



California State Board of Pharmacy
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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: September 4, 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
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. Dr. Oh announced the Board's hearing room was connected to the meeting but the video was

not working. He noted staff and Counsel were present in the hearing room. 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.

A representative of CSHP requested a future agenda item be added to discuss insurance reimbursements for pharmacists providing services but not associated with a brick-and-mortar pharmacy thereby increasing patient access to health care.

Dr. Oh provided a general update for those who commented about the remote processing status. He clarified there were legislative and regulatory processes. The legislative process is required to make changes in statute to allow for remote processing. Unfortunately, as reported in multiple meetings, the legislative session is from January to August and the Board was unsuccessful in securing an author to sponsor the required

amendments. As stated previously, this issue would be part of the sunset review. Dr. Oh provided a reminder that the Board of Pharmacy's mandate is consumer protection which is the first priority.

Dr. Oh indicated CSHP's recommended issue would be added to a future agenda.

Members were provided the opportunity to comment.

Mr. Chandler encouraged participants who shared comments regarding remote processing to reach out to their own legislatures and advocacy organizations to share their concerns. While the Board can pass recommendations, the Board does not have the power to secure a co-sponsor outright. The Board supports this legislation but not all legislation supported by the Board was sponsored by a legislator. If other advocacy groups are supportive of legislation, it would aid in the process.

III. 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 advised the Committee would continue the discussion on the Board's legislative proposals to facilitate a transition to a more robust standard of care model for pharmacist-provided patient care services. Dr. Oh referenced meeting materials detailing relevant laws and regulations generally establishing the scope of practice for pharmacists. He noted as previously discussed, the Board's policy goal on several occasions, including most recently during the Committee's July 2024 meeting, that it was the Board's intention to approve a statutory proposal and seek to work with the Legislature as part of the Board's Sunset Review to implement significant statutory changes to benefit patients by establishing authority for pharmacist-provided patient care consistent with a pharmacist's education, training and experience.

Dr. Oh noted it was important to highlight some of the basic tenets of the policy goals. Specifically, to simplify the authorities for pharmacists providing patient-centric care that aligns with pharmacist education and experience while ensuring pharmacists are not required by employers to provide services for which they believe they either have insufficient information - for example, insufficient access to patient medical information - or for which they do not believe they have adequate

knowledge or training to do so. He added as pharmacy practice settings vary, such an approach allows the Board to move forward with the policy while recognizing that not all of the authorities established in the proposal will or should be provided in all pharmacies.

Dr. Oh summarized in concept, the draft statutory language under consideration 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; would 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 if there is evidence to support the change; expand authority for pharmacists to substitute medications 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 adjustment of 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 referenced meetings materials containing the statutory proposal that was updated to incorporate additional changes the Committee identified during the July 2024 meeting. He hoped that the Committee could finalize the proposal to allow for consideration by the Board at the November 6-7, 2024 Board meeting, in advance of the required submission of the Board's Sunset Review Report.

Dr. Oh ensured members received comments from the CSHP and the updated letter from the CPhA.

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

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

The Committee heard comments in support of the general direction of the proposed language.

Comments were made requesting specific changes to the draft language. A comment was made about ensuring that the language did not require additional notification to a patient's primary care provider than already required or requiring the use of the term "collaboration" to imply that a collaborative practice was required. A comment recommended harmonizing language so that when approved, the draft language wouldn't refer to obsolete language. A comment was made recommending the removal of "drug therapy tests" to allow pharmacists to order and interpret tests. A recommendation was made to remove the conflict of "pharmacists furnishing" with the prohibition for furnishing for off-label use while some of the standard of care ASHP statement therapies involve off-label use and requested it be added back in to the draft. A request was made to remove the striking of the section on repackaging of medication as repackaging is required for long-term care pharmacies.

The Committee heard differing comments related to keeping "pharmacy practice" versus changing to "pharmacist practice." Those in favor of keeping "pharmacy practice" noted a desire to preserve the term from 2014 and stay aligned with national academic nomenclature and other health care professionals. Those in favor of changing to "pharmacist practice" noted pharmacists are the health care practitioners where pharmacies are not health care practitioners. Additionally, comments were made indicating that pharmacy law includes the licensing of facilities that is unique when compared to other health care professions.

Comments received included a concern of expanding the role in general of pharmacists citing decreased enrollment in students pursuing a PharmD. Additionally, the Committee heard comments expressing concern that in reality the language doesn't support the expansion of duties and pharmacists were more concerned about hours being cut. The commenter recommended a fuller discussion related to staffing with a concern that services will be provided without adequate care and mistakes would be made along the way harming the public.

Members of the public were provided the opportunity to comment in Sacramento.

The Committee heard public comment in support of the standard of care but indicated it was crucial to maintain the term “pharmacy practice” aligning with similar language to other professions (e.g., medical, nursing, dental, etc.).

Dr. Oh addressed some of the concerns made through public comment. He noted that pharmacy law was complex and included both pharmacists as well the licensure of other entities. Dr. Oh noted the Standard of Care Ad Hoc Committee agreed that the business of the practice of pharmacy was governed by clear statutory and regulatory requirements while wanting to advance and reform the practice for pharmacists. Dr. Oh emphasized as pharmacy was changing very quickly, it imperative to provide opportunities for pharmacists to be able to provide excellent patient care by moving forward. He noted with the advancements of AI, the environment needs to be provided for the pharmacists to allow them to take care of patients. Dr. Oh added how he cared about the pressures of pharmacists and wanted to be able to advance an environment where pharmacists were allowed to pivot and practice to take care of patients. Pharmacists' care must be advanced to take care of patients even in an environment where pharmacies were closing. He added if a pharmacist feels they are able to take care of the patient, they should be allowed to take care of the patient. Dr. Oh noted the word “collaboration” could be improved. He added to notify the lab ordering and testing could be broader, and that repackaging should be kept in place.

Members were provided the opportunity to comment.

Most members agreed the standard of care was the future for pharmacists and agreed with identifying the policy goals for inclusion in the sunset review. They agreed pharmacists shouldn't be pressured to provide services they can't adequately perform which needed to be stated very clearly with heavy penalties, so pharmacists are empowered to do so and aren't forced.

Members also agreed reimbursement for the pharmacy and pharmacist should also be included. The Committee discussed adding verbiage to indicate it should not be misconstrued that the pharmacist shall be providing services for free. There should be a reimbursement or financial compensation.

Members spoke in support of the changes related to collaboration, repackaging and where controlled substances could be included as allowed by the FDA.

A member continued to be hesitant reflecting on the workplace survey results and implementation of AB 1286 (Haney, Chapter 470, Statutes of 2023) and wanted to see how the new laws impacted working conditions in a retail chain pharmacy setting through a flu/COVID season. They noted intern pharmacists coming through their store on rotation did not want to go into community pharmacy because of the pressures and tasks they have to take on without additional support. The staffing piece in the chain pharmacy was important to be considered and focused.

Motion: Recommend to the Board through the sunset process to sponsor legislation consistent with the policy goals established in the legislative proposal.

M/S: Barker/Oh

Members were provided the opportunity to comment.

Additional concerns were addressed to include the motion included the discussion at the meeting as well as concern about a pharmacist changing/substituting without the doctor's approval unless a doctor can't be reached and not making the change would be detrimental to the patient's health. Members discussed changes in 2025 to Medi-Care that will be important to allow for pharmacists to help patients get their respective medications.

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

Comments were received in support of the discussion and draft proposal. Specifically, commenters agreed with reimbursement for pharmacist services; consumers receiving the services they need and not being blocked by staffing issues; pharmacists providing services they were qualified to provide; removal of "collaboration," "drug therapy related" from tests in the draft language; allow the pharmacist to immunize any FDA-approved immunization and any immunization pursuant to a valid prescription; and, including setting being appropriate; streamlined of

processing to help staffing at pharmacy and patients getting the services they need.

A comment was made to include “except for diagnosis related to self-care” to the draft language.

Comments with concern about the proposal were received including a request to use an incentive model approach; and understanding that pharmacists aren’t always aware of the new laws and that the laws can be circumvented by corporations.

Members of the public were provided the opportunity to comment in Sacramento.

A comment was heard indicating that the verbiage to add that “Nothing in this section shall be construed as establishing an obligation....” was redundant and not needed. The commenter believed the key to previously passed legislation would be in the implementation.

Members were provided the opportunity to provide comment after having heard public comment.

A member agreed with language to include “appropriate setting or resource” and provided a personal example of where an interchange made by the pharmacist would not have been a good decision. The member was open to a non-FDA product that was considered standard of care.

Support: 4 Oppose: 1 Abstain: 1 Not Present: 0

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

IV. Future Committee Meeting Dates

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

V. Adjournment

The meeting adjourned at 10:44 a.m.