



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: June 12, 2025

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. All Committee members participated from remote locations via Webex.

PUBLIC PARTICIPATION AND COMMENT FROM A REMOTE LOCATION: Webex

Board Members

Present via Webex: 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
Claudia Mercado, Public Member

Staff Present: Anne Sodergren, Executive Officer (via Webex)
Julie Ansel, Deputy Executive Officer
Corinne Gartner, 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 9:02 a.m. President Oh welcomed Claudia Mercado as the newest appointee to the Board and the Committee.

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; Claudia Mercado, 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 portion 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.

Dr. Oh requested staff send out a link to all Board members when the livestream of the meeting is available to ensure members that are interested have an opportunity to review the meeting prior to the June 19 Board meeting.

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

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

Members of the public participating via Webex were provided the opportunity to comment. A member of the public requested information about timelines for licensure.

Members were provided the opportunity to comment. Member Mercado requested information on timelines at future meetings. Dr. Oh noted that the Licensing Committee meeting materials regularly contain information on processing times.

III. Approval of the October 17, 2024 Licensing Committee Meeting Minutes

The draft minutes of the October 17, 2024 Licensing Committee meeting were presented for review and approval.

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

Motion: Approve the October 17, 2024 Licensing Committee meeting minutes as presented in the meeting materials.

M/S: Chandler/Sandhu

Members of the public in Sacramento and via Webex 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
Mercado	Support

IV. Discussion and Consideration of Title 16, California Code of Regulations, Section 1793.8, Technicians in Hospitals with Clinical Pharmacy Programs, including Presentations

Chairperson Oh indicated that the Committee would receive presentations from several health systems describing the roles pharmacy technicians fulfill in their respective hospitals. The meeting materials summarized relevant provisions of pharmacy law and the actions the Board has undertaken to evaluate the critical role pharmacy technicians play in supporting pharmacists as well as changes made to the authorized functions of pharmacy technicians.

a. Janjri Desai, PharmD, MBA, DPLA, Executive Director – Pharmacy Services, Stanford Health Care

Dr. Oh welcomed Janjri Desai, PharmD, and Evelyn Talbert, Inpatient Pharmacy Technician Manager with Stanford Health Care.

Dr. Desai provided historical context on the role of a pharmacy technician including prepacking, sterile and nonsterile compounding,

and maintaining and restocking floor stock, and discussed the growing complexity of the healthcare landscape leading to new roles for technicians. As pharmaceutical costs rise to unprecedented levels, processes such as prior authorizations and patient assistance programs have become essential to ensuring medication access and affordability. These workflows are often highly manual and require specialized knowledge. Pharmacy technicians are uniquely positioned to support these efforts. Additionally, increasingly stringent compliance requirements are being implemented which allow more opportunities for technicians to contribute across the health system.

Ms. Talbert discussed how Stanford utilizes technicians to place orders, receive and restock medications, compound sterile and nonsterile medications, scan and load automated dispensing cabinets, and use Tech-check-Tech to check packaged medications and Kitcheck to prepare operating room boxes and anesthesia workstations. Stanford also uses “chain of custody” technicians to help nurses identify the location of medication within floor units. Technicians also perform medication histories, submit prior authorizations, help address insurance issues, and explore patient assistance programs to address costs, as well as troubleshoot automation systems, develop and monitor ADC reports to optimize inventory and limit waste, and support more efficient procurement practices.

Dr. Desai foresees there will be more opportunities for technicians to be patient facing.

Members were provided the opportunity to comment. Members noted the importance of pharmacy technicians cannot be overstated and requested all presenters provide their opinions on the current pharmacist to technician ratio.

Dr. Desai felt that with all the advances in technology and the growing role of technicians, there is an opportunity to loosen the ratio. However, there may be valid reasons to consider different ratios in different settings. In addition, supervision should be better defined as roles evolve

now that there is barcode scanning, tech-check-tech, and other automations.

Members also asked about the scope of work done at Stanford. Dr. Desai noted Stanford inpatient has about 632 licensed beds and is constantly at capacity. Stanford has six infusion centers of varying sizes, three ambulatory surgery centers, and approximately 400 ambulatory clinics, as well as a hybrid retail and specialty pharmacy.

Technology is tested and audits run to ensure the technology is performing appropriately. Most technologies have their own reporting tools used for error mitigation.

Dr. Desai discussed how Stanford manages drug shortages and how they work with patients and prescribers, as well as the challenges with payor preferences steering patients away from health systems to their own integrated specialty pharmacies or infusion pharmacies causing a significant fragmentation in care. Dr. Desai explained that technicians assist with benefits verification and apply for patient assistance programs to get the medications covered for the patient. If that fails, then there is a handoff to an external pharmacy.

Members asked if Dr. Desai felt technicians currently had sufficient certification requirements and education or whether a different type of certification would be needed. Dr. Desai noted it would be challenging to provide an automation certification due to the number of vendors and different technologies. Stanford designates "super users" who become in-house trainers.

Ms. Talbert noted that when Omnicell and Box Picker were purchased, the vendors provided trainings, however, it is up to the hospital to develop training for staff. When asked about technicians working only in specific areas, Ms. Talbert explained the hospital does have level designations for technicians, however, all technicians must be trained to provide cross coverage in all areas.

Members requested the number of prescriptions filled daily at Stanford to help understand the workload technicians are supporting and whether they could provide the number of technicians who are PTCB certified, even though it may not be required for the role. Ms. Talbert noted that although they do not require certification, once a technician is assigned as a level three technician, they do need to become PTCB certified and must hold a specialized certificate. Ms. Talbert noted that most of the technicians are certified.

Dr. Desai noted Stanford verified an average of 10,000 orders per day across the health system and dispensed an average of 22,000 doses per day in the inpatient setting and approximately 5,000 doses a day at ambulatory sites. These numbers did not include the significant volumes in licensed IV rooms and infusion centers.

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

Members of the public participating via Webex were provided the opportunity to comment. A member of the public indicated that DSCSA is challenging and requested clarification on how cumbersome it is to use the barcodes that are generated for the medication that is dispensed. Stanford noted that compliance with DSCSA has slowed things down. A pharmacy technician thanked the committee for reviewing the matter and appreciated the roles pharmacy technicians could do and requested pharmacists attend interviews along with HR staff.

- b. Dr. Rita Shane, PharmD, FASHP, FCSHP, Vice-President, Chief Pharmacy Officer, Cedars-Sinai Medical Center

Dr. Oh next introduced Dr. Rita Shane, Vice President and Chief Pharmacy Officer with Cedars-Sinai Medical Center.

Dr. Shane provided an overview of the history of pharmacy technician roles within Cedars-Sinai. Cedars-Sinai Medical Center has developed

a comprehensive career ladder for technicians, promoting professional growth and competency. An overview of the process used to assess competency was discussed as well as the career ladder used within their organization. Dr. Shane noted that some pharmacy technicians support other key functions that are not part of the dispensing process such as seeking prior authorization and follow-up for patients post-discharge.

Dr. Shane reviewed national initiatives supporting technician development and advancement and discussed growing needs and opportunities for pharmacy technicians to support patients more directly, especially vulnerable patients. An example of an expanded role could be pharmacy technicians providing medication safety to nurses as well as quarterly check-ins with patients.

Members were provided the opportunity to comment. An inquiry was made to determine if the hospital had encountered challenges in recruiting pharmacy technicians. Dr. Shane noted they screen many pharmacy technician applicants and utilize educational fairs where they conduct initial interviews. Candidates who pass the initial screening are then scheduled for subsequent interviews.

Members questioned if the advancements of pharmacy technicians could be infringing on responsibilities of pharmacists and discussed technician wages, staffing ratios, and concerns regarding cost savings associated with employing pharmacy technicians in place of higher-paid pharmacists. Dr. Shane noted that technician advancements are enabling pharmacists to advance their roles and felt there was higher pharmacist burnout in the retail sector and by having technicians to help support the work, the pharmacists could have more patient interactions which could make the job more fulfilling. Technicians could engage with patients with post discharge follow up calls as well as pre and post discharge medication administration records and utilize system supports for patients. Information that is shared could be triaged to the pharmacist. Dr. Shane indicated that the supervision ratio for technicians directly involved in the medication-use process may differ

from the ratio required for technicians supporting medication safety initiatives.

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

Members of the public participating via Webex were provided the opportunity to comment. A member of the public noted that pharmacy technicians are integral to workforce development and the challenge is each entity has its own credentialing and career ladders for professional development.

Dr. Shane noted that at one point Cedars-Sinai had developed a pharmacy technician residency program, however, due to resource constraints it was sunsetted, but spoke in support of the concept to advance technician roles.

- c. Charles E. Daniels, BS Pharm, PhD, Chief Pharmacy Officer and Associate Dean, UC San Diego Health

Dr. Oh then introduced Charles Daniels, Chief Pharmacy Officer and Associate Dean of UC San Diego Health and Dr. Nancy Yam, Associate Chief Pharmacy Officer for Acute Care Pharmacy at UC San Diego Health.

Dr. Daniels discussed the Practice Advancement Initiative 2030 from the American Society of Health-System Pharmacists which includes expanding the role of pharmacy technicians. UC San Diego Health uses the same advance practice role activities referenced in earlier presentations.

Dr. Yam discussed the ways technicians contribute to patient care in UCSD including sterile compounding, managing and maintaining stock including inventory in automated unit dose systems (AUDS), filling patient specific orders, and controlled substance distribution and the technician's role in quality assurance. Technicians are doing "Best

Possible Medication Histories (BPMH)" reviewing histories, consulting with patients and validating findings with the pharmacist allowing pharmacists to do other advanced practice activities.

Members were provided the opportunity to comment. In response to a question from one member, Dr. Yam discussed how technicians can bridge the gap between the operational and the clinical performance.

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

Members of the public participating via Webex were provided the opportunity to comment. A member of the public commented that the newest regulatory trend across America is called the tech delegation model which allows the pharmacist on duty to delegate to a tech any function the tech is appropriately trained, educated, and supervised to provide. It includes a list of prohibited acts such as DUR and counseling and indicated there is variability among state approaches. The commenter requested that the Board consider giving pharmacists the flexibility to use their professional judgement to allow for delegated task lists with the safety of prohibitions.

The Committee took a break from 11:08 a.m. to 11:30 a.m.

Roll call was taken. The following members were present via Webex: Trevor Chandler, Public Member; Renee Barker, Licensee Member; Claudia Mercado, Public Member; Satinder Sandhu, Licensee Member; and Seung Oh, Licensee Member. A quorum was established.

- d. Dr. Doug O'Brien, PharmD, Vice President Acute Care and Infusion Pharmacy Program, Kaiser Permanente Enterprise Pharmacy

Dr. Oh introduced the final presenter, Dr. Doug O'Brien, Vice President Acute Care and Infusion Pharmacy Program, Kaiser Permanente Enterprise Pharmacy.

Dr. O'Brien provide background on the scope and size of Kaiser Permanente which has 37 hospitals in California. They see over 6000 patients a day, administer approximately 35 million medications a year, and verify approximately 50 million orders a year.

Pharmacy technicians are critical to their services, and they maximize pharmacy technicians to work at the top of their license to allow for pharmacists to provide more enhanced clinical programs.

Kaiser focuses on taking the human factor out of the drug distribution process and utilizes technology such as barcode scanning and RFID technology to eliminate human error and noted that technology reduced reported medication error rates in their hospitals by 50%. Kaiser also utilizes a high-definition camera that technicians use to photograph things such as the bag an oncology drug will be going in to, vials, and even syringes. The high-definition camera can tell how many milliliters to the tenth are being injected into the bag and the pictures are embedded into the EPIC electronic medical record provider.

Technicians are the backbone of the drug distribution system and help maximize the ability for pharmacists to provide clinical services. Kaiser also has a technician career ladder. Technicians will continue to expand their roles allowing pharmacists to practice at the top of their license.

Members were provided the opportunity to comment. A member asked if automation resulted in less positions for pharmacists and was advised that pharmacists are being added to perform more clinical functions such as antimicrobial stewardship. It has allowed pharmacists to contribute more as a member of the patient care team. New roles have developed for pharmacy technicians including drug histories, diversion monitoring programs, analytics, and centralized purchasing.

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

Members were provided the opportunity to comment. Members noted the presentations were fantastic and helpful to learn what technicians are doing in the institutional setting and noted the Committee should

review the limitations in the current regulations. Additionally, members were interested in learning more about the technician delegation model mentioned. A member noted it appeared that expanding what technicians do will support expansion of pharmacist clinical services and suggested an approach could be to defer to the institution's policies, procedures, and training programs for safeguards as they vary site to site. A member noted that not all pharmacists are clinical. There are expanded roles for operational-focused pharmacists who are overseeing techs and responsible for AUDS and controlled substances and managing technicians in those areas.

V. Discussion and Consideration of Pharmacist to Pharmacy Technician Ratio in the Inpatient Setting

Dr. Oh recalled in 2024 the Board released a survey related to the pharmacist to pharmacy technician ratio. The results, which were discussed during the July 2024 Licensing Committee Meeting, differentiated the data between the institutional and noninstitutional settings. Because the ratio in the noninstitutional setting is set in statute, the Board prioritized its assessment of the ratio in that setting to meet timing of the Sunset Review process. Today, the Committee begins its review of the ratio for the institutional setting, which is established in the Board's regulations. The pharmacist-to-pharmacy technician ratio is a critical component in ensuring both operational efficiency and patient safety within hospital and health-system pharmacies.

Dr. Oh noted that although the Board's regulation has established a fixed ratio, he believed it is appropriate to consider if changes, particularly in acute care and high-volume hospital settings, are appropriate. Further, any changes to the current ratio structure must carefully balance the need for operational adaptability with the Board's fundamental responsibility to protect the health and welfare of California consumers.

Dr. Oh noted that, at this time, the Board's sunset bill proposed to allow for an increase in the pharmacist to pharmacy technician ratio of up to 1:4 with the actual ratio for a specific pharmacy being established by the PIC. Dr. Oh indicated the model suggested in the legislation may be an appropriate model for the Committee to consider in institutional settings as well.

Members were provided the opportunity to comment. Members spoke in support of flexibility as institutional sizes vary, and of allowing the PIC to retain the final decision ensuring workplace and patient safety.

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

Members of the public participating via Webex were provided the opportunity to comment. A pharmacy technician spoke in support of the current ratio and noted it shows the skills of the people who are qualified no matter how fast paced the location. A member of the public expressed support for increasing the number of pharmacy technicians to optimize pharmacists, establish respected and meaningful roles for technicians, and support continued advancement opportunities. A member of the public thanked the Board for its attention to this topic and its continued work on the issue.

VI. Discussion and Consideration of Proposed Changes to Application Questions for Individual Licenses

Due to time constraints, the topic was not discussed.

VII. Presentation, Discussion, and Consideration of Results of Pharmacist and Pharmacy Technician Workforce Surveys

Due to time constraints, the topic was not discussed.

VIII. Discussion and Consideration of Committee's Strategic Goals

Due to time constraints, the topic was not discussed.

IX. Discussion and Consideration of Licensing Statistics

Due to time constraints, the topic was not discussed. Dr. Oh noted the statistics can be found in the meeting materials.

X. Future Committee Meeting Dates

The next Licensing Committee meeting was currently scheduled for October 15, 2025.

XI. Adjournment

The meeting adjourned at 12:37 p.m.