heard comments in support of a proposal to continue to allow the central fill pharmacy and was provided a personal account of the commenter's experience with central fill history.

IX. Discussion and Consideration of Proposed Amendment to California Code of Regulations, Title 16, Section 1707.4 Related to Central Fill Pharmacies

Chairperson Oh recalled the Board's strategic objective 1.2 calls for the Committee and Board to consider and pursue necessary changes in the law regarding various pharmacy practice settings to ensure variances in the practice are appropriate. The Committee discussed this at the January 2024 Licensing Committee Meeting and it was suggested that the Committee receive presentations on central fill models to aid in its policy making activities. Dr. Oh noted through the presentations the Committee has gained a better understanding of the central fill model and variances in operations.

Dr. Oh referenced meeting materials including draft proposed regulation language previously considered by the Committee that also included a

few additional changes for consideration specific to final product verification. Dr. Oh reminded the Committee, the discussion was initiated in part at the request of stakeholders seeking clarification on the Board's requirements.

Dr. Oh stated to facilitate review, he would summarize some of the proposed changes that are intended to clarify the current regulations where some comments suggested the language was not clear or sought guidance on how to interpret or implement the language.

Dr. Oh advised the reference to "refill" was removed as prior language appeared to have conflicting language causing confusion about the ability of central fill pharmacies to fill new prescriptions. Dr. Oh was comfortable with the change and provided members the opportunity to comment.

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

Dr. Oh advised the first proposed change in section 1707.4(a) sought to clarify that both the central fill pharmacy and the other pharmacy were both licensed by and operated within California. He believed this was providing clarity only as the existing language of the regulation specifically includes the term "within this state." Dr. Oh noted public comment had suggested that the Board should not limit these provisions to pharmacies located in California. He believed that would be an expansion to the current regulations and urged maintaining California requirements.

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

Dr. Oh advised the proposed change in section 1707(a)(2)(B) was intended to clarify that the originating and central fill pharmacies have the flexibility to include the name and address of both pharmacies if they so choose. He believed the clarifying language was appropriate and provided flexibility. Dr. Oh noted the pharmacy identified on the

prescription label would need to have sufficient staff and have access to all information necessary to assist a patient.

Members were provided the opportunity to comment and on member requested clarification on how the language changed. Members were advised it was changed to add clarity.

Dr. Oh provided the next proposed change was in section 1707.4(a)(5) that would establish a permissive requirement for the originating pharmacy to perform final product verification prior to dispensing and allows for the final product verification to be done by viewing photographs in lieu of a physical visual inspection. Based on the information learned through the presentations, he believed there may be opportunity to leverage the safeguards in place through the use of technology and provide some flexibility to pharmacists to evaluate if they believe the final product must be verified under specified conditions.

Some members felt the clause "if the dispensing device is not further accessed by pharmacy personnel" was not necessary and was duplicative while another member recommended leaving it in to ensure that requirement is in place.

Dr. Oh advised the last proposed change was in section 1707.4(b), which provided a definition of central fill pharmacy. He believed the definition was consistent with prior discussion and was also consistent generally with the presentations discussed. He noted some of the written comments were suggesting that the Board expand the definition to allow for the central fill pharmacy to mail the prescription to the patient. Dr. Oh indicated to him, mailing the prescription to the patient is a different model (mail order model).

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

Motion: Recommend initiation of a rulemaking to amend California Code of Regulations, title 16, section 1707.4 as proposed to be

amended. Authorize the executive officer to further refine the language consistent with the Committee's discussion and to make any nonsubstantive changes prior to presenting the proposed rulemaking to the Board.

Amend Section 1707.4 to Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1707.4. Procedures for ~~Refill~~ Central Fill Pharmacies.

(a) A central fill pharmacy located in California and licensed by the B~~b~~oard may process a request for ~~refill of a~~ prescription medication received by ~~a~~ another pharmacy within this state, provided:
(1) The pharmacy that is to ~~re~~fill the ~~prescription~~ medication either has a contract with the pharmacy which received the prescription or has the same owner as the other pharmacy.
(2) The prescription container:
(A) is clearly labeled with all information required by ~~S~~sections 4076 and 4076.5 of the Business and Professions Code; and
(B) as applicable, clearly shows the name and address of the pharmacy ~~re~~filling the ~~prescription~~ medication ~~and/~~or the name and address of the pharmacy which receives the ~~refilled prescription~~ medication to dispense to the patient. Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.
(3) The patient is provided with written information indicating that the prescription may be filled at a central fill pharmacy, and written information, either on the prescription label or with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
(4) Both pharmacies maintain complete and accurate records ~~of the refill~~, including:
(A) the name of the pharmacist who ~~re~~filled the prescription;
(B) the name of the pharmacy ~~re~~filling the prescription; and
(C) the name of the pharmacy that received the prescription ~~refill request~~.

(5) The pharmacy which ~~re~~fills the prescription and the pharmacy to which the ~~refilled~~ prescription is provided for dispensing to the patient shall each be responsible for ensuring the order has been properly filled. Pharmacists working at the originating pharmacy ~~must~~ may perform final product verification prior to dispensing, ~~which may~~ including throughe review of photographs of the final product in lieu of physical visual verification. A pharmacist shall not be required to perform final product verification where product verification by a pharmacist is performed at the time of stocking the automated dispensing device, if the dispensing device is not further accessed by pharmacy personnel.
(6) The originating pharmacy is responsible for compliance with the requirements set forth in ~~S~~sections 1707.1, 1707.2, and 1707.3 of the California Code of Regulations.
~~(b) Nothing in this section shall be construed as barring a pharmacy from also filling new prescriptions presented by a patient or a patient's agent or transmitted to it by a prescriber.~~
(b) For purposes of this section, a central fill pharmacy is defined as a California-licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy to dispense to the patient.

Credits
NOTE: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4063, 4076, 4076.5, 4081, and 4333, Business and Professions Code.

M/S: Chandler/Sandhu

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

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

The Board heard comments in support of the language as presented. Commenters recommended amending (a)(5) to include that final product verification is not required when the label (patient and medication-

specific) is already affixed to the medication container so the automated dispensing device scans the bar code and dispenses the medication, as is the case for certain types of medication (*e.g.*, for tablets and capsules, but not for ointments, *etc.*); changing "photograph" to "image"; and providing for signage or opt out processes rather than written notification to patients.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Support

X. Discussion and Consideration of Licensure and Other Requirements for Nonresident Pharmacies

Chairperson Oh advised he was concerned about the Board's inability to regulate nonresident pharmacies including mail order pharmacies. Dr. Oh noted nonresident pharmacies can create unique challenges for patients. He recalled investigations that resulted in discipline stemming from these challenges, placing patients at risk. Dr. Oh provided as shared in previous meetings, over the last two years the Board has referred 11 nonresident pharmacies to the Office of the Attorney General for formal discipline and issued 39 citations. Additionally, the Board has taken disciplinary action on 12 nonresident pharmacies. Underlying violations varied in egregiousness and included extremely serious causes of action including clearly excessive furnishing of controlled substances. Dr. Oh reminded there was no requirement for pharmacists working in these nonresident pharmacies, and providing services to California patients, to be licensed in California. Dr. Oh recalled the Board had previously voted and will be pursuing a statutory change to require the PIC of a nonresident pharmacy to be licensed in California.

Dr. Oh expressed continued concern about the actions undertaken by some states to eliminate law and jurisprudence examinations as well as recent actions by Michigan and North Dakota that allow pharmacists licensed in Canada to reciprocate licensure without taking the NAPLEX. He

recommended focusing the discussion on the draft language and noted the proposed language would update requirements for pharmacists working in a nonresident pharmacy who are not licensed in California, as well as establish provisions for mandatory inspections of nonresident pharmacies. He had reviewed the language and believed it was consistent with prior discussions. Dr. Oh believed the language struck an appropriate balance regarding pharmacist requirements by ensuring any pharmacist providing services to California patients meets the same minimum standards as California pharmacists, without requiring licensure in California. He believed the inspection requirements established were both consistent with the Board's consumer protection mandate as well as the Board's current policy to inspect all pharmacies at least once every four years.

Dr. Oh referenced a letter that was sent to members that he believed misunderstood the intent of the section of the proposal. He clarified the proposal doesn't require licensure in California for nonresident pharmacies who have pharmacists that service patients in California but rather had to have passed NAPLEX as a requirement. DCA Counsel added the letter submitted to members misinterpreted the draft proposal and clarified that licensure in California was not required but passing the NAPLEX was required.

Members were provided the opportunity to comment.

Some members thought the verbiage in (g)(1) and (2) was confusing but agreed in concept with the policy direction and requested (g)(1) was amended to include any board by a US state or territory.

Motion: Recommend the Board pursue a statutory change to update the requirements for nonresident pharmacies consistent with the language consistent with the Committee's discussion.

Proposal to Amend BPC 4112 As Follows:

4112.

(a) Any pharmacy located outside this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy.

(b) A person may not act as a nonresident pharmacy unless he or she has obtained a license from the board. The board may register a nonresident pharmacy that is organized as a limited liability company in the state in which it is licensed.

(c) A nonresident pharmacy shall disclose to the board the location, names, and titles of (1) its agent for service of process in this state, (2) all principal corporate officers, if any, (3) all general partners, if any, and (4) all pharmacists who are dispensing controlled substances, dangerous drugs, or dangerous devices to residents of this state. A report containing this information shall be made on an annual basis and within 30 days after any change of office, corporate officer, partner, or pharmacist.

(d) All nonresident pharmacies shall comply with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as with all requests for information made by the board pursuant to this section. The nonresident pharmacy shall maintain, at all times, a valid unexpired license, permit, or registration to conduct the pharmacy in compliance with the laws of the state in which it is a resident. As a prerequisite to registering with the board, the nonresident pharmacy shall submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.

(e) All nonresident pharmacies shall maintain records of controlled substances, dangerous drugs, or dangerous devices dispensed to patients in this state so that the records are readily retrievable from the records of other drugs dispensed.

(f) Any pharmacy subject to this section shall, during its regular hours of operation, but not less than six days per week, and for a minimum of 40 hours per week, provide a toll-free telephone service to facilitate communication between patients in this state and a pharmacist at the

pharmacy who has access to the patient's records. This toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state.

(g) A nonresident pharmacy shall not permit a pharmacist to manufacture, compound, furnish, sell, dispense, or initiate the prescription of a dangerous drug or dangerous device, or to provide any pharmacy-related service, to California patients under any of the following conditions:

(1) The pharmacist's ~~whose~~ license has been revoked by the board ~~to manufacture, compound, furnish, sell, dispense, or initiate the prescription of a dangerous drug or dangerous device, or to provide any pharmacy-related service, to a person residing in California~~.

(2) The pharmacist is not licensed in California and has not successfully passed the North American Pharmacist Licensure Examination or the Multi-state Jurisprudence Examination.

(h) The board shall adopt regulations that apply the same requirements or standards for oral consultation to a nonresident pharmacy that operates pursuant to this section and ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state, as are applied to an in-state pharmacy that operates pursuant to Section 4037 when the pharmacy ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state. The board shall not adopt any regulations that require face-to-face consultation for a prescription that is shipped, mailed, or delivered to the patient. The regulations adopted pursuant to this subdivision shall not result in any unnecessary delay in patients receiving their medication.

(i) The registration fee shall be the fee specified in subdivision (a) of Section 4400.

(j) The registration requirements of this section shall apply only to a nonresident pharmacy that ships, mails, or delivers controlled substances, dangerous drugs, and

dangerous devices into this state pursuant to a prescription.

(k) A nonresident pharmacy licensed pursuant to this section shall be subject to inspection by the board as a condition of renewal once every four years, unless the board determines more frequent inspections are necessary. In addition to paying the fees established in Section 4400, the nonresident pharmacy shall deposit, when notified by the board, a reasonable amount, as determined by the board, necessary to cover the board's estimated costs of performing the inspection. If the required deposit is not received or if the actual costs of the inspection exceed the amount deposited, the board shall issue an invoice for the remaining amount and shall not take action on the renewal application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant.

(l) Nothing in this section shall be construed to authorize the dispensing of contact lenses by nonresident pharmacists except as provided by Section 4124.

M/S: Chandler/Crowley

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

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

Public comment was heard indicating agreement with changing the language for clarity. A commenter encouraged the Board to look into a third-party to conduct nonresident pharmacies and consider removing the portion about having a license revoked in another state/territory which may appear as the Board not supporting rehabilitation of pharmacists.

Members were provided the opportunity to comment after having heard public comment. Members agreed with the comment about not excluding the rehabilitation of pharmacists and clarify a date when the NAPLEX was required.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Support

XI. Discussion and Consideration of Proposed Amendments to Pharmacy Law to Transition to a More Robust Standard of Care Model for Some Pharmacist-Provided Patient Care Services

Chairperson Oh referenced meeting materials summarizing relevant laws and regulations generally detailing the scope of practice for pharmacists. He recalled discussing at the April 2024 meeting, as required by the Board's last sunset review, the Board was required to evaluate if moving to a standard of care enforcement model was feasible and appropriate for the regulation of pharmacy. Dr. Oh detailed the Board, through an ad hoc committee, looked further into the issue and ultimately concluded that the Board's current hybrid approach to the regulation of the practice of pharmacy was appropriate. At that time, the Board noted based on information received, California patients would benefit from pharmacists gaining additional authority to provide some patient care services consistent with their respective education, training and experience. Any such change would require legislation.

Dr. Oh noted the Committee had the opportunity to continue the discussion of potential statutory language that could facilitate such a transition and referenced meeting materials that included draft statutory language prepared to assist the discussion.

Dr. Oh summarized the concepts of the language would: expand provisions for pharmacists to perform CLIA waived tests, beyond those currently allowed in BPC section 4052.4; allow a pharmacist to perform a therapeutic interchange under specified conditions; establish authority for pharmacists to furnish FDA approved or authorized medication that is preventative or does not require a diagnosis under specified conditions;

expand upon pharmacists' current authority to administer biologics and would allow a pharmacist to furnish an FDA approved or authorized noncontrolled medication for the treatment of minor, nonchronic health conditions or for which a CLIA waived test provides diagnosis and the treatment is limited in duration; expand current authority for pharmacists to complete missing information on a noncontrolled medication is there is evidence to support the change; expand authority for pharmacists to substitute medications that are generally considered interchangeable (*i.e.*, if insurance will only cover one medication but an interchangeable medication was prescribed); and allow for medication therapy management and adjust treatments to manage chronic conditions diagnosed by a prescriber to optimize drug therapy (*i.e.*, adjusting medication dosing in response to laboratory results such as for warfarin, or medication to better control diabetes).

Dr. Oh reminded that for some, the proposal may seem too expansive and to others it may not go far enough. He also highlighted that staff included information in the meeting materials regarding California's DxF Data Sharing Agreement because he believed it may provide a path forward in addressing some of the concerns expressed related to coordination of care with other healthcare providers and challenges with access to necessary medical information. Dr. Oh also wanted to highlight that, consistent with the Committee's prior discussion, language regarding liability has been incorporated.

Dr. Oh ensured members received the comments from the California Pharmacists Association recommending some additional changes to the language. He appreciated member comments as he personally had some concerns with some of the suggestions. Dr. Oh noted conforming changes would be made to other relevant sections of the law, such as the Health and Safety Code, after the framework was finalized.

Members were provided the opportunity to comment.

Some members agreed with the comments submitted by CPhA and would like to discuss further the suggestions.

A member had concerns with (5) regarding interchange based on their experience; (8) if "prescribe" over-the-counter was intentional or should be furnish; (10) unsure about the preventative language as it was vague; and (17) if pharmacists were able to adjust controlled substances. Members discussed the concerns and agreed "prescribed" was intentional to allow for third-party billing. Related to adjusting controlled substances being a standard of care issue so that if a pharmacist felt capable, they would obtain a DEA number to do so. Members noted standard of care language was intended to be vague to allow for decisions based on expertise and experience.

A member indicated not being ready to make a motion as they didn't agree with all of the sections of the language. The member agreed with keeping the restrictions on the off label use for now and wouldn't include that now noting that it could be changed later. The member commented on the use of "pharmacist practice" versus "pharmacy practice" as currently used. The member agreed with (d) being added so that no other state agency other than the Board of Pharmacy may define or interpret the practice of pharmacy to clarify other boards can't restrict pharmacy practice. The member was supportive of section 4051 (4) reference standard of care was important to add.

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

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

Public comment was heard in support of the draft language. Public comment regarding the CPhA comments were divided in support.

Dr. Oh noted this would be discussed at a future Licensing Committee meeting.

XII. Discussion and Consideration of Senate Bill 523 (Leyva, Chapter 630, Statutes of 2022) Related to Contraception Access, including Possible Amendment to Business and Professions Code Sections 4052 and 4052.3

Chairperson Oh advised Senate Bill 523 made changes to expand coverage of contraception by a health care service plan contract or health insurance policy. He noted as part of these changes, OTC FDA approved contraceptive drugs are now covered under specified conditions. Regrettably, implementation of the policy goal of the measure had not been realized because of reimbursement requirements, most notably a requirement by payors to have a prescription to reimburse for medications. To remedy this, it appeared a change to BPC section 4052.3, and potentially a conforming change to BPC section 4052, were necessary. Dr. Oh noted if the Board's standard of care proposal was enacted, the proposed changes under consideration would no longer be necessary. Dr. Oh had reviewed the language and believed it was appropriate but felt compelled to note he personally believed a transition to a standard of care model was ultimately the better solution.

Members were provided the opportunity to comment.

Members discussed the intent of the draft proposal to allow for pharmacists to prescriber OTC version as well. Members discussed the use of "furnish" or "prescribe." Ms. Sodergren provided the intent of the language was to make it clear that the current statute and protocol were not required for OTC and suggested language can be conformed to the policy intent if needed.

Motion: Recommend to the Board amendment to BPC Section 4052.3 and conforming changes to Section 4052 as deemed appropriate.

Proposal to amend BPC 4052.3 as follows:

4052.3.
(a) (1) Notwithstanding any other law, a pharmacist may furnish <u>prescription-only</u> self-administered hormonal contraceptives in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The standardized procedure or protocol shall require that the patient use a self-screening tool that will identify

patient risk factors for use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use developed by the federal Centers for Disease Control and Prevention, and that the pharmacist refer the patient to the patient's primary care provider or, if the patient does not have a primary care provider, to nearby clinics, upon furnishing a prescription-only self-administered hormonal contraceptive pursuant to this subdivision, or if it is determined that use of a self-administered hormonal contraceptive is not recommended.

(2) The board and the Medical Board of California are both authorized to ensure compliance with this subdivision, and each board is specifically charged with the enforcement of this subdivision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.

(b) (1) Notwithstanding any other law, a pharmacist may furnish emergency contraception drug therapy in accordance with either of the following:

(A) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice.

(B) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The board and the Medical Board of California are both authorized to ensure compliance with this clause, and each board is specifically charged with the enforcement of this provision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.

(2) Prior to performing a procedure authorized under this subdivision, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.

(3) A pharmacist, pharmacist's employer, or pharmacist's agent shall not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this subdivision, but may charge an administrative fee not to exceed ten dollars ($10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this paragraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. This paragraph shall become inoperative for dedicated emergency contraception drugs if these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.

(4) A pharmacist shall not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this subdivision.

(c) For each emergency contraception drug therapy or prescription-only self-administered hormonal contraception initiated pursuant to subdivisions (a) or (b) of this section, the pharmacist shall provide the recipient of the drug with a standardized factsheet that includes, but is not limited to, the indications and contraindications for use of the drug, the appropriate method for using the drug, the need for medical followup, and other appropriate information. The board shall develop this form in consultation with the State Department of Public Health, the American Congress of Obstetricians and

Gynecologists, the California Pharmacists Association, and other health care organizations. This section does not preclude the use of existing publications developed by nationally recognized medical organizations.

(d) Notwithstanding any other law, a pharmacist may furnish FDA-approved over-the-counter contraceptives without the need to comply with the standardized procedures or protocols required by subdivision (a)(1) for prescription-only self-administered hormonal contraceptives.

M/S: Crowley/Sandhu

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

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

The Committee heard several comments in favor of the motion.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Support
Oh	Support
Sandhu	Support
Weisz	Support

XIII. Discussion and Consideration of Committee's Strategic Objectives

Chairperson Oh indicated this agenda item would be discussed at the Board Meeting.

XIV. Discussion and Consideration of Licensing Statistics

Chairperson Oh indicated this agenda item would be discussed at the Board Meeting.

XV. Future Committee Meeting Dates

The next Licensing Committee meeting was currently scheduled for October 17, 2024.

XVI. Adjournment

The meeting adjourned at 1:14 p.m.