Sunset Oversight Review Report

Vol. 1

CALIFORNIA STATE
BOARD OF PHARMACY

CALIFORNIA STATE BOARD OF PHARMACY

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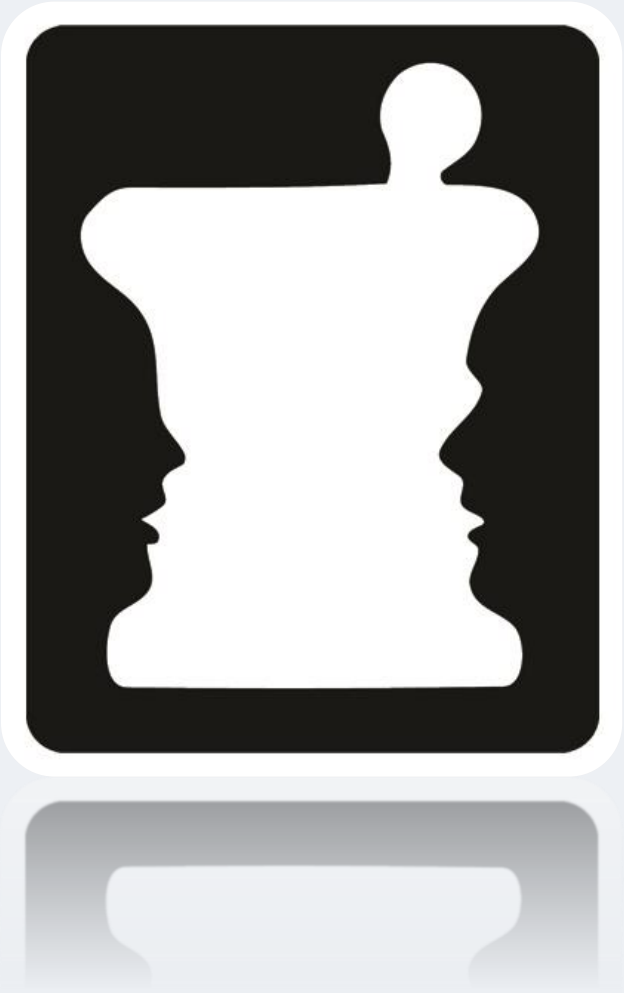
Vision

Healthy Californians through safe, quality pharmacist's care.

Mission

The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacist's care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation and enforcement.



January 6, 2025

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Brief History and Function

Established in 1891, the California State Board of Pharmacy (Board) initially registered 1,063 pharmacists and 369 pharmacist assistants in its first six years. Since then, both the Board and the professionals and businesses it regulates have experienced significant growth. Despite this expansion, consumer protection continues to remain the Board's primary focus as called for in its statutory mandate.

Today, the Board oversees 32 licensing programs with over 50,700 pharmacists, 1,300 advanced practice pharmacists, 4,400 intern pharmacists, and 65,700 pharmacy technicians. Its regulatory scope is both broad and intricate, covering a wide range of entities from large institutions to small operations. The Board's jurisdiction mandates inspection of nonresident sterile compounding pharmacies and outsourcing facilities that ship products into California. The Board also physically inspects the locations of automated drug delivery system machines used to store prescription medications.

The Board maintains a comprehensive and multifaced licensing framework for both individuals and businesses. This structure reflects the rigorous and methodical approach with which the manufacturing, distribution and dispensing of prescription products are regulated in the United States. As the practice of pharmacy and the drug distribution system have evolved, so too have the Board's regulatory programs. The Board's jurisdiction now extends across all stages of drug distribution – from the moment a drug leaves the manufacturing site to generally the point it reaches the consumer.

Provided on the following pages are the license types issued by the Board including the statutory authority for each and a brief description of their respective roles. All statutory referenced in the below tables are Business and Professions Code (BPC) unless indicated otherwise.

Background and Description of the Board and Regulated Profession

Personal License Types Located Within California

Personal License Type	Authority	Definition
Advanced Practice Pharmacist	4016.5 4210	A licensee authorized to practice advanced practice pharmacy.
Designated Paramedic	4119.01 4202.5	A licensee who may transport dangerous drugs and devices and may stock emergency medical services automated drug delivery systems.
Designated Representative	4022.5 4053	A licensee who is responsible for distribution functions performed by a wholesaler or veterinary food-animal drug retailer.
Designated Representative-Reverse Distributor	4022.6 4053.2	A licensee who is responsible for supervision over a licensed wholesaler that acts as a reverse distributor.
Designated Representative-3PL	4022.7 4053.1	A licensee who is responsible for distribution functions performed by a third-party logistics provider.
Intern Pharmacist	4030 4208	A licensee who is training to become a pharmacist and gaining the experience necessary for licensure while under the supervision of a pharmacist.
Pharmacist	4036 4200	A licensee who has qualified to practice pharmacy on the basis of education, training and minimum competency as demonstrated by passing national and state licensure examinations.
Pharmacy Technician	4202 4038	A licensee who assists a pharmacist by performing nondiscretionary tasks related to the practice of pharmacy under the direct supervision and control of a pharmacist.

Business License Types Located Within California

Business License Type	Authority	Definition
Automated Drug Delivery System (ADDS)	4017.3 4427- 4427.8	A mechanical system that performs operations or activities, other than compounding or administration, relative to storage, dispensing, or distribution of drugs. ADDS includes "automated unit dose systems" (AUDS) for unit dose administration and "automated patient dispensing systems" (APDS) for dispensing drugs directly to patients.
Automated Patient Dispensing Systems of a "covered entity"	4119.11	A pharmacy located in the state may provide pharmacy services to the patients of a "covered entity," as defined in Section 256b of Title 42 of the United States Code, through the use of an automated patient dispensing system located on the premises of the covered entity or on the premises of medical professional practices under contract to provide medical services to covered entity patients, which need not be the same location as the pharmacy, under specified conditions. An "automated patient dispensing system" (APDS) is an ADDS for storage and dispensing of prescribed drugs directly to patients pursuant to prior authorization by a pharmacist.
Centralized Hospital Packaging Pharmacy	4128 4128.2	A specialty license that allows a hospital to prepare unit-dose medications for its inpatients as well as inpatients of hospitals under common ownership.
Clinic • Community • Surgical	4180 4190	A nonprofit community clinic or free clinic, ambulatory surgery center, or other specific facility that purchases drugs at wholesale prices for administration or dispensing from a common drug supply to patients registered for care at the clinic.
Correctional Clinic	4187 4187.1	A primary care clinic operated by the Department of Corrections and Rehabilitation to provide health care to eligible patients.

Business License Type	Authority	Definition
Correctional Pharmacy	4021.5 4110	A pharmacy licensed by the Board for the purposes of providing drugs and pharmaceutical care to inmates and provide drugs to correctional clinics.
Emergency Medical Services Automated Drug Delivery System (EMSADDS)	4034.5 4119.01	An automated drug delivery system that stores and distributes drugs for the sole purpose of restocking a secured emergency pharmaceutical supplies container that is used by an emergency medical services agency.
Exempt Hospital Pharmacy (Drug Room)	4056	A pharmacy located within a hospital that contains 100 beds or fewer and does not employ a full-time pharmacist.
Hospital Pharmacy	4029 4110	A pharmacy located within a licensed hospital, institution, or establishment to which persons may be admitted for overnight stay.
Hypodermic Needle and Syringe	4205 4141-4149 PRC 15026	An entity authorized to sell, furnish, or dispense hypodermic needles and syringes for animal use, or mercury fever thermometers that is not otherwise licensed by the Board.
Outsourcing Facility	4034 4129-4129.1	A facility engaged in the compounding of sterile and nonsterile drugs and that has registered as an outsourcing facility with the federal Food and Drug Administration.
Pharmacy • Community • Hospital Outpatient • Closed Door	4037 4110	The premises where controlled substances and prescription drugs or devices are stored, possessed, prepared, manufactured, derived, compounded, repackaged, and/or furnished, sold, or dispensed at retail to patients.
Remote Dispensing Site Pharmacy	4044.3 4130- 4135	A pharmacy that is exclusively overseen and operated by a supervising pharmacy and staffed by one or more qualified pharmacy technicians.
Sterile Compounding Pharmacy	4127 4127.1	A specialty license issued to a pharmacy that compounds sterile drug products.
Surplus Medication Collection and Distribution Intermediary	4046 4169.5	An entity that facilitates the donation of medications to or transfer of medications between participating entities to be dispensed to indigent patients.

Business License Type	Authority	Definition
Third-Party Logistics Provider	4045 4160 4162	An entity that provides or coordinates warehousing or other logistics services for dangerous drugs or devices on behalf of a manufacturer, wholesaler or dispenser but does not take ownership of the products or have responsibility to direct the sale or disposition of these items.
Veterinary Food-Animal Drug Retailer	4041 4196	A specialty license that allows a wholesaler that distributes veterinary drugs for food-producing animals to directly label and provide these drugs when prescribed by a veterinarian.
Wholesaler	4043 4160 4162	An entity who sells for resale, or negotiates for distribution, or takes possession of, any dangerous drug or device. Additionally, dialysis patients may receive dialysis prescription drugs and dialysis medical devices from a wholesaler.

Business License Types Located Outside California

Business License Type	Authority	Definition
Nonresident Outsourcing Facility	4034 4129.2	An out-of-state facility engaged in the compounding of sterile and nonsterile drugs that ships products into California and that has registered as an outsourcing facility with the federal Food and Drug Administration.
Nonresident Pharmacy	4037 4112 4120	A pharmacy located outside of California that ships, mails or delivers, in any manner, controlled substances or prescription drugs or devices to patients in California.
Nonresident Sterile Compounding Pharmacy	4127.2	A specialty license issued to a pharmacy outside of California that compounds sterile drug products and ships them to California patients and practitioners.
Nonresident Third-Party Logistics Provider	4045 4161 4162.5	An entity located outside of California that provides or coordinates warehousing or other logistics services on behalf of a manufacturer, wholesaler or dispenser and ships those products into California.
Nonresident Wholesaler	4043 4161 4162.5	An entity located outside of California that acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, who sells for resale, or negotiates for distribution, or takes possession, of, any dangerous drug or device and ships them to practitioners or licensed entities in California.

In addition, the Board recognizes and approves individuals who are responsible for the overall operations and regulatory compliance by licensed businesses; however, a special license is not required.

Responsible Persons	Authority	Definition
Designated Representative-in-Charge	4022.5(b) 4053	A licensed designated representative or a pharmacist responsible for ensuring a wholesaler's or veterinary food-animal drug retailer's compliance with all state and federal laws and regulations.
Pharmacist-in-Charge	4036.5 4101 4113	A licensed pharmacist responsible for ensuring a pharmacy's operations and compliance with all state and federal laws and regulations.
Responsible Manager	4022.7(b) 4160	A licensed designated representative-3PL responsible for ensuring a third-party logistics provider's compliance with state and federal laws and regulations.

Makeup and Functions of Each of the Board's Committees

Board Composition

The Board comprises 13 members: seven pharmacists and six public representatives. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. The other 11 members are appointed by the governor. The Board currently has one vacancy.

Appendices 1 and 2 contain tables documenting Board member appointments, terms, committee assignments and attendance. (Table 1a - Board Member Attendance and Table 1b – Board/Committee Roster.)

Board Committees and their Functions

The Board conducts much of its work through various committees, which play a crucial role in developing and recommending policies that align with the Board's mission and strategic objectives. These committee recommendations are reviewed, modified and acted upon by the full Board during public meetings. In addition to its standing committees, the Board also establishes temporary task forces or ad hoc committees as needed, along with one specialty standing committee to address specific regulation needs.

The Board's strategic plan serves at the framework for managing, planning, and evaluating its regulatory jurisdiction and operations. This plan is updated annually and undergoes a comprehensive reassessment every five years to ensure that it remains aligned with the Board's evolving priorities and the Board's consumer protection mandate. The current plan was established in 2022.

Committee Membership

With the exception of the Organizational Development Committee, each of the Board's committees is composed of both licensee and public members. The Board President appoints the chairperson and vice-chairperson for each committee. The chairperson is responsible for coordinating the committee's activities, leading meetings, providing progress reports to the full Board, and ensuring alignment with the Board's strategic priorities. Agendas and meeting materials are posted online before meetings.

Committees typically meet either quarterly or semi-annually, and the public is encouraged to attend and offer comments. The chairperson presents relevant issues for discussion, and after thorough review at one or more meetings, the committee may vote on policy recommendations to be brought before the full Board. These recommendations do not become Board policy until they are publicly noticed, discussed, and formally voted upon by the full Board during a public meeting.

Committee meetings serve as an important forum for members, staff, and the public to discuss and resolve issues related to the Board's jurisdiction. The process promotes public involvement and supports the Board in evaluating policy changes, as well as in achieving its strategic goals.

Licensing Committee

The Licensing Committee is responsible for overseeing the professional qualifications of individuals seeking to enter or continue the practice of pharmacy. It establishes and maintains minimum standards for Board-licensed facilities and ensures appropriate practice standards. The work previously undertaken by the Standard of Care Ad Hoc Committee has been integrated into the responsibilities of the Licensing Committee. This committee typically convenes four times a year.

Current members:

Seung Oh, PharmD, Chair, Licensee Member
Trevor Chandler, Vice-Chair, Public Member
Renee Armendariz Barker, PharmD, Licensee Member
Jessica Crowley, PharmD, Licensee Member
Satinder Sandhu, PharmD, Licensee Member
Jason Weisz, Public Member

Enforcement and Compounding Committee

The Enforcement and Compounding Committee provides oversight of all drug distribution and dispensing activities, – including drug compounding, and is responsible for ensuring compliance with state and federal pharmacy laws. The responsibilities formerly held by the Medication Error Reduction and Workforce Ad Hoc Committee have been incorporated into the scope of this committee. This committee typically meets four times a year.

Current members:

Maria Serpa, PharmD, Chair, Licensee Member
Renee Armendariz Barker, PharmD, Vice-Chair, Licensee Member
Indira Cameron-Banks, Public Member
R. Jeffrey Hughes, Public Member
Seung Oh, PharmD, Licensee Member
Nicole Thibeau, PharmD, Licensee Member

Communication and Public Education Committee

The Communication and Public Education Committee is responsible for promoting public awareness on key topics such as the importance of engaging with pharmacists about medications, encouraging patients to adhere to their prescribed treatment regimens, and fostering greater understanding of drug therapy and overall health. The committee also oversees the development of educational resources for licensees, addressing new laws, Board policies, and emerging issues in the field. This committee typically convenes twice a year.

Current members:

Jason Weisz, Chair, Public Member
Nicole Thibeau, PharmD, Vice Chair, Licensee Member
Renee Armendariz Barker, PharmD, Licensee Member
Kartikeya Jha, RPh, Licensee Member
Jason Newell, MSW, Public Member

Legislation and Regulation Committee

The Legislation and Regulation Committee is responsible for advocating for legislation and promulgating regulations that advance the Board's mission and strategic objectives. This committee typically convenes twice a year.

Current members:

Jessica Crowley, PharmD, Chair, Licensee Member
Nicole Thibeau, PharmD, Vice-Chair, Licensee Member
Trevor Chandler, Public Member
Kartikeya Jha, RPh, Licensee Member
Maria Serpa, PharmD, Licensee Member

Organizational Development Committee

The Organizational Development Committee is composed solely of the Board President and Vice President and generally does not convene in public sessions. This committee is tasked with overseeing strategic planning, budget management, and staff development activities. At quarterly Board meetings, the committee provides reports on the Board's expenditures, revenue, and fund condition, member attendance, participation in mail votes, and schedules for upcoming meetings.

Current members:

Seung Oh, PharmD, President
Jessica Crowley, PharmD, Vice President

In addition to its standing strategic committees, the Board occasionally establishes ad hoc committees to conduct in-depth analysis of complex, innovative, controversial, or specialized issues. This structure facilitates focused, comprehensive discussion on specific topics. Ad hoc committees meet in public and actively encourage public participation. Agendas and meeting materials are made available online in advance, and summaries of meetings are presented at a subsequent Board meeting.

Medication Error Reduction and Workforce Ad Hoc Committee

The Medication Error Reduction and Workforce Ad Hoc Committee was established as an initial step toward enhancing patient safety. Its focus was on identifying strategies to reduce medication errors and address working conditions. The committee reviewed various topics, including workforce survey results, Pharmacy Well-being Index State Reports, best practices for medication error reduction and actions undertaken by other jurisdictions. The ad hoc committee convened six meetings from 2022-23.

Former Committee members:

Nicole Thibeau, PharmD, Chair, Licensee Member
Seung Oh, PharmD, Vice-Chair, Licensee Member
Lavanza Butler, RPh, Licensee Member
Jessica Crowley, PharmD, Licensee Member
Kula Koenig, Public Member
Jignesh Patel, RPh., Licensee Member

Standard of Care Ad Hoc Committee

The Standard of Care Ad Hoc Committee was established following the Board's last Sunset Review and was established to assess and make recommendations to the Board and Legislature on the feasibility and appropriateness of transitioning to standard of care enforcement model. The ad hoc committee convened seven meetings from 2022-23.

Former Committee members:

Seung Oh, PharmD, Chair, Licensee Member
Maria Serpa, PharmD, Vice-Chair, Licensee Member
Renee Armendariz Barker, PharmD, Licensee Member
Indira Cameron-Banks, Public Member
Jessica Crowley, PharmD, Licensee Member
Nicole Thibeau, Licensee Member

Competency Committee

The Competency Committee is a specialized standing committee operating under the auspices of the Licensing Committee. In collaboration with a contracted psychometrician, this committee is responsible for the development, scoring and ongoing evaluation of the Board's pharmacist licensure examination, the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). Membership on this committee is highly selective and reflects the diverse scope of California's pharmacy practice. The committee's work is professionally demanding and time-intensive, with members attending nine two-day meetings annually. These meetings are not open to the public, as they involve confidential licensure examination content and are exempt from the provisions of the Bagley-Keene Open Meeting Act.

Disciplinary Petition Committee

The Disciplinary Review Committee is a committee of the Board sitting with an administrative law judge to consider petitions for reinstatement of a license or to consider modification of a penalty consistent with the provisions of BPC section 4309. All members serve on this Committee on a rotating basis, with members each assigned to participate in two meetings a year.

Meeting Quorums

Business and Professions Code section 4002 requires the presence of seven Board members to act at meetings. To minimize scheduling conflicts and secure meeting space, the Board generally schedules meetings for the coming year in April or July.

The Board occasionally schedules additional meetings to address emergent issues. The Board may hold an emergency meeting pursuant to Government Code section 11125.3. The Board held two Emergency Board Meetings from 2020 to 2021. One Emergency Board Meeting was held related to a fire disaster, and one was held related to COVID-19 waivers.

A total of 41 Board meetings and 67 committee meetings were held during this reporting period.

Fiscal Year	Number of Board Meetings	Board Meeting Days	Committee Meetings
FY 2020-21	12[1]	17	15
FY 2021-22[2]	10[3]	14	17
FY 2022-23[4]	11[5]	15	25
FY 2023-24[6]	8	14	10
Total	41	60	67

Major Changes

Change in Leadership

The Board has not had any major changes in executive leadership. The Board's Executive Officer has served in this capacity since 2020. The Board's Deputy Executive Officer has served in this capacity since 2023 and prior to this appointment served in a key leadership position for the Board as a Chief of Enforcement.

Strategic Plan

In 2022 the Board completed development of a new strategic plan. The plan was a joint effort between Board members, staff and the public to identify key issues and create action plans. As part of its process, the Board leveraged its prior strategic plan and analyzed trends in pharmacy practice, consumer needs and health care. The Board's vision statement, "Healthy Californians through safe, quality pharmacist care" remains relevant and reflects how the Board establishes its priorities and policies.

Board-Sponsored Legislation and Legislation Affecting the Board

Consumer protection extends beyond the enforcement of legal requirements; it also involves the development and implementation of strategies that safeguard consumers, address the misuse and abuse of prescription drugs, and maintain the integrity of the drug supply chain to prevent the introduction of counterfeit or adulterated medications. As a regulator of a dynamic and evolving profession, the Board remains proactive in ensuring that outdated laws are amended or repealed, while advocating for new legislation that reflects emerging practices and addresses evolving issues. The Board continuously

[1] Including one emergency Board meeting.
[2] The Board lacked quorum on two instances and convened the meeting as a committee consistent with the authority established in Government Code section 11125(c), Business and Professions Code section 4309(c) and the Board's policy. One committee meeting was cancelled due to a lack of quorum.
[3] Including one emergency Board meeting.
[4] The Board lacked quorum and convened the meeting as a committee consistent with the authority established in Government Code section 11125(c) and BPC section 4309(c). One committee meeting also lacked quorum. The meeting proceeded with discussion only and not committee recommendations were offered to the Board as a result of this meeting.
[5] The Board transitioned to a committee process for considering petitions consistent with the provisions in BPC section 4309(c). This will continue until at least January 1, 2026.
[6] The Board lacked a quorum for one Board meeting.

evaluates legislation related to licensing and enforcement, working to secure the necessary tools to effectively protect consumers. Below is a summary of Board-sponsored legislation, along with key legislation affecting the Board's jurisdiction and operations.

2021 Legislation

Board Sponsored

- SB 409 (Caballero, Chapter 604, Statutes of 2021) Pharmacy Practice: Testing

Enacted Legislation Impacting the Board

- AB 107 (Salas, Chapter 693, Statutes of 2021) Licensure: Veterans and Military Spouses
- AB 527 (Wood, Chapter 618, Statutes of 2021) Controlled Substances. (Included Board-sponsored provisions)
- AB 1064 (Fong, Chapter 655, Statutes of 2021) Pharmacy Practice: Vaccines: Independent Initiation and Administration
- AB 1533 (Committee on Business and Professions, Chapter 629, Statutes of 2021) Pharmacy (included numerous Board-sponsored provisions as part of the Sunset Review process)
- SB 306 (Pan, Chapter 486, Statutes of 2021) Sexually Transmitted Disease: Testing
- SB 310 (Rubio, Chapter 541, Statutes of 2021) Unused Medications: Cancer Medication Recycling
- SB 311 (Hueso, Chapter 384, Statutes of 2021) Compassionate Access to Medical Cannabis Act or Ryan's Law
- SB 362 (Newman, Chapter 334, Statutes of 2021) Chain Community Pharmacies: Quotas

2022 Legislation

Board Sponsored

- The Board did not sponsor legislation.

Enacted Legislation Impacting the Board

- AB 852 (Wood, Chapter 518, Statutes of 2022) Health Care Practitioners: Electronic Prescriptions (Included Board-sponsored provision.)
- AB 2194 (Ward, Chapter 958, Statutes of 2022) Pharmacists and Pharmacy Technicians: Continuing Education: Cultural Competency
- SB 731 (Durazo, Chapter 814, Statutes of 2022) Criminal Records: Relief
- SB 872 (Dodd, Chapter 220, Statutes of 2022) Pharmacies: Mobile Units
- SB 988 (Hueso 242, Statutes of 2022) Compassionate Access to Medical Cannabis Act or Ryan's Law
- SB 1259 (Laird, Chapter 245, Statutes of 2022) Pharmacists: Furnishing Opioid Antagonists
- SB 1346 (Becker, Chapter 866, Statutes of 2022) Surplus Medication Collection and Distribution

2023 Legislation

Board Sponsored

- AB 1286 (Haney, Chapter 470, Statutes of 2023) Pharmacy
- AB 1557 (Flora, Chapter 141, Statutes of 2023) Pharmacy: Electronic Prescriptions
- SB 816 (Roth, Chapter 723, Statutes of 2023) Professions and Vocations
- SB 887 (Committee on Business, Professions and Economic Development, Chapter 510, Statutes of 2023) Consumer Affairs

Enacted Legislation Impacting the Board

- AB 317 (Weber, Chapter 322, Statutes of 2023) Pharmacist Service Coverage
- AB 663 (Haney, Chapter 539, Statutes of 2023) Pharmacy: Mobile Units
- AB 1341 (Berman, Chapter 276, Statutes of 2023) Public Health: Oral Therapeutics
- SB 345 (Skinner, Chapter 260, Statutes of 2023) Health Care Services: Legally Protected Health Care Activities
- SB 544 (Laird, Chapter 216, Statutes of 2023) Bagley-Keene Open Meetings Act: Teleconferencing

2024 Legislation

Board Sponsored

- The Board did not sponsor legislation.

Enacted Legislation Impacting the Board

- AB 1842 (Reyes, Chapter 633, Statutes of 2024) Health Care Coverage: Medication-Assisted Treatment
- AB 1902 (Alanis, Chapter 330, Statutes of 2024) Prescription Drug Labels: Accessibility
- AB 2115 (Haney, Chapter 634, Statutes of 2024) Controlled Substances: Clinics
- SB 164 (Committee on Budget and Fiscal Review, Chapter 41, Statutes of 2024) State Government
- SB 1089 (Smallwood-Cuevas, Chapter 625, Statutes of 2024) Food and Prescription Access: Grocery and Pharmacy Closures
- SB 1451 (Ashby, Chapter 481, Statutes of 2024) Professions and Vocations
- SB 1468 (Ochoa Bogh, Chapter 488, Statutes of 2024) Healing Arts Boards: Informational and Educational Materials for Prescribers of Narcotics: Federal "Three Day Rule"

Regulation Changes[7]

2021 Regulation Changes

- Amend Sections 1780, 1781, 1782, and 1783 – Drug Distributors
  - Effective Date: April 1, 2021
- Amend Section 1747 – HIV Preexposure and Postexposure Prophylaxis Furnishing
  - Effective Date: June 8, 2021
- Amend Sections 1702, 1702.1, 1702.2, and 1702.5 – Renewal Requirements

[7] All regulations referenced in this report are located in Division 17 of Title 16, California Code of Regulations unless otherwise noted.

- Effective Date: July 1, 2021

❖ Amend Section 1707 – Off-site Storage
- Effective: July 1, 2021

❖ Amend Sections 1711, 1713, and Add Section 1715.1 – Automated Drug Delivery Systems
- Effective Date: July 1, 2021

2022 Regulation Changes

❖ Amend Section 1746.4 – Administering Vaccines
- Effective January 25, 2022

❖ Amend Section 1709 – Ownership, Management & Control of Business Entity
- Effective April 1, 2022

❖ Amend Section 1704 – Address Change Notification
- Effective April 1, 2022

❖ Amend Section 1715.6 – Reporting Drug Loss
- Effective April 1, 2022

❖ Amend Section 1717.5 – Automatic Refill Programs
- Effective Date: July 1, 2022

❖ Amend Section 1708.1 – Notification of Temporary Closure
- Effective October 1, 2022

❖ Amend Section 1715 – Pharmacy/Hospital Self-Assessment Forms
- Effective October 1, 2022

❖ Amend Section 1784 – Wholesaler/3PL Self-Assessment Forms
- Effective October 1, 2022

2023 Regulation Changes

❖ Amend Sections 1793.5 and 1793.6 and Add Section 1793.65 – Pharmacy Technicians
- Effective January 1, 2023

❖ Amend Section 1715.65 – Inventory Reconciliation
- Effective January 1, 2023

❖ Amend Section 1735.2 – Compounding Self-Assessment
- Effective April 1, 2023

2024 Regulation Changes

❖ Add Section 1706.6 – Temporary License for Military Spouses
- Effective March 21, 2024

❖ Amend Section 1707.6 – Notice to Consumers
- Effective July 1, 2024

❖ Amend Section 1732.5 and Add Section 1732.8 - Continuing Education
- Effective July 29, 2024

❖ Amend Section 1747 – Independent HIV Preexposure Prophylaxis Furnishing – Emergency
- Effective August 14, 2024

- Amend Section 1746.3 – Opioid Antagonist Protocol
  - Effective September 17, 2024
- Amend Section 1760 – Disciplinary Guidelines
  - Effective January 1, 2025

Pending Regulations the Board Currently Has in Various Stages of Promulgation

- Amend Section 1715.1 – ADDS Self-Assessment
- Amend Section 1713 – Automated Patient Delivery System Consultation
- Amend Section 1707.4 – Central Fill Pharmacies
- Repeal Sections 1708.3. 1708.4, 1708.5, 1735 et seq and 1751 et seq and Add Sections 1735 et seq, 1736 et seq, 1737 et seq, and 1738 et seq – Compounding Drug Preparations
- Amend Section 1709.1 – Designation of Pharmacist-in-Charge
- Amend Section 1700 – Digital Signatures
- Amend Section 1708.2 – Discontinuance of Business
- Amend Section 1749(c) – Pharmacy Technician Fee Schedule
- Amend Section 1747 – HIV Preexposure Prophylaxis Furnishing - Permanent
- Amend Section 1746.6 - Medication Assisted Treatment Protocol
- Amend Section 1793.65 – Pharmacy Technician Certification
- Amend Sections 1715 and 1784 – Pharmacy, Hospital and Wholesaler Self-Assessment
- Amend Section 1711 – Quality Assurance
- Add Section 1750 – Outsourcing Self-Assessment

Major Studies

Consistent with the Board's commitment in its prior Sunset Review Report, the Board conducted a workforce survey in 2021. The results[8] of the survey were presented during the December 2021 Board meeting. Insights gained from this survey were foundational in the work undertaken by the Board's Medication Error Reduction and Workforce Committee. A copy of the survey results is included in **Attachment C-1**.

In May 2022, the Board contracted with an external vendor, Capital Accounting Partners, LLC, to conduct a detailed cost analysis of the Board's fees. The objective of the cost analysis was to ensure that the Board has adequate revenues to meet its consumer protection mandate. The analysis concluded that the Board was not fully recovering its costs. The scope of the change in fees varied by licensed type with some fees being reduced, others not experiencing a current change in fees, while others were recommended to increase immediately. The Board received the results of the analysis during its October 25-26, 2022 Board meeting. The Board secured a statutory amendment via SB 816 (Roth, Chapter 723, Statutes of 2023) to establish new statutory minimum and maximum fees. The new fee structure becomes effective January 1, 2025. A copy of the fee audit report is included in **Attachment C-2**.

[8] Survey results are available at the following link - - https://www.pharmacy.ca.gov/meetings/agendas/2021/workforce_presentation.pdf

In line with the requirements established in Business and Professions Code section 139, in collaboration with an external vendor, PSI Services Inc., the Board performed an occupational analysis. The results of this analysis resulted in minor changes to the Board's examination blueprint.

In Fiscal Year 2020-21 the Board contracted with the Department of Consumer Affairs Office of Professional Examination Services (OPES) to conduct an audit of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) and the North American Pharmacist Licensure Examination to evaluate for compliance with Business and Professions Code sections 139 and 4200.2. Results of this work confirmed compliance with legal requirements. **Attachment C-3** includes information provided by OPES.

The Board also contracted with the OPES to audit the Multistate Pharmacy Jurisprudence Examination (MPJE) for compliance with BPC sections139 and 4200.2. Results of this audit concluded that there was insufficient evidence of validation for use in California in two areas. **Attachment C-4** include a copy of the presentation slides provided by OPES.

Beginning in Fiscal Year 2023-24, the Board contracted with OPES to evaluate the Pharmacy Technician Certification Board (PTCB) and National Healthcareer Association Ex Certified Pharmacy Technician (ExCPT) exam for compliance with BPC section 139. As part of this contract, an occupational analysis was performed. It is anticipated that the findings of this work will be released in 2025.

National Associations

The Board is a member of the National Association of Boards of Pharmacy (NABP) and has one vote in matters before the Association. The Board is also a member of the National Association of State Controlled Substances Authorities (NASCSA) and the Council on Licensure, Enforcement and Regulation (CLEAR), but does not have voting privileges.

Committees, Workshops and Working Group Involvement:

The Board values the opportunity to participate in committees and efforts undertaken at the national level impacting the practice of pharmacy as a means to advance California's consumer protection priorities. Below is a list of task forces, committees, and meetings that representatives of the Board attended and participated in during this review period.

- NABP – Advisory Committee on Examinations (ACE) - Anne Sodergren, Executive Officer
- NABP – Task Force to Assess Expanding Access to NABP Competence Assessment Examinations – Seung Oh, PharmD
- NABP District 8 – Seung Oh, Treasurer
    - NABP District VI, VII, VIII Meeting – October 20-22, 2024 – Albuquerque, NM – Anne Sodergren and Seung Oh, PharmD

- NABP EO and Compliance Officer Forum – October 2-5, 2024 – Mount Prospect, IL – Anne Sodergren and Janice Dang, PharmD
- NABP ACE – August 18-20, 2024 – Mount Prospect, IL – Anne Sodergren
- NABP Annual Meeting – May 14-17, 2024 – Dallas/Fort Worth, TX – Anne Sodergren and Seung Oh, PharmD
- NABP ACE – March 18-20, 2024 – Mount Prospect, IL – Anne Sodergren
- NABP Member Forum – November 28-30, 2023 – Mount Prospect, IL – Jessi Crowley, PharmD
- NABP District VI, VII, VIII Meeting – October 22-24, 2023 – Jackson Hole, WY – Anne Sodergren and Seung Oh, PharmD
- NABP ACE – August 23-24, 2023 – Mount Prospect, IL – Anne Sodergren
- NABP Annual Meeting – May 10-13, 2023 – Nashville, TN – Anne Sodergren and Seung Oh, PharmD
- NABP ACE – March 19-21, 2023 – Mount Prospect, IL – Anne Sodergren
- NABP ACE – August 22-23, 2022 – Mount Prospect, IL – Anne Sodergren
- NABP Annual Meeting – May 18-22, 2022 – Chandler, AZ – Anne Sodergren and Seung Oh, PharmD
- NABP ACE – April 6-7, 2022 – Mount Prospect, IL – Anne Sodergren
- NABP District VI, VII, VIII Meeting – August 29-31, 2021 – Phoenix, AZ – Anne Sodergren
- NABP ACE – August 24-26, 2021 – Mount Prospect, IL – Anne Sodergren

National Exam Involvement

The Board does not have specific representation on the national exam committee. However, former members of the Competency Committee (which develops the California exam) participate in the scoring and analysis of the NAPLEX. As stated previously, the executive officer serves on the ACE Committee, responsible for review of examinations administered by the NABP. The executive officer currently serves as the chairperson for the ACE.

Section 2

Fiscal and Staff Issues

- *Fiscal Issues*
- *Reserve Level/Spending*
- *Fee Increases*
- *General Fund Loans*
- *Expenditures by Program Component*
- *BreEZe Contribution*
- *License Renewal Cycles/Fee Changes in the Last 10 Years*
- *Budget Change Proposals*
- *Staffing Issues and Challenges*
- *Staff Development*

Related Appendices

- *Appendix 4 – Table 2 Fund Condition*
- *Appendix 5 – Table 3 Expenditures by Program Component*
- *Appendix 6 – Table 4 Fee Schedule and Revenue*
- *Appendix 7 – Table 5 Budget Change Proposals*

Fiscal Issues

Fund Appropriation

As provided in Pharmacy Law, all fees collected on behalf of the Board are credited to the Pharmacy Board Contingent Fund. The fund shall only be made available upon appropriation of the Legislature, pursuant to Business and Professions Code section 4406.

Reserve Level/Spending

Business and Professions Code section 4400(p), provides that it is the intent of the Legislature that, in setting fees, the Board shall seek to maintain a reserve in its fund equal to approximately one year's operating expenditures. The Board is currently below this level. At the end of Fiscal Year (FY) 2023-24, the Board's reserve level is at 6.0 months, which is about $19.1 million. The Board's authorized expenditures for the year were $34.1 million. Information requested in Table 2 is provided in **Appendix 4**, and summary information is provided below.

Fund Condition	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Fund Balance	$10.1 million	$13.8 million	$17.2 million	$19.1 million
Months in Reserve	4.1	5.2	6.0	6.0

Future Fee Increases

As indicated in the above summary chart, the Board's fund is below the statutory limit established. Recognizing the need for a fee increase, and as indicated elsewhere in this report, the Board commissioned an independent audit of the Board's fee structure. Following the findings the Board sought to recast its fee structure in Senate Bill 816 (Roth, Chapter 723, Statutes of 2023). The new fee schedule becomes effective January 1, 2025. The recasting of the Board's fee structure results in reductions of application and renewal fees for some individual licensees, some fees remain the same and additional application and renewal fees will be increased, consistent with the audit findings.

The Board's conservative approach to implementing its revised fee schedule sought to strike a balance to meet authorized expenditures. The Board will continue to monitor its fund, and if necessary, update its fees via regulation.

Fund Condition Projections	FY 2024-25	FY 2025-26	FY 2026-27	FY 202728
Fund Balance	$17.1 million	$12.2 million	$6.1 million	$-1.2 million
Months in Reserve	5.3	3.7	1.8	-0.4

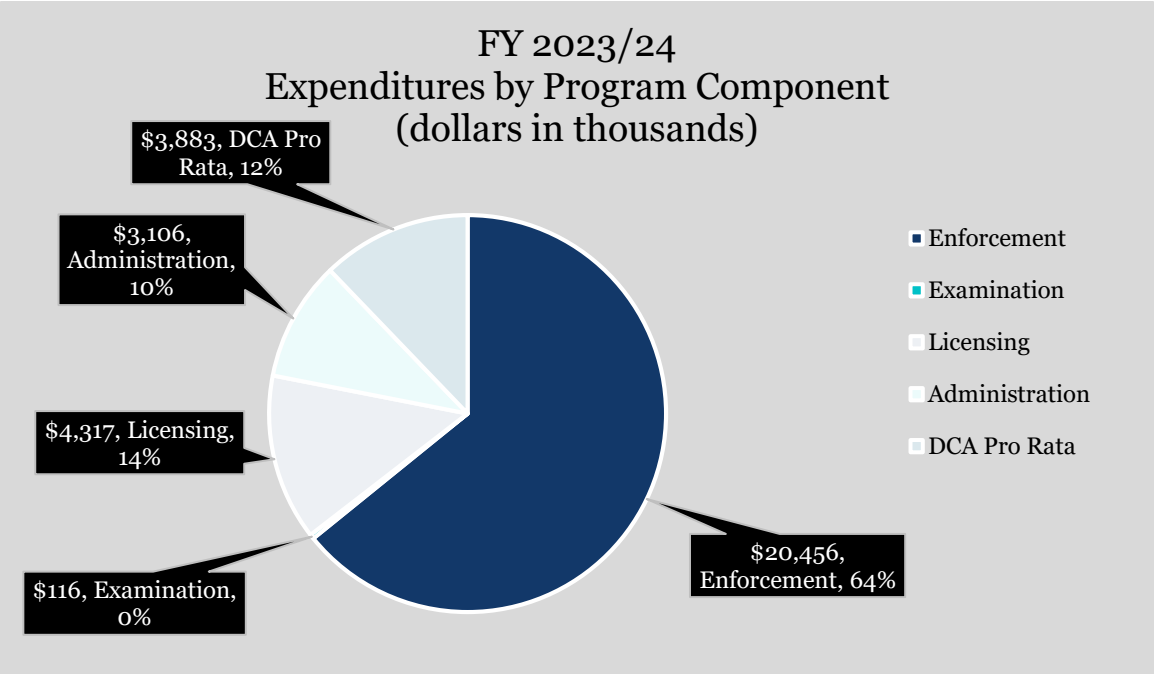
General Fund Loans

The Board loaned money to the general fund in 2020-21. It is anticipated that the loan will be repaid in 2024-25. The repayment will be made to the Board's fund.

Expenditures by Program Component

The chart below displays the Board's projected expenditures for 2023-24.

The enforcement program is the largest budget expenditure, about 64.2 percent, followed by the licensing program, about 13.5 percent, and DCA pro rata at about 12.2 percent.



Historical data for expenditures since 2020-21 is provided in **Appendix 5** Table 3.

BreEZe Contribution

For several years the Board contributed money to the BreEZe program; however, the Board stopped its contributions several years ago. Aside from pro rata, the Board has not spent money on business modernization activities; however, having reached key milestones in business modernization activities, the Board anticipates the need for significant authorized expenditures to begin implementation activities.

License Renewal Cycles/Fee Changes in the Last 10 Years

The Board's fee structure is established in Business and Professions Code section 4400. Current fees are established in California Code of Regulations, title 16, section 1749. With the exception of intern pharmacist licenses, the Board's license categories have continuous renewal cycles. Pharmacists, advanced practice pharmacists, and pharmacy technicians are renewed biennially, while all other licenses renew on an annual basis.

In 2014, the Board increased its fees to the statutory maximums to address a structural imbalance between revenue and expenditures. Although the causes were many, this was necessitated most notably by an expansion of the Board's enforcement program resulting from the Consumer Protection Enforcement Initiative, the prescription drug abuse epidemic, and the greater need for regulation over specialty pharmacies that compound sterile drug preparations.

Following a subsequent fee analysis, the Board recast its fees again in 2017. As part of this recasting of fees, the Board determined it was appropriate to reduce or remove subsidies between license categories. The resulting legislation established new statutory minimum and maximum amounts. The resulting fee schedule took effect July 1, 2017. Not all fees were increased at that time; of the Board's 118 fees, seven application fees and 14 renewal fees were increased while three application fees were reduced.

More recently, as indicated elsewhere in this section, the Board recast ifs fees in Senate Bill 816 with new fees becoming effective January 1, 2025.

The Board's fee schedule is provided in **Appendix 6** Table 4.

Budget Change Proposals

The Board closely monitors its fund and assesses processes and resources to identify changes necessary to ensure robust consumer protection activities. When resource needs are identified, the Board requests augmentations to its expenditure authority, position authority or both through the BCP process. The Board is very thoughtful in its requests and only seeks augmentations when the issue cannot be resolved through redirection of resources, improved processes, or other means.

Appendix 7, Table 5 provides a summary of approved BCPs for the last four fiscal years. As indicated in the table, these BCPs were primarily for:

- New staff associated with workload for new legislative mandates.
- Seeking permanent position authority for either limited term or temporary staff.
- New staff associated with program growth.

Staffing Issues

Staffing Issues and Challenges

The Pharmacy Law acknowledges the evolving nature of the pharmacy profession, and integral to the Board's mandate of consumer protection is its ability to respond swiftly and effectively to these changes. The Board's most valuable asset is its staff, whose expertise is essential to fulfilling its mission. While the Bureau of Labor Statistics reported a median employee tenure of about 3.9 years as of January 2024, the Board benefits from a dedicated workforce, with 77 employees having more than five years of tenure. This experience fosters a deep understanding of the profession, enabling the Board to carry out its duties with enhanced organizational insight and commitment to its mission.

The Board has 138.8 authorized positions, including 63 licensed pharmacists. These pharmacists, with their diverse education and practice experience, bring invaluable expertise to investigations and risk assessments aimed at protecting patients. Board inspectors are equipped to promptly identify violations that may jeopardize consumer safety and offer technical guidance to licensees on compliance with state and federal regulations.

The Board encourages staff participation in the Individual Development Process (IDP), which includes opportunities such as the Department's Upward Mobility Program and

Analyst Certification Program. The Board is committed to professional development with 28 of its non-pharmacist staff having received at least one promotion since 2020-21. In addition, the Board prioritizes cross-training to broaden staff knowledge and to ensure effective succession planning, strengthening its capacity to continue fulfilling its critical regulatory functions.

The Board currently has the following vacancies:

- 1 Supervising Inspector
- 5 Inspector positions
- 2 Licensing position
- 2 Enforcement position
- 2 Administration position

The Board is committed to the timely recruitment and onboarding of new employees, recognizing that delays in filling vacancies can lead to a backlog of work and disrupt the efficient operation of Board activities. To enhance recruitment efforts, the Board occasionally advertises high-level management positions through additional channels beyond CalCareers, including specialized publications. However, the Board has faced recruitment challenges related to the eligibility of applicants within the state's hiring examination process.

In August 2022 the Department of Consumer Affairs established a departmental Executive Steering Committee with the goal of embedding diversity, equity and inclusion (DEI) into the Department's core framework and strategy. The Board fully supports this initiative and is dedicated to advancing DEI principles in all aspects of its operations to further its consumer protection mission. To reflect this commitment, the Board has updated all job postings to emphasize the importance of diversity, equity, inclusion, and accessibility in attracting developing, and retaining a diverse workforce. These changes highlight the Board's respect for the individuality and uniqueness of all candidates.

Additionally, the Board has revised its applicant screening process to ensure a more equitable evaluation. Personal identifying information is now removed during the initial screening of applications to mitigate potential biases and foster a more inclusive hiring process.

Staff Development

As previously stated, the Board believes a well-trained staff is essential to fulfill its mandate. To that end, the Board provides training to improve and enhance performance as well as encourage learning and development.

The Board encourages all staff members to participate in a wide variety of training to enhance their skill set. Staff members have been encouraged to participate in training virtually through Microsoft TEAMS, teleconferences, and other modes of learning. In 2022-23, Board staff participated in 77 various training courses through the Department of Consumer Affairs training department, SOLID. These courses are offered to Board staff members at no cost. Courses can be as short as 30-minutes to 2-hours to help staff members enhance their skills in customer service, the Microsoft Suite, or courses for

upward mobility in their career. The Board also spent $16,030 on an additional 35 trainings for staff through outside vendors. These trainings included specialized trainings for managers and inspector staff.

In 2022-23 the Board experienced an increase in new staff joining the Board, which led to an increase in the number of trainings attended and the number of participants. The Board also focused on employee training and development as we had several long-term staff retire. The Board wants to continue to grow talent from within and have staff promote internally, and this is accomplished through training and development.

In 2023-24, staff members took several courses focused on DEI. Staff members were encouraged to take trainings related to career advancement and numerous staff members took courses through SOLID for this purpose. Inspectors participated in several trainings to keep them abreast of current issues in pharmacy and health care issues. These trainings allow inspectors to educate licensees during inspections. SOLID also provided onsite training related to customer service, DEI, and team building exercise.

	No. of Courses FY 20-21	No. of Attendees FY 20-21	No. of Courses FY 21-22	No of Attendees FY 21-22	No. of Courses FY 22-23	No. of Attendees FY 22-23	No. of Courses FY 23-24	No of Attendees FY 23-24
Department Provided Training	40	19	43	45	77	118	78	128
External Vendor Training	7	8	7	26	16	35	3	12
Internal Staff Training	4	215	5	267	6	181	6	192

Training Expenses (not including travel costs)

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
External Vendor Training Costs	$2,714	$12,260	$16,030	$9,290

Section 3

Licensing Programs

- *Licensing Programs*
- *Performance Targets*
- *Average Time to Process Applications*
- *Licenses Issued Cycle Time*
- *Licenses Issued/Renewed*
- *Licenses or Registrations Denied*
- *Verification of Information from Applicants*
- *Out-of-State/Out-of-Country Applications*
- *Military Education and Training*
- *No Longer Interested Notifications*
- *Examinations Required for Licensure*
- *Pass Rates*
- *Computer-Based Testing*
- *Statutes that Hinder Processing of Applications*
- *Occupational Analysis*
- *School Approvals*
- *Continuing Education/Competency Requirements*

Related Appendices

- *Appendix 8 – Table 6 Licensee Population*
- *Appendix 9 – Table 7a Licensing Data by Type*
- *Appendix 10 – Table 7b License Denial*
- *Appendix 11 – Table 8a Examination Data*
- *Appendix 12 – Table 8b National Examination*

Licensing Programs

The Board's licensees are integral to the delivery of quality health care. They compound, transport, dispense, and store prescription drugs and devices for patients that are essential for patient care and treatment. Pharmacists, as the health care provider, are the most educated on pharmaceutical care and management, convey critical information about drug therapy management to their patients and patients' representatives, as well as to other health care providers. In addition, the pharmacist's scope of practice continues to evolve to assume a more active role consistent with their significant education (at least eight years post high school) and the fact that they are readily accessible to consumers.

Total Licensees			
FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
140,042	140,268	138,104	138,478

The Board observed a decline in its licensee population during the reporting period. Notably, the intern pharmacist licensing program experienced a significant reduction of about a 35 percent decrease, from 5,999 to 4,421 licensees. Similarly, the pharmacy technician licensing program saw a decrease of about two percent from 67,986 to 65,793.

However, there was modest growth in certain licensing categories including a notable 34 percent increase in the number of advance practice pharmacists, rising from 890 to 1,348.

Appendix 8 includes Table 6, Licensee Population. **Appendix 9** includes Table 7a, Licensing Data by Type. **Appendix 10** includes Table 7b, Total Licensing Data.

Performance Targets

The Board publicly reports its progress toward meeting licensing performance measures at quarterly meetings. The Board established extremely aggressive targets that balance the Board's mandate to protect consumers with the needs of individuals and businesses entering the marketplace.

The Board's performance targets are provided below.

Board of Pharmacy Licensing Performance Measures - Target Dates			
License Type	*Application Type*	*Status*	*Target (In Days) **
Advanced Practice Pharmacist	Advanced Practice Pharmacist Application	Complete	30
Automated Patient Dispensing System 340B Clinic	Automated Patient Dispensing System 340B Clinic Application	Complete	30

Board of Pharmacy Licensing Performance Measures - Target Dates			
Centralized Hospital Packaging	Centralized Hospital Packaging Pharmacy License Application	Complete	45
Clinic	Clinic Permit Application	Complete	30
Designated Paramedic	Application for Designated Paramedic License	Complete	30
Designated Representative – Reverse Distributor	Application for a Designated Representative Reverse Distributor License	Complete	30
Designated Representative – Wholesaler	Application for a Designated Representative License	Complete	30
Designated Representative – 3PL	Application for Designated Representative – 3PL	Complete	30
Designated Representative – Veterinary Food-Animal Drug Retailer	Designated Representative – Veterinary Food-Animal Drug Retailer Application	Complete	30
Drug Room	Drug Room Application	Complete	30
Hospital	Hospital Pharmacy Permit Application	Complete	30
Hospital Satellite Sterile Compounding	Hospital Satellite Sterile Compounding License	Complete	45
Hypodermic Needle and Syringe	Application for Hypodermic Needle and Syringe Permit	Complete	30
Intern Pharmacist	Application for Registration as an Intern Pharmacist	Complete	15
Licensed Correctional Pharmacy	Licensed Correctional Pharmacy	Complete	30
Outsourcing Facility	Outsourcing Facility Application	Complete	45
Outsourcing Facility – Nonresident	Outsourcing Facility- Nonresident Application	Complete	45
Pharmacist	Application for Pharmacist Examination and Licensure	Complete	15
	Application for Pharmacist Initial License	Complete	5
Pharmacy	Pharmacy Permit Application	Complete	30

Board of Pharmacy Licensing Performance Measures - Target Dates			
Pharmacy - Nonresident	Nonresident Pharmacy Permit Application	Complete	30
Pharmacy Technician	Pharmacy Technician Application	Complete	30
Sterile Compounding Pharmacy	Application for a Sterile Compounding Pharmacy License	Complete	45
Sterile Compounding Pharmacy - Nonresident	Application for a Nonresident Pharmacy Sterile Compounding License	Complete	45
Surplus Medication Collection and Distribution Intermediary	Application for Surplus Medication Collection and Distribution Intermediary License	Complete	45
Third-Party Logistics Provider	Application for Third-Party Logistics Provider License	Complete	30
Third-Party Logistics Provider – Nonresident	Application for Nonresident Third-Party Logistics Provider License	Complete	30
Veterinary Food-Animal Drug Retailer	Veterinary Food-Animal Drug Retailer Application	Complete	30
Wholesaler	Application for Wholesaler License	Complete	30
Wholesaler - Nonresident	Application for Nonresident Wholesaler License	Complete	30

At the close of 2023-24, the Board did not meet its established performance standards for pharmacy and nonresident pharmacy license types. This shortfall can be attributed, in part, to staffing vacancies as well as the increasing complexity of ownership structures. Additionally, a significant percentage of applications received are incomplete.

To address these challenges, the Board undertook a review of the pharmacy application materials and instructions and solicited feedback on proposed changes. The updated pharmacy application materials were released in November 2024. The Board will continue to monitor all processing times and perform post implementation review of the updated pharmacy application materials to determine the effectiveness of the changes and impacts to processing times.

Average Time to Process Applications, Administer Exams and/or Issue Licenses

Summary licensing information reveals the Board has realized a 6.4 percent decrease in the overall number of applications received.

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Applications received	14,406	14,558	14,386	13,522

Applications Received

Application Type	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Pharmacist	3,993	3,995	3,468	3,164
Intern Pharmacist	1,652	1,534	1,312	1,178
Pharmacy Technician	4,796	5,478	5,494	5,239
Pharmacy	388	391	385	754[9]

Review of applications received in four key licensing programs reveals an overall reduction in the number of intern pharmacist and pharmacist applications. This trend appears consistent with national numbers that show declining enrollment in pharmacy schools as well as some students electing to work for drug manufacturers following graduation in lieu of seeking licensure. The data reveals an increase in the number of applications received for pharmacy technicians during the reporting period. The number of pharmacy applications received has remained generally consistent over the reporting period.

Licenses issued Cycle Times

	FY 2020-21			FY 2021-22			FY 2022-23			FY 2023-24		
Application type	**Volume[10]**	**Cycle Time Complete**	**Cycle Time Deficient**	**Volume**	**Cycle Time Complete**	**Cycle Time Deficient**	**Volume**	**Cycle Time Complete**	**Cycle Time Deficient**	**Volume**	**Cycle Time Complete**	**Cycle Time Deficient**
Pharmacist	1,946	2	27	1,692	2	54	1,841	2	37	1,564	2	10
Intern Pharmacist	1,611	22	68	1,481	19	58	1,323	15	51	1,192	28	54
Pharmacy Technician	4,004	55	115	5,790	34	116	3,742	45	94	5,744	31	146
Pharmacy	281	35	129	386	45	160	271	45	156	335	44	174

[9] Includes a large buyout of a chain community pharmacy.
[10] Volume reflects the number of licenses issued.

Further, information for some key licensing programs reveals that a key to improving processing times is a reduction in the number of deficient applications received. In addition to the efforts described earlier, the Board provided education on the application process for California schools of pharmacy and seeks to coordinate with the various schools that choose to partner with the Board. The Board's increased understanding of some of the barriers faced by applicants also resulted in the Board releasing a policy statement related to acceptance of digital signatures.

Over the long term, a new computer system is the key to improved processing times. The Board's business modernization efforts are described in Section 8 of this report.

Licenses Issued/Renewed

The Board issues a license upon determining an applicant has satisfied the requirements for licensure. The Board has realized a four percent increase in the number of licenses issued.

Licenses Issued

FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
8,983	10,622	8,728	10,329

Renewal of licenses has remained relatively constant during the reporting period, with a 4 percent increase in the number of licenses renewed.

Licenses Renewed

FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
64,986	67,145	65,531	66,424

In addition to issuing and renewing licenses, Board staff also approve applications and process change notifications as required by law. For example, the Board must approve change notifications such as the designation of pharmacists-in-charge reported by pharmacies.

Mandatory Change Notifications Application Type	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Change Notifications	3,186	3,981	3,812	6,344
Discontinuance of Business	254	408	572	685
Change of Name or Address	12,744	12,150	10,872	10,360
License Transfer	1,777	743	631	608

Licenses or Registrations Denied Based on Criminal History

Over the last four years the Board received 59,389 applications. The Board issued over 38,666 licenses and denied 227 applications. The causes for denial vary based on the type of application. For example, an outsourcing application may be denied because the facility does not comply with current good manufacturing practices, while a pharmacist technician application may be denied for conviction of a crime the Board has determined to be substantially related to the position.

Application Denials

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Criminal Conviction	10	31	45	50
Total Denial	33	55	74	65

Categories of Convictions

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Acts Involving Drugs/Alcohol	8	22	38	44
Acts Involving Theft/Fraud	3	8	3	3
Criminal Sexual Behavior	0	2	1	1
Violent Crime	2	3	8	13

Note: The data above includes convictions for all categories. If an applicant had a conviction in more than one of the above categories, both are reflected.

Provided below is some summary information for applications that were denied:

2020/21

- Pharmacy Technician: The Board denied eight pharmacy technician applications, typically for one or more convictions of a crime substantially related to the functions of a pharmacy technician, including driving under the influence of alcohol, fraud, burglary, and possession of drug paraphernalia.
- Pharmacist: The Board denied four pharmacist applications based on prior license discipline and driving under the influence of alcohol.
- Intern Pharmacist: The Board denied two intern pharmacist applications based on criminal history substantially related to the functions of an intern pharmacist, including driving under the influence of alcohol and grand theft.
- Pharmacy: The Board denied 11 pharmacy applications primarily due to pending investigations of pharmacies with common ownership.
- Nonresident Pharmacy: The Board denied four nonresident pharmacy applications primarily due to pending investigations of pharmacies with common ownership and unlicensed activity.
- Nonresident Sterile Compounding: The Board denied three nonresident sterile compounding applications based on pending investigations of pharmacies with common ownership, formal license discipline, and failure to pass the Board's licensing inspection.
- Nonresident Outsourcing Facility: The Board denied one nonresident outsourcing facility license application based on non-compliance with current good

manufacturing practices and/or failure to comply with regulations adopted by the Board.

2021-22

- Pharmacy Technician: The Board denied 30 pharmacy technician applications, typically for one or more convictions of a crime substantially related to the functions of a pharmacy technician, including driving under the influence of alcohol, theft, lewd conduct, battery, and possession of a controlled substance.
- Pharmacist: The Board denied five pharmacist applications based on criminal history, prior or pending license discipline, exam misconduct, and mental evaluation per, Title 16, California Code of Regulations (CCR) section 1769.
- Designated Representative – 3PL: The Board denied one designated representative – 3PL application based on criminal history.
- Pharmacy: The Board denied 12 pharmacy applications primarily due to pending investigations of pharmacies with common ownership or prescriber ownership.
- Nonresident Pharmacy and Nonresident Sterile Compounding: The Board denied three nonresident pharmacy applications and two nonresident sterile compounding applications based on disciplinary action in their home states, prescriber ownership, and failure to comply with regulations adopted by the Board.
- Outsourcing Facility: The Board denied one outsourcing facility license application based on non-compliance with current good manufacturing practices and/or failure to comply with regulations adopted by the Board.
- Wholesaler: The Board denied one wholesaler application based on pending discipline.

2022-23

- Pharmacy Technician: The Board denied 40 pharmacy technician applications, typically for one or more convictions of a crime substantially related to the functions of a pharmacy technician, including, driving under the influence of alcohol and/or drugs, theft, battery, vehicular manslaughter, offenses involving weapons, lewd act (sex offender registration), and drug related offenses. Additionally, applications were denied based on unprofessional conduct and a mental evaluation per CCR section 1769.
- Pharmacist: The Board denied nine pharmacist applications based on one or more convictions of a crime substantially related to the functions of a pharmacist including driving under the influence of alcohol and/or drugs. Additionally, applications were denied based on previous license discipline and a mental evaluation per CCR section 1769.
- Intern Pharmacist: The Board denied three intern pharmacist applications based on unprofessional conduct, and one or more convictions of a crime substantially related to the functions of an intern pharmacist including, driving under the influence of alcohol and/or drugs.
- Designated Representative: The Board denied two designated representative applications based on one or more convictions of a crime substantially related to the functions of a designated representative including driving under the influence of alcohol and/or drugs.

- Pharmacy: The Board denied 14 pharmacy applications primarily due to pending investigations of pharmacies with common ownership or prescriber ownership. Applications were also denied due to unlicensed activity and false statements on the application.
- Nonresident Outsourcing Facility: The Board denied three nonresident outsourcing facility license applications based on non-compliance with current good manufacturing practices and/or failure to comply with regulations adopted by the Board.
- Nonresident Sterile Compounding: The Board denied two nonresident sterile compounding license applications for failure to comply with regulations adopted by the Board.
- Sterile Compounding: The Board denied one sterile compounding license application for failure to comply with regulations adopted by the Board.

2023-24

- Pharmacy Technician: The Board denied 43 pharmacy technician applications typically for one or more convictions of a crime substantially related to the functions of a pharmacy technician, including driving under the influence of alcohol and/or drugs, theft, assault, battery, illegal possession or discharge of a firearm, and possession of a controlled substance and/or possession of drug paraphernalia.
- Pharmacist: The Board denied eight pharmacist applications based on one or more convictions of a crime substantially related to the functions of a pharmacist including public intoxication and possession of a controlled substance. Additionally, applications were denied based on previous license discipline and a mental evaluation per CCR section 1769.
- Designated Representative: The Board denied five designated representative applications based on one or more convictions of a crime substantially related to the functions of a designated representative including driving under the influence of alcohol and/or drugs, possession of illegal firearm, and shooting at an inhabited dwelling.
- Pharmacy: The Board denied four pharmacy applications primarily due to pending investigations of pharmacies with common ownership. Applications were also denied due to hidden ownership, false statements on applications, and for non-compliance with BPC section 4312.
- Nonresident Sterile Compounding: The Board denied two nonresident sterile compounding license applications for failure to comply with regulations adopted by the Board, unprofessional conduct, and unlicensed activity.
- Intern Pharmacist: The Board denied two intern pharmacist applications based on criminal history substantially related to the functions of an intern pharmacist, including driving under the influence of alcohol and a mental evaluation per CCR section 1769.
- Nonresident Pharmacy: The Board denied one nonresident pharmacy application based on unprofessional conduct and unlicensed activity.

Table 7b. License Denial information is included in **Appendix 10**.

Verification of Information from Applicants

Application Information

The Board has multiple processes it uses to secure information about applicants to confirm their eligibility for licensure. The Board conducts fingerprint background checks of all applicants at both state and federal levels by submission of fingerprints to the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

Further, the Board conducts a criminal background check on the top five owners and designated managers for all site license applications and applications that require self-reporting and descriptions of any arrest or conviction, as well as previous or close association to someone with prior discipline by any regulatory body.

The Board investigates applicants with criminal history reported by the DOJ and/or self-reported by the applicant to determine suitability for licensure. As of July 1, 2020, the Board removed the criminal history question from licensing applications pursuant to AB 2138. Although applicants are not required to disclose any criminal history, the Board provides applicants the opportunity to voluntarily provide any evidence of mitigation and/or rehabilitation they would like the Board to consider. If an applicant elects not to provide any evidence of mitigation or rehabilitation, it is not factored in the Board's licensing decision.

Applicants who self-report prior discipline by a regulatory agency are required to submit documentation describing the action and resolution. If the Board is unable to obtain this information from the applicant, the Board undertakes collection of this information and reviews it before making a licensing decision.

Regardless of whether a prior incident is self-reported or identified from a fingerprint background result from DOJ or FBI, the application is referred to the Board's enforcement unit for a thorough investigation before a licensing decision is made.

The Board has not denied any applications based on failure to disclose criminal history during the reporting period.

National Databank

The Board requires all pharmacist, intern pharmacist, and pharmacy technician applicants to provide a "self-query report" from the National Practitioner Data Bank (NPDB) when applying for examination and/or licensure. These reports detail any action taken by another regulator that has been reported to this national databank. The Board does not check the NPDB before renewing an individual license.

The NPDB provides a continuous query service for enrolled individual practitioners. However, the Board does not have expenditure authority to use this service, which would cost an estimated $345,000 annually.

In addition, the Board queries for disciplinary actions in other jurisdictions through the National Association of Boards of Pharmacy disciplinary clearinghouse.

As part of the license renewal process, individuals are required to report any disciplinary action against any license issued by a government agency or conviction. In addition,

nonresident pharmacies and nonresident wholesalers are required to report any disciplinary action taken by any government agency since their last renewal.

Primary Source Documentation

In addition to the criminal and disciplinary background checks, the Board verifies information submitted on all applications through both primary and secondary source documentation. Pharmacy school transcripts must be sent directly from the pharmacy school to the Board, or to the NABP for uploading into a system that may be accessed by the various state boards of pharmacy. Through this system the Board can access the transcripts provided by the schools.

In other instances, the Board will accept secondary source documentation that is certified from the source of origin. An example of secondary source documentation are articles of incorporation endorsed and provided by the Secretary of State to the applicant, who submits them to the Board. The Board also accepts self-certified items such as photos, affidavits, and applications.

Out-of-State/Out-of-Country Applications

The Board requires out-of-state pharmacist applicants to meet the same examination and licensure requirements as California graduates. Pursuant to Business and Professions Code sections 4200 and 4208, foreign-educated pharmacists are required to be certified by the Foreign Pharmacy Graduate Examination Committee (FPGEC) before being issued an intern pharmacist license or becoming eligible to take the pharmacist licensure exam.

Out-of-state businesses must also generally meet the same licensure requirements as California businesses. In addition to application materials, the Board requires state license verification as well as a copy of the most recent inspection report conducted by a regulatory or licensing agency of the state where the business is located for many nonresident license programs. This information assists the Board's background check before issuing a California license to an out-of-state business.

Military Education and Training

With the exception of the intern pharmacist license (which does not have an experience component as a pathway to licensure), the Board accepts military training and experience for purposes of licensure. Further, the pharmacy technician requirements for licensure specifically establish training earned in the military as one pathway to licensure.

Because of limitations in its legacy computer system, the Board identifies and tracks applicants who are veterans in a separate manner. During the reporting period, the Board received 344 applications from veterans.

As stated previously the Board accepts military education, training, and experience toward licensure. The Board finds this most routinely in applicants seeking licensure as a pharmacy technician, where the law specifically speaks to such education and training as a direct pathway to licensure. Regrettably, because of the system limitations that exist

in the Board's legacy systems, the Board is unable to provide data on the number of individuals that secured licensure through this qualification method.

The Board accepts military training that meets the requirements established in CCR Section 1793.6(b) in compliance with Business and Professions Code section 35. Further, in support of provisions included in BPC 115.4(b), the Board has updated its application instructions to specifically refer to the U.S. Department of Defense SkillBridge Program and works to expedite such applications. The Board has information available on its website specifically highlighting the expedited licensure for individuals enrolled in the SkillBridge program.

The Board waives renewal fees and continuing education requirements for licensees called to activity duty in the military in compliance with BPC section 114.3. The Board receives a limited number of such requests. During the reporting period, the Board waived renewal fees on seven occasions which has not caused a significant impact on revenues.

The Board also expedites the processing of applications pursuant to BPC section 115.5. During the report period the Board expedited 74 applications.

Military Expedite Applications	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Military Spouse/Partner. BPC 115.5	17	23	24	10
Serving in the Military, BPC 114.5	10	19	16	2
Veterans, BPC 115.4(a)	77	99	94	64
Military Enrolled in SkillBridge BPC 115.4(b) (Effective, July 1, 2024)	N/A	N/A	N/A	N/A
Total	**104**	**141**	**134**	**76**

Temporary Licenses Issued-Effective 1/1/2024	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Temp Military Licenses Issued BPC 115.6	N/A	N/A	N/A	4
Federal Portability Registered BPC 115.10	N/A	N/A	N/A	4

Renewal Fees	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Serving in the Military BPC 114.3	0	1	0	6
Veteran BPC 114.5 (a)	483	423	369	621

No Longer Interested Notifications

The Board has established an automated process to send "No Longer Interested" (NLI) notifications to the Department of Justice (DOJ) monthly. The Board worked with Department of Consumer Affairs (DCA) Office of Information Services to streamline this automated process by license type to clear any backlog of older records. Additionally, the Board can submit NLI notifications electronically through the online DOJ portal daily.

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
NLI Notifications Submitted	2,556	1,334	1,769	937

Examinations

Examinations Required for Licensure

Applicants for licensure as a pharmacist must take and pass both the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). The National Association of Boards of Pharmacy (NABP) develops the NAPLEX exam which is the national examination for licensure as a pharmacist used by all states. By statute, the CPJE exam is developed by the Board to assess California-specific law applications, patient consultation skills and other areas of California pharmacy practice not tested by the NAPLEX. Both exams are offered in English only.

Pass Rates for First Time vs. Retakes

Twice a year the Board publishes passing rate information for both the CPJE as well as the NAPLEX for California applicants who have taken both exams. Provided in **Appendix 10 and 11** is a comprehensive report detailing exam performance for the past four fiscal years. Summary data provided below reveals that the pass rate for first time takers is higher for both the CPJE and NAPLEX examinations. The data also reveals an overall decline in the passing rate for the NAPLEX examination while the overall pass rate for the CPJE remains relatively consistent.

Passing Score Data for CPJE

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
First Time	58.4%	53.1%	63.3%	60.8%
Retake	50.9%	48.5%	62.4%	55.4%

Passing Score Data for NAPLEX[11]

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
First Time	91.3%	86.2%	83%	84.7%
Retake	87.6%	84%	71.5%	72%

[11] The data displays NAPLEX scores associated with any candidate who took the CPJE during the specified time periods as was reported to the Board, regardless of when the NAPLEX may have been taken.

Appendix 10 is Table 8a containing additional examination data requested by the committee related to the CPJE. **Appendix 11** is Table 8b with examination data related to the NAPLEX.

Computer-Based Testing

Both the NAPLEX and CPJE are administered via computer-based testing, available at testing locations nationwide. The NAPLEX is available on a continuous basis and the CPJE is administered on several occasions throughout the year. Dates for administration of the CPJE are available on the Board's website. The Board established schedule provides applicants with the opportunity to schedule examination dates to align with outside requirements. The Board notes that candidate behavior is hard to predict. The Board sees significant swings in the number of scheduled candidates, with candidates rescheduling to later examination dates as testing dates approach. In some instances, this has resulted challenges for some individuals pursuing residency programs. Specifically, the Board is aware of candidates that delay taking the CPJE or NAPLEX examination and subsequently failing one or both of these examinations. While the Board establishes its testing schedule to allow for at least three attempts to pass an examination following graduation and to meet the residency licensure requirements, not all applicants choose to avail themselves of those opportunities. During its most recent graduation cycle, 406 exam applicants indicated they were participating in a residency program. As of November 15, 2024, 82 percent have secured licensure as a pharmacist, about 9 percent, while approved to do so, have not taken the CPJE. This could be for a variety of reasons, including that the individual is completing their residency through the Veteran's Affair or out of state program, in which case, licensure in California may not be required. In addition, 1.5 percent have failed the exam on one attempt, 3.1 percent have failed the exam on two attempts, and two individuals have failed the examination on three attempts.

The Board uses a vendor secured as part of a department-wide contract to administer the CPJE, currently PSI Services Inc. The NAPLEX is administered through a different contractor secured by the NABP, Pearson Vue.

Upon approval of an application, an applicant receives a letter from the Board confirming eligibility to take the examination(s). It is the applicant's responsibility to schedule the exam through the appropriate vendor (PSI or Pearson Vue). The Board has strict standards for admittance into the testing area as well as security procedures in use during test administration for the CPJE.

For the CPJE, candidates may select from 20 testing locations throughout California and an additional 22 testing sites outside of California. Testing sites in California include Agoura Hills, Atascadero, Bakersfield, Carson, Diamond Bar, El Monte/Santa Fe Springs, Fresno, Irvine, Lawndale, Redding, Riverside, Sacramento, San Diego, San Francisco, Santa Clara, Santa Rosa, Union City, Ventura, Visalia, and Walnut Creek. The sites located outside of California include Albuquerque, NM; Atlanta, GA; Bronx, NY; Centennial, CO; Charlotte, NC; Cherry Hill/Marlton, NJ; Chicago, IL; Dallas, TX; Houston, TX; Milford, CT; Nashville, TN; Olathe, KS; Philadelphia, PA; Richmond, VA; Southfield (Detroit area), MI;

Springfield, MA; Tulsa, OK; Vancouver, WA; West Des Moines, IA; West Hartford, CT; Wilsonville, OR; and Wheatridge, CO.

The NAPLEX is available in all states, U.S. territories, and the District of Columbia.

Computer based testing provides an easy and convenient way for candidates to take the examination. However, even with tight security at examination sites, such testing is not without risk of subversion as the Board learned in 2019.

Statutes that Hinder Processing of Applications/Examinations

The Board is not aware of any current statutes that hinder the effective and efficient processing of applications and/or examinations. The Board's Licensing Committee is charged with routinely evaluating licensing and application processes for efficiencies and performs evaluations of the Board's various licensing programs. During its last sunset review, following evaluation of the Board's Advanced Practice Pharmacist licensing program, the Board sought changes to the statute to clarify the pathways to licensure. The committee also reviewed the various designated representative licensing programs and offered recommendations seek conformity within the various programs where appropriate.

As mentioned elsewhere in this report, to address challenges with processing times, the Board implemented changes to the application materials for its pharmacy licensing program. Implementation of these changes did not require statutory changes.

Occupational Analysis

The Board began the occupational analysis (OA) in support of the CPJE in 2019. The Board noted a delay in the results of its analysis stemming from timing and completion of the National Association of Boards of Pharmacy (NABP) occupational analysis. Following completion of the NABP work, and consistent with the provisions of BPC section 4200.2 (b), the Board's (OA) was finalized in 2021 with the introduction of the new detailed content outline beginning in June 2022.

The Board of Pharmacy contracted with the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES) to complete the occupational analysis for the pharmacy technician licensed profession as required by Business and Professions Code section 139. Additionally, the Board contracted with DCA OPES to conduct the national reviews and linkage studies of the NHA ExCPT and PTCB PTCE to determine the content of the examinations sufficiently assesses the knowledge necessary for competent pharmacy technician practice at the time of licensure in California.

School Approvals

Pharmacists

The Board does not approve schools of pharmacy. Instead, Pharmacy Law defines "recognized school of pharmacy" as a school of pharmacy accredited or granted candidate status by the Accreditation Council for Pharmacy Education (ACPE) or

otherwise recognized by the Board. The ACPE is the sole accrediting body for pharmacist education in the United States. The Board does not have an official role with the ACPE; however, a Board member attends and observes accrediting and reaccrediting visits at California schools of pharmacy. Additionally, the Board receives updates from ACPE on changes in school accreditation status.

The ACPE does not grant full accreditation status until a school graduates its first class of pharmacists, which generally takes four years. The Board has used its statutory authority to recognize schools of pharmacy for the limited purpose of issuing intern pharmacist licenses to applicants from schools on track to receive full accreditation by ACPE. The Board could remove its recognition of a school of pharmacy if necessary; however, this has never occurred.

There are currently 13 fully accredited schools of pharmacy in California:

- American University of Health Sciences School of Pharmacy, Signal Hill, CA
- California Northstate University College of Pharmacy, Elk Grove, CA
- Chapman University School of Pharmacy, Irvine, CA
- Keck Graduate Institute (KGI) School of Pharmacy and Health Sciences, Claremont, CA
- Loma Linda University School of Pharmacy, Loma Linda, CA
- Marshall B. Ketchum University College of Pharmacy, Fullerton, CA
- Touro University – California College of Pharmacy, Vallejo, CA
- University of California, San Diego Skaggs School of Pharmaceutical Sciences, La Jolla, CA
- University of California, San Francisco School of Pharmacy, San Francisco, CA
- University of Southern California Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences, Los Angeles, CA
- University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences, Stockton, CA
- West Coast University School of Pharmacy, Los Angeles, CA
- Western University of Health Sciences College of Pharmacy, Pomona, CA

One program has candidate status:

- University of California, Irvine School of Pharmacy and Pharmaceutical Sciences, Irvine, CA

The ACPE performs its evaluation of programs and at times denies accreditation. Specifically, at its January 26-28, 2022, meeting of the ACPE Board of Directors, the ACPE Board denied pre-accreditation status (specifically Precandidate Status) of the Doctor of Pharmacy program offered by California Health Sciences University College of Pharmacy.

Pharmacy Technicians

Individuals applying for a pharmacy technician license must meet one of the specified pathways to licensure established in BPC section 4202. The Board does not approve pharmacy technician programs as the training requirements are specified in Pharmacy

Law. BPC section 4115.5 does provide that a pharmacist supervising a technician trainee participating in an externship as defined in law shall certify attendance for the pharmacy technician trainee and certify the pharmacy technician trainee has met the educational objectives established by a California public postsecondary education institution or the private postsecondary vocational institution in which the trainee is enrolled, as established by the institution.

International schools

The Board has no legal requirements regarding approval of international schools. As discussed above, however, foreign-educated pharmacists are required to be certified by the FPGEC before being issued an intern pharmacist license or becoming eligible to take the pharmacist licensure exam.

Continuing Education/Competency Requirements

CE Requirements

Pharmacists, advanced practice pharmacists, and pharmacy technicians are required to earn continuing education (CE) as a condition of renewal. Pharmacists are required to earn 30 units of CE every two years, and advanced practice pharmacists are required to earn an additional 10 units every two years. Pharmacists and advanced practice pharmacists are exempt from continuing education during their first renewal cycle. Further, effective January 1, 2024, pharmacy technicians and pharmacists are required to earn continuing education of at least one hour of participation in a cultural competency course that meets the criteria specified in Business and Professions Code section 4231(a). The table below provides information on CE audits performed by the Board.

Continuing Education

Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Pharmacist	2 years	30	0.01%
Advanced Practice Pharmacist	2 years	40	0.02%
Pharmacy Technician	2 years	1	0%

Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited FY 2020/21	Percentage of Licensees Audited FY 2021/22	Percentage of Licensees Audited FY 2022/23	Percentage of Licensees Audited FY 2023/24
Pharmacist	2 years	30	0.0006%	0.004%	0.005%	0.002%
Advanced Practice Pharmacist	2 years	40	0	0	0.008%	0.012%
Pharmacy Technician	2 years	1	N/A	N/A	N/A	0

CE Requirements

As a condition of renewal, pharmacists, advance practice pharmacists, and pharmacy technicians (effective January 1, 2024) self-certify completion of continuing education. Although not required, many pharmacists use the CPE monitor offered by the National Association of Boards of Pharmacy to record and maintain their CE information in a central location.

The Board does not currently use the DCA cloud for this purpose.

CE Audits

The Board randomly audits renewal applications to ensure licensees fulfill CE requirements. Pharmacists and pharmacy technicians are required to retain CE completion certificates for four years. Pharmacists selected for audit are notified in writing and must submit copies of CE completion certificates to the Board. The Board reviews the certificates provided to confirm compliance with legal requirements.

The Board has not initiated any audits of pharmacy technicians.

Board Policy

RPH licensees must complete at least 30 CE hours each renewal period (every two years). Advanced Practice Pharmacists are required to complete an additional 10 hours relative to their clinical practice.

Furthermore, as required by regulation, at least two of the 30 hours of must be completed by participation in mandatory Board-issued continuing education courses in law and ethics. These two mandatory webinars can be located on the Board's website. Effective, January 1, 2024, as required by statute, pharmacists must complete at least one hour of CE in a cultural competency course that meets the requirements specified in Business and Professions Code section 4231(a).

The Board accepts continuing education coursework accredited by the ACPE and the CPhA. Additionally, the Board accepts coursework approved for continuing education by the Medical Board of California, California Board of Podiatric Medicine, the Dental Board

of California, and the California Board of Registered Nursing, so long as the coursework is relevant to pharmacy practice.

The Board provides the following elective continuing education courses: *Naloxone Training Webinar*, *Training for Furnishing HIV Preexposure and Postexposure Prophylaxis (PrEP/PEP)*, and *Inspection Expectations, Diversion Trends, Loss Prevention, Legal Updates and CURES webinar* (formerly titled *Prescription Drug Abuse and Diversion Prevention Training: What a Pharmacist Needs to Know)*. Upon completion of a Board-provided continuing education course, participants will be issued a certificate of completion.

The Board awards up to six continuing education credits per renewal period to pharmacist licensees who attend a full board meeting or two hours to an individual that attends a committee meeting. Pharmacist licensees may also receive continuing education credit for passing the examination administered by the Commission for Certification in Geriatric Pharmacy.

Pharmacist licensees may petition for credit for continuing education courses offered by non-recognized providers by submitting an official form and fee, so long as the coursework is relevant to pharmacy practice.

Effective, January 1, 2024, as required by statute, pharmacy technicians must complete at least one hour of CE in a cultural competency course that meets the requirements specified in Business and Professions Code section 4231(a).

Audit Failure

Where an audit reveals a deficiency, the Board typically instructs the licensee to obtain the required CE units and may issue a citation and fine for misrepresenting completion of CE on the renewal form. For pharmacists who do not comply, their licenses are converted from active to inactive status as authorized in statute. To reactivate a license, a pharmacist must pay the renewal fee and submit satisfactory proof of completing 30 hours of CE. This same process is used for advanced practice pharmacist. With implementation of new CE requirements for pharmacy technicians, a similar approach will be taken consistent with regulations implemented by the Board.

Audit Data

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Audits Performed	30	191	255	136
Passed	24	175	142	68
Failed	6	16	102	68
CE Failure percentage	20%	8%	40%	50%

Because of resource constraints, the Board only conducted 612 CE audits in the prior four fiscal years. The data reveals that 30 percent of those audited in FY 2023/24 failed in part because individuals did not complete mandatory CE in pharmacy law and ethics. The

data further reveals that 12 percent of pharmacists did not complete the cultural competency course.

The Board has provided education on the requirements, developed frequent asked questions and recently updated its regulations related to continued education requirements for pharmacists, consolidating the requirements into a single section. Further, the Board is exploring the ability to update its online renewal process to require licensees to confirm compliance more specifically with various CE requirements as part of the renewal process. The Board is hopeful with these changes it will see improvement in auditing compliance.

The Board is also actively working to resolve constraints that will allow the Board to increase the number of audits it performs. Further, the Board will begin auditing pharmacy technicians for compliance with CE requirements beginning in 2025.

Course Approval Policy/ CE Providers

The Board accepts CE offered by providers who have been accredited by the ACPE or the CPhA. The Board's regulation also (1) allow individuals to petition the Board to allow for CE credit for specific coursework not offered by an accredited provider, and (2) provides authority for the Board to accept coursework that meets the standard of relevance to pharmacy practice and has been approved for continuing education by the Medical Board of California, the California Board of Podiatric Medicine, the Dental Board of California, and the California Board of Registered Nursing.

The Board does not independently approve or audit course providers. Any entity seeking Board approval is referred to ACPE.

Performance Based Assessments

To date the Board has not undertaken any review or consideration of moving toward performance-based assessments of licensee's continuing competence.

Section 4

Enforcement Programs

- *Enforcement Programs Overview*
- *Performance Measures*
- *Enforcement Trends*
- *Case Prioritization*
- *Mandatory Reporting Requirements*
- *Settlements through the Office of the Attorney General*
- *Statute of Limitations*
- *Unlicensed Activity and the Underground Economy*
- *Citation and Fine Authority*
- *Use of Citation and Fine*
- *Appeal Process*
- *Most Common Violations*
- *Average Fines*
- *Franchise Tax Board Intercepts*
- *Cost Recovery*
- *Costs Awarded*
- *Restitution*
- *Inspection Program*

Related Appendices

- *Appendix 13 – Table 9 Enforcement Statistics*
- *Appendix 14 – Table 10 Enforcement Aging*
- *Appendix 15 – Table 11 Cost Recovery*
- *Appendix 16 – Table 12 Restitution*

Enforcement Programs Overview

Enforcement is central to the Board's consumer protection mandate. Timely and thorough investigations are critical to protecting and promoting public health and safety in California.

From 2020-21 through 2023-24, the Board:

- Completed 8,719 investigations.
- Referred 839 investigations for formal discipline.
- Issued 4,092 citations.
- Revoked or accepted surrender of 551 licenses.
- Placed 344 licensees on probation.

One of the Board's principal enforcement objectives is to quickly identify and prevent violations that could harm patients. The Board uses various tools including interim suspension orders, cease and desist orders, and Penal Code section 23 restrictions to ensure immediate public protection. During the reporting period the Board secured:

- 10 interim suspension orders.
- 11Penal Code 23 restrictions.
- 6 cease and desist orders.

The Board's enforcement program elements are strong and supported by the majority of staff and resources.

Appendix 13 includes enforcement data requested by the Sunset Review Committee - Table 9.

Performance Measures

Performance Measure 2: Intake Cycle Time

Intake cycle time reflects the average number of days from receipt of complaint to the date the matter was assigned for investigation or closed without investigation. The Board is not currently meeting its performance measure of 10 days, with an average of 17 days. Changes in the assignment process have been implemented and the Board is seeking to redirect staff where possible to reduce this cycle time.

Performance Measure 2: Intake Cycle Time

Fiscal Year	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Complaints Received	2,570	3,413	3,757	3,417
Performance Measure	10	10	10	10
Average Assignment	12	12	14	17

Performance Measure 3: Investigation Cycle Time

Investigation cycle time reflects the average number of days from the time the matter was received until the case was closed for those investigations not referred to the Attorney General for disciplinary action. The Board currently is not meeting its performance standard. In an effort to achieve the Board's performance measure goals, the Board recently implemented a new digital process to streamline the investigative

process and reduce investigation time frames with more expedient case closures. As this new process is fully implemented, it is the Board's expectation there will be improvement in this cycle time. The Board is also requesting statutory change to expand the types of records that must be provided to the Board. Should this statutory change be approved, the Board anticipates further improvement in investigation cycle times. Additional information regarding this requested change is included in Section 10 of this report, Issue #16.

Performance Measure 3: Investigation Cycle Time

Fiscal Year	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Investigations Closed	1,970	2,236	2,174	2,339
Performance Measure	210	210	210	210
Average Closure	273	243	253	290

In addition to the performance measures reported by DCA, the Board internally seeks to complete desk investigations within 90 days and field investigations within 120 days. Additional information about the Board's investigation performance is provide in the table below.

Investigation Closed within Performance Standards – Percentage of Cases Completed within Performance Standard

	Performance Standard	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Desk Investigations	90 days	53%	64%	70%	60%
Field Investigation	120 days	48%	55%	45%	34%
Total Investigation Time Including Supervisor's Review	180 days	54%	54%	40%	39%

As indicated in the table above, the Board is not meeting its aggressive performance measures for investigation time frames. The complexity of field investigations varies, depending on the nature and scope of the investigation, which makes completion times challenging. Additionally, the Board is focused on completing its oldest cases, which can delay more recently opened investigations. As older investigations are concluded, the Board expects an increase in the percentage of field investigations closed within performance standards. The Board expects a similar improvement in the percentage of total investigation time closed as cases continue through the review process to ultimate completion.

The Board has also identified some challenges to accessing necessary information required for investigation and is seeking changes in Pharmacy Law to address this issue.

Enforcement Trends - Investigations

There are several triggering events for the Board to initiate an investigation, including external and internal sources. Overall, the Board has experienced an increase in investigations by approximately 40 percent over the past four years.

Since 2020-21, the Board has experienced a 61 percent increase in complaints received from the public. Review of the data also reveals an increase in the number of cases that are closed without referral for investigation. Such cases generally involve complaints about customer services issues, which are generally non-jurisdictional. The Board has also experienced a 12 percent increase in the number of complaints received by licensees. The Board believes this increase is in part a result of SB 1442 (Wiener, Chapter 569, Statutes of 2018) and subsequent regulations defining the provisions for community pharmacy staffing. The Board has also received a number of complaint allegations relating to changes in pharmacy law prohibiting workload quotas.

The Board has also experienced an increase in the number of desk investigations, about 22 percent. Such investigations appear to be increasing based on investigations into failure to notify the Board of changes in pharmacist-in-charge as well as a slight increase in criminal conviction notifications.

Case Prioritization

The Board uses a case prioritization system tailored to meet the diversity of individual licensees and practice settings. Supervising inspectors establish priorities for field investigations. Complaints categorized as priority 1 and 2 are the most serious and pose the highest risk to public health and safety. Examples include reports of an impaired licensee on duty, prescription drug theft by a licensee, a pharmacy operating without a pharmacist on duty, controlled substances losses, sterile compounding violations, and unauthorized furnishing of prescription drugs and/or controlled drugs. Where violations are confirmed, priority 1 and 2 complaints are generally referred to the Office of the Attorney General for formal disciplinary action. The Board pursues these cases vigorously and seeks an appropriate outcome through an administrative hearing or stipulated settlement.

Priority 3 and 4 complaints are generally less serious and pose a lower risk to the health and safety of the public. Examples include failure to provide patient consultation, prescription errors not involving patient harm, working with an expired license, and general noncompliance issues. Priority 3 and 4 complaints typically result in the issuance of a citation, a citation and fine, a letter of admonishment, or through education of the subject.

In responses to changes in statutory authority the Board updated its case prioritization.

The Board believes its priorities are generally consistent with DCA's priorities; however, note some differences, including for example cases involving compounding violations.

Mandatory Reporting Requirements

State law establishes the following mandates for reports to the Board:

- **Business and Professions Code section 801(a)** – Requires every insurer who provides professional liability insurance to a Board of Pharmacy licensee to report to the Board any settlement or arbitration award over $3,000 in a claim or action for damages for death or personal injury caused by the licensee's negligence, error, or omission in

practice, or by the licensee's rendering of unauthorized professional services. The report must be submitted to the Board within 30 days after the written settlement agreement has been signed by all parties, or within 30 days after service of the arbitration award on all parties.

- **Business and Professions Code section 802** – Requires the reporting to the Board of every settlement, judgement, or arbitration award over $3,000 due to a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a Board licensee who does not possess professional liability insurance as to that claim. The report must be made by the licensee or their counsel.

- **Business and Professions Code section 803** –Requires the clerk of a court that renders a judgment that a Board licensee has committed a crime; (or is liable for any death or personal injury resulting in a judgment for an amount over $30,000 caused by the licensee's negligence, error, or omission in practice, or his or her rendering of unauthorized professional services) to report that judgment to the Board within 10 days after the judgment is entered.

- **Business and Professions Code section 4104 (c)** –Requires every pharmacy to report to the Board within 14 days of the receipt or development thereof, the following information with regard to any licensed individual employed by or with the pharmacy: (1) any admission by a licensed individual of chemical, mental, or physical impairment affecting his or her ability to practice; or (2) any admission by an licensed individual of theft, diversion, or self-use of dangerous drugs; (3) any video or documentary evidence demonstrating chemical, mental, or physical impairment of a licensed individual to the extent it affects his or her ability to practice; or (4) any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs by a licensed individual; (5) any termination based on chemical, mental, or physical impairment of a licensed individual to the extend it affects his or her ability to practice; or (6) any termination of a licensed individual based on theft, diversion, or self-use of dangerous drugs.

- **Business and Professions Code section 4126.9** – Requires notice to the Board within 12 hours of any recall notice issued by a pharmacy for a nonsterile compounded drug product under specified conditions.

- **Business and Professions Code section 4127.1** – Requires notice to the Board within 12 hours of any recall notice issued by a pharmacy for sterile drug products it has compounded. Further, adverse effects reported or potentially attributable to a pharmacy's sterile drug products must also be reported to the Board within 12 hours.

- **Business and Professions Code section 4129.9** – Requires notice to the Board within 24 hours of a recall notice issued by an outsourcing facility under specified conditions.

- **Business and Professions Code section 4169.1** – Requires a wholesaler to notify the Board upon discovery of any suspicious orders of controlled substances placed by a California licensed pharmacy or wholesaler.

- **Title 16, California Code of Regulations section 1715.6** – Requires a facility owner to report to the Board within 30 days of the discovery of a loss of controlled substance, which meets reporting thresholds.

The Board educates licensees about these mandatory reporting requirements through its newsletter and through public discussions. Further, some of the reporting requirements are also included in the Board's self-assessment forms.

Over the last four years, the Board has received 175 Section 800 reports, 147 reports of employee theft or impairment and approximately 27,825 reports of drug losses.

The Board is unable to track settlement amounts individually and notes that settlement amounts are sometimes confidential.

Enforcement Trends – Discipline

The number of cases referred to the Office of the Attorney General increased by about 61 percent during the reporting period. The Board notes the following most common violations referred for discipline.

Five Most Common Violations Included in Accusations

2020-21

1. Unprofessional conduct: violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board of by any other state or federal regulatory agency.
2. Unprofessional conduct: violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.
3. Unprofessional conduct: commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.
4. Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory; Nonprescription Diabetes Test Devices (a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to for inspection.
5. Unprofessional conduct: knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.

2021-22

1. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including

regulations established by the Board or by any other state or federal regulatory agency.
2. The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.
3. The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.
4. Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory; Nonprescription Diabetes Test Devices (a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to for inspection.
5. Each pharmacy licensed by the Board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

2022-23

1. Unprofessional conduct: violating or attempting to violation, directly or indirectly or assisting in or abetting the violation of or conspiring to violate federal and state laws and regulations governing pharmacy, including regulations established by the Board or by any other state or federal regulatory agency.
2. Unprofessional conduct: violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.
3. Unprofessional conduct: any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.
4. Unprofessional conduct: knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.
5. Unprofessional conduct: administering to oneself a controlled substance or the use of any dangerous drugs or alcoholic beverage to the extent as to be dangerous to oneself or the public.

2023-24

1. Unprofessional conduct: violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the Board.
2. Unprofessional conduct: violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.
3. Unprofessional conduct: the commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.
4. Unprofessional conduct: the conviction of a crime substantially related to the qualifications, functions, and duties of a licensee.

5. The administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license.

Settlements through the Office of the Attorney General

The Board relies on the Office of the Attorney General (OAG)to represent the Board in all disciplinary matters. The Board details out its policy on disciplinary matters through its Disciplinary Guidelines (Guidelines) which include categorization of the types of violations and range of outcomes. The Guidelines also set forth the Board's policy relating to standard and optional terms for probationary orders as well as detail the Board's expectations related to rehabilitative efforts and, factors in mitigation or aggravation.

In seeking to resolve disciplinary matters in advance of a hearing, staff and the AGO reference the Guidelines to determine appropriate case resolutions consistent with the Board's consumer protection mandate. While each case is unique, the Guidelines provide general guidance on what the Board's expectations are for case resolution. Where settlement cannot be achieved, a matter will proceed to hearing.

As part of the disciplinary process respondents are encouraged to present mitigating circumstances at a hearing or in the settlement process and have the burden of demonstrating any rehabilitative or corrective measures they have taken.

Post-Accusation Case Settlements[12]

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Total
Settlements	132	106	90	85	413
Hearing	29	21	25	29	104

Over the reporting period the Board settled 80% of the accusations filed by the OAG.

Statute of Limitations

While the Board is not bound by a statute of limitations, it recognizes consumer protection as its highest priority and therefore strives to investigate each complaint as quickly as possible. In addition, the Board sets standards to monitor its performance.

Unlicensed Activity and the Underground Economy

The Board aggressively investigates unlicensed activity. Examples of unlicensed activity include individuals or businesses operating without a license; unlicensed out-of-state operators providing services to Californians; and consumers buying drugs online from unlicensed vendors. Additional information on the Board's efforts and some of the challenges its experiences is included in Section 6 of this report.

[12] While a case may involve multiple respondents, the data represented in this table provides the number of cases settled and the number of cases that proceeded to hearing. In some instances, involving multiple respondents, some respondents may settle while others proceed to hearing.

Citation and Fines

The Board uses its authority to issue citations, citations with fines, and letters of admonishment to address important violations that warrant correction but not license sanctions such as probation, suspension, or revocation. The chart below shows the number of citations, citations and fines, and letters of admonishment that have been issued in the last four years.

Citation and Fines/Letters of Admonishment

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Letters of Admonishment	452	266	173	229
Citations with No Fine	401	451	390	302
Citation with Fine	533	823	633	533
Fines Assessed	$787,100	$2, 029,012	$3,303,500	$3,588,265
Fines Collected	$711,729	$1,093,911	$1,708,100	$1,811,451

Citation and Fine Authority

The Board has authority to issue citations which may contain either or both an administrative fine and an order of abatement. The Board may issue citations of up to $5,000 for:

1. A violation of Pharmacy Law (Business and Professions Code section 4000 et seq.).
2. A violation of a regulation adopted by the Board.
3. A violation of the Confidentiality of Medical Information Act (Civil Code section 56 et seq.).
4. Defaulting on a United States Department of Health and Human Services education loan.
5. A violation of other statutes or regulations for which the Board may issue a citation.

For most violations, the Board is limited to issuing fines of $5,000 to each licensee investigated in a single case. This means that the Board could issue fines of up to $5,000 each to a pharmacy, pharmacist, and pharmacist-in-charge involved in the same violations; however, the Board rarely does so.

The Board generally assesses the highest fines for the most serious violations. Pharmacy Law details the factors that must be considered when assessing fines, including:

- Gravity of the violation.
- Good or bad faith of the cited person or entity.
- History of previous violations.
- Evidence that the violation was or was not willful.
- Extent to which the cited person or entity has cooperated with the Board's investigation.
- Extent to which the cited person or entity has mitigated or attempted to mitigate any damage or injury caused by the violation.

- ❖ Number of violations found in the investigation.
- ❖ Other matters as may be appropriate.

The Board has separate statutory authority to issue higher fines for specific violations. For example, the Board can issue fines of $25,000 per occurrence for internet sales of drugs where no underlying appropriate examination occurred (California Business and Professions Code section 4067). In such cases, the pharmacy is not practicing pharmacy but is a drug seller to the internet operator.

The Board also has the authority to issue fines of up to $5,000 per occurrence for specified violations. For example, BPC section 4126.5 allows the Board to issue fines of up to $5,000 per occurrence for violations involving furnishing of dangerous drugs to an unauthorized entity.

Effective January 1, 2022, the Board was given authority under BPC section 4317.5 to bring an action for fines for repeated violations of materially similar provisions of the Pharmacy Law within five years by three or more pharmacies operating under common ownership or management within a chain community pharmacy, as follows: a third and, or subsequent violation may be punished by an administrative fine not to exceed one hundred thousand dollars ($100,000) per violation. Additionally, under the same section the Board may bring an action against a chain community pharmacy operating under common ownership or management for fines not to exceed one hundred fifty thousand dollars ($150,000) for any violation of the Pharmacy Law demonstrated to be the result of a written policy or which was expressly encouraged by the common owner or manager.

Use of Citation and Fine

Citations issued will vary based on the authority under which the Board is relying upon.

BPC 4314	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Citations with No Fine	401	451	390	290
Citation with Fine	533	822	584	372
Fines Assessed	$787,100	$1,954,012	$1,790,500	$1,243,756
Fines Collected	$711,729	$1,093,911	$1,643,100	$1,228,701

BPC 4317.5	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Citation with Fine	N/A	1	79	115
Fines Assessed	N/A	$75,000	$1,627,000	$1,800,750
Fines Collected[13]	N/A	$0	$70,000	$558,500

[13] The is a significant number of citations issued with fines under appeal.

BCP section 4317.5 provide the Board with the authority to issue an administrative fine of up to $100,000 or $150,000 depending on the nature of the violation. While the Board has the authority to issue fines up to those maximum amounts, very few citations are issued at that maximum amount authorized. Provided below is a breakdown of the fines assessed.

BPC 4317.5	FY 2022-23	FY 2023-24
$1-$5,000	1	1
$5,000 - $10,000	43	68
$10,001 - $15,000	13	28
$15,001 - $20,000	5	8
$20,001 - $30,000	7	4
$30,001 - $50,000	2	1
$50,001 - $75,000	5	1
$75,001 - $99,999	0	0
$100,000 - $125,000	2	4
$125,001 - $150,000	1	0

A significant number of these citations issued pursuant to this section are under appeal. Generally, where the Board does not believe the violation results in imminent public harm or is not a flagrant violation, the Board is issuing fines at the lower end of the financial spectrum in the hopes in can secure compliance. Regrettably, the Board continues to see violations of similar type. As an example, under the requirements of BPC 4113(a), a pharmacy is required to designate a pharmacist-in-charge. Between January 1, 2022 and May 8, 2024, the Board issued 61 citations to a single chain community pharmacy for violations of BPC section 4113(a). The fines ranged from zero dollars to $15,000. In another example, the Board's investigation revealed that a false statement was provided to the Board in an application or change notification. In this instance, between May 27, 2022 through December 1, 2023, the Board issued 10 citations to a single chain community pharmacy for a violation of BPC section 4301(g) (which specifies that knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts constitutes unprofessional conduct). The fines ranged from $1,500 to $5,000.

Appeal Process

Licensees who are issued a citation with or without a fine, or a letter of admonishment may request an informal office conference. The office conference allows the licensee the opportunity to present additional or mitigating information to the Board's executive officer or designee and a supervising inspector. Upon conclusion, staff may affirm, modify, or dismiss the citation or affirm or dismiss the letter of admonishment.

In addition to an office conference, a licensee may submit a formal appeal to the Board within 30 days of the issuance of a citation. Appeals are conducted pursuant to the Administrative Procedure Act by an administrative law judge who renders a decision, which is presented to the Board for adoption or rejection. Letters of admonishment are not subject to the provisions of the Administrative Procedures Act.

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Informal Office Conference	180	211	292	156
Formal Appeal	29	34	48	98

Five Most Common Violations for which Citations Are Issued

2020-21

1. Medication error.
2. A licensed wholesaler acting as a reverse distributor.
3. Unauthorized disclosure of prescription and medical information in the pharmacy.
4. Failure to provide oral consultation to a patient whenever the prescription drug has not been previously dispensed to a patient.
5. Operational standards and security relating to maintaining facilities.

2021-22

1. Medication error.
2. Failure to report change of pharmacist-in-charge.
3. Unauthorized disclosure of prescription and medical information in the pharmacy.
4. Unprofessional conduct, requirements for pharmacies employing pharmacy technicians.
5. Operational standards and security relating to maintaining facilities.

2022-23

1. Medication error
2. Unprofessional conduct
3. Failure to Report change of pharmacist-in-charge
4. Operational standards and security relating to maintaining facilities.
5. Duty to consult

2023-24

1. Unprofessional Conduct
2. Medication error
3. Notify Board Regarding PIC
4. Operational standards and security
5. Duty to consult

Further, the most common violations for citations issued pursuant to the Board's authority in BPC 4317.5 include:

1. Failure to notify the Board of a change in pharmacist-in-charge (PIC)
2. Medication error

3. Operating without a PIC for more than 30 days
4. Duty to consult
5. Unprofessional Conduct

The Board educates licensees about these trends during an annual presentation to the Board's Enforcement and Compounding Committee, as well as through articles in the Board's newsletter.

Average Fine Pre- and Post-Appeal

FY 2020-21	Number Appealed	Pre-Appeal Average	Post-Appeal Average
General Authority	23	$1,437	$828
BPC 4067	0	N/A	N/A
BPC 4126.5	1	$0	$0
BPC 4169	0	N/A	N/A

FY 2021-22	Number Appealed	Pre-Appeal Average	Post-Appeal Average
General Authority	26	$683	$663
BPC 4067	0	N/A	N/A
BPC 4126.5	0	N/A	N/A
BPC 4169	0	N/A	N/A
BPC 4317.5	2	$225,000	N/A

FY 2022-23	Number Appealed	Pre-Appeal Average	Post-Appeal Average
General Authority	20	$1,544	$763
BPC 4067	0	N/A	N/A
BPC 4126.5	0	N/A	N/A
BPC 4169	0	N/A	N/A
BPC 4317.5*	2	$225,000	$120,000

FY 2023-24	Number Appealed	Pre-Appeal Average	Post-Appeal Average
General Authority	18	$855	$450
BPC 4067	0	N/A	N/A
BPC 4126.5	0	N/A	N/A
BPC 4169	0	N/A	N/A
BPC 4317.5*	18	$29,306	$10,278

*Citations are under appeal.

Franchise Tax Board Intercepts

DCA notifies the Board when the Franchise Tax Board (FTB) has intercepted California tax refunds to pay monies owed to the Board. (The FTB cannot intercept corporation or partnership funds but can intercept funds from sole ownership.)

Monies Collected Through Intercept

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Distribution Amount	$220 (2)	$43,573 (11)	$30,262 (13)	$17,584 (14)

Cost Recovery

California Business and Professions Code section 125.3 authorizes the recovery of investigation costs associated with the formal discipline of a license. The Board's policy is to seek cost recovery in all cases where authorized. Reimbursement of Board costs is a standard term of probation listed in the Board's Disciplinary Guidelines. The Board seeks cost recovery in settlements as well as administrative decisions. In cases resulting in surrender or revocation of license, the Board seeks costs but does not generally require payment unless the licensee seeks relicensing or reinstatement of license. Costs awarded to the Board in probation cases typically are paid in installments and may not be fully collected until the end of the probation period - perhaps three to five years.

It is important to note that administrative law judges do not always award costs to the Board.

Costs Awarded

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Revoked Licenses	$226,115 (81)	$104,951 (62)	$49,702 (60)	$57,148 (93)
Surrendered Licenses	$592,434 (77)	$1,248,276 (84)	$768,980 (71)	$210,513 (34)
Licenses on Probation	$801,832 (97)	$994,898 (82)	$973,141 (78)	$834,597 (82)
Public Reproval	$437,605 (77)	$476,305 (53)	$137,255 (23)	$295,243 (29)

The Board does not have the authority to seek cost recovery in a statement of issues case (where an applicant has appealed the denial of his or her application).

Included in **Appendix 15** is Table 11 providing cost recovery information requested by the Sunset Review Committee.

Restitution

The Board has no legal authority to order restitution. Instead, the Board orders community service to compensate the public for violations of Pharmacy Law. **Appendix 16** is Table 12.

Inspection Program

In addition to conducting investigations, the Board regularly inspects licensees and premises. Sterile compounding pharmacies and outsourcing facilities also are inspected prior to issuance or renewal of a license. The Board also inspects licensees on probation to ensure compliance with probationary terms.

Inspections Performed

FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
2,963	2,938	3,045	2,969

The Board's policy is to inspect all pharmacies at least once every four years. Since establishing this goal, the Board has made steady progress. As of July 1, 2024, 80% of all licensed pharmacies have received a routine inspection within the last four years. It is important to note that of the 20 percent that have not received a routine inspection during this period, such facilities could have been inspected for another reason; for example, as part of a complaint. As of June 30, 2024, of the Board's 6,091 licensed pharmacies only 317 have never been inspected.

Routine inspections provide the Board will an opportunity to provide education to licensees while assessing operational compliance. During such inspections, the Board may identify noncompliance, which can result in the issuance of an order of correction or a notice of violation (which may lead to an investigation).

The Board's Enforcement and Compounding Committee receives an annual presentation on the Board's routine inspection program. Information learned during the presentation, including the top corrections ordered and violations issued, is shared with licensees through the public meeting as well as in the Board's newsletter.

Section 5

Public Information Policies

- *Internet Use and Meeting Materials*
- *Webcasts*
- *Meeting Schedule*
- *Complaint Disclosure Policy and Posting of Enforcement Actions*
- *Public Information about Licensees*
- *Consumer and Licensee Outreach*

Related Attachments (Vol. 2)

- *Attachments F-1 – F-9*

Internet Use and Meeting Materials

The Board uses the internet as its primary communication channel with the public. Electronic communication is the fastest way to disseminate important information on policy, regulatory, enforcement and consumer matters to patients, licensees and stakeholders.

All announcements, activities, documents and public records of importance to consumers and licensees – including notices regarding meetings, rulemakings, new laws and regulations, and drug recalls, as well as licensure forms, reports and publications, and enforcement actions – are posted on the Board's website, www.pharmacy.ca.gov. In addition, notices with links to important information are emailed via six separate listservs to a total of 125,785 individuals and organizations subscribed.

The Board posts extensive meeting materials – including agendas, background information, action items and minutes – on a dedicated section for Board and committee meetings[14]. Agendas are posted at least 10 days before meetings, and materials typically are posted five to seven days before meetings. Within two days after Board meetings, the Board posts a list of action items from the meeting online and also releases the information to the public via subscriber alerts. A sample of a Board actions summary is included in **Attachment F-1**.

Draft minutes are included in the meeting materials for the subsequent quarterly Board meeting, and final meeting minutes are posted online after they have been reviewed and approved at a subsequent Board meeting. The same timetable applies to materials for committee meetings.

Meeting materials remain on the Board meetings page for at least five years, currently from January 2014 to present. The Board also maintains a complete archive of meeting agendas and minutes from 1999 through 2013 on its website.

In addition to posting comprehensive meeting materials online, the Board releases a monthly news roundup via subscriber alerts to keep consumers, licensees, and stakeholders informed about important activities and events. A sample is included in **Attachment F-2**.

Webcasts

Board and committee meetings are generally webcast live by the Department of Consumer Affairs. Webcast recordings are posted online on DCA's YouTube page; links to the recordings are posted on the Board's meeting page. Currently, DCA maintains webcasts online for ten years.

In addition to livestreaming meetings, the Board provides an opportunity for the public to participate in meetings via Webex. The Board began this process during the COVID-19

[14] Board and committee meetings can be found on the Board's website using the following link - - https://www.pharmacy.ca.gov/about/meetings.shtml

health emergency and has maintained this practice. The Board is grateful for the support offered by the Department of Consumer Affairs which provides meeting moderators during these meetings. The Board values meetings convened by Webex as another important access point for interested parties to engage with the Board. As the data details below, the Board enjoys very robust participation by individuals participating in meetings via Webex.

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Number of Board and Committee Meetings	27[15]	27[16]	36	20
In Person Attendees*	u/a	26	22	42
Webex participants	u/a	348	1,418	1,559
Livestream (Webcast)	u/a	156	847	440

*Data collection for in person attendees began in April 2022.

Meeting Schedule

The Board schedules two-day meetings each quarter. The Board approves an annual calendar typically in July for meetings throughout the following calendar year, and the schedule is posted upon approval. Committees meeting schedules are similarly posted upon approval.

Occasionally, additional Board or committee meetings are scheduled to respond to urgent matters. These meeting dates are posted online as soon as they are established, and alerts are emailed immediately to listserv subscribers.

Complaint Disclosure Policy and Posting of Enforcement Actions

The Board's complaint disclosure policy is consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*.

In addition, the Board posts accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010). An "Enforcement" icon in the top banner on the homepage leads to additional webpages that list disciplinary actions by month, including pending accusations, disciplinary actions, and immediate protection orders against licensees. Each case identifies licensees by name and number, enabling consumers to search online and find all the public documents available in the case.

Lesser administrative actions – including citations, fines, and letters of admonishment – are not posted online. However, the information is public and available from the Board upon written request.

[15] All meetings were available with Webex and livestream; however, data on participation was not retained.
[16] Some of the meetings were only available via Webex and livestream.

The website also includes explanatory information about public disclosure of disciplinary records, the Board's public disclosure policy, and disciplinary terminology.

Public Information about Licensees

The Board provides key information online to enable the public to quickly search and verify the status of a license and any disciplinary action against a licensee. The Board's website includes quick access to the "Verify a License[17]" link on its home page as part of the main banner and also advertises this search option as one of its popular pages.

Website visitors can perform a license search and find the following information about pharmacists, pharmacy technicians, pharmacist interns, and designated representatives:

- Licensee name.
- License type.
- License number.
- License status.
- License issue date.
- License expiration date.

Addresses of record for individual licensees are public information and are available by contacting the Board.

The same license information is provided for licensed sites, such as pharmacies, clinics, hospitals, and other locations. Site licenses also include links to the license of any individual required to be in charge of the site. (For example, pharmacies must have a designated pharmacist-in-charge.)

Each license record also discloses any formal discipline against the licensee, along with a link to public documents in the case. Information about lesser administrative actions – including citations, fines, and letters of admonishment – is not linked to licensees but is available by contacting the Board.

Consumer and Licensee Outreach

As a consumer protection agency, the Board relies on a variety of important communication tools to reach and educate the public. The Board recently released an updated website design consistent with the state's new template. The CA Web Standards provides an online resource for state agencies to support implementation of the new standards. The Board's new website is easy to navigate and includes new features including a calendar of meeting dates.

The Board's website remains the primary channel for mass communication. The Board's landing page includes a homepage section, "Information for Consumers," to highlight news, brochures and other useful information for consumers in an easy-to-find location as well as the Board's "verify a license" search.

[17] The Board's "Verify a License" is available on the Board's website using the following link - - https://www.pharmacy.ca.gov/about/verify_lic.shtml

In addition to its website, the Board maintains an X (formerly known as Twitter) social media account to reach individuals who receive information and communicate on mobile phones. To keep the general public informed about important activities and events, the Board created a subscriber alert listserv to disseminate general news and information to consumers, news media, stakeholders, and other non-licensee audiences.

The Board has developed consumer education and license education campaigns and partners with the DCA to expand its reach. As an example, the Board developed a campaign on prescription drug abuse prevention. This campaign occurred over a month period, with themes established for each week focusing of consumer focused and licensee focused messaging. Examples of the messages are included in **Attachment F-3**.

As the Board recognizes that consumers may not actively seek out the Board to learn about their rights to protection and safety, the Board recently undertook the rulemaking process to update the required Notice to Consumers. The new poster focuses on actions a consumer can take, with their pharmacist, to reduce medication errors while also including all of the mandatory notice requirements in the law. The new notice includes a QR code that, when scanned, provides a consumer with links to translated versions of the notice in 16 different languages. To support the release of the notice, the Board also released a consumer education campaign reinforcing many of the key themes of the notice, including the importance of speaking with their pharmacist. A copy of the messages sent during the campaign is included in **Attachment F-4**.

Further, as issues emerge, the Board undertakes development of consumer education materials, including development of policy statements. As an example, after review and evaluation of a concerning practice related to IV hydration, the Board released a policy statement[18] related to the risks to patients receiving intravenous hydration in unlicensed clinics or locations. As inspections conducted at some of these unlicensed locations revealed troubling practices placing consumers at risk, the Board also took the unusual step of developing educational information for individuals providing such services. The Board's material was co-branded with several other DCA programs. The Board is providing this information during inspections of unlicensed locations where there appears to be deviations in the national standards required for compounding IV products. A copy of the policy statement and the education developed for compounders is included in **Attachment F-5**.

In addition to the policy statement referenced above, the Board has a number of policy statements released intended to convey the Board's position on various matters, including practice related items that are in a period of transition. As examples, the Board has issued policy statements in support of the transition to updated national standards governing the practice of compounding, handing of hazardous drugs and radiopharmaceuticals as well as a policy statement in support of the Board's acceptance of digital signatures[19] in line with state requirements. Such policy statements

[18] The Board's policy statement related to IV hydration is available on the Board's website using the following link - - https://www.pharmacy.ca.gov/about/intravenous_hydration_policy.pdf

[19] The Board's policy statement related to digital signatures is available on the Board's website using the following link - - https://www.pharmacy.ca.gov/about/digital_signature_policy.pdf

provide licensees with the Board's position on an issue while regulations are under promulgation as well as a means for the Board to convey its position on emerging practices. A copy of the policy statement related to digital signatures is included in **Attachment F-7**.

The Board continues its popular Ask an Inspector[20] information program four days a week. Board inspectors are available four hours a day Monday through Thursday to receive phone calls and answer questions about pharmacy law and regulations from consumers, licensees, government agencies, and other stakeholders. In addition, inspectors research and respond to questions submitted by email and fax.

Besides informing and educating consumers, the Board has expanded its professional outreach and continuing education (CE) programs for licensees. The Board continues to sponsor free full-day CE forums for pharmacists covering a range of topics including prescription drug abuse prevention, drug diversion trends, pharmacy law changes, and information on CURES. This training program continues to evolve with new modules added, including the recent edition of a presentation on the issue of stigma. Following this training, individuals that complete post training activities are awarded six hours of continuing education. Between May 2021 and February 2024, 4,557 individuals have completed this training program.

On an annual basis the Board updates is webinar on pharmacy law and is working to update its training programs in several other areas including a training on pharmacist-furnished HIV preexposure and postexposure prophylaxis. These video tutorials are posted online, where pharmacists can view them and earn CE credit at their convenience. The Board also has produced non-CE informational videos for pharmacists about corresponding responsibility and how to prepare for a Board of Pharmacy inspection. Staff also maintain brochures to explain and help pharmacists prepare for Board inspections. A sample is included in **Attachment F-8**.

The Board has also undertaken development of Frequently Asked Questions[21] in a number of areas including:

1. Assembly Bill 1286
2. Ask an Inspector
3. Automated Drug Delivery Systems (ADDS)
4. Continuing Education (CE)
5. Inventory Reconciliation Regulations
6. Mobile Units
7. Patient Specific Prescriptions Dispensed by a California Licensed Outsourcing Facility

These FAQs are living documents that are updated when necessary to incorporate additional items based on subsequent changes to provisions of pharmacy law and its

[20] The Board's Ask an Inspector can be accessed on the Boards website using the following link: https://www.pharmacy.ca.gov/licensees/ask_inspector.shtml

[21] The Board's FAQs are posted on the Board's website and available through the following link - https://www.pharmacy.ca.gov/licensees/faqs.shtml

regulations or in response to additional comments received. An example of an FAQ document developed by the Board is provided in **Attachment F-9**.

The Board publishes its newsletter, *The Script,* as another means to provide education to licensees. General topics in this publication include education about changes in the law, issues under consideration by the Board, discussion on emerging topics, and reminders about practice requirements. Following enactment of AB 1286, given the comprehensive nature of the measure, the Board published a special edition issue dedicated specifically to education of the provisions established in the bill. Examples are provided in **Attachment E-1 and E-2**.

Section 6

- *Patients Buying Drugs Online*
- *Telehealth Platforms*

Online Practice Issues

Online Practice Issues

There are two primary categories of online practice within the Board's jurisdiction that are of concern to the Board. The first activity occurs when patients buy prescription drugs from unlicensed sellers. The second is the increased use of telehealth platforms and other online platforms that steer patients to specific pharmacies or collect protected health information.

Patients Buying Drugs Online

As the cost of prescription drugs continues to rise, it is not uncommon for consumers to look for cheaper medications online. In addition, unlicensed and unregulated entities often advertise cheaper drugs in unsolicited emails. On October 2, 2024, the Centers for Disease Control and Prevention (CDC) released a statement, "Potential public health risk among individuals ordering counterfeit prescription medications from online pharmacies[22]." As part of its release, the CDC referenced an indictment issued by the U.S. Department of Justice, against individuals running illegal online pharmacies. This CDC information also referenced findings by the National Association of Boards of Pharmacy (NABP) indicating that it had identified more than 40,000 websites that fail to comply with its patient safety and pharmacy practice standards.

Further, in September 2023, ASOP Global Foundation released its findings[23] based on a survey commissioned to survey Americans about their perceptions and use of online pharmacies. The results reveal that more Americans are buying prescription medications online and included some alarming information, "24% of Americans with prior experience using online pharmacies, report having previously been exposed to harmful, counterfeit, or substandard medication received from an online pharmacy, a seven percent increase from 2021."

Investigations into online pharmacies create unique challenges for the Board as online operators of unlicensed pharmacies easily hide the location of their facility as well as their ownership. Identifying website operators is difficult and may involve individuals doing business outside the United States, where the Board has no authority to enforce sanctions. The NABP investigation into foreign drug sellers masquerading as Canadian online pharmacies revealed that the medications dispensed were neither approved by the FDA or Health Canada.

This is not a new issue for the Board, yet regrettably the investigative tools available to the Board are insufficient to curb the unlicensed practice. During its last sunset review the Board received cease and desist authority for unlicensed activity. Regrettably, the issuance of such an order does not stop the practice. As a recent example, the Board issued a cease-and-desist order to an unlicensed pharmacy selling prescription medications for animal patients through a website. Even after the order was issued, an individual was successful in obtaining prescription medication from the unlicensed source.

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[22] The CDC statement can be accessed using the following link - - https://www.cdc.gov/media/releases/2024/s1002-counterfit-prescription-online-pharmacies.html

[23] ASOP Global Foundation findings can be accessed using the following link - - https://asopfoundation.pharmacy/wp-content/uploads/2023/12/ASOP-Foundation-Consumer-Behavior-Survey-Key-Findings-2023.pdf

In other instances, the Board may send a cease-and-desist order, the operator may stop operating under the specific business related to the order but appear to merely establish a new website and continue selling drugs. In such instances, the Board is again unsuccessful in stopping the illegal practices. The Board intends to continue its investigations. However, since this issue often extends beyond the Board's authority and jurisdiction, the Board will continue to refer these complaints to the NABP and other appropriate agencies for investigation.

Consumer education about the risks of purchasing from unlicensed pharmacy websites is essential. The Board includes a link to an educational resource developed by the NABP about safety concerns about purchasing medications online and resources to confirm that a pharmacy is appropriately licensed.

Telehealth Platforms

As indicated in the New Issues section of this report, the Board is concerned with an increase in the number of telehealth platforms that appear to steer patients to specific pharmacies as a condition of receiving medical care. In some instances, it appears that patients are using a telehealth platform that connects the patient with a medical provider authorized to prescribe medications. The patient is subsequently prescribed a medication to a specific pharmacy affiliated with the telehealth platform. It appears that in some instances the telehealth platform places conditions on the patient, including restricting the patient's choice for a pharmacy.

In addition, the Board sees an emerging trend that appears to be driven by application developers seeking to assist patients in managing their prescription information by the collection of protected health information stored within the application that may subsequently be used for other purposes, including marketing specific products to these patients based on the information stored. In other instances, the individual's credit card is on file and their prescriptions are automatically refilled without authorization. This is another area where the Board's current investigative and enforcement tools are not sufficient to curb the practice. The Board is recommending some initial steps in this area and looks forward to working with the Legislature.

Section 7

Workforce Development and Job Creation

- *Workforce Development*
- *Impact of Licensing Delays*
- *Informing Potential Licensees of the Licensing Requirements and Process*
- *Barriers to Licensure and/or Employment*
- *Workforce Development Data*

Workforce Development

Pharmacists are highly trained professionals that in many respects are underutilized. Policy makers and regulators alike have recognized this and sought legislative changes to create additional patient care opportunities consistent with a pharmacist's education and training. According to recent information published[24] by the California Health Care Foundation, about 11.4 million Californians live in a federally designated Primary Care Health Professional Shortage Area, and two-thirds of them are Black, Latino/x, or American Indian. As pharmacy business models evolve and new dispensing models take advantage of technology to fill prescriptions, opportunities for pharmacists to engage in more clinical services continue to expand.

During its last sunset review, the Board evaluated opportunities to expand pharmacist services, including allowing pharmacists to provide medication assisted treatment (MAT) and expanding the conditions in which a pharmacist can work under a collaborative practice agreement with a physician. At that time, the Board noted that such proposals are consistent with the knowledge, skills, and abilities of pharmacists; in addition, they can help reduce demands on an overburdened medical care system and ultimately improve patient care.

In response to legislation, the Board has worked to implement additional scope of practice options for pharmacists, many of which were under development at our last review. The Board's recommendation for the regulation of pharmacists to transition to a more robust standard of care regulatory model that streamlines the authorized functions a pharmacist may perform consistent with their education and training is discussed elsewhere in this report in Section 10.

As pharmacist care activities expand, it is necessary to identify opportunities to transfer some pharmacist functions to other highly trained individuals. To that end, the Board completed an assessment of functions that pharmacists perform in various settings and identified tasks that do not typically require professional judgment but do require a certain level of skill and training. Based upon this assessment, the Board sought amendments to expand the authorized duties of a pharmacy technician under specified conditions. These changes became effective January 1, 2024.

Another aspect of workforce development undertaken by the Board is the implementation of programs to educate licensees about pharmacy practice and prevent violations. Over the past several years the Board has dedicated significant time and effort to this education. The Board uses its newsletter to discuss changes in pharmacy law, areas of concerns, and trends in violations. The Board provides the following training opportunities for licensees:

- A six-hour training covering corresponding responsibility, pharmacy security and drug loss prevention, pharmacy law, and how to prepare for a Board inspection.
- CE webinars covering pharmacy law, naloxone training, and ethics.

[24] California Healthcare Foundation information references can be accessed using the following link - - https://www.chcf.org/resource/bridging-the-care-gap/

- ❖ Training videos covering corresponding responsibility and how to prepare for an inspection.

Impact of Licensing Delays

The Board understands its role in helping businesses and individuals enter the marketplace and strives to make licensing decisions quickly and efficiently. The Board seeks to secure appropriate resources to balance the workload associated with the various licensing programs.

Temporary license applications are prioritized for processing because applicants report a need to serve their patients; however, this delays processing for other types of licenses. Further, because temporary licenses expire sooner, a second pressure point occurs when staff is redirected again as the expiration date nears. The Board seeks to manage these priorities to ensure continuity of patient care and strives to provide education to applicants on common deficiencies as a means to assist applicants with submitting complete applications.

Processing times for various licensing programs vary. As the data reveals in Section 3 of this report, the majority of complete applications received are processed within 30 days for all individual license programs.

The Board notes that its reliance on a legacy computer system for management of its application and licensing data creates barriers to achieving efficiencies in the application process. Ultimately, the long-term solution will be an integrated computer system that will facilitate a more streamlined application process and improved user interface. As detailed in this report, the Board is engaging in business modernization activities, a process intended to assess current operations and identify ways to achieve efficiency by changing processes, replacing legacy computer systems, or doing both. As this process continues, the Board will evaluate for opportunities to implement improvements that do not require a new computer system.

Informing Potential Licensees of the Licensing Requirements and Licensing Process

There are currently 14 California pharmacy schools. The Board works with faculty at the schools to streamline the application process and participates in biannual meetings with the deans. In addition, the Board collaborates with schools to expedite processing of pharmacist applicants entering residencies. This helps ensure an applicant is licensed in time to complete residency programs consistent with accreditation guidelines.

The Board provides presentations at pharmacy schools providing education on application requirements and the licensure process.

Barriers to Licensure and/or Employment

The Board is not aware of any systemic barriers to licensure. The Board notes that the U.S. Bureau of Labor Statistics estimates that employment of pharmacists is projected to grow

five percent from 2023 to 2033 with about 14,2000 openings for pharmacists are projected each year, on average, over the decade.

The Board is concerned that the cost of pharmacy school may be a deterrent to some individuals selecting the pharmacy profession.

Workforce Development Data

The Board does not maintain workforce development data but does promote the workforce survey conducted by the California Department of Health Care Access and Information.

Workforce Shortages

The Board is not aware of any workforce shortages. According to the Pharmacy Workforce Center[25], in the first quarter of 2024, California has 1,378 job postings for pharmacists and 3,236 job postings for pharmacy technicians.

The Board is monitoring a recent trend in the reduction in the number of individuals enrolling in pharmacy school. Recent enrollment information suggests that data may be trending back up. The Board is also aware of anecdotal information that some graduates of pharmacy school are electing to work for drug manufacturers that may not require licensure for employment. The Board is monitoring this issue and attempting to learn more.

Successful Training Programs

The Board reports the pass rates of the pharmacist licensure examination, including the rates for each pharmacy school. This information is provided in Board meeting materials, typically twice a year, and posted on the Board's website.

Eliminating Inequities

The Board seeks to address inequities with a focus on diversity, equity, and inclusion (DEI) initiatives. Members of the Board come from diverse backgrounds and all three of the Board's current leaders are members of the LGBTQ community. The Board's strategic plan places emphasis on policies and law that are inclusive for all, and the Board's administrative manual underscores its commitment to the tenets of DEI. Board staff have undertaken a number of training courses including addressing unconscious bias and DEI.

The Board recently completed regulation activities required to implement mandatory cultural competency continuing education for pharmacists and pharmacy technicians. The Board also recently updated its Notice to Consumers posters and included a QR code on the notice, providing access to the notice is 16 additional languages other than English. Further, pharmacies are required to provide translated languages under specified conditions and consumers have access to language lines in pharmacies.

[25] Pharmacy Workforce Center, Inc. data referenced is available at the following link: https://www.aacp.org/sites/default/files/2024-05/pharmacy-demand-report-04292024.pdf

Section 8

- *Online Applications and Payments*
- *BreEZe*

Current Issues

Online Applications and Payment Capability

In partnership with DCA, the Board has implemented online renewal payments for nine of its licensing programs including online renewals for pharmacists, pharmacy technicians, pharmacies and hospitals. The Board is also leveraging DCA's platform for online application submission for military spouses and partners seeking temporary licensure. To further leverage this online functionality, the Board is encouraging all individual licensees to renewal their licenses online. The online process is more streamlined and allows for renewal to occur in about 2 days. This stands in contrast to the manual process that can take two weeks and relies heavily on factors outside of the licensee's control, including mail service and staffing resources within the Board and the DCA.

BreEZe

The Board was originally scheduled to be included with the second release of BreEZe. Because of system limitations and costs, the Board was ultimately removed from the release.

Future Needs

In partnership with the DCA, last year the Board completed all business process mapping related activities and development of preliminary system requirements for a new system. With expertise from DCA, the Board is continuing its Business Modernization activities and preparing for review by the California Department of Technology. The Board believes this review, called the Project Approval Lifecycle, will begin in December 2024 with the submission of the first of our stage approvals. In the interim, the Board will be conducting preliminary market research on potential solutions. Generally, the alternatives to the Board's legacy systems live on a spectrum between complete legacy replacement and an encapsulated service layer that web-enables the legacy. Due to resource constraints, the Board believes a complete replacement of legacy systems is not possible.

While the Board has been successful absorbing the costs and resources for its activities thus far, long term this is not possible. The project will encompass the conversion and digitization of the Board's initial, renewal and license maintenance application transactions which will be complex and resource intense. In addition, the Board will require dedicated staff resources. The Board looks forward to partnering with the legislature and the administration to ensure a successful project.

In the interim, the Board will continue to assess opportunities for online transactions following the project governance of the DCA.

Section 9

Board Action and Response to Prior Sunset Issues

- *Issue #1: Board Composition*
- *Issue #2: Board Member Expertise*
- *Issue #3: Board Vacancies*
- *Issue #4: Executive Officer Eligibility*
- *Issue #5: Board Attorney*
- *Issue #6: Attorney General Bill Rate*
- *Issue #7: Advanced Pharmacy Technicians*
- *Issue #8: Fair Chance Licensing Act*
- *Issue #9: Third-Party Logistics Providers*
- *Issue #10: Advanced Practice Pharmacists*
- *Issue #11: California Pharmacy Jurisprudence Examination*
- *Issue #12: Continuing Education for Opioids*
- *Issue #13: Pharmacies Operating Under Common Ownership*
- *Issue #14: Alternative Dispute Resolution*
- *Issue #15: Standard of Care Enforcement Model*
- *Issue #16: Independent Contractors*
- *Issue #17: Medication Errors*
- *Issue #18: Patient Specific Outsourcing*
- *Issue #19: Collaborative Practice Agreements*
- *Issue #20: Medication-Assisted Treatment*
- *Issue #21: Pharmaceutical Compounding*
- *Issue #22: Automated Drug Delivery Systems*
- *Issue #23: Unused Cancer Medication Transfers*
- *Issue #24: Temporary Licensure*
- *Issue #25: Licensee Outreach*
- *Issue #26: Technical Cleanup*
- *Issue #27: Continued Regulation*

Related Attachments (Vol. 2)

- *Attachment G-1 – G-5*

Board Action and Response to Prior Sunset Issues

During its last sunset review, the Board was asked to respond to 26 current issues covering areas of operations, including administrative issues (e.g., composition of the Board, budget issues, etc.), licensing issues, enforcement issues (e.g., enforcement priorities, case timelines, etc.), prescription label standards, implementation of recently enacted legislation, and technical changes.

ADMINISTRATIVE ISSUES

ISSUE #1: Board Composition. Does the current membership on the Board appropriately balance professional expertise and public objectivity?

Sunset Review Committee Recommendation: The Committee asked the Board to describe what efforts it has taken to ensure its decision- making is subject to state supervision so as to safeguard its members from antitrust allegations.

Action Taken by the Board: In its prior response, the Board noted that it is a quasi-autonomous agency under the umbrella of the Department of Consumer Affairs (DCA). While the Board has the authority to take some actions independently, such as decisions on administrative matters, policymaking activities are not effectuated without significant oversight and evaluation by either the Legislature and Administration in the case of statutory changes, or review and approval of regulations by various control agencies. Statutory changes are less susceptible to antitrust challenges because the Legislature in passing statutes will balance competing interests. Committed to its consumer protection mandate, the Board focuses its policy rulemaking on efforts to improve protections for Californians and ensures that the record reflects its primary goal. Also, the Board only adopts regulations after public comment. It is very common for stakeholders to provide comments during public meetings, submit comments as part of the rulemaking process, and through the legislative process, to advocate for changes that may be contrary to the Board's consumer protection mandate.

Recommendation: The Board continues to be mindful of perceptions of others and is diligent to focus its discussion on consumer protection in both its written materials and public comments. The Board has noted a trend with the Board's materials being used out of context and at times others are misrepresenting the Board's actions or providing false information during public meetings of the Board. The Board seeks to provide education where possible; however, the Board cannot control misinformation that is spread. A recent example includes a media report where, as part of the article, several untrue statements were printed. This information was further perpetuated through the media providing Californians with inaccurate information. The Board looks forward to working with the Administration and the Legislature on appropriate means to combat such misinformation as ultimately patients can be negatively impacted by this inaccurate information.

ISSUE #2: Board Member Expertise. Does existing law requiring the appointment of pharmacists representing specific practice settings provide sufficient expert perspectives on matters coming before the Board?

Sunset Review Committee Recommendation: The Board should discuss whether it believes amending the Pharmacy Law to require the presence of additional professional perspectives on the Board would assist it in carrying out its public protection mission.

Action Taken by the Board: As noted in its prior response, Pharmacy Law establishes the provisions for representation on the Board. The Board's mandate clearly states that whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. The Board recognizes that it is not uncommon for competing interests to be present; however, in its decision-making the Board remains focused on public protection as its highest priority. Policymaking is conducted in public meetings, where stakeholders provide comments and share different perspectives.

Following enactment of Assembly Bill 1533 (Committee on Business and Professions, Chapter 629, Statutes of 2021), the composition of the Board was amended to include a member from a compounding pharmacy specializing in human drug preparations. Renee Barker, PharmD was appointed to the Board on June 24, 2022 and was recently reappointed. Dr. Barker has over 25 years of experience with sterile compounding practices including at Lucile Packard Children's Hospital Stanford. Dr. Barker serves as Vice-Chair of the Board's Enforcement and Compounding Committee and is a key expert for the Board on matters relating to compounding, both in the Board's policy development activities as well as in enforcement related issues.

Recommendation: The Board is grateful to the Legislature for updating provisions related to the Board's composition to include a pharmacist with expertise in human compounding.

ISSUE #3: Board Vacancies. What solutions might be considered to address the substantial member vacancy rates that have persisted on the Board?

Sunset Review Committee Recommendation**:** The Board should discuss what steps it has taken to incentivize Board member participation and whether it believes teleconferencing or other solutions could help address the current vacancy rate.

Actions Taken by the Board: Under California law, members are entitled to $100 per diem and reimbursement for travel-related expenses, although per diem payments are not permitted for public members if they are receiving pay from another state position. The Board establishes its meeting calendar typically six months to a year in advance; however, as urgent issues arise, changes to the calendar or additional meetings are at times necessary. The Board has historically used teleconference meetings on occasion but notes that teleconference requirements under the Bagley-Keene Open Meeting Act (Act) generally require that all locations from which members are participating must

also provide opportunity for public participation. The intent is to ensure ready public access and participation in meetings, but this can sometimes present challenges, particularly if a member wants to attend a meeting from a work location.

The transition to videoconferencing of meetings under the provisions established in Governor Newsom's Executive Order N-29-20, which did not require that each meeting location be available to the public, provided the Board with an alternative meeting platform that enabled a safe and efficient means to conduct meetings. The Board received significant participation from stakeholders at these meetings and believes providing permanent authority to convene meetings in such a manner without requiring public access at each teleconference site will provide Board members and stakeholders flexibility for participation that could also result in significant cost savings to the Board and time savings for Board members.

With the expiration of the Executive Order, subsequent temporary changes to the Act have allowed the Board to conduct Board meetings using a hybrid model where a majority of members are present in a specified location and additional members may participate remotely. These flexibilities have been critical to the Board, whose membership has at times experienced challenges either medically or personally, making travel to meetings impossible. Consistent with the temporary changes to the Act, all committee meetings are currently convened with a physical meeting location available for the public and with Board staff present, while members participate remotely. Such an approach has allowed members better flexibility to participate and has resulted in significant cost savings to the Board.

Since the transition to hybrid meetings, the Board has expanded its reach to stakeholders, facilitating better engagement with all individuals, including those with disabilities or other barriers to attending in-person meetings. Data related to this is provided in Section 5 of this report.

Recommendation: The Board is grateful to the Legislature for enacting these temporary provisions in the Act; however, the Board is concerned that with the expiration of the temporary provisions in 2025, members may no longer be available to participate, especially members with temporary or permanent disabilities that prevent travel to meeting locations. The Board is hopeful the Legislature will consider making the temporary provisions permanent.

ISSUE #4: Executive Officer Eligibility. Should statute be revised to ensure future Executive Officers remain sufficiently independent in their service to the Board?

Sunset Review Committee Recommendation**:** The Board should inform the committees of whether it believes the qualifications for its Executive Officer (EO) should be revised to specify that they be neither a member of the Board or a licensee, as is currently already the case.

Action Taken by the Board: As noted in its prior response, the Government Code provides a distinct separation of powers between EO and Board members, most notably with the

EO charged with serving as a complainant in administrative matters while the Board serves as the final decision-maker in such matters. The Board notes that the separation of roles could become blurred if the EO was simultaneously a Board member. Further, being mindful of the basic tenets of the North Carolina decision, and in recognition of the unique authorities vested in the EO, including the issuance of cease-and-desist orders, it could potentially create liability for the Board should the EO also be a licensee or a Board member.

During its last sunset review, the Board supported a change in Pharmacy Law to prohibit a Board member from also being appointed as the EO. Although not required in the statute, the Board's current EO was appointed to the position after approval by the Board and also approval by the Director of the DCA.

Recommendation: The Board appropriately exercises its decision-making authority in the appointment of the EO and believes it must retain flexibility to select the most qualified candidate for such a position.

ISSUE #5: Board Attorney. Does the Board have sufficient legal counsel?

Sunset Review Committee Recommendation: The Board should provide insight into how the Pharmacy Law may be amended to assist it in hiring its own dedicated counsel and should speak to whether it believes it is currently receiving adequate expert advice from the Office of the Attorney General (OAG).

Actions Taken by the Board: The Board supported the provisions to allow for the hiring of its own dedicated counsel and continues to support such provisions. The Board believes it is appropriate given the complexity of the state and federal law the Board is charged with regulating. The Medical Board of California (MBC) currently employs independent counsel while also using DCA counsel. Such an approach allows for subject-matter expertise in the practice act and continuity in representation while also leveraging the knowledge within the DCA's legal office for cross-cutting legal issues, e.g., compliance with Act requirements, Public Records Act (PRA), Information Practices Act (IPA), rulemaking process, etc. The Board is appreciative of the legal counsel provided by the DCA including efforts undertaken by the DCA to make additional resources available. The Board also appreciates the representation provided by the OAG.

Recommendation: The Board continues to support the model used by the MBC and would welcome the opportunity to collaborate with the Legislature and Administration on this issue.

ISSUE #6: Attorney General Billing Rate. Will the abrupt increase in the Attorney General's client billing rate for hours spent representing the Board in disciplinary matters result in cost pressures for the Board's special fund?

Sunset Review Committee Recommendation: The Board should discuss with the committees the impact of the Attorney General's rate increase and whether any action is needed by the Administration or the Legislature to safeguard the health of its special fund.

Actions Taken by the Board: Like other programs within the DCA, the Board relies heavily on the services of the OAG for representation in a variety of matters and appreciates its representation. The Board works closely with the OAG on implementation of new legislation that impacts the Board's enforcement related activities, including, for example, new authority provided to the Board regarding citations and fines. With this implementation, the Board has experienced an increase in the number of citation and fine appeals referred to the OAG for resolution. In partnership with the OAG, the Board has established subject matter experts in each of the OAG offices on these Board related issues.

Further, the Board recognizes that settlement of enforcement cases is a means of controlling the Board's OAG expenses, but notes that not all cases are appropriate for settlement, where respondents seek resolution of matters that is contrary to the Board's Disciplinary Guidelines and the Board's consumer protection mandate. In such instances, the Board believes the additional costs associated with proceeding to hearing are necessary to achieve the Board's mandate.

The Board settles approximately 72 percent of citation and fine appeals and 80 percent disciplinary matters. The Board's OAG expenditures constitute about 11% of its authorized expenditures, underscoring the significance of the Board's relationship with the OAG.

Recommendation: The Board appreciates the ongoing flexibility provided by the Legislature to seek midyear augmentation to the Board's authorized expenditures for enforcement related expenses including expenses for OAG services as well as expenses incurred for services of the Office of Administrative Hearings (OAH) and court reporter services.

LICENSING ISSUES

ISSUE #7: Advanced Pharmacy Technicians. Should the Board be authorized to grant licenses for pharmacy technicians qualified to engage in advanced practice?

Sunset Review Committee Recommendation: The Board should provide the committees with an overview of whether and why the advanced pharmacy technician license type should be established, and what steps may be taken to begin constructive dialogue with stakeholders on the issue.

Actions Taken by the Board: As reported in its prior response, under the purview of the Board's Licensing Committee, the Committee convened a series of public meetings to

develop a mid-level practitioner licensing program intended to provide meaningful assistance to pharmacists. In developing its proposal, the Board's focus has been centered on consumer protection; however, various stakeholders have expressed competing interests and requested opportunity for further discussion. Regrettably, the Board's development of the proposal was postponed in response to the COVID-19 pandemic. Upon resumption of discussion, however, stakeholders remained strongly opposed to the Board's policy approach.

However, recognizing that changes remain necessary, the Board undertook additional efforts to assess for opportunities to address workload challenges facing many pharmacists, primarily in community pharmacies. The Board released surveys to pharmacists and pharmacy technicians to solicit feedback on potential areas for changes to pharmacy technician duties and also convened a number of listening sessions. Through this process, the Board identify opportunities to expand the authorized functions of specially trained pharmacy technicians. The Board's legislative proposal was included as part of Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023), a comprehensive patient safety measure that in part addressed workload challenges. The Board is grateful for the Legislature's support of this measure, which was signed by the Governor on October 8, 2023.

Recommendation: As the Board has moved forward with implementation of AB 1286, it has received public comments from interested stakeholders suggesting clarification of authorized tasks for pharmacy technicians specifically related to the transfer of prescriptions is needed. In addition, stakeholders have requested changes to clarify some of the current requirements for these specially trained pharmacy technicians. The Board looks forward to working with the Legislature to enact these changes. A copy of the statutory language is provided in **Attachment H-12**.

ISSUE #8: Fair Chance Licensing Act. What is the status of the Board's implementation of Assembly Bill 2138 (Chiu/Low) and are any statutory changes needed to enable the Board to better carry out the intent of the Act?

Sunset Review Committee Recommendation: The Board should provide an update in regard to its implementation of the Fair Chance Licensing Act (FCA), as well as relay any recommendations it has for statutory changes.

Actions Taken by the Board: The Board has taken all necessary steps to comply with the FCA, including updating applications, educating applicants and updating procedures. The Board has also identified consumer protection concerns with the loss of some discretion in considering arrest or conviction background information when making a licensing decision. The Board is offering recommendations that will restore some discretion in areas that the Board believes present risks that need to be addressed based on underlying conduct and its substantial relationship to the privileges associated with the license being sought.

The Board supports opportunities for rehabilitation but is concerned that in some instances, individuals' criminal cases are dismissed for reasons not based on rehabilitative

efforts. The Board is aware of actions, such as those taken in Riverside County that led to mass case dismissals. According to information[26] released by the Riverside District Attorney's Office, judges chose to dismiss cases for lack of available courtrooms to try cases. The information released include that "about 83 felony cases have been dismissed so far. Felony cases dismissed include charges such as attempted murder, assault with a deadly weapon, sex crimes, child abuse, domestic violence, and more." The Board is sympathetic to all individuals impacted by this issue and has concerns that its ability to protect consumers is impeded when such sweeping action is taken and the Board is prohibited from investigating the underlying conduct to determine if the actions that can be proven are substantially related to the license which the individual seeks, or which they currently possess.

Since its last reporting period, the Board has lacked the authority to deny licenses for misconduct, which it believes is substantially related to license being sought. As an example, the Board lacked authority to deny an application for an intern pharmacist license despite the individual being convicted of PC 502(c)(7) – Unauthorized Computer Access: Special Circumstances. A summary of the issue includes:

> *Between 11/27/18-2/9/19, the applicant and another applicant, who was the co-conspirator, paid a security guard in order to obtain keys to give them access to the pharmacy school faculty offices. They installed a keystroke logger onto the computer used by a university faculty member in order to access exams and answer keys. The test administrator's account was accessed 73 times.*

In this instance, the individual sought enrollment in a new school of pharmacy and reapplied for licensure as an intern. The criminal matter was dismissed pursuant to Penal Code 1203.4. The intern pharmacist license was issued in December 2021.

In another example, the Board lacked the authority to deny an application for a pharmacy technician license where the individual had convictions outside of the seven-year period set forth in BPC section 480, including carrying a loaded firearm in public; second degree burglary and identify theft; and use of ID with intent to defraud. As part of the underlying conduct related to one of the convictions, the individual admitted to smoking methamphetamine. In this instance, following the issuance of the license, the individual has been arrested twice, once for petty theft and another arrest for possession of controlled substance paraphernalia and due to an outstanding warrant for felony conspiracy to commit a crime.

Recommendation: Specifically, the Board supports provisions that will allow the Board to consider the following acts:

1. An act involving fraud in violation of state or federal laws related to healthcare, e.g. Medi-Cal or Medicare billing fraud, etc.
2. Conviction of a crime involving financial identity theft.
3. An act of dishonesty related to academic institutions or attempts to subvert examinations, even where convictions do not occur, or subsequent dismissal is provided.
4. Acts involving serious or repeated use of a controlled substance or alcoholic

[26] Referenced information released by the Riverside District Attorney's Office is available using the following link - - https://rivcoda.org/news/more-1000-case-dismissals-countywide

beverages to the extent or manner as to be dangerous or injurious to themselves or others.

A copy of the proposed statutory change is provided as **Attachment G-1**.

ISSUE #9: Third-Party Logistics Providers. Should the Board be authorized to conduct inspections of third-party logistics (3PLs) providers that are not fully licensed in their resident states to allow for operation within California?

Sunset Review Committee Recommendation: The Board should further explain its proposal for modifying the licensure process of 3PLs that are not properly licensed in their home states and provide the committees with any suggested language.

Actions Taken by the Board: As discussed in the Board's prior report, federal law prohibits the regulation of third-party logistics providers as wholesalers. Although California and some other states developed separate regulation for such entities, not all states have taken similar action. This has created a barrier to licensure. This challenge became more pronounced during the COVID-19 pandemic, as contracts were secured between the federal government and entities located in states without separate third-party logistics provider regulation. In such cases, through delegated authority, waivers were granted on a limited basis to allow for the issuance of a temporary license to distribute products such as personal protective equipment (PPE) and ventilators into California. This is a temporary solution; the Board believes a more permanent solution is appropriate.

The Board appreciates the support of the Legislature to incorporate statutory language as part of the Board's last review, providing the Board with the authority to conduct such inspections. Since enactment the Board has conducted six inspections.

ISSUE #10: Advanced Practice Pharmacists. Would modifications to the minimum qualifications for licensure for Advanced Practice Pharmacists, or expansion of the practice settings in which Advanced Practice Pharmacists may work, enable these specialized licensees to further enhance access to care?

Sunset Review Committee Recommendation: The Board should provide an overview of its proposal and how it believes changes to law would increase the number of advanced practice pharmacists in the state.

Actions Taken by the Board: As noted in the Board's prior report, part of its post-implementation review of the Advanced Practice Pharmacist (APH) licensure program, the Board assessed the requirements for licensure and identified a potential barrier to licensure. Specifically, under the current provisions of Business and Professions Code (BPC) section 4210, an individual seeking licensure as an advanced practice pharmacist must hold an active license to practice pharmacy and satisfy two of the following criteria:

1. Earned certification in a relevant area of practice.
2. Completion of a post-graduate residency.
3. Clinical experience for at least one year under a collaborative practice agreement or protocol.

When assessing application information, the Board has identified several instances when a pharmacist seeking licensure as an APH is using completion of a single criterion (e.g., completion of a residency program) that included as a condition of completion of the program, a second criterion (e.g., completion of a certification program). Under current law, that is considered prohibited "double-dipping." To remedy this situation, under current law, an applicant may seek to meet another criterion, such as completion of the collaborative practice experience.

The Board appreciates the support of the Legislature to incorporate statutory language as part of the Board's last review to streamline the qualification methods for an individual seeking licensure as an advanced practice pharmacist. Since enactment of these changes the Board has experienced a 51% increase in the number of licensed advanced practice pharmacists since fiscal year 2021/22.

EDUCATION AND EXAMINATION ISSUES

ISSUE #11: California Pharmacy Jurisprudence Examination. Is action necessary to address the recent transgressions involving the administration of the California *Pharmacy Jurisprudence Exam?*

Sunset Review Committee Recommendation: The Board should provide insight into whether it believes adoption of the Multistate Pharmacy Jurisprudence Examination (MPJE) is feasible, or whether it believes any other action is advisable in response to recent incidents.

Actions Taken by the Board: As shared in the Board's prior response, as a consumer protection agency, it is essential that the Board assess candidates for minimum competency prior to issuing a pharmacist license to practice in California. During its prior response, the Board committed, as part of its ongoing program evaluation, and consistent with the provisions of BPC section 139, to evaluate the pharmacist licensure examination and determine what action, if any, is appropriate. As a precursor to this evaluation, the Board entered into a contract with the DCA Office of Professional Examination Services (OPES) to conduct an independent assessment of the pharmacist licensure examination. Audits were performed on the two exams currently used by the Board (North American Pharmacists Licensure Examination [NAPLEX] and the California Practice Standards and Jurisprudence Examination [CPJE]) as well as an audit of the MPJE. The audits from OPES confirmed that the NAPLEX and CPJE examinations are psychometrically sound and appropriate for use by the California State Board of Pharmacy. However, while the audit of the MPJE found sufficient evidence of validity for use in California in three areas, the audit also revealed insufficient evidence of validity for use in two areas - - occupational analysis methodology and standard setting methodology. Given these findings, the Board could not further pursue a transition to the MPJE. The results of the findings are available here[27].

[27] Results of the audit findings are available on the Board's website using the following link - - https://www.pharmacy.ca.gov/meetings/agendas/2022/22_jan_bd_mat_viii.pdf

Recommendation: The Board is committed to ongoing audits of all examinations relied upon in California for licensure to confirm compliance with BPC section 139. The Board will continue to make public the findings of audits.

ISSUE #12: Continuing Education for Opioids. Should pharmacists who prescribe Schedule II drugs pursuant to a collaborative practice agreement complete continuing education on the risks associated with opioid use?

Sunset Review Committee Recommendation: The Board should discuss the advantages of requiring pharmacists who prescribe opioids through collaborative practice agreements to take continuing education (CE) on the associated risks.

Actions Taken by the Board: As noted in the Board's prior report, as the role of pharmacists changes and some prescribe Schedule II medications under a collaborative practice agreement, the Board discussed existing CE requirements for prescribers licensed by other healing arts boards that include education specifically regarding pain medications and/or Schedule II medications. The Board determined that a similar requirement would be appropriate for pharmacists prescribing such medications. The Board appreciates the support of the Legislature to incorporate statutory language as part of the Board's last review, to establish such a CE requirement. Since implementation of the requirement, the Board has conducted a limited number of audits to confirm compliance with the new educational requirements. As noted elsewhere in this report, the Board's random auditing of CE requirements is not currently sufficient. The Board is hopeful that, should additional resources be secured, the Board's audit rate will increase, providing the Board with a more comprehensive understanding of compliance with CE requirements in general as well as with the specific requirements for pharmacists prescribing controlled substances.

ENFORCEMENT ISSUES

ISSUE #13: *Pharmacies Operating Under Common Ownership. Should the Board be better empowered to take enforcement action against the owners and operators of pharmacies under common ownership and control for system-wide violations of law?*

Sunset Review Committee Recommendation: The Board should further discuss its proposals for providing more meaningful repercussions for pharmacies under common ownership and control to ensure that the Pharmacy Law is followed in all settings.

Actions Taken by the Board: The Board has previously discussed challenges with obtaining compliance with Pharmacy Law provisions where the same violations occur at several pharmacies under common control including during its last Sunset Report. When such a pattern occurs, it is difficult for the Board to secure the necessary system-wide change. Although the contributing factors may be many, the core issue appears to be corporate policies that directly or inadvertently impede pharmacy operations and the professional judgment of staff pharmacists, resulting in violations of Pharmacy Law. As the Board previously stated, it did not believe that its current options to either issue a citation with a maximum fine of $5,000 or place a specific pharmacy on probation have resulted in the necessary changes in corporate practice to facilitate improved patient care.

The Board appreciates the support of the Legislature to enact statutory changes to increase the fine authority for common violations identified within pharmacies under common control. Since enactment of the provisions, the Board has issued 195 citations under this new authority. Implementation of the provisions has been discussed on an annual basis as part of the Board's Enforcement and Compounding Committee. Most recent data for fiscal year 2023/24 indicates that the Board issued 115 citations. Fines issued range based on a variety of factors including the seriousness of the violation, prior history of the specific pharmacy license, license history of pharmacies under common control where the same violation may have occurred, etc. The table below provides a breakdown of the fines assessed.

As previously noted under Section 4 of this report, the vast majority of the citations issued by the Board under this authority are appealed to the OAG. As of the end of June 2024, 74 such appeals were pending. Some of the most common violations that result in the issuance of a citation under this new authority include the following:

1. BPC Section 4113 – Failure to Notify the Board of a Change in Pharmacist-in-Charge
2. BPC Section 4305 – Operating without a Pharmacist in Charge for over 30 days
3. BPC Section 4301(g) – Unprofessional Conduct/False Statements
4. California Code of Regulations, Title 16, Section 1707.2 – Failure to Provide Patient Consultation

Recommendation: The Board appreciates the support of the Legislature to incorporate statutory language as part of the Board's last review to increase its citation and fine authority. The Board has experienced some challenges with implementation, including what appears to be attempts to apply the law inconsistent with the policy goals of the legislation. The Board respectfully suggests amendments to the language to ensure the Board's regulated public has a clear understanding of the obligations on both the Board and on licensees when issuing citations pursuant to these provisions, to remove duplicative language and to ensure consistency in the terms used throughout Pharmacy Law.

The data required in BPC section 4317.5(i) is included in Section 4 of this report.

ISSUE #14: Alternative Dispute Resolution. Would enabling the Board to participate in alternate disciplinary processes for licensees whose misconduct is likely to result in a citation and fine provide for speedier disciplinary cases and prove more cost efficient for Board staff?

Sunset Review Committee Recommendation: The Board should inform the committees of whether it believes some form of pre-accusation alternative dispute resolution would be of benefit and provide any suggested language that it believes would achieve this goal.

Actions Taken by the Board: Since the Board's last report, the Board completed its development of a proposal that could facilitate a pre-pleading resolution to speed up resolution of administrative cases and reduce costs while ensuring appropriate disposition of the matter. However, in response to requests from stakeholders, the Board stopped its

efforts to implement an alternative process.

Recommendation: In light of concerns expressed, the Board does not believe additional action is appropriate at this time.

ISSUE #15: Standard of Care Enforcement Model for Pharmacy Practice. Should the Board begin moving toward more of a standard of care model for its disciplinary actions against licensees?

Sunset Review Committee Recommendation: The Board should discuss whether it believes a standard of care model would be appropriate and what steps it might take over the next few years to move toward that model.

Actions Taken by the Board: As required by former BPC section 4301.3, as requested by the Legislature, the Board evaluated if a transition to a standard of care enforcement model would be both feasible and appropriate for the regulation of pharmacy and submitted its report. The Board concluded that its current hybrid enforcement model remains appropriate for the regulation of the practice of pharmacy for consumer protection. As part of its report, the Board also recommended, based on the information received and considered, that California patients will benefit from pharmacists gaining additional independent authority to provide patient care services, consistent with their respective education, training, and experience.

Following submission of its report, through a series of public meetings, the Board undertook development of a legislative proposal that could be used to facilitate transition of pharmacist practice to a model generally more consistent with a standard of care model. Additional information about the Board's efforts and conclusions are included in Section 11, of this report.

PRACTICE ISSUES

ISSUE #16: Independent Contractors. Does the new test for determining employment status, as prescribed in the court decision Dynamex Operations West Inc. v. Superior Court, have any unresolved implications for licensees working in the pharmacy profession as independent contractors?

Sunset Review Committee Recommendation: The Board should inform the committees of any discussions it has had about the Dynamex decision and AB 5, and whether there is potential to impact the current landscape of the pharmacy profession unless an exemption is enacted.

Actions Taken by the Board: The Board has not discussed the matter nor received any requests from stakeholders to hold such a discussion. As noted in the Board's prior report, the Board is aware that some pharmacists act as consultants for skilled nursing facilities and hospitals and may be impacted by the provisions.

ISSUE #17: Medication Errors. Are there opportunities for statutory revision that would potentially reduce the frequency of medication errors resulting in patient harm?

Sunset Review Committee Recommendation: The Board should provide the committees with any recommendations it may have regarding how medication errors could be reduced with help of statutory changes.

Actions Taken by the Board: The Board is extremely grateful to the Legislature for raising this issue during the Board's prior review. As reported in the Board's report at that time, news media have reported on the issue, including interviews with pharmacists who describe understaffed and chaotic workplaces and report it has become difficult to perform their jobs safely, putting the public at risk of medication errors. Pharmacists have noted that they struggle to fill prescriptions, give flu shots, tend the drive-through, answer phones, etc., while at the same time working to meet performance metrics.

The Board noted its belief that several factors contribute to medication errors and there is no single solution and recognized that absent implementation of a mandatory reporting requirement for medication errors, the Board will not have an understanding of the full scope of the issue. As noted at that time, the issue of medication errors must be addressed to improve patient health.

Following national media reports on working conditions and medications, and in response to issues identified as part of the Board's sunset review, the Board conducted a survey of community pharmacists. Results of the survey[28] highlighted significant challenges facing pharmacists working in community pharmacies, most notably in community chain pharmacies. In response to these extremely troubling survey findings, the Board established an ad hoc committee to evaluate the issue of medication errors, workforce challenges, and the intersection between the two. These efforts culminated in a multi-pronged approach, updating Board regulations, developing a consumer education campaign, and most notably, securing passage of AB 1286, establishing many first in the nation requirements, including the requirement to report medication errors that occur in the outpatient setting.

Since enactment of the landmark legislation, the Board has undertaken several implementation activities, primarily focusing on education of the requirements, including development of FAQs, release of a newsletter focusing on the various provisions of AB 1286, and presentations and online trainings. The Board also recently completed the solicitation process necessary to select a vendor to serve as the entity to receive and report on information learned from the submitted medication error reports.

Recommendation: The Board looks forward to full implementation of the medication error reporting requirements and publicly releasing information learned.

[28] The results of the working conditions survey are available on the Board's website using the following link - - https://www.pharmacy.ca.gov/meetings/agendas/2021/workforce_presentation.pdf

ISSUE #18: Patient-Specific Outsourcing. Under what conditions should a licensed outsourcing facility be allowed to fill patient-specific prescriptions?

Sunset Review Committee Recommendation: The Board should discuss whether it believes allowing licensed outsourcing facilities to fill patient-specific prescriptions would be of potential value and suggest any language it believes would be necessary to successfully achieve this purpose.

Action Taken by the Board: As indicated in the Board's prior response, following enactment of the Drug Supply Chain Security Act (DSCSA), which established outsourcing facilities, the Board developed its regulation of such entities. Under federal and state law, licensed outsourcing facilities may compound drug preparations under current good manufacturing practices (CGMP) under specified conditions. At that time, while federal law allowed for such compounding pursuant to a patient specific prescription, California law did not.

The Board appreciates the support of the Legislature to incorporate statutory language as part of the Board's last review, to establish authority for outsourcing facilities to compound patient-specific prescriptions under specified conditions. Following enactment of the statutory changes, the Board developed FAQs to ensure the regulated public understood the new requirements. The Board further developed regulation language to include a requirement for outsourcing facilities to complete a self-assessment process. Regrettably, with competing priorities within the DCA, the Board's formal rulemaking process has not begun.

Recommendation: The Board recommends that the self-assessment process be amended into statute. Additional information is provided in Section 10, Issue 12. Further, the Board believe repeal of BPC section 4129.3 is appropriate.

A copy of the proposed statutory change to repeal section 4129.3 is included in **Attachment G-2**.

ISSUE #19: Collaborative Practice Agreements. Could statute be updated to expand the capacity of pharmacists to engage in expanded services pursuant to collaborative practice agreements?

Sunset Review Committee Recommendation: The Board should provide its recommendations for expanding the authority of pharmacists to engage in activities pursuant to a collaborative practice agreement.

Actions Taken by the Board: As noted in its prior response, pharmacists are highly educated drug therapy experts with a well-established history of performing safely under collaborative practice agreements. The Board included its belief that limitations on the use of collaborative practice agreements could be impeding innovative team-based care approaches.

The Board appreciates the support of the Legislature to incorporate statutory language to expand the use of collaborative practice agreements. Since enactment of the change, the Board has conducted education on the expanded provisions. Regrettably, a survey conducted by the Board in 2022 revealed that a number of pharmacists are still unaware of the change in the law. The Board continues to educate the regulated public on the provisions.

ISSUE #20: Medication-Assisted Treatments. Should pharmacists be further authorized to directly dispense non-opioid medication assisted treatments (MAT) to increase access to care for patients with substance abuse disorders?

Sunset Review Committee Recommendation: The Board should discuss any recommendations it has for authorizing pharmacists to directly furnish non-opioid MAT to patients.

Actions Taken by the Board**:** Regrettably, as noted in its prior response, California continues to grapple with the opioid epidemic. As previously reported, the Board consulted with experts in opioid use disorders to identify actions the Board could take to strengthen access to medication-assisted treatment. One such solution identified was expanding the authority for pharmacists to provide such treatment. The Board appreciates the support of the Legislature to enact authority for pharmacists to provide medication assisted treatment, pursuant to a statewide protocol. Following enactment of the provisions, the Board engaged with experts in the field to develop a statewide protocol. Regrettably, delays in the rulemaking process have hampered implementation of the provisions.

Data suggests that patients in California are not receiving medications for opioid use disorder (MOUD). In fact, according to information published[29] by the CDC, California has one of the states with the lowest buprenorphine dispensing rates in the nation.

Recommendation**:** The Board recommends that the Legislature determine if a statewide protocol is necessary, or if the Board can instead rely on general provisions for pharmacist provided MOUD consistent with a standard of care approach. If the Legislature believes the current approach remains appropriate, the Board would recommend minor changes in the language to replace the outdated term "medication assisted treatment" with "medication for treatment of opioid use disorder."

A copy of proposed statutory language is provided in **Attachment G-3**.

[29] CDC information published related to MOUD access is available using the following link - - https://www.cdc.gov/overdose-prevention/data-research/facts-stats/buprenorphine-dispensing-maps.html#:~:text=States%20with%20the%20lowest%20buprenorphine,%2C%20and%20Hawaii%20(1.8).

ISSUE #21: Pharmaceutical Compounding. Should the Board engage in greater collaboration with the Veterinary Medical Board of California (VMB) in its promulgation of any compounding requirements intended to apply to licensed veterinarians?

Sunset Review Committee Recommendation: The Board should provide its perspective on any recent issues involving veterinary compounding and the promulgation of its regulations and speak to whether there are any opportunities for greater communication and collaboration between the two boards.

Actions Taken by the Board: As stated in its prior report, federal and state law establish the requirements for the compounding of drug preparations. The United States Pharmacopeia (USP) develops and publishes standards for drug substances, drug products, excipients, and dietary supplements in the United States Pharmacopeia–National Formulary (USP–NF). These standards have been recognized in the Federal Food, Drug, and Cosmetic (FD&C) Act since it was first enacted in 1938. Consistent with the provisions of federal law and the USP Compounding Chapters developed by experts, the Board believes compounding should be performed either consistent with current good manufacturing practices (cGMPs) or USP standards. As indicated in its last report, in response to delays in implementation of USP Compounding Chapters, the Board delayed its action to updated compounding regulations.

In November 2022, the USP finalized its work and announced that the compendial date for several USP Chapters would be November 2023. With this announcement, the Board resumed its regulation development activities, including convening several meetings, providing education on federal requirements and USP national standards, and soliciting feedback from stakeholders. Through the development process, the Board accepted changes from the California Veterinary Medical Association (CVMA). Those changes in language are reflected in the current rulemaking underway. In addition, the Board received comments during the initial 45-day comment period specifically related to animal patients. Although the rulemaking continues, the Board is considering recommended changes to the proposed text to address comments submitted specifically related to animal patients.

The Board has provided a fair and transparent rulemaking process, providing numerous opportunities for interested stakeholders to participate, both in the development of the proposed regulation text as well as through the formal rulemaking process. This includes discussion at no less than 10 public meetings prior to initiation of the formal rulemaking. Regrettably, as the Board has continued its work and since the release of the official 45-day comment period, there has been significant misinformation in the public domain misrepresenting the requirements of federal law, the USP compounding standards, and the Board's proposed regulations. The Board welcomes engagement from all interested parties and continues to work to clear up confusion.

Also related to compounding, the Board opposed two legislative efforts, AB 973 (McKinnor, 2023) and AB 3063 (McKinnor, 2024) both of which would have exempted from the definition of compounding, the adding of a flavoring agent. In both legislative attempts the Board noted that the proposed legislation would run contrary to federal law

and national standards. Through the legislative process the Board offered amendments to AB 3063 which would have maintained alignment with national standard while addressing barriers. Regrettably the Board was unsuccessful in its efforts and in both instances the measure was vetoed. The Board supports the use of flavoring agents as a tool to assist patients and looks forward to continued discussion and opportunities to provide education on requirements and gaining additional insights into barriers to meeting the national standards.

Recommendation: The Board believes a statutory change in line with the Board's requested amendment to AB 3063 is one important step in addressing barriers to pharmacies meeting national standards when providing flavoring agents.

A copy of proposed statutory language is provided in **Attachment G-4**.

ISSUE #22: Automated Drug Delivery Systems. Should statute be revised to allow the placement of Automated Drug Delivery Systems (ADDS) in additional locations?

Sunset Review Committee Recommendation: The Board should discuss its recommendations regarding the expansion of ADDS placements with the committees and share language for any proposals it may have.

Actions Taken by the Board: As included in the Board's prior response, as part of its post-implementation review of several measures related to the use of automated drug delivery systems (ADDS), the Board identified locations where use of such a system would be appropriate given the many safeguards inherent in such systems. After review and discussion with stakeholders, the Board supported changes in the law to expand authority for pharmacies to operate an ADDS in other health and care facilities where pharmacy services are provided. Examples of such locations include the following:

1. Mental Health Rehabilitation Center (MHRC). An MHRC is a residential facility that is licensed by the State Department of Health Care Services (DHCS).
2. Psychiatric Health Facility (PHF). A PHF is considered a health facility as defined in Health and Safety Code section 1250 that provides 24-hour inpatient care for people with mental health disorders or other persons as specified.
3. Jails. Many county jails currently obtain drugs from either a county hospital system or a pharmacy contracted with the jail.
4. Juvenile hall clinic. Such a clinic is part of a county's juvenile hall detention center under a probation department.
5. Correctional Treatment Center (CTC). A CTC is a health facility operated by the Department of Corrections and Rehabilitation (CDCR), Division of Juvenile Justice (DJJ) facilities, or a county, city, or other law enforcement agency that provides inpatient health care services.
6. Hospice facility. Such facilities are health facilities are licensed by the Department of Public Health (CDPH).

The Board appreciates the support of the Legislature to incorporate statutory language to expand the use of ADDS. Since that time, the Board has implemented the expanded provisions. As of June 30, 2024, the Board has 1,121 licensed ADDS. Consistent with the provisions of BPC section 4427.8, the Board is submitting as part of its Sunset Report, the

required report related to the regulation of ADDS. This report is included as **Attachment I**.

Recommendation: Following the Legislature's consideration of the Board's ADDS report, it appears appropriate to repeal BPC section 4427.8.

A copy of the proposed statutory provisions is provided in **Attachment G-5**.

IMPLEMENTATION ISSUES

ISSUE #23: Unused Cancer Medication Transfers. Should statute authorizing county-level voluntary drug repository and distribution programs be updated to enable the donation of unused cancer medications?

Sunset Review Committee Recommendation: The Board should discuss whether there are any statutory changes it believes would potentially expand county-level voluntary drug repository and distribution programs to include the transfer of unused cancer medications.

Actions Taken by the Board: The Board is not aware of any statutory prohibition that precludes a county-level voluntary drug repository and distribution program from including the transfer of unused cancer medications. It is the Board's understanding that one program allows for the redistribution of anticancer medications and other medications used to treat cancer as part of its formulary. The Board has developed dedicated staff to perform inspections and monitor implementation of new authorities established in Health and Safety Code section 150204.6; however, it is the Board's understanding that to date, no counties are engaged in the expanded authorities for the pilot projects.

The Board is not aware of any programs established pursuant to the provisions in BPC 4169.7 and Division 117 of Health and Safety Code, Cancer Medication Recycling Act, establishing requirements for collection and distribution of unused cancer medications under specified conditions.

COVID-19 PANDEMIC ISSUES

ISSUE #24: Temporary Licensure. Should the Board's authority to grant temporary licenses in the event of a declared emergency be strengthened to expanded?

Sunset Review Committee Recommendation: The Board should make recommendations for statutory changes to expand its authority to grant temporary licensure to pharmacies and other facilities during an emergency.

Actions taken by the Board: As noted in the Board's prior report, in response to the COVID-19 pandemic, the Board has relied upon the temporary license provisions to secure licensure of alternative care sites and other entities that are necessary to aid in patient care and distribution of necessary products. Using these provisions has allowed the Board to act quickly but also has created some challenges. As the Board evaluates

disaster preparedness through the lens of a pandemic (as opposed to a local or short-term disaster), the Board supported new authority to issue temporary licenses. Changes were not included in the Board's sunset measure.

Recommendation: The Board does believe that as new public health challenges arise, it may be appropriate to consider authority for the Board to grant waivers to public health officials of local health departments to secure necessary treatments and facilitate dispensing to patients. Although not to the same scale, the current H5N1 virus is impacting rural communities that may not have pharmacies. An approach that allows for the deployment of mobile units like those for county pharmacies may provide an option to ready deployment in response to emerging viruses. The Board believes it may be appropriate to partner with the CDPH on the best means by which to address this issue and ensure the Board and local health departments are well equipped to respond should the need present itself.

ISSUE #25: Licensee Outreach. Does current law sufficiently ensure that the Board's licensees have access to important information during a state of emergency?

Sunset Review Committee Recommendation: The Board should discuss its current authority to collect licensee email addresses and whether it believes statute should be modified to expand access to information among its licensees.

Actions Taken by the Board**:** As shared in its prior report, the Board utilizes its subscriber alert system to keep licensees informed. It has proven to be a low-cost and effective means to disseminate information. The Board agrees with California's long history of supporting privacy protections. To that end, the Public Records Act (PRA) defines what information must be released upon request.

Recommendation: The Board believes its current requirements for licensees to join its listservs coupled with its requirement for licensees to maintain a current email address with the Board remain appropriate. The Board notes that as the Board continues its efforts to undertake business modernization activities it is hopeful it can transition to more robust use of email as a primary form of communication with individual applicants and licensees.

TECHNICAL CLEANUP

ISSUE #26: Technical Cleanup. Is there a need for technical cleanup?

Sunset Review Committee Recommendation: The Board should work with the committees to enact any technical changes to the BPC needed to add clarity and remove unnecessary language.

Actions Taken by the Board: The Board appreciates the committees' interest in recommendations to enact technical changes to Pharmacy Law.

Recommendation: The Board has identified technical changes in Pharmacy Law that may be appropriate. The Board is hopeful the committee will also consider some

additional changes that reflect minor, noncontroversial provisions as well as provisions to remove barriers to the Board's investigation process. These proposals are included in several attachments referenced in Sections 9 and 10 of this report.

CONTINUED REGULATION OF THE PHARMACY PROFESSION BY THE CALIFORNIA STATE BOARD OF PHARMACY

ISSUE #27: Continued Regulation. Should the licensing of pharmacy professionals be continued and be regulated by the California State Board of Pharmacy?

Sunset Review Committee Recommendation: The Board's current regulation of the pharmacy profession should be continued, to be reviewed again on a future date to be determined.

Actions Taken by the Board: The Board appreciates the support of the Legislature as it fulfills its consumer protection mandate. The Board has worked diligently to implement the provisions included in its last sunset measure.

Recommendation: The Board firmly believes its current regulation of the pharmacy profession should be continued and looks forward to working with the Legislature to enact meaningful provisions to enhance patient protections.

Section 10

New Issues

- *Issue #1: Nonresident Pharmacies*
- *Issue #2: Pharmacist to Pharmacy Technician Ratio*
- *Issue #3: Pharmacy Technicians Compounding Outside of a Pharmacy*
- *Issue #4: Mail Order Pharmacies*
- *Issue #5: Artificial Intelligence*
- *Issue #6: IV Hydration Clinics*
- *Issue #7: Pharmacy Deserts*
- *Issue #8: Online Health Platforms Directing Patients to Specific Pharmacies*
- *Issue #9: Pharmacy Delivery Services (Including DoorDash Uber, etc.)*
- *Issue #10: Payor Activities (including auditing practices) that Negatively Impact Patient Access*
- *Issue #11: Standard of Care Practice Model for Pharmacists*
- *Issue #12: Establish Self-Assessment Process in Statute*
- *Issue #13: Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023) Clarification*
- *Issue #14: Remote Processing*
- *Issue #15: Retitle "Advanced Practice Pharmacist" to "Advanced Pharmacist Practitioner"*
- *Issue #16: Records*
- *Issue #17: Converting Paper Records to Digital*
- *Issue #18: Clarification on Pharmacist Prescriptions*
- *Issue #19: Hormonal Contraception*
- *Issue #20: Ownership Prohibition*
- *Issue #21: Retired Pharmacist License*
- *Issue #22: Changes to Pharmacy Technician Trainee*

Related Attachments (Vol. 2)

- *Attachments H-1 – H-21*

New Issues

ISSUE #1: Nonresident Pharmacies

Provisions of California pharmacy law provide that any pharmacy located outside of California, that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices, into California, is considered a nonresident pharmacy, and licensure by the Board is required.

Over the course of several public meetings, the Board discussed the requirements for nonresident pharmacies and noted that nonresident pharmacies must comply with California laws but may not understand California requirements. Under current law, while the nonresident pharmacy is required to hold a nonresident pharmacy license issued by the Board, neither the pharmacist-in-charge or other pharmacists are required be licensed in California. This stands in contrast to many other states which require such licensure. In addition, the Board is concerned about actions taken in a few jurisdictions to waive examination requirements for pharmacists.

Through the Board's discussion members expressed concerns about the Board's current inability to perform inspections at nonresident pharmacies and the disparity this creates. Members also expressed concern that a pharmacist-in-charge of nonresident pharmacy has not established minimum competency with California law yet is responsible for operational and legal compliance with California pharmacy law.

Following discussion, the Board determined that changes in pharmacy law are required to address several issues including:

a. Require the pharmacist-in-charge of a nonresident pharmacy to be licensed in California.
b. Require the Board to conduct inspections at nonresident pharmacies at least once every four years as a condition of renewal.
c. Require pharmacists providing services to California patients to meet minimum examination requirements.
d. Clarify that nonresident pharmacies are required to comply with California law.

The Board's statutory proposal is included in **Attachment H-1**.

ISSUE #2: Pharmacist to Pharmacy Technician Ratio

Provisions of California pharmacy law generally provide that a pharmacy with only one pharmacist shall have no more than one pharmacy technician performing tasks and that the ratio of pharmacy technicians to pharmacists shall not exceed 2:1 for each additional pharmacist. The law further provides that this ratio does not apply to personnel performing clerical functions, nor does it apply to an inpatient setting (licensed health facility, home health agency, State Department of State hospitals, State Department of Developmental Services) to an inmate of a CDCR correctional facility, or a person receiving treatment in a facility operates by the Department of Veteran's Affairs.

The Board has the authority to enact regulations establishing the ratio of pharmacy technicians in inpatient facilities but does not have similar regulatory authority in the outpatient or community pharmacy setting.

Over the years there have been several legislative attempts to change the ratio requirements. Most recently, Senate Bill 1365 (Glazer, 2024) would have changed the ratio in California in the outpatient setting to establish a ratio of one pharmacist to four pharmacy technicians. The measure was held in the Senate Appropriations Committee.

To solicit feedback on the current ratio requirements in both the outpatient and inpatient pharmacy settings, the Board developed a survey in partnership with the DCA Office of Professional Examination Services. The survey was released in March 2024 with the Board receiving responses from over 4,510 pharmacists. Analysis of responses was provided for specific pharmacy settings (institutional and noninstitutional) where pharmacists were asked to respond to questions related to their belief about the current pharmacist to pharmacy technician ratio. This data was further broken down to include respondents that indicated they were in a management or administrative position for their employer.

Based on the survey results, the Board considered a number of different approaches offered by interested stakeholders during public discussion. Survey results were broken down based on the inpatient and outpatient pharmacy settings. Specifically related to the outpatient setting, survey results revealed consensus among pharmacists irrespective of their role within the pharmacy (e.g., pharmacist-in-charge, those not working in a position of management, etc.) that the current 1:1 ratio is not appropriate. Further review of the data reveals that in the outpatient setting, the majority of respondents believe that a ratio of one pharmacist to two pharmacy technicians (1:2) is appropriate.

In light of the survey results, and following considerable discussion and public comment, the Board believes a change to the current ratio in the outpatient setting is appropriate. The Board has committed to scheduling additional discussion on the current ratio requirement in the inpatient setting and notes that should a change be determined appropriate, the Board will initiate a rulemaking, consistent with its authority to update the ratio.

The Board's statutory proposal is in **Attachment H-2**.

ISSUE #3: Pharmacy Technicians Compounding Outside of a Pharmacy

As provided in California pharmacy law, a pharmacy technician is defined as an individual who assists a pharmacist **in a pharmacy** in the performance of their pharmacy related duties. The Board is aware of many instances in which an individual who possesses a pharmacy technician license is hired by a prescriber to perform compounding outside of a pharmacy. In some instances, these pharmacy technicians are specifically recruited to perform compounding in a physician's office, an unlicensed infusion center, oncology clinic, IV hydration clinic or wellness spa. Although the Board does not generally license these locations, consistent with the Board's authority, inspector staff have inspected such practices and noted significant deviations from the national

compounding standards established in the United States Pharmacopeia (USP), in a violation of federal law. The deviations from the USP standards, the potential for harm and documented harm cause grave concerns for the Board. Examples of deviations include using nonsterile ingredients and repacking the nonsterile ingredient, adding water, and then labeling the end product as a sterile injectable product. Another example of serious patient harm included a pharmacy technician license was working in a pain management clinic, compounding non-sterile to sterile compounded preparations for intrathecal injection in an unsafe environment and in an unsafe matter.

The Board notes that pharmacy technicians play an integral role in assisting pharmacists with performing their duties, but only do so under the direct supervision and control of a pharmacist. In the Board's review and assessment of the various locations where a pharmacy technician is working outside of a pharmacy, it appears that no such direct supervision and control of the pharmacy technician's practice occurs.

In response to these troubling practices, the Board believes an amendment to pharmacy law is appropriate to provide authority for a pharmacy technician to work outside of a pharmacy, providing that such practice can only be undertaken under the direct supervision and control of a pharmacist.

The Board's statutory proposal is in **Attachment H-3**.

ISSUE #4: Mail Order Pharmacies

Mail order pharmacies offer insurers and patients a different option to provide pharmacy care. Although there are benefits to this pharmacy model, it also creates unique challenges in meeting patient care issues. The Board notes a significant number of investigations involving mail order pharmacies, where patients are required to use such services in lieu of the pharmacy of their choice at the direction of their health insurer or face higher costs. Faced with this, many patients accept the payor-driven pharmacy model and use the services of a mail order pharmacy to receive their prescription medications.

The Board has some regulations governing mail order pharmacies which seek to ensure patients have ready access to a pharmacist and which impose threshold requirements for patients to receive patient consultations. Regrettably the Board has received a significant number of complaints specifically related to mail order pharmacies including delays in therapy and concerns about storage of medications throughout the shipping and delivery process. Mail order pharmacies create unique challenges for patients attempting to resolve issues in part because of difficulties speaking with a pharmacist. Under the Board's current authority, the maximum fine the Board can assess is $5,000 per investigation. The Board believes the current $5,000 maximum fine amount has not been sufficient to bring about changes in the practice to align with legal requirements.

The Board believes where it can demonstrate a pattern of similar violations over a period of time, the Board's fine authority should be increased. The Board suggests a model similar to that developed for chain community pharmacies may be appropriate.

The Board's statutory proposal is in **Attachment H-4**.

ISSUE #5: Artificial Intelligence

The use of artificial intelligence in pharmacy practice has the potential to improve patient care and treatment, but also creates new risks to patients that must be carefully considered. If not implemented correctly, bias in the AI system can cause harm. The US Department of Health and Human Services Office of Minority Health[30] notes, "Healthcare algorithms and AI bias can contribute to existing health disparities for certain populations based on race, ethnicity, gender, age, or other demographic factors." Where pharmacies elect to provide AI as a tool for pharmacists, both the pharmacy and the pharmacists must remain vigilant and focus on the needs of the specific patient before them.

Regrettably, the Board has witnessed a trend in some community pharmacies where the independent clinical judgment of a pharmacist has been supplanted with use of an algorithm or AI, resulting in denial of treatment for a patient. In some investigations conducted by the Board, pharmacists have indicated that using their professional judgment, they would have dispensed a medication to a patient, but pharmacy systems prevented them from doing so. Such a system appears to be the equivalent to the corporate practice of pharmacy. Unlike in medicine where there is a prohibition on the corporate practice of medicine, such a prohibition does not exist for the practice of pharmacy. This has long been a challenge for the Board, pharmacists, and patients. Recently the Board sought changes to its unprofessional conduct code as an attempt to prevent the corporate practice of pharmacy. Regrettably, through both investigations, and public comments received, this dynamic continues to exist. It appears that with the advent of AI and its use in pharmacy, this current trend will continue, to the detriment of patient care.

As a national leader, California recently enacted legislation to establish protections against the use of AI in some industries. While the Board does not believe a total prohibition on the use of AI in pharmacy practice is either necessary or in the best interest of patients, and while the Board believes that AI is a tool to assist a pharmacist in making clinical judgment, the Board stands firm that AI cannot and should not supplant such clinical judgment.

[30] The US Department of Health and Human Services statement is available using the following link - - https://minorityhealth.hhs.gov/news/shedding-light-healthcare-algorithmic-and-artificial-intelligence-bias#:~:text=Healthcare%20algorithms%20and%20AI%20bias,used%20to%20train%20computer%20programs.

The Board believes it is necessary to make this explicit in its regulations while the implementation and integration of AI is beginning.

The Board's statutory proposal is in **Attachment H-5**.

ISSUE #6: IV Hydration Clinics

Federal law establishes the authority for specified individuals to compound human drug productions under provisions specified in section 503A of the federal Food, Drug, and Cosmetic Act (FD&C Act) (21USC Section 353a). Drug products compounded under these provisions are exempted from some of the requirements for drug manufacturing and the drug approval process.

In recent years, the U.S. Food and Drug Administration (FDA) has released warnings about instances of drug products being compounded under insanitary conditions. Many of these warnings stem from compounding occurring in sites that are not regulated by the Board or other regulatory agencies, including IV hydration clinics. Although business models vary, such clinics have been identified as operating in a variety of locations, including mobile vans, med spas, beauty salons, and gymnasiums. These locations generally do not have the appropriate equipment, storage, or classified areas, nor do they have authorized health care professionals performing the sterile compounding. Board staff are frequently contacted by various agencies to assist in assessing compounding operations and practices at such facilities by providing subject matter expertise, but the Board generally lacks jurisdiction over the practice and is unable to provide meaningful consumer protection.

The FDA warnings include an example of an investigation initiated after a California patient was hospitalized and treated for suspected septic shock with multi-organ failure, after having received an IV vitamin infusion in her home. The FDA reported that it is aware of sterile compounding activities, such as adding vitamins to IV infusion bags, being performed by businesses such as IV hydration clinics that are not licensed by the Board of Pharmacy, the California Department of Public Health, or any other similar agency, and notes that it is unknown and undocumented if the drug products are prepared, packed, or held under insanitary conditions by such entities. Additionally, it is unknown whether a licensed practitioner is on site to evaluate patients and write prescriptions for the drug products being administered. The FDA notes that the number of these entities and the compounding practices occurring at these entities are not fully understood given that compounders who compound drugs under section 503A of the FD&C Act generally do not register with the FDA.

Consistent with the Board's authority, Board staff have assisted in inspections and conducted independent inspections at some IV hydration clinics and have witnessed alarming practices that place consumers at risk. Board staff have identified challenges conducting inspections to evaluate for compliance with federal requirements for a variety of reasons including lack of basic patient information and administration information which is either not maintained or is not adequately, recorded. Inspector staff have also identified products in these clinics that are purchased from unlicensed sources, including in some instances sources with licenses that have been revoked in California.

Additionally, where products have been purchased from unlicensed sterile compounding pharmacies, it is suspected that many times the products are not provided consistent with the requirements of section 503A of the FD&C Act and Board regulations. Further, in many instances there is no authorized prescriber on site evaluating the compounding practice.

An internet search of "IV Hydration Clinics in California" reveals that such businesses are extremely prevalent in our state. The Board is extremely concerned about these practices and the negative impacts to patients, who may not be aware of the safety concerns. To address this, the Board developed a consumer education policy statement to highlight some of the patient safety concerns and questions a patient should ask. In addition, the Board developed education for compounders. The educational materials are cobranded with several other DCA programs.

While education may address some of the patient safety challenges, it is apparent that many of these clinics are operating outside of the federal law and national standards and that no state entity is responsible for oversight of these facilities. The Board strongly believes that action is necessary to ensure compounding practices align with federal law and national standards. The Board believes it has the appropriate expertise to regulate these facilities where on site physician oversight is not in place.

The Board's statutory proposal is in **Attachment H-6**.

ISSUE #7: Pharmacy Deserts

Pharmacists are one of the most accessible health care providers. Regrettably market forces have closed both independent and community chain pharmacies across the state. Over the last three years the Board has observed over a 117% increase in community chain pharmacy closures. The overall licensee population of pharmacies has also been reduced by seven percent over the past three years.

Such closures impact communities across California, most notable rural areas. Further, review of data from the Department of Health Care Services, Medi-Cal reveals that provider enrollment is significantly down, leaving gaps in care.

The Board has received public comment that certain payor practices (discussed under Issue #10) increase costs to patients and result in an unsustainable business model for many pharmacies.

The Board proposes to assist with the opening of new pharmacies in pharmacy deserts through the waiving of application and renewal fees for a pharmacy that establishes a brick-and-mortar pharmacy in a pharmacy desert. Further the Board proposes to use dedicated staff to serve as an ombudsman to assist the pharmacy owner with pharmacy application requirements. The pharmacies established in the pharmacy deserts will be eligible to operate without paying fees to the Board until such time as more than two pharmacies conduct business in the underserved area.

The Board estimates there are over 100 pharmacy deserts across California.

The Board's statutory proposal is in **Attachment H-7.**

ISSUE #8: Online Health Platforms Directing Patients to Specific Pharmacies

As new practice trends emerge it is important for the Board to evaluate such practices to confirm compliance with pharmacy law and patient safety. Although telehealth platforms have existed for some time, during the COVID pandemic they appear to have grown in popularity. While these platforms may provide ease of access to a medical provider, they also create new patient safety concerns, especially when a patient is directed by the telehealth platform to a specific pharmacy.

The Board is aware of telehealth platforms that steer patients to a pharmacy owned and operated by the telehealth platform. Such a scheme appears to violate at a minimum the intent of the anti-kickback statute prohibiting offering or receiving any remuneration to induce referrals for services.

Patient safety is also of concern given that the telehealth platforms may not have full visibility into the patient's history, including underlying medical conditions, medication use including over-the-counter and prescription medications. This can lead to contraindications and duplication in therapies being overlooked, placing patients at risk.

The Board believes that at a minimum patient protection must be addressed to avoid potential patient steering, or other violations of anti-kickback provisions. The Board recognizes that many of these issues are outside the scope and jurisdiction of the Board and suggests that it may be appropriate for the Legislature to determine if an agency should be designated to regulate telehealth platforms.

The Board does believe that is has sufficient jurisdiction over the pharmacies that are involved in this business practice, including instances where the telehealth platform also owns the pharmacy or outsourcing facility dispensing the prescription medication. Based on the Board's history of regulating pharmacies filling unlawful internet prescriptions, the Board believes additional requirements are necessary including a notification requirement to the Board.

The Board's statutory proposal is in **Attachment H-8**.

ISSUE #9: Pharmacy Delivery Services (including DoorDash, Uber, etc.)

Although pharmacy delivery has always been a service provided by pharmacies largely for patients in residential facilities (skilled nursing facilities, long term care facilities, etc.), during the COVID pandemic, delivery of prescription medications became far more common place. The Board acknowledges that patients enjoy the convenience of prescription medication delivery, but notes that delivery of medications becomes a barrier to vital patient consultation. To address challenges stemming from low health literacy rates, the Board updated its patient consultation requirements to ensure patients have ready access to pharmacist consultation. While these requirements are relatively new, the Board has substantiated a number of violations where patients were unable to

speak with a pharmacist. The Board will continue its efforts to educate about the requirements.

Another patient care issue that arises from the delivery of prescription medications is the lack of requirements for delivery personnel, lack of background checks, lack of understanding of drug storage requirements, etc. Pharmacies employ different methods for delivery of medications, some using their own personnel, others contracting with delivery services, and in other instances pharmacies use general delivery services such as DoorDash and Uber to deliver medications.

The Board has conducted investigations and identified issues where prescription medications are delivered to the wrong patient or are left on porches or on driveways or in mailboxes in extreme weather conditions. In some instances, medication that is left in these uncontrolled environments is then subsequently returned to the pharmacy for redispensing.

The Board believes that some of these issues arise because of the lack of education, training, and awareness of unique issues with drug handling. To address this, the Board believes guardrails are necessary to ensure individuals providing delivery of prescription medications are adequately trained and that specific provisions for medication handling in the delivery process are maintained. Compliance with DEA background checks should also be required.

The Board believes it has sufficient authority to develop regulations in this area; however, it is interested in working with the Legislature to establish either a registration requirement for pharmacies that deliver medications or some type of registration for delivery personnel.

ISSUE #10: Payor Activities (including auditing practices) that Negatively Impact Patient Access

The Board is extremely concerned about the emergent of payor practices that negatively impact patient care. The payor practices appear to go unresolved and continue to place patients at risk. The Board has publicly discussed some of these issues seeking to gain an understanding of the issues and impacts to patients. In addition, Board staff have conducted investigations that demonstrate negative impacts to patients, yet the Board lacks the authority to address the issue.

These payor practices involve two general areas, failure to comply with existing requirements of the law including mandates for health insurers to reimburse for pharmacy services as well as unfair practices by pharmacy benefit managers placing patients at risk.

Assembly Bill 317 (Weber, Chapter 322, Statutes of 2023) established requirements for health care service plans and certain disability insurers that offer coverage for a service, that is within the scope of practice of a pharmacist, to pay or reimburse the cost of

services performed by a pharmacy at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy under specified conditions. These provisions became effective January 1, 2024.

Interested in learning about the implementation of the measure, the Licensing Committee of the Board received a presentation on implementation of the measure. The Board learned through this presentation that while implementation activities are underway by some insurers, the provisions of the measure and required reimbursement is largely not occurring. As the Board noted elsewhere in this report, the lack of reimbursement for authorized patient care services, along with other payor practices, are resulting in pharmacy closures, lack of patient access to care and pharmacy deserts. While the Board does not have jurisdiction over the health care services plans and disability insurers, the Board is interested in working with the Legislature and appropriate state agencies to facilitate implementation consistent with the legislative mandates included in Assembly Bill 317.

In addition to a failure to comply with reimbursement provisions, the Board is extremely concerned about payor practices of pharmacy benefit managers. As an example, in 2021 the Board convened an informational meeting to discuss the practice of white bagging. White bagging is a payor practice that requires a patient to use a specified pharmacy to obtain medication that will be administered, typically at an infusion center. During the meeting, the Board learned about many of the patient safety concerns stemming from this practice, including challenges in coordinating care and delays in therapy. Many of the patients requiring infusion have serious medical conditions such as cancer where delays in therapy to result in disease progression. Regrettably, the Board does not have the current authority to prevent this payor driven practice.

In addition, the Board routinely receives complaints from consumers indicating that a pharmacy delayed dispensing of a medication in violation of Business and Professions Code section 733. Through the Board's investigation however, the Board many times discovers that the delay was not caused by the actions of a pharmacy but rather, the delays were caused by payor requires for things such as prior authorizations, for which there is no enforcement of provisions that such authorizations be approved within a specified time frame. Regrettably the Board does not have current authority to address the root causes of the delay in therapy which again for a patient can have significant consequences.

The Board has also been advised that some payors, as part of their audit process, clawback payments based on a determination by the auditor that either the pharmacy has violated a provision of Pharmacy law or otherwise not met requirements the payor believes as appropriate. As an example, the Board is aware of pharmacies that are dispensing HIV postexposure prophylaxis, which is a 28-day treatment. Many drug manufacturers however sell the medications in 30-day supply. In such instances a pharmacist must either provide a patient with extra medication or open a sealed the manufacturers container and appropriately dispense a 28-day supply contrary to the manufacturer's recommended packaging. Both such actions place the pharmacy at risk of clawbacks for these mediations which are high value medications. In the first scenario,

it is possible the payor may determine that the pharmacist dispensed an excess quantity than the standard of care for such a medication using that as justification to clawback the reimbursement. In the second scenario, pharmacists are reporting that the payor is clawing back the reimbursement because the pharmacist, in dispensing the medication to the patient, broke the seal of drug manufacturer packaging to dispense a 28-day course of treatment, in which case the PBM is clawing back the reimbursement because the medication was not dispensed consistent with the manufacturer's packaging. This catch-22 may lead pharmacies to paying for the medication provided to the patient ultimately without any reimbursements. Such a business model is neither fair to the business nor sustainable. It is important to notice that impact to patients caused by this issue is not theoretical. In Los Angeles for example, the Board is aware of many chain pharmacies that are no longer providing PEP medications to patients. In such instances patients are turned away. Because the effectiveness of PEP is very time sensitive based on the exposure window, such delays in therapy increase the risk of a patient contracting HIV.

This is just one example. The Board is aware of other scenarios where payor practices result in clawbacks of reimbursements based on potential technical violations of law. It is important to note that in these instances, the Board has not made a determination of a violation of law rather the payor is making a determination and using that as justification to claw back reimbursement. Where these clawbacks occur the pharmacies lose reimbursement for drugs that have already been dispensed to patients, many months, and at times up to 2 years, after dispensing the medication.

The Board believes that many of these payor practices are placing patients at risk and are resulting in the closures of pharmacies, creating pharmacy deserts and barriers to care. These issues must be addressed to protect patients and ensure patients have access to pharmacist care in all communities.

The Board further notes that challenges continue to exist with implementation of Assembly Bill 1114 (Chapter 602, Statutes of 2016). The Board has received public comments suggesting that there appears to be significant inconsistencies among the 24 Medi-Cal Contracted managed care organizations (MCOs). The Board intends to convene a public discussion to learn more about the practices and barriers pharmacies face in receiving reimbursements consistent with the provisions of the underlying requirements of AB 1114.

The Board is recommending statutory changes to address these issues. The Board's statutory proposal is included in **Attachment H-9**.

ISSUE #11: Standard of Care Practice Model for Pharmacists

During the Board's last sunset review, the Board was directed to evaluate if a transition to a standard of care enforcement model would be both feasible and appropriate for the regulation of pharmacy (BPC 4301.3, which was repealed January 1, 2024). As required by this section, the Board undertook its work and submitted the required report to the Legislature.

The Board noted in its report that moving to a standard of care enforcement model would have broad implications and determined it appropriate to establish an ad hoc committee solely dedicated to evaluation of the question posed by the Legislature to allow for robust engagement with interested stakeholders. Through this process members received presentations from stakeholders, reviewed actions taken by other jurisdictions, considered research, conducted a survey of licensees, and robustly discussed a number of policy questions. The policy questions in full are described in the report. Several of the policy questions posed went beyond the original question posed by the Legislature and considered if expanding the use of a standard of care practice model for pharmacists could benefit patients. As part of its evaluation, the Board concluded that based on the information it received and considered, California patients would benefit from pharmacists gaining additional independent authority to provide patient care services, not limited to the traditional dispensing tasks performed at licensed facilities, consistent with their respective education, training, and experience. The Board further recommended revisions to certain provisions detailing a pharmacist's authorized scope of practice for specified clinical patient care services and transition to a standard of care model for specified patient care services, where sufficient safeguards are in place to ensure pharmacists retain autonomy to utilize professional judgment in making patient care decisions. Under those conditions, the Board believes that transitioning to greater use of a standard of care model in the provision of specified patient care services could benefit patients by providing expanded and timely access to patient care from suitably educated, trained, and experienced health care providers.

Consistent with the Board's commitment in its report, the Board subsequently undertook development of a statutory proposal for consideration during the Board's sunset review process. This work was largely performed by the Licensing Committee and developed over a series of public meetings. The legislative proposal seeks to transition many provisions of pharmacist care to a standard of care model in lieu of the current prescriptive model established. As an example, under the Board's proposed language, a pharmacist will retain the ability to provide hormonal contraception, but will follow a standard of care approach, in lieu of following prescriptive rules established in the Board's regulation.

Data suggests that about 20% of Californians live in areas designated as primary care health professional shortage areas; while only 6 percent of Californians live in areas designated as pharmacy deserts. This data highlights a significant opportunity to expand access to care to patients.

While the Board has received some concerns about pharmacists' ability to maintain sufficient autonomy in some community pharmacy settings, the Board's legislative proposal generally enjoys broad support from several associations and pharmacists. The proposal strikes a balance, by creating an option for pharmacists to perform services, while maintaining current provisions to allow for such services to be performed under a collaborative practice agreement. The language also underscores a pharmacist's self-determination in deciding what services they are appropriately educated and trained to perform. Such an approach is like other health care professions, such as physicians that,

under the law can perform all functions for which they possess the requisite education and training to perform.

The Board's statutory proposal is included in **Attachment H-10**.

ISSUE #12: Establish Self-Assessment Process in Statute

The Board requires completion of a self-assessment form for a number of its licensed businesses as a means to promote self-evaluation and compliance through self-examination and education. The self-assessment forms include a compilation of relevant laws applicable to the license type, e.g., community pharmacy, hospital pharmacy, sterile compounding license, surgical clinic, etc.

In each instance the law establishes the process to be followed, the frequency within which the self-assessment must be completed, and the required signatories of the form.

The Board believes the self-assessment process is an important tool and believes requirements should apply to all facility license types issued by the Board. Currently the Board's self-assessment requirements are in various provisions of pharmacy law and regulations. The Board proposes to centralize the self-assessment requirement into statute to ensure consistency in the Board's approach to promoting self-compliance.

The Board's statutory proposal is included in **Attachment H-11**.

ISSUE #13: Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2024) Clarification

In 2023, the Board sponsored a sweeping patient safety measure focusing establishing many first in the nation requirements including provisions addressing known root causes of medication errors and establishing mandatory reporting of medication errors. Through implementation efforts, the Board has identified some areas that require clarification of the language clarifying the Board's expectations in two areas 1) related to the authorized duties of a specially trained pharmacy technician and 2) clarification on the reports for medication errors related specifically to nonresident pharmacies.

The Board's statutory proposal is included in **Attachment H-12**.

ISSUE #14: Remote Processing

As part of the Board's response to the COVID-19 public health emergency and the initial need for physical distancing, a "Remote Processing Waiver" was approved by the Board. This waiver expired on May 28, 2023. Under the provisions of the waiver, legal authorization for remote processing was expanded to allow for greater flexibility under pandemic conditions.

"Remote Processing" is defined to mean the entering of an order or prescription into a computer from outside of the pharmacy or hospital for a licensed pharmacy. The Waiver allowed that, in addition to the provisions of BPC section 4071.1(a), pharmacists performing remote processing could also receive, interpret, evaluate, clarify, and

approve medication orders and prescriptions, including medication orders and prescriptions for controlled substances classified in Schedule II, III, IV or V.

Under the Waiver, remote processing also included order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, and authorizing release of medication for administration. The Waiver did not permit dispensing of a drug or final product verification by remote processing.

Further, the Waiver expanded the provisions of BPC section 4071.1(a) to allow for remote processing by pharmacy technicians and pharmacy interns to include nondiscretionary tasks, including prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders for which supervision by a pharmacist was provided using remote supervision via technology that, at a minimum, ensured a pharmacist is (1) readily available to answer questions of a pharmacy intern or pharmacy technician; and (2) verify the work performed by the pharmacy intern or pharmacy technician.

There were certain limitations and qualifiers regarding the Waiver, including that a pharmacist, pharmacy technician, or pharmacist intern relying on the Waiver must be licensed in California, and must be engaged in processing medication orders or prescriptions from a remote site or on the premises of a California-licensed pharmacy. The pharmacy must have authorized remote processing and must have appropriate policies and procedures as well as adequate training on those policies and procedures.

The Board considered a number of policy questions and ultimately identified a statutory proposal that can create a path forward to establish provisions for some remote work on a permanent basis.

The Board's statutory proposal is included in **Attachment H-13**.

ISSUE #15: Retitle "Advanced Practice Pharmacist" to "Advanced Pharmacist Practitioner"

Pursuant to provisions in Senate Bill 493, (Hernandez, Chapter 469, Statutes of 2013) the Board established the advance practice pharmacist licensing program. As of September 20, 2024 the Board has 1,383 advanced practice pharmacist licensees. Aside from some minor clarifying changes in the qualifications method made during the Board's last sunset review, the program has remained largely unchanged.

In light of what is occurring nationally, where health care providers performing advanced functions are often referred to as "practitioners" (e.g., nurse practitioners) the Board believes a change to the name of the licensing program is appropriate, specifically changing the current name "advanced practice pharmacist" to "advanced pharmacist practitioner" as well as making conforming and nonsubstantive changes. The Board believes such a change more appropriately reflects the services provided and underscores the pharmacist's role in the health care team.

The Board's statutory proposal is included in **Attachment H-14**.

ISSUE #16: Records

Senate Bill 1442 (Weiner, Chapter 569, Statutes of 2018) established requirements prohibiting specified community chain pharmacies from requiring a pharmacist to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless either another employee of the pharmacy or an employee of the establishment within which the pharmacy is located is made available to assist the employee.

Following enactment of the measure, and in response to a petition filed by United Food and Commercial Workers (UFCW) the Board developed regulations to further clarify the statutory requirements.

Since that time the Board has received a number of allegations of non-compliance with the legal requirements regarding pharmacy operations including staffing requirements and quota prohibitions. These investigations are challenging in part because some pharmacies refuse to provide the Board with records requested because they allege the records sought go beyond the specific types of records (i.e., records of acquisition and disposition) found in BPC 4081 and 4105. Such challenges create barriers to conducting complete and timely investigations.

Given enacted legislation governing pharmacy operations related to staffing and performance metrics establishing the state's policy in this area, the Board believes it is appropriate to update provisions of Pharmacy Law to explicitly state additional records must be maintained and made available to the Board. The types of records would include job duty statements, that would confirm whether an individual meets the requirements of the Board's regulation, staffing schedules that would demonstrate compliance with staffing requirements and performance metrics, training records that confirm an individual meets requirements to perform specified tasks, and more.

The Board's statutory proposal is included in **Attachment H-15**.

ISSUE #17: Converting Paper Records to Digital

Pharmacy law requires the maintenance of records for three years from the date of making. Depending on the size of a facility, storage of paper records may become challenging. Licensees are seeking a means to convert paper records to an electronic format. The Board believes preservation of records in an electronic or digitized manner is appropriate, if the entity ensures that the records cannot be edited from the original version.

The Board's statutory proposal is included in **Attachment H-16**.

ISSUE #18: Clarification on Pharmacist Prescriptions

Pharmacist authority to prescribe has expanded over the years under both collaborative practice agreements, pursuant to protocol and pursuant to policies and procedures; however, as these changes have occurred related sections of the law have not been updated to incorporate the changes. When this occurs, it can create confusion.

The Board believes nonsubstantive changes are necessary to update BPC sections 4040 and 4051 to reflect the changes in pharmacist prescriptive authority.

The Board's statutory proposal is included in **Attachment H-17**.

ISSUE #19: Hormonal Contraception

Pharmacy law establishes authority for a pharmacist to furnish self-administered hormonal contraception in accordance with standardized procedures or protocols developed and approved by both the Board and the Medical Board of California in consultation with a number of identified agencies.

Recently enacted legislation, Senate Bill 523 (Leyva, Chapter 630, Statutes of 2022) made various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy as specified in the measure. As part of the changes, effective January 1, 2024, a health care service plan or health insurer is required to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost sharing or medical management restrictions.

While OTC hormonal contraception is available to patients, implementation of health care service plan coverage is stymied because of requirements related to reimbursement, most notably, insurers generally require a prescription to reimburse for medications, even those determined by the FDA to be OTC.

The current legal provisions for pharmacist-furnished hormonal contraception while intended to expand access to such products, have proven to be a barrier. Regrettably the under prescriptive language included in current law, pharmacists cannot furnish OTC hormonal contraception without meeting all of the requirements for prescription products.

To remedy this issue, the Board believe a change to pharmacy law is necessary to allow pharmacists to prescribe OTC hormonal contraception to meet the requirements of health insurers as well as to clarify that the prescriptive requirements for pharmacist-furnished hormonal contraception apply only to prescription items. The Board notes that if the Legislature agrees with the Board's recommendation to transition to a standard of care practice model for pharmacists, the proposed language specifically related to hormonal contraception will not be necessary.

The Board's statutory proposal is included in **Attachment H-18**.

ISSUE #20: Ownership Prohibition

Pharmacy law prohibits the Board from issuing or renewing a pharmacy license to an individual authorized to prescribe; a person who shares a community or other financial interest with a prescriber; or to any corporation that is controlled by 10 percent or more of stock owned by a person or persons prohibited from pharmacy ownership.

California is a community property state. This means that, generally, property acquired by either spouse during a marriage is presumed to be equally owned by both spouses. There are some exceptions, such as prenuptial agreements, where property acquired may not be community property depending on the agreement of the parties to a valid prenuptial agreement. However, the existence of a prenuptial agreement in and of itself may or may not remedy the financial interest that each spouse has in the other's businesses. For example, the money earned by one spouse in their pharmacy would likely be used to support the home, family, or lifestyle of the couple. Therefore, while there may be no specific community property interest as defined in the Family Code, there may still be a community or financial interest that would apply under this code section.

As part of the application process for a pharmacy, the Board requires disclosure of ownership information. To confirm compliance with the above provisions, the Board requests information specifically related to officers and owners of individuals authorized to prescribe in California.

Historically, as part of the application process, if an applicant disclosed a familial relationship with a prescriber, the Board would inquire about the nature of the relationship to confirm compliance with pharmacy law prior to making a licensing decision. For a number of years, the Board accepted representations from the applicant that the prescriber did not have any financial or community interest in the pharmacy. Unfortunately, this was something of a shallow view of the law and failed to take into account the realities of family life, the requirement of the Family Code that spouses owe a duty of care towards each other, and the conflicts of interest that the statute was designed to protect against.

As the Board's application and assessment process has evolved, most notably in response to changes in the ownership assessment process, Board staff began looking deeper into the financial arrangements between the applicant spouse and the prescriber spouse and came to the realization and understanding that pre- or post-nuptial agreements would not necessarily resolve the issue of having a community or financial interest in the pharmacy.

The sole focus on the financial aspects of the property does not take into account policy considerations such as financial incentives for a prescriber to direct prescriptions to their spouses' pharmacy, or pharmacists exercising their duty of corresponding responsibility and whether that duty would be impacted when reviewing a prescription written by a pharmacist's spouse or the spouse's practice group.

Further, under provisions of AB 1533 (Committee on Business and Professions, Chapter 629, Statutes of 2021, authority for pharmacists to initiate, adjust, or discontinue drug therapy for a pharmacy under a collaborative practice agreement was expanded; however, BPC section 4111 was not similarly amended.

The Board's statutory proposal is included in **Attachment H-19**.

ISSUE #21: Retired Pharmacist License

Pharmacy law establishes the current provisions for a pharmacist to retire their pharmacist license. Under the current requirements, the holder of a retired pharmacist license may only restore their license to an active status after passing the pharmacist licensure examination required for initial licensure.

Through recent discussion, the Board noted that its requirements to restore a pharmacist license, were more burdensome than requirements for a pharmacist whose license is lapsed for nonrenewal or those seeking to reactivate their inactive pharmacist license. Seeking to address this inequity, and to establish a less burdensome manner for recently retired pharmacists to restore their pharmacist license, the Board identified changes to pharmacy law that provides parity for restoring a retired pharmacist license through completion of continuing education and payment of a fee.

The Board's statutory proposal is included in **Attachment H-20**.

ISSUE #22: Changes to Pharmacy Technician Trainee

Pharmacy law established several different pathways to licensure as a pharmacy technician, including through completion of a training program. Pharmacy law also establishes provisions for a "pharmacy technician trainee" (trainee) and provides that this term is defined as 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 Education.

As part of the Board's ongoing review and evaluation of the pharmacy technician licensing program, the Board has received presentations from various pharmacy technician training program providers describing the requirements for their respective certification or accreditation programs that provide a pathway to licensure for individuals seeking licensure as a pharmacy technician.

Through this education and discussion, the Board determined that the current definition of pharmacy technician trainee is too limited noting that individuals completing an accredited employer-based training programs should also be able to gain experience as a trainee to obtain practical experience. Members believe such expansion could increase learning and training opportunities while also reducing a potential barrier to entry.

The Board's statutory proposal is included in **Attachment H-21**.

Section 11

Appendices

- *Appendix 1 – Table 1a. Attendance*
- *Appendix 2 – Table 1b. Board/Committee Member Roster*
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Appendix 1

Table 1a. Attendance

Renee Armendariz Barker, PharmD, Licensee Member

Date Appointed: 04/24/2022 Reappointed: 06/24/2024

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2022/23			
Enforcement & Compounding Committee	07/19/2022	WebEx	Y
Board	07/27/2022	WebEx	N
Board	07/28/2022	WebEx	N
Enforcement & Compounding Committee	08/25/2022	WebEx	Y
Standard of Care Ad Hoc Committee	08/25/2022	WebEx	Y
Board	08/25/2022	WebEx	Y
Board	09/14/2022	WebEx	Y
Board	09/21/2022	WebEx	Y
Enforcement & Compounding Committee	10/04/2022	WebEx	Y
Standard of Care Ad Hoc Committee	10/25/2022	WebEx	Y
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Standard of Care Ad Hoc Committee	11/16/2022	WebEx	Y
Board	12/14/2022	WebEx	Y
Enforcement & Compounding Committee	01/23/2023	WebEx	Y
Standard of Care Ad Hoc Committee	02/01/2023	WebEx	Y
Enforcement & Compounding Committee	02/15/2023	WebEx, Sacramento	Y
Board	02/06/2023	WebEx	Y
Board	02/07/2023	WebEx	Y
Board	03/15/2023	WebEx	N
Enforcement & Compounding Committee	03/23/2023	WebEx, Sacramento	Y
Enforcement & Compounding Committee	04/13/2023	WebEx	Y
Board	04/19/2023	WebEx	Y
Board	04/20/2023	WebEx	Y
Standard of Care Ad Hoc Committee	05/03/2023	WebEx	Y
Board	05/17/2023	WebEx	Y
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Enforcement & Compounding Committee	07/18/2023	WebEx, Sacramento	Y
Licensing Committee	07/19/2023	WebEx, Sacramento	Y
Communication & Public Education Committee	07/19/2023	WebEx, Sacramento	Y
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	Y
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Licensing Committee	10/18/2023	WebEx	Y
Enforcement & Compounding Committee	10/19/2023	WebEx	Y
Board	11/01/2023	WebEx, Sacramento	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	11/02/2023	WebEx, Sacramento	Y
Board	12/13/2023	WebEx, Sacramento	Y
Licensing Committee Meeting	01/22/2024	WebEx, Sacramento	Y
Communication & Public Education Committee	01/22/2024	WebEx, Sacramento	Y
Enforcement & Compounding Committee	01/23/2024	WebEx, Sacramento	Y
Board	02/08/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	03/13/2024	WebEx, Sacramento	Y
Licensing Committee	04/10/2024	WebEx, Sacramento	Y
Enforcement & Compounding Committee	04/11/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y

Ryan Brooks, Public Member

Date Appointed: 10/28/2008 Resigned 2/2/2021

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Communication & Public Education Committee	07/08/2020	Teleconference	Y
Legislation & Regulation Committee	07/09/2020	Teleconference	Y
Board	07/29/2020	Teleconference	Y
Board	07/30/2020	Teleconference	N
Board	09/17/2020	Teleconference	Y
Legislation & Regulation Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	N
Board	10/28/2020	Teleconference	Y
Board – Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Communication & Public Education Committee	01/27/2020	Teleconference	Y
Board	01/27/2021	Teleconference	N
Board	01/28/2021	Teleconference	Y

Lavanza Butler, RPh, Licensee Member

Date Appointed: 02/01/2013 Term Ended: 05/19/2022

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Licensing Committee	07/08/2020	Teleconference	Y
Legislation & Regulation Committee	07/09/2020	Teleconference	Y
Board	07/29/2020	Teleconference	Y
Board	07/30/2020	Teleconference	Y
Board	09/17/2020	Teleconference	Y
Licensing Committee	10/20/2020	Teleconference	N

Meeting Type	Meeting Date	Meeting Location	Attended?
Legislation & Regulation Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y
Board– Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Licensing Committee	01/27/2021	Teleconference	Y
Board	01/27/2021	Teleconference	Y
Board	01/28/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Licensing Committee	04/21/2021	Teleconference	Y
Legislation & Regulation Committee	04/29/2021	Teleconference	Y
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	N
Board	06/17/2021	Teleconference	Y
Fiscal Year 2021/22			
Licensing Committee	07/14/2021	Teleconference	Y
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y
Board – Emergency	09/03/2021	Teleconference	Y
Board	09/23/2021	Teleconference	Y
Licensing Committee	10/20/2021	Teleconference	Y
Board	10/27/2021	Teleconference	Y
Board	10/28/2021	Teleconference	N
Board	12/02/2021	Teleconference	Y
Legislation & Regulation Committee	01/18/2022	Teleconference	Y
Licensing Committee	01/19/2022	Teleconference	Y
Medication Error Reduction & Workforce Ad Hoc Committee	01/27/2022	Teleconference	Y
Board	01/27/2022	Teleconference	Y
Board	01/28/2022	Teleconference	Y
Board	03/16/2022	Teleconference	Y
Licensing Committee	04/19/2022	WebEx, Sacramento	Y
Legislation & Regulation Committee	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	N

Indira Cameron-Banks, Public Member

Date Appointed: 02/03/2022

Meeting Type	Meeting Date	Meeting Location	Attended?
	Fiscal Year 2021/22		
Standard of Care Ad Hoc Committee	03/09/2022	Teleconference	Y
Board	03/16/2022	Teleconference	Y
Enforcement & Compounding Committee	04/20/2022	WebEx, Sacramento	Y
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	N
Board	06/16/2022	WebEx, Sacramento	N
Standard of Care Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	Y
	Fiscal Year 2022/23		
Licensing Committee	07/18/2022	WebEx	Y
Enforcement & Compounding Committee	07/19/2022	WebEx	Y
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	Y
Enforcement & Compounding Committee	08/25/2022	WebEx	Y
Standard of Care Ad Hoc Committee	08/25/2022	WebEx	Y
Board	08/25/2022	WebEx	N
Board	09/14/2022	WebEx	Y
Board	09/21/2022	WebEx	N
Licensing Committee	10/18/2022	WebEx	N
Enforcement & Compounding Committee	10/04/2022	WebEx	Y
Standard of Care Ad Hoc Committee	10/25/2022	WebEx	N
Board	10/25/2022	WebEx	N
Board	10/26/2022	WebEx	N
Standard of Care Ad Hoc Committee	11/16/2022	WebEx	Y
Board	12/14/2022	WebEx	Y
Enforcement & Compounding Committee	01/23/2023	WebEx	N
Licensing Committee	01/24/2023	WebEx	N
Standard of Care Ad Hoc Committee	02/01/2023	WebEx	N
Enforcement & Compounding Committee	02/15/2023	WebEx, Sacramento	Y
Board	02/06/2023	WebEx	Y
Board	02/07/2023	WebEx	Y
Board	03/15/2023	WebEx	Y
Enforcement & Compounding Committee	03/23/2023	WebEx, Sacramento	N
Licensing Committee	04/05/2023	WebEx	N
Enforcement & Compounding Committee	04/13/2023	WebEx	Y
Board	04/19/2023	WebEx	N
Board	04/20/2023	WebEx	N
Standard of Care Ad Hoc Committee	05/03/2023	WebEx	N
Board	05/17/2023	WebEx	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Enforcement & Compounding Committee	07/18/2023	WebEx, Sacramento	Y
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	Y
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Enforcement & Compounding Committee	10/19/2023	WebEx	N
Board	11/01/2023	WebEx, Sacramento	Y
Board	11/02/2023	WebEx, Sacramento	Y
Board	12/13/2023	WebEx, Sacramento	Y
Enforcement & Compounding Committee	01/23/2024	WebEx, Sacramento	Y
Board	02/08/2024	WebEx, Sacramento	Y
Enforcement & Compounding Committee	04/11/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	N
Board	04/25/2024	WebEx, Sacramento	N
Disciplinary Petition Committee	05/08/2024	WebEx, Sacramento	N

Trevor Chandler, Public Member

Date Appointed: 09/09/2022[31]

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2022/23			
Board	09/14/2022	WebEx	N/A
Board	09/21/2022	WebEx	N/A
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Board	12/14/2022	WebEx	Y
Board	02/06/2023	WebEx	N
Board	02/07/2023	WebEx	Y
Board	03/15/2023	WebEx	Y
Licensing Committee	04/05/2023	WebEx	Y
Legislation & Regulation Committee	04/19/2023	WebEx	Y
Board	04/19/2023	WebEx	Y
Board	04/20/2023	WebEx	Y
Board	05/17/2023	WebEx	Y
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Legislation & Regulation Committee	07/18/2023	WebEx, Sacramento	Y
Licensing Committee	07/19/2023	WebEx, Sacramento	Y
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	N

[31] Member Chandler was sworn in on September 27, 2024.

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Licensing Committee	10/18/2023	WebEx	N
Board	11/01/2023	WebEx, Sacramento	N
Board	11/02/2023	WebEx, Sacramento	N
Board	12/13/2023	WebEx, Sacramento	Y
Licensing Committee Meeting	01/22/2024	WebEx, Sacramento	N
Board	02/08/2024	WebEx, Sacramento	Y
Licensing Committee	04/10/2024	WebEx, Sacramento	Y
Legislation & Regulation Committee	04/11/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y

Jessica Crowley, PharmD, Licensee Member

Date Appointed: 5/19/2022

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2021/22			
Board	06/16/2022	WebEx, Sacramento	Y
Standard of Care Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	Y
Medication Error Reduction & Workforce Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	Y
Fiscal Year 2022/23			
Legislation & Regulation Committee	07/18/2022	WebEx	Y
Licensing Committee	07/18/2022	WebEx	Y
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	Y
Standard of Care Ad Hoc Committee	08/25/2022	WebEx	Y
Board	08/25/2022	WebEx	Y
Medication Error Reduction and Workforce Ad Hoc Committee	09/14/2022	WebEx	Y
Board	09/14/2022	WebEx	Y
Board	09/21/2022	WebEx	Y
Licensing Committee	10/18/2022	WebEx	Y
Standard of Care Ad Hoc Committee	10/25/2022	WebEx	Y
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Standard of Care Ad Hoc Committee	11/16/2022	WebEx	Y
Medication Error Reduction & Workforce Ad Hoc Committee	11/16/2023	WebEx	Y
Board	12/14/2022	WebEx	Y
Licensing Committee	01/24/2023	WebEx	Y
Standard of Care Ad Hoc Committee	02/01/2023	WebEx	Y
Board	02/06/2023	WebEx	Y
Board	02/07/2023	WebEx	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Medication Error Reduction and Workforce Ad Hoc Committee	03/08/2022	WebEx	Y
Board	03/15/2023	WebEx	Y
Licensing Committee	04/05/2023	WebEx	Y
Legislation & Regulation Committee	04/19/2023	WebEx	Y
Board	04/19/2023	WebEx	Y
Board	04/20/2023	WebEx	Y
Standard of Care Ad Hoc Committee	05/03/2023	WebEx	Y
Board	05/17/2023	WebEx	N
Medication Error Reduction & Workforce Ad Hoc Committee	06/07/2023	WebEx	Y
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Legislation & Regulation Committee	07/18/2023	WebEx, Sacramento	Y
Licensing Committee	07/19/2023	WebEx, Sacramento	Y
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	Y
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Licensing Committee	10/18/2023	WebEx	Y
Board	11/01/2023	WebEx, Sacramento	Y
Board	11/02/2023	WebEx, Sacramento	Y
Board	12/13/2023	WebEx, Sacramento	Y
Licensing Committee Meeting	01/22/2024	WebEx, Sacramento	Y
Board	02/08/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	03/13/2024	WebEx, Sacramento	Y
Licensing Committee	04/10/2024	WebEx, Sacramento	Y
Legislation & Regulation Committee	04/11/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	05/08/2024	WebEx, Sacramento	Y

Jose De La Paz, Public Member

Date Appointed: 06/24/2021 Term Ended: 6/1/2024

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2021/22			
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y
Board – Emergency	09/03/2021	Teleconference	Y
Board	09/23/2021	Teleconference	Y
Board	10/27/2021	Teleconference	N
Board	10/28/2021	Teleconference	N
Board	12/02/2021	Teleconference	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Legislation & Regulation Committee	01/18/2022	Teleconference	Y
Board	01/27/2022	Teleconference	N
Board	01/28/2022	Teleconference	N
Board	03/16/2022	Teleconference	Y
Communication & Education Committee	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Legislation & Regulation Committee	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	N
Board	06/16/2022	WebEx, Sacramento	Y
Fiscal Year 2022/23			
Legislation & Regulation Committee	07/18/2022	WebEx	Y
Communication & Education Committee	07/19/2022	WebEx	Y
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	Y
Board	08/25/2022	WebEx	Y
Board	09/14/2022	WebEx	Y
Board	09/21/2022	WebEx	Y
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	N
Board	12/14/2022	WebEx	Y
Communication & Education Committee	02/06/2023	WebEx	Y
Board	02/06/2023	WebEx	Y
Board	02/07/2023	WebEx	Y
Board	03/15/2023	WebEx	Y
Legislation & Regulation Committee	04/19/203	WebEx	Y
Board	04/19/2023	WebEx	Y
Board	04/20/2023	WebEx	Y
Board	05/17/2023	WebEx	Y
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Legislation & Regulation Committee	07/18/2023	WebEx, Sacramento	Y
Communication & Public Education Committee	07/19/2023	WebEx, Sacramento	Y
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	N
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Board	11/01/2023	WebEx, Sacramento	Y
Board	11/02/2023	WebEx, Sacramento	Y
Board	12/13/2023	WebEx, Sacramento	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Communication & Public Education Committee	01/22/2024	WebEx, Sacramento	Y
Board	02/08/2024	WebEx, Sacramento	Y
Legislation & Regulation Committee	04/11/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	N
Board	04/25/2024	WebEx, Sacramento	N

R. Jeffrey Hughes, Public Member

Date Appointed: 03/19/2024

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y

Kartikeya "KK" Jha, RPh, Licensee Member

Date Appointed: 09/09/2022

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2022/23			
Board	09/14/2022	WebEx	N
Board	09/21/2022	WebEx	N
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Board	12/14/2022	WebEx	Y
Communication & Public Education Committee	02/06/2023	WebEx	Y
Board	02/06/2023	WebEx	N
Board	02/07/2023	WebEx	Y
Board	03/15/2023	WebEx	Y
Legislation & Regulation Committee	04/19/2023	WebEx	Y
Board	04/19/2023	WebEx	Y
Board	04/20/2023	WebEx	Y
Board	05/17/2023	WebEx	Y
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Legislation & Regulation Committee	07/18/2023	WebEx, Sacramento	Y
Communication & Public Education Committee	07/19/2023	WebEx, Sacramento	N
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	Y
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Board	11/01/2023	WebEx, Sacramento	Y
Board	11/02/2023	WebEx, Sacramento	Y
Board	12/13/2023	WebEx, Sacramento	Y
Communication & Public Education Committee	01/22/2024	WebEx, Sacramento	N
Board	02/08/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	03/13/2024	WebEx, Sacramento	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Legislation & Regulation Committee	04/11/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	05/08/2024	WebEx, Sacramento	Y

Shirley Kim, Public Member

Date Appointed: 5/19/2018 Term Ended: 6/1/2021

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Communication & Public Education Committee	07/08/2020	Teleconference	Y
Legislation & Regulation Committee	07/09/2020	Teleconference	Y
Board	07/29/2020	Teleconference	N
Board	07/30/2020	Teleconference	Y
Board	09/17/2020	Teleconference	N
Legislation & Regulation Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y
Board – Emergency	10/28/2020	Teleconference	N
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Communication & Public Education Committee	01/27/2021	Teleconference	Y
Board	01/27/2021	Teleconference	Y
Board	01/28/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Communication & Public Education Committee	04/29/2021	Teleconference	Y
Legislation & Regulation Committee	04/29/2021	Teleconference	N
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	Y
Board	06/17/2021	Teleconference	Y
Fiscal Year 2021/22			
Communication & Public Education Committee	07/14/2021	Teleconference	Y
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y
Board – Emergency	09/03/2021	Teleconference	N
Board	09/23/2021	Teleconference	Y
Board	10/27/2021	Teleconference	N
Board	10/28/2021	Teleconference	Y
Board	12/02/2021	Teleconference	N
Legislation & Regulation Committee	01/18/2022	Teleconference	Y
Communication & Public Education Committee	01/19/2022	Teleconference	Y
Board	01/27/2022	Teleconference	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	01/28/2022	Teleconference	Y
Board	03/16/2022	Teleconference	N
Communication & Public Education Committee	04/26/2022	WebEx, Sacramento, Los Angeles	N
Legislation & Regulation Committee	04/26/2022	WebEx, Sacramento, Los Angeles	N
Board	04/26/2022	WebEx, Sacramento, Los Angeles	N
Board	04/27/2022	WebEx, Sacramento, Los Angeles	N
Board	05/11/2022	WebEx, Sacramento	N

Kula Koenig, Public Member

Date Appointed: 12/22/2021 Resigned: 04/20/2023

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2021/22			
Medication Error Reduction & Workforce Ad Hoc Committee	01/27/2022	Teleconference	Y
Board	01/27/2022	Teleconference	Y
Board	01/28/2022	Teleconference	Y
Board	03/16/2022	Teleconference	N
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	Y
Board	06/16/2022	WebEx, Sacramento	Y
Medication Error Reduction & Workforce Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	Y
Fiscal Year 2022/23			
Communication & Public Education Committee	07/19/2022	WebEx	N
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	Y
Board	08/25/2022	WebEx	N
Medication Error Reduction and Workforce Ad Hoc Committee	09/14/2022	WebEx	Y
Board	09/14/2022	WebEx	Y
Board	09/21/2022	WebEx	Y
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Medication Error Reduction & Workforce Ad Hoc Committee	11/16/2023	WebEx	N
Board	12/14/2022	WebEx	Y
Communication & Public Education Committee	02/06/2023	WebEx	N
Board	02/06/2023	WebEx	N
Board	02/07/2023	WebEx	N
Medication Error Reduction and Workforce Ad Hoc Committee	03/08/2022	WebEx	N

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	03/15/2023	WebEx	Y
Board	04/19/2023	WebEx	Y
Board	04/20/2023	WebEx	Y

Greg Lippe, Public Member

Date Appointed: 2/26/2009 Grace Year Ended: 6/1/2021

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Legislation & Regulation Committee	07/09/2020	Teleconference	Y
Enforcement & Compounding Committee	07/09/2020	Teleconference	Y
Board	07/29/2020	Teleconference	Y
Board	07/30/2020	Teleconference	Y
Board	09/17/2020	Teleconference	Y
Legislation & Regulation Committee	10/27/2020	Teleconference	Y
Enforcement & Compounding Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y
Board – Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/3/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Enforcement & Compounding Committee	01/20/2021	Teleconference	Y
Board	01/27/2021	Teleconference	Y
Board	01/28/2021	Teleconference	Y
Enforcement & Compounding Committee	02/18/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Enforcement & Compounding Committee	04/22/2021	Teleconference	Y
Legislation & Regulation Committee	04/29/2021	Teleconference	Y
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	Y

Jason "J" Newell, MSW, Public Member

Date Appointed: 03/19/2024

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2023/24			
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y

Seung Oh, PharmD, Licensee Member

Date Appointed: 02/24/2020; Reappointed: 03/19/2024

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Communication & Public Education Committee	07/08/2020	Teleconference	Y
Legislation & Regulation Committee	07/09/2020	Teleconference	Y
Board	07/29/2020	Teleconference	Y
Board	07/30/2020	Teleconference	Y
Board	09/17/2020	Teleconference	Y
Licensing Committee	10/20/2020	Teleconference	Y
Legislation & Regulation Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y
Board – Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Licensing Committee	01/27/2021	Teleconference	Y
Board	01/27/2021	Teleconference	Y
Board	01/28/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Licensing Committee	04/21/2021	Teleconference	Y
Legislation & Regulation Committee	04/29/2021	Teleconference	Y
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	Y
Board	06/17/2021	Teleconference	Y
Fiscal Year 2021/22			
Licensing Committee	07/14/2021	Teleconference	Y
Enforcement & Compounding Committee	07/15/2021	Teleconference	Y
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y
Board – Emergency	09/03/2021	Teleconference	Y
Board	09/23/2021	Teleconference	Y
Licensing Committee	10/20/2021	Teleconference	Y
Enforcement & Compounding Committee	10/20/2021	Teleconference	Y
Board	10/27/2021	Teleconference	Y
Board	10/28/2021	Teleconference	Y
Board	12/02/2021	Teleconference	Y
Enforcement & Compounding Committee	01/18/2022	Teleconference	Y
Legislation & Regulation Committee	01/18/2022	Teleconference	Y
Licensing Committee	01/19/2022	Teleconference	Y
Medication Error Reduction & Workforce Ad Hoc Committee	01/27/2022	Teleconference	Y
Board	01/27/2022	Teleconference	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	01/28/2022	Teleconference	Y
Standard of Care Ad Hoc Committee	03/09/2022	Teleconference	Y
Board	03/16/2022	Teleconference	Y
Licensing Committee	04/19/2022	WebEx, Sacramento	Y
Enforcement & Compounding Committee	04/20/2022	WebEx, Sacramento	Y
Legislation & Regulation Committee	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	Y
Board	06/16/2022	WebEx, Sacramento	Y
Standard of Care Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	Y
Medication Error Reduction & Workforce Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	Y
Fiscal Year 2022/23			
Legislation & Regulation Committee	07/18/2022	WebEx	Y
Licensing Committee	07/18/2022	WebEx	Y
Enforcement & Compounding Committee	07/19/2022	WebEx	Y
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	Y
Enforcement & Compounding Committee	08/25/2022	WebEx	Y
Standard of Care Ad Hoc Committee	08/25/2022	WebEx	Y
Board	08/25/2022	WebEx	Y
Medication Error Reduction and Workforce Ad Hoc Committee	09/14/2022	WebEx	Y
Board	09/14/2022	WebEx	Y
Board	09/21/2022	WebEx	Y
Enforcement & Compounding Committee	10/04/2022	WebEx	Y
Licensing Committee	10/18/2022	WebEx	Y
Standard of Care Ad Hoc Committee	10/25/2022	WebEx	Y
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Standard of Care Ad Hoc Committee	11/16/2022	WebEx	Y
Medication Error Reduction & Workforce Ad Hoc Committee	11/16/2023	WebEx	Y
Board	12/14/2022	WebEx	Y
Enforcement & Compounding Committee	01/23/2023	WebEx	Y
Licensing Committee	01/24/2023	WebEx	Y
Standard of Care Ad Hoc Committee	02/01/2023	WebEx	Y
Enforcement & Compounding Committee	02/15/2023	WebEx, Sacramento	Y
Board	02/06/2023	WebEx	Y
Board	02/07/2023	WebEx	Y
Medication Error Reduction and Workforce Ad Hoc Committee	03/08/2022	WebEx	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	03/15/2023	WebEx	Y
Enforcement & Compounding Committee	03/23/2023	WebEx, Sacramento	Y
Licensing Committee	04/05/2023	WebEx	Y
Enforcement & Compounding Committee	04/13/2023	WebEx	Y
Board	04/19/2023	WebEx	Y
Board	04/20/2023	WebEx	Y
Standard of Care Ad Hoc Committee	05/03/2023	WebEx	N[32]
Board	05/17/2023	WebEx	Y
Medication Error Reduction & Workforce Ad Hoc Committee	06/07/2023	WebEx	Y
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Legislation & Regulation Committee	07/18/2023	WebEx, Sacramento	Y
Enforcement & Compounding Committee	07/18/2023	WebEx, Sacramento	Y
Licensing Committee	07/19/2023	WebEx, Sacramento	Y
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	Y
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Licensing Committee	10/18/2023	WebEx	Y
Enforcement & Compounding Committee	10/19/2023	WebEx	Y
Board	11/01/2023	WebEx, Sacramento	Y
Board	11/02/2023	WebEx, Sacramento	Y
Board	12/13/2023	WebEx, Sacramento	Y
Licensing Committee Meeting	01/22/2024	WebEx, Sacramento	Y
Enforcement & Compounding Committee	01/23/2024	WebEx, Sacramento	Y
Board	02/08/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	03/13/2024	WebEx, Sacramento	Y
Licensing Committee	04/10/2024	WebEx, Sacramento	Y
Enforcement & Compounding Committee	04/11/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y

Jignesh Patel, RPh, Licensee Member

Date Appointed: 02/24/2020 Reappointed: 06/24/2022 Resigned 12/14/2023

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Licensing Committee	07/08/2020	Teleconference	N
Board	07/29/2020	Teleconference	Y

[32] Attended and represented the Board at a Legislative Committee meeting regarding Board-sponsored measure.

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	07/30/2020	Teleconference	Y
Board	09/17/2020	Teleconference	Y
Licensing Committee	10/20/2020	Teleconference	Y
Enforcement & Compounding Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y
Board – Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Enforcement & Compounding Committee	01/20/2021	Teleconference	Y
Licensing Committee	01/27/2021	Teleconference	Y
Board	01/27/2021	Teleconference	N
Board	01/28/2021	Teleconference	Y
Enforcement & Compounding Committee	02/18/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Licensing Committee	04/21/2021	Teleconference	Y
Enforcement & Compounding Committee	04/22/2021	Teleconference	Y
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	Y
Board	06/17/2021	Teleconference	N
Fiscal Year 2021/22			
Licensing Committee	07/14/2021	Teleconference	N
Enforcement & Compounding Committee	07/15/2021	Teleconference	N
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y
Board – Emergency	09/03/2021	Teleconference	Y
Board	09/23/2021	Teleconference	Y
Licensing Committee	10/20/2021	Teleconference	Y
Enforcement & Compounding Committee	10/20/2021	Teleconference	Y
Board	10/27/2021	Teleconference	Y
Board	10/28/2021	Teleconference	Y
Board	12/02/2021	Teleconference	Y
Enforcement & Compounding Committee	01/18/2022	Teleconference	Y
Licensing Committee	01/19/2022	Teleconference	Y
Medication Error Reduction & Workforce Ad Hoc Committee	01/27/2022	Teleconference	Y
Board	01/27/2022	Teleconference	Y
Board	01/28/2022	Teleconference	Y
Board	03/16/2022	Teleconference	Y
Licensing Committee	04/19/2022	WebEx, Sacramento	Y
Enforcement & Compounding Committee	04/20/2022	WebEx, Sacramento	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	N
Board	06/16/2022	WebEx, Sacramento	N
Medication Error Reduction & Workforce Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	Y
Fiscal Year 2022/23			
Licensing Committee	07/18/2022	WebEx	Y
Enforcement & Compounding Committee	07/19/2022	WebEx	Y
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	N
Enforcement & Compounding Committee	08/25/2022	WebEx	Y
Board	08/25/2022	WebEx	Y
Medication Error Reduction and Workforce Ad Hoc Committee	09/14/2022	WebEx	Y
Board	09/14/2022	WebEx	N
Board	09/21/2022	WebEx	N
Licensing Committee	10/18/2022	WebEx	Y
Enforcement & Compounding Committee	10/04/2022	WebEx	Y
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Medication Error Reduction & Workforce Ad Hoc Committee	11/16/2023	WebEx	Y
Board	12/14/2022	WebEx	Y
Enforcement & Compounding Committee	01/23/2023	WebEx	N
Licensing Committee	01/24/2023	WebEx	N
Enforcement & Compounding Committee	02/15/2023	WebEx, Sacramento	Y
Board	02/06/2023	WebEx	Y
Board	02/07/2023	WebEx	Y
Medication Error Reduction and Workforce Ad Hoc Committee	03/08/2022	WebEx	Y
Board	03/15/2023	WebEx	N
Enforcement & Compounding Committee	03/23/2023	WebEx, Sacramento	Y
Licensing Committee	04/05/2023	WebEx	N
Enforcement & Compounding Committee	04/13/2023	WebEx	N
Board	04/19/2023	WebEx	N
Board	04/20/2023	WebEx	N
Board	05/17/2023	WebEx	Y
Medication Error Reduction & Workforce Ad Hoc Committee	06/07/2023	WebEx	Y
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Enforcement & Compounding Committee	07/18/2023	WebEx, Sacramento	Y
Licensing Committee	07/19/2023	WebEx, Sacramento	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	Y
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Licensing Committee	10/18/2023	WebEx	Y
Enforcement & Compounding Committee	10/19/2023	WebEx	Y
Board	11/01/2023	WebEx, Sacramento	N
Board	11/02/2023	WebEx, Sacramento	N
Board	12/13/2023	WebEx, Sacramento	N

Ricardo Sanchez, Public Member

Date Appointed: 11/12/2014 Reappointed: 06/01/2018 Grace Year Ended: 06/01/2023

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Communication & Public Education Committee	07/08/2020	Teleconference	Y
Enforcement & Compounding Committee	07/09/2020	Teleconference	Y
Board	07/29/2020	Teleconference	Y
Board	07/30/2020	Teleconference	Y
Board	09/17/2020	Teleconference	Y
Enforcement & Compounding Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y
Board – Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	N
Enforcement & Compounding Committee	01/20/2021	Teleconference	Y
Communication & Public Education Committee	01/27/2021	Teleconference	Y
Board	01/27/2021	Teleconference	Y
Board	01/28/2021	Teleconference	Y
Enforcement & Compounding Committee	02/18/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Enforcement & Compounding Committee	04/22/2021	Teleconference	Y
Communication & Public Education Committee	04/29/2021	Teleconference	Y
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	Y
Board	06/17/2021	Teleconference	Y
Fiscal Year 2021/22			
Communication & Public Education Committee	07/14/2021	Teleconference	Y
Enforcement & Compounding Committee	07/15/2021	Teleconference	N
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board – Emergency	09/03/2021	Teleconference	Y
Board	09/23/2021	Teleconference	Y
Enforcement & Compounding Committee	10/20/2021	Teleconference	Y
Board	10/27/2021	Teleconference	Y
Board	10/28/2021	Teleconference	Y
Board	12/02/2021	Teleconference	Y
Enforcement & Compounding Committee	01/18/2022	Teleconference	N
Communication & Public Education Committee	01/19/2022	Teleconference	Y
Board	01/27/2022	Teleconference	Y
Board	01/28/2022	Teleconference	Y
Board	03/16/2022	Teleconference	Y
Enforcement & Compounding Committee	04/20/2022	WebEx, Sacramento	Y
Communication & Public Education Committee	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	Y
Board	06/16/2022	WebEx, Sacramento	Y
Fiscal Year 2022/23			
Communication & Public Education Committee	07/19/2022	WebEx	Y
Enforcement & Compounding Committee	07/19/2022	WebEx	N
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	Y
Enforcement & Compounding Committee	08/25/2022	WebEx	N
Board	08/25/2022	WebEx	Y
Board	09/14/2022	WebEx	Y
Board	09/21/2022	WebEx	N
Enforcement & Compounding Committee	10/04/2022	WebEx	Y
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Board	12/14/2022	WebEx	N
Enforcement & Compounding Committee	01/23/2023	WebEx	Y
Communication & Public Education Committee	02/06/2023	WebEx	Y
Enforcement & Compounding Committee	02/15/2023	WebEx, Sacramento	Y
Board	02/06/2023	WebEx	Y
Board	02/07/2023	WebEx	Y
Board	03/15/2023	WebEx	N
Enforcement & Compounding Committee	03/23/2023	WebEx, Sacramento	N
Enforcement & Compounding Committee	04/13/2023	WebEx	Y
Board	04/19/2023	WebEx	Y
Board	04/20/2023	WebEx	Y
Board	05/17/2023	WebEx	Y

Satinder Sandhu, PharmD, Licensee Member

Date Appointed: 03/19/2024

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2023/24			
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	05/08/2024	WebEx, Sacramento	Y

Maria D. Serpa, PharmD, Licensee Member

Date Appointed: 06/19/2018 Reappointed: 05/22/2023

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Legislation & Regulation Committee	07/09/2020	Teleconference	Y
Enforcement & Compounding Committee	07/09/2020	Teleconference	Y
Board	07/29/2020	Teleconference	Y
Board	07/30/2020	Teleconference	Y
Board	09/17/2020	Teleconference	Y
Legislation & Regulation Committee	10/27/2020	Teleconference	Y
Enforcement & Compounding Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y
Board – Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Enforcement & Compounding Committee	01/20/2021	Teleconference	Y
Board	01/27/2021	Teleconference	Y
Board	01/28/2021	Teleconference	Y
Enforcement & Compounding Committee	02/18/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Enforcement & Compounding Committee	04/22/2021	Teleconference	Y
Legislation & Regulation Committee	04/29/2021	Teleconference	Y
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	Y
Board	06/17/2021	Teleconference	Y
Fiscal Year 2021/22			
Enforcement & Compounding Committee	07/15/2021	Teleconference	Y
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y
Board – Emergency	09/03/2021	Teleconference	Y
Board	09/23/2021	Teleconference	Y
Enforcement & Compounding Committee	10/20/2021	Teleconference	Y
Board	10/27/2021	Teleconference	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	10/28/2021	Teleconference	Y
Board	12/02/2021	Teleconference	Y
Enforcement & Compounding Committee	01/18/2022	Teleconference	Y
Legislation & Regulation Committee	01/18/2022	Teleconference	Y
Board	01/27/2022	Teleconference	Y
Board	01/28/2022	Teleconference	Y
Standard of Care Ad Hoc Committee	03/09/2022	Teleconference	Y
Board	03/16/2022	Teleconference	Y
Enforcement & Compounding Committee	04/20/2022	WebEx, Sacramento	Y
Legislation & Regulation Committee	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	N
Board	06/16/2022	WebEx, Sacramento	Y
Standard of Care Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	Y
Fiscal Year 2022/23			
Legislation & Regulation Committee	07/18/2022	WebEx	Y
Enforcement & Compounding Committee	07/19/2022	WebEx	Y
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	Y
Enforcement & Compounding Committee	08/25/2022	WebEx	Y
Standard of Care Ad Hoc Committee	08/25/2022	WebEx	Y
Board	08/25/2022	WebEx	Y
Board	09/14/2022	WebEx	Y
Board	09/21/2022	WebEx	N
Enforcement & Compounding Committee	10/04/2022	WebEx	Y
Standard of Care Ad Hoc Committee	10/25/2022	WebEx	Y
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Standard of Care Ad Hoc Committee	11/16/2022	WebEx	Y
Board	12/14/2022	WebEx	Y
Enforcement & Compounding Committee	01/23/2023	WebEx	Y
Standard of Care Ad Hoc Committee	02/01/2023	WebEx	Y
Enforcement & Compounding Committee	02/15/2023	WebEx, Sacramento	Y
Board	02/06/2023	WebEx	Y
Board	02/07/2023	WebEx	Y
Board	03/15/2023	WebEx	Y
Enforcement & Compounding Committee	03/23/2023	WebEx, Sacramento	Y
Enforcement & Compounding Committee	04/13/2023	WebEx	Y
Legislation & Regulation Committee	04/19/2023	WebEx	Y
Board	04/19/2023	WebEx	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	04/20/2023	WebEx	Y
Standard of Care Ad Hoc Committee	05/03/2023	WebEx	Y
Board	05/17/2023	WebEx	Y
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Legislation & Regulation Committee	07/18/2023	WebEx, Sacramento	Y
Enforcement & Compounding Committee	07/18/2023	WebEx, Sacramento	Y
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	Y
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Enforcement & Compounding Committee	10/19/2023	WebEx	Y
Board	11/01/2023	WebEx, Sacramento	Y
Board	11/02/2023	WebEx, Sacramento	Y
Board	12/13/2023	WebEx, Sacramento	Y
Enforcement & Compounding Committee	01/23/2024	WebEx, Sacramento	Y
Board	02/08/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	03/13/2024	WebEx, Sacramento	
Enforcement & Compounding Committee	04/11/2024	WebEx, Sacramento	Y
Legislation & Regulation Committee	04/11/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y

Nicole Thibeau, PharmD, Licensee Member

Date Appointed: 7/26/2021

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2021/22			
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y
Board – Emergency	09/03/2021	Teleconference	Y
Board	09/23/2021	Teleconference	Y
Board	10/27/2021	Teleconference	Y
Board	10/28/2021	Teleconference	Y
Board	12/02/2021	Teleconference	Y
Legislation & Regulation Committee	01/18/2022	Teleconference	Y
Medication Error Reduction & Workforce Ad Hoc Committee	01/27/2022	Teleconference	Y
Board	01/27/2022	Teleconference	Y
Board	01/28/2022	Teleconference	Y
Standard of Care Ad Hoc Committee	03/09/2022	Teleconference	Y
Board	03/16/2022	Teleconference	Y
Legislation & Regulation Committee	04/26/2022	WebEx, Sacramento, Los Angeles	N

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	04/26/2022	WebEx, Sacramento, Los Angeles	N
Board	04/27/2022	WebEx, Sacramento, Los Angeles	N
Board	05/11/2022	WebEx, Sacramento	N
Board	06/16/2022	WebEx, Sacramento	N
Standard of Care Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	N
Medication Error Reduction & Workforce Ad Hoc Committee	06/22/2022	WebEx, Sacramento, Pasadena	Y
Fiscal Year 2022/23			
Legislation & Regulation Committee	07/18/2022	WebEx	Y
Communication & Education Committee	07/19/2022	WebEx	Y
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	Y
Standard of Care Ad Hoc Committee	08/25/2022	WebEx	Y
Board	08/25/2022	WebEx	Y
Medication Error Reduction and Workforce Ad Hoc Committee	09/14/2022	WebEx	Y
Board	09/14/2022	WebEx	Y
Board	09/21/2022	WebEx	Y
Standard of Care Ad Hoc Committee	10/25/2022	WebEx	Y
Board	10/25/2022	WebEx	Y
Board	10/26/2022	WebEx	Y
Standard of Care Ad Hoc Committee	11/16/2022	WebEx	N
Medication Error Reduction & Workforce Ad Hoc Committee	11/16/2023	WebEx	Y
Board	12/14/2022	WebEx	Y
Standard of Care Ad Hoc Committee	02/01/2023	WebEx	Y
Communication & Education Committee	02/06/2023	WebEx	N
Board	02/06/2023	WebEx	N
Board	02/07/2023	WebEx	N
Medication Error Reduction and Workforce Ad Hoc Committee	03/08/2022	WebEx	Y
Board	03/15/2023	WebEx	N
Legislation & Regulation Committee	04/19/2024	WebEx	Y
Board	04/19/2023	WebEx	Y
Board	04/20/2023	WebEx	N
Standard of Care Ad Hoc Committee	05/03/2023	WebEx	Y
Board	05/17/2023	WebEx	Y
Medication Error Reduction & Workforce Ad Hoc Committee	06/07/2023	WebEx	Y
Board	06/21/2023	WebEx	Y
Fiscal Year 2023/24			
Communication & Public Education Committee	07/19/2023	WebEx, Sacramento	N
Legislation & Regulation Committee	07/18/2023	WebEx, Sacramento	N

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	Y
Board	09/12/2023	WebEx, Sacramento, Pasadena	Y
Board	11/01/2023	WebEx, Sacramento	Y
Board	11/02/2023	WebEx, Sacramento	Y
Board	12/13/2023	WebEx, Sacramento	Y
Communication & Public Education Committee	01/22/2024	WebEx, Sacramento	Y
Board	02/08/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	03/13/2024	WebEx, Sacramento	N
Legislation & Regulation Committee	04/11/2024	WebEx, Sacramento	Y
Enforcement & Compounding Committee	04/11/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	05/08/2024	WebEx, Sacramento	Y

Debbie Veale, RPh, Licensee Member

Date Appointed: 01/12/2010 Reappointed: 06/21/2013 Reappointed 6/1/2017
Grace Year Ended: 06/01/2022

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Licensing Committee	07/08/2020	Teleconference	Y
Enforcement & Compounding Committee	07/09/2020	Teleconference	Y
Board	07/29/2020	Teleconference	Y
Board	07/30/2020	Teleconference	Y
Board	09/17/2020	Teleconference	Y
Licensing Committee	10/20/2020	Teleconference	Y
Enforcement & Compounding Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y
Board – Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Enforcement & Compounding Committee	01/20/2021	Teleconference	Y
Licensing Committee	01/27/2021	Teleconference	Y
Board	01/27/2021	Teleconference	Y
Board	01/28/2021	Teleconference	Y
Enforcement & Compounding Committee	02/18/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Licensing Committee	04/21/2021	Teleconference	Y
Enforcement & Compounding Committee	04/22/2021	Teleconference	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	Y
Board	06/17/2021	Teleconference	Y
Fiscal Year 2021/22			
Licensing Committee	07/14/2021	Teleconference	Y
Enforcement & Compounding Committee	07/15/2021	Teleconference	Y
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y
Board – Emergency	09/03/2021	Teleconference	Y
Board	09/23/2021	Teleconference	Y
Licensing Committee	10/20/2021	Teleconference	Y
Enforcement & Compounding Committee	10/20/2021	Teleconference	Y
Board	10/27/2021	Teleconference	Y
Board	10/28/2021	Teleconference	Y
Board	12/02/2021	Teleconference	Y
Enforcement & Compounding Committee	01/18/2022	Teleconference	Y
Licensing Committee	01/19/2022	Teleconference	Y
Board	01/27/2022	Teleconference	Y
Board	01/28/2022	Teleconference	Y
Board	03/16/2022	Teleconference	Y
Licensing Committee	04/19/2022	WebEx, Sacramento	Y
Enforcement & Compounding Committee	04/20/2022	WebEx, Sacramento	Y
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	Y

Jason Weisz, Public Member

Date Appointed: 08/19/2020 Reappointed: 07/03/2024

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Board	09/17/2020	Teleconference	Y
Licensing Committee	10/20/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y
Board – Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Communication & Public Education Committee	01/27/2021	Teleconference	Y
Licensing Committee	01/27/2021	Teleconference	Y
Board	01/27/2021	Teleconference	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board	01/28/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Licensing Committee	04/21/2021	Teleconference	Y
Communication & Public Education Committee	04/29/2021	Teleconference	Y
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	N
Board	06/17/2021	Teleconference	Y
Fiscal Year 2021/22			
Communication & Public Education Committee	07/14/2021	Teleconference	Y
Licensing Committee	07/14/2021	Teleconference	Y
Board	07/28/2021	Teleconference	Y
Board	07/29/2021	Teleconference	Y
Board – Emergency	09/03/2021	Teleconference	N
Board	09/23/2021	Teleconference	Y
Licensing Committee	10/20/2021	Teleconference	Y
Board	10/27/2021	Teleconference	Y
Board	10/28/2021	Teleconference	Y
Board	12/02/2021	Teleconference	Y
Licensing Committee	01/19/2022	Teleconference	Y
Communication & Public Education Committee	01/19/2022	Teleconference	Y
Board	01/27/2022	Teleconference	N
Board	01/28/2022	Teleconference	Y
Board	03/16/2022	Teleconference	Y
Licensing Committee	04/19/2022	WebEx, Sacramento	Y
Communication & Public Education Committee	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/26/2022	WebEx, Sacramento, Los Angeles	Y
Board	04/27/2022	WebEx, Sacramento, Los Angeles	Y
Board	05/11/2022	WebEx, Sacramento	Y
Board	06/16/2022	WebEx, Sacramento	Y
Fiscal Year 2022/23			
Licensing Committee	07/18/2022	WebEx	N
Communication & Public Education Committee	07/19/2022	WebEx	Y
Board	07/27/2022	WebEx	Y
Board	07/28/2022	WebEx	Y
Board	08/25/2022	WebEx	Y
Board	09/14/2022	WebEx	N
Board	09/21/2022	WebEx	N
Licensing Committee	10/18/2022	WebEx	N
Board	10/25/2022	WebEx	N
Board	10/26/2022	WebEx	N
Board	12/14/2022	WebEx	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Licensing Committee	01/24/2023	WebEx	Y
Communication & Public Education Committee	02/06/2023	WebEx	Y
Board	02/06/2023	WebEx	Y
Board	02/07/2023	WebEx	N
Board	03/15/2023	WebEx	N
Licensing Committee	04/05/2023	WebEx	N
Board	04/19/2023	WebEx	N
Board	04/20/2023	WebEx	N
Board	05/17/2023	WebEx	Y
Board	06/21/2023	WebEx	N
Fiscal Year 2023/24			
Licensing Committee	07/19/2023	WebEx, Sacramento	Y
Communication & Public Education Committee	07/19/2023	WebEx, Sacramento	Y
Board	08/30/2023	WebEx, Sacramento, Pasadena, Norwalk, Fresno, San Jose, San Diego	Y
Board	09/12/2023	WebEx, Sacramento, Pasadena	N
Licensing Committee	10/18/2023	WebEx	Y
Board	11/01/2023	WebEx, Sacramento	Y
Board	11/02/2023	WebEx, Sacramento	Y
Board	12/13/2023	WebEx, Sacramento	N
Licensing Committee Meeting	01/22/2024	WebEx, Sacramento	Y
Communication & Public Education Committee	01/22/2024	WebEx, Sacramento	Y
Board	02/08/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	03/13/2024	WebEx, Sacramento	N
Licensing Committee	04/10/2024	WebEx, Sacramento	Y
Board	04/24/2024	WebEx, Sacramento	Y
Board	04/25/2024	WebEx, Sacramento	Y
Disciplinary Petition Committee	05/08/2024	WebEx, Sacramento	Y

Albert Wong, PharmD, Licensee Member

Date Appointed: 06/12/2012 Reappointed: 06/24/16 Grace Year Ended: 06/01/2021

Meeting Type	Meeting Date	Meeting Location	Attended?
Fiscal Year 2020/21			
Licensing Committee	07/08/2020	Teleconference	Y
Enforcement & Compounding Committee	07/09/2020	Teleconference	Y
Board	07/29/2020	Teleconference	Y
Board	07/30/2020	Teleconference	Y
Board	09/17/2020	Teleconference	Y
Licensing Committee	10/20/2020	Teleconference	Y
Enforcement & Compounding Committee	10/27/2020	Teleconference	Y
Board	10/27/2020	Teleconference	Y
Board	10/28/2020	Teleconference	Y

Meeting Type	Meeting Date	Meeting Location	Attended?
Board – Emergency	10/28/2020	Teleconference	Y
Board	11/19/2020	Teleconference	Y
Board	12/03/2020	Teleconference	Y
Board	12/10/2020	Teleconference	Y
Enforcement & Compounding Committee	01/20/2021	Teleconference	Y
Licensing Committee	01/27/2021	Teleconference	Y
Board	01/27/2021	Teleconference	Y
Board	01/28/2021	Teleconference	Y
Enforcement & Compounding Committee	02/18/2021	Teleconference	Y
Board	03/18/2021	Teleconference	Y
Licensing Committee	04/21/2021	Teleconference	Y
Enforcement & Compounding Committee	04/22/2021	Teleconference	Y
Board	04/29/2021	Teleconference	Y
Board	04/30/2021	Teleconference	Y
Board	05/27/2021	Teleconference	Y

Appendix 2

Table 1b. Board/Committee Member Roster

Member Name (Include any vacancies and a brief member biography)[33]	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Seung Oh, PharmD, President	02/24/2020	03/19/2024	6/1/2027	Governor	Professional
Jessica "Jessi" Crowley, PharmD, Vice President	05/19/2022	N/A	6/1/2025	Governor	Professional
Trevor Chander, Treasurer	09/09/2022	N/A	6/1/2025	Governor	Public
Renee Armendariz Barker, PharmD	06/24/2022	04/25/24	6/1/2027	Governor	Professional
Indira J. Cameron-Banks	02/03/2022	N/A	6/1/2024	Governor	Public
R. Jeffrey Hughes	03/19/2024	N/A	6/1/2026	Governor	Public
Kartikeya "KK" Jha, R.Ph.	09/09/2022	N/A	6/1/2024	Governor	Professional
Jason "J" Newell, MSW	03/19/2024	N/A	6/1/2024	Governor	Public
Satinder Sandhu, PharmD	03/19/2024	N/A	6/1/2025	Governor	Professional
Maria D. Serpa, PharmD	06/19/2018	05/22/2023	6/1/2026	Governor	Professional
Nicole Thibeau, PharmD	07/26/2021	N/A	6/1/2024	Governor	Professional
Jason Weisz	08/19/2020	07/03/2024	6/1/2028	California Senate Rules Committee	Public
Vacant	N/A	N/A	6/1/2024	Speaker of the Assembly	Public

[33] Member biographies are located at the end of this table.

Appendix 3

Board Member Biographies

Seung Oh, PharmD, President

Seung Oh of San Diego was appointed to the California State Board of Pharmacy by Governor Gavin Newsom in 2020.

Dr. Oh has been a pharmacy supervisor for Sharp Healthcare since 2020. He was a pharmacist-in-charge at Vons Pharmacy in San Diego from 2014-2020, staff pharmacist at Safeway Pharmacy in 2014, and a pharmacist and director of operations at Rainbow Pharmacy from 2013 to 2014.

He earned a master of advanced studies degree in leadership of health care organizations from University of California, San Diego, and a doctor of pharmacy degree from University of Arizona. He is a member of the California Pharmacists Association.

His term will expire June 1, 2027.

Jessica "Jessi" Crowley, PharmD, Vice President

Jessica "Jessi" Crowley of Los Angeles was appointed to the California State Board of Pharmacy by Governor Gavin Newsom in 2022.

Crowley has been a staff pharmacist for Pavilions Pharmacy since 2020. She held several positions for CVS Pharmacy from 2010 to 2020, including pharmacist-in-charge, staff pharmacist, and pharmacy intern. Her interests include health equity, racial and social justice, and cultural competence.

Crowley is a member of Lambda Kappa Sigma, United Food and Commercial Workers, the California Pharmacists Association, Los Angeles County Federation of Labor, and Phi Lambda Sigma.

Her term will expire June 1, 2025.

Trevor Chandler, Public Member, Treasurer

Trevor Chandler, of San Francisco, was appointed to the California State Board of Pharmacy by Governor Gavin Newsom in 2022.

Chandler has been a leader in the LGBTQ civil rights movement having worked as a key strategist for seven marriage equality campaigns and multiple nondiscrimination campaigns. In 2015 he was recognized by the Global Diversity List as one of the Top 50 Global Diversity Leaders in Public Life.

His term will expire June 1, 2025.

Renee Armendariz Barker, PharmD

Renee Armendariz Barker, of San Carlos, was appointed to the California State Board of Pharmacy by Governor Gavin Newsom in 2022.

Dr. Armendariz Barker has been sterile products manager at the Lucile Packard Children's Hospital Stanford since 1998. She is a member of the California Society of Health System Pharmacists and the American Society of Health System Pharmacists.

Dr. Armendariz Barker earned a doctor of pharmacy degree from the University of California, San Francisco.

Her term will expire June 1, 2027.

Indira J. Cameron-Banks, Public Member

Indira J. Cameron-Banks was appointed to the California State Board of Pharmacy by Governor Gavin Newsom in February 2022.

Ms. Cameron-Banks is the founding attorney of Cameron Banks Law in Beverly Hills. She previously served as the Los Angeles County-wide Director for the Preventing and Ending Homeless Project at the Inner City Law Center in 2020.

She also served as an assistant United States attorney in the criminal and civil divisions of the United States Attorney's Office for the Central District of California between 2007 to 2020, including as the chief of financial litigation and special counsel to the United States attorney.

Ms. Cameron-Banks began her legal career in 2003 as a law clerk for the Connecticut Superior Court. She then practiced as an associate a law firm in Rhode Island, Massachusetts, and Connecticut before moving to Los Angeles. She earned a juris doctor from Boston University School of Law in 2003 and a bachelor's degree from University of Chicago in 1999.

Her term will expire in June 1, 2024.

R. Jeffrey Hughes, Public Member

Jeff Hughes, of Oceanside, has been appointed to the State Board of Pharmacy. Hughes has been a Wellness Business Agent at the Orange County Professional Firefighters IAFF Local 3631 since 2020. He was a Fire Captain at the Orange County Fire Authority from 1994 to 2020 and a Firefighter/Engineer for the City of Buena Park Fire Department from 1985 to 1994.

His term will expire in June 1, 2026.

Kartikeya "KK" Jha, R.Ph.

Kartikeya "KK" Jha, of Fresno, was appointed to the California State Board of Pharmacy by Governor Gavin Newsom.

Jha has been District Director of Operations at Omnicare – a CVS Health Company since 2019. He was Director of Operations at NimbleRx from 2018 to 2019. Jha earned a Master of Science degree in Pharmacology and Toxicology from Long Island University.

His term will expire June 1, 2024.

Jason "J" Newell, MSW, Public Member

Jason Newell MSW, of Sacramento, has been appointed to the California Board of Pharmacy. Newell founded and co-founded several businesses including 3 non-profits over the last 22 years. Most recently, Newell was Principal and Co-Founder of System2Solutions since 2020. He was also Co-Founder and remains Program Director of Leveraging Equal Access Program since 2015. Newell attended the University of California, Davis and The Academy of Art Colleges earning a Bachelor of Fine arts and attained a Master of Social Work (emphasis on community mental health) degree from California State University, Hayward.

His term will expire June 1, 2024.

Satinder Sandhu, PharmD

Satinder Sandhu, of Davis, has been appointed to the State Board of Pharmacy. Sandhu has been Area Healthcare Supervisor of Northern California for Walgreens since 2019. He held multiple positions with Walgreens from 1992 to 2019, including District Manager, District Pharmacy Supervisor and Pharmacy Manager. Sandhu earned a Doctor of Pharmacy degree from the University of the Pacific.

His term will expire June 1, 2025.

Maria D. Serpa, PharmD

Maria D. Serpa of Elk Grove was appointed to the California State Board of Pharmacy by Gov. Edmund G. Brown Jr. in 2018 and reappointed by Gov. Gavin Newsom in 2023.

Dr. Serpa held several positions at Sutter Medical Center, Sacramento over 25 years and contributed to pharmacy system initiatives at Sutter Health. Her accomplishments include standardization of medication management technologies, regulatory operations and pharmacy construction. She previous held positions of system-support, pharmacy services manager, quality assurance and investigational drug pharmacist. Prior to coming to Sacramento, she worked at Grossmont Hospital (Sharp Healthcare) in San Diego as pharmacy program coordinator of clinical services and staff pharmacist.

Dr. Serpa is a past president of the California Society of Health-System Pharmacists and a fellow of both the American Society of Health-System Pharmacists and the California Society of Health-Systems Pharmacists.

She earned a doctor of pharmacy degree from University of the Pacific and completed two residencies at University of California, San Diego, Medical Center (clinical pharmacy and critical care).

Her term will expire June 1, 2026.

Nicole Thibeau, PharmD

Nicole D. Thibeau of Los Angeles was appointed to the California State Board of Pharmacy by Governor Gavin Newsom in July 2021.

Dr. Thibeau has been director of pharmacy services at the Los Angeles LGBT Center since 2013 and is a member of the policy team, specializing in health services. She was pharmacist in charge at Target Pharmacy from 2012 to 2013 and pharmacist in charge at CVS Pharmacy from 2009 to 2012.

She is an advocate for the LGBTQ+ and disability communities. She specializes in HIV and transgender medicine, and serves on committees at the state and national level regarding the 340b drug discount program and pharmacy operations. She earned a doctor of pharmacy degree from the Massachusetts College of Pharmacy and Allied Health Sciences.

Her term will expire June 1, 2024.

Jason Weisz, Public Member

Jason Weisz of San Diego was appointed to the California State Board of Pharmacy by the California Senate Rules Committee in 2020.

Mr. Weisz is a deputy district manager with California Senate President pro Tempore Emeritus Toni G. Atkins. He began his career with the California Legislature with then-Assemblymember Christine Kehoe in 2001. His focus has been working on health care and business issues.

Mr. Weisz earned a bachelor's degree in political science from San Diego State University in 1998.

His term will expire June 1, 2028.

Appendix 4

Table 2. Fund Condition

(list dollars in thousands)

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25 Estimate	FY 2025/26 Estimate
Beginning Balance	$ 8,024	$ 10,708	$ 13,855	$ 17,257	$ 19,138	$17,160
Revenues and Transfers	$ 32,992	$ 33,160 *	$ 35,312	$ 36,234	$ 33,638	$33,630
Total Resources	$ 40,016	$ 43,868	$ 49,167	$ 53,491	$ 52,776	$50,790
Budget Authority	$ 27,636	$ 30,604	$ 32,444	$ 34,129	$ 35,465	$36,504
Expenditures[2]	$ 28,440	$ 30,021	$ 31,916	$ 34,353	$ 38,016	$38,563
Loans to General Fund	-$ 2,400	$ -	-	-	$2,400	-
Accrued Interest, Loans to General Fund	$ -	$ -	-	-	-	-
Loans Repaid from General Fund	$ -	$ -	$ -	$ -	$2,400	$ -
Fund Balance	$10,176	$13,847	$ 17,251	$ 19,138	$ 17,160	$12,227
Months in Reserve	4.1	5.2	6.0	6.0	5.3	3.7

1Actuals include prior year adjustments

2Expenditures include reimbursements and direct draws to the fund

*Includes EO transfer to GF (AB 84)

Appendix 5

Table 3. Expenditures by Program Component

(list dollars in thousands)

	FY 2020/21		FY 2021/22		FY 2022/23		FY 2023/24	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	11,781	5,584	13,518	4,399	14,126	4,940	14,816	5,640
Examination	-	68	-	242	-	128	-	116
Licensing	2,669	42	2,964	(4)	3,551	172	3,951	366
Administration *	2,264	33	2,383	(3)	2,549	114	2,859	247
DCA Pro Rata	-	3,661	-	3,984	-	3,743	-	3,883
Diversion (if applicable)	-	-	-	-	-	-	-	-
TOTALS	$ 16,714	$ 9,388	$18,865	$8,618	$20,226	$9,097	$21,626	$10,252
*** Administration includes costs for executive staff, board, administrative support, and fiscal services.**								

Appendix 6

Table 4. Fee Schedule and Revenue

(list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Initial Individual Applications							
Advanced Practice Pharmacist	$300	$300	50	40	51	46	0.14%
Designated Representative (EXC)	$210	$210	93	81	98	85	0.25%
Designated Representative (EXV)	$210	$210	1	0	1	2	0.00%
Designated Representative Third-Party Logistics Provider (3PL)	$210	$210	0	1	30	31	0.09%
Designated Representative Reverse Distributor (DRL)	$210	$210	21	23	0	1	0.00%
Designated Paramedic	$140	$140	0	0	0	0	0.00%
Intern Pharmacist	$230	$230	410	390	304	307	0.89%
Pharmacist Exam	$285	$285	655	608	566	515	1.50%
Pharmacist Exam Retake	$285	$285	397	432	321	307	0.89%
Pharmacist Licensure	$215	$215	428	360	387	340	1.00%
Pharmacy Technician	$195	$195	921	1,059	1,069	1,047	3.05%
Initial Facility Applications							
340B Clinic Automated Patient Dispensing System	$300	$500	0	1	0	0	0.00%
Automated Patient Dispensing System (APDS)	$200	$250	0	0	0	0	0.00%
Automated Unit Dispensing System (AUDS)	$200	$250	43	45	77	48	0.14%

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Centralized Hospital Packaging	$1,150	$1,150	1	1	0	0	0.00%
Clinic Permit	$570	$570	59	68	151	84	0.24%
Correctional Automated Drug Delivery System (ADDS)	$200	$250	0	0	0	0	0.00%
Correctional Clinic	$570	$570	0	0	0	0	0.00%
EMS Automated Drug Delivery System	$100	$100	0	0	0	0	0.00%
Hospital Pharmacy	$570	$570	15	17	8	10	0.04%
Hospital Satellite Compounding Pharmacy	$2,305	$2,305	0	0	0	0	0.00%
Hypodermic Needle	$240	$240	3	2	1	4	0.01%
Government-Owned Clinic	$570	$570	0	20	19	28	0.08%
Government-Owned Hospital Pharmacy	$570	$570	0	0	0	5	0.01%
Government-Owned Hypodermic Needle	$240	$240	0	0	0	0	0.00%
Government-Owned Pharmacy	$570	$570	0	1	1	2	0.01%
Government-Owned Sterile Compounding	$2,305	$2,305	0	12	0	18	0.05%
Licensed Correctional Facilities						2	0.01%
Nonresident Third-Party Logistics Provider	$820	$820	31	25	33	30	0.09%
Nonresident Pharmacy	$570	$570	77	82	60	73	0.21%
Nonresident Outsourcing Facility	$3,335	$3,335	27	10	36	36	0.11%

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Nonresident Sterile Compounding	$3,335	$3,335	42	40	50	49	0.13%
Nonresident Wholesaler (OSD)	$820	$820	91	81	99	77	0.22%
Nonresident Wholesaler w/ 21+ Facilities	$820	$820	0	0	0	0	0.00%
Outsourcing Facility	$3,180	$3,180	0	0	6	16	0.05%
Pharmacy	$570	$570	200	211	207	219	1.24%
Drug Room	$570	$570	2	0	0	0	0.00%
Remote Dispense Site Pharmacy	$570	$570	2	1	0	0	0.00%
Sterile Compounding	$2,305	$2,305	199	133	129	103	0.31%
Third-Party Logistics Provider	$820	$820	9	7	3	9	0.03%
Vet Food-Animal Drug Retailer	$610	$610	0	1	1	0	0.00%
Wholesaler Drug	$820	$820	52	38	47	55	0.16%
Wholesaler w/ 21+ Facilities	$820	$820	0	0	0	0	0.00%
Wholesaler Emergency Medical Service Provider	$780	$780	0	0	0	0	0.00%
Miscellaneous Fees							
Change of Address/ Trade style Name (Facility Only)	$45	$45	6	9	2	0	0.00%
Change of Designated Representative in Charge	$130	$30	18	20	23	24	0.07%
Change of Pharmacist in Charge	$130	$130	243	341	318	260	0.76%
Change of Responsible Manager	$130	$130	3	4	3	4	0.01%
Change of Permit	$130	$130	111	250	268	275	0.80%

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Duplicate/ Replacement Certificate	$45	$45	62	61	71	73	0.21%
Evaluation of Continuing Education Courses	$40 per hour	$40 per hour	0	0	0	0	0.00%
Regrade of Pharmacist Examination	$115	$115	2	2	1	2	0.00%
Retired Pharmacist License	$45	$45	13	15	11	13	0.04%
Transfer of Intern Hours/ License Verification	$30	$30	25	22	20	18	0.05%
Temporary License Fees							
Correctional Pharmacy Permit Temporary	$325	$325	0	0	0	0	0.00%
Government-Owned Hospital Pharmacy Temporary Permit	$325	$325	0	0	0	2	0.01%
Hospital Temporary Permit	$325	$325	9	10	3	5	0.01%
Hospital Satellite Compound Pharmacy Temporary Permit	$715	$715	0	0	0	0	0.00%
Nonresident Pharmacy Temporary Permit	$325	$325	31	32	20	30	0.09%
Drug Room Temporary Permit	$325	$325	1	0	0	0	0.00%
Nonresident Outsourcing Facility Temporary Permit	$715	$715	3	0	3	3	0.01%

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Nonresident Sterile Compounding Temporary Permit	$715	$715	4	6	7	6	0.02%
Nonresident Third-Party Logistics Provider Temporary Permit	$715	$715	17	8	7	10	0.03%
Nonresident Wholesaler Temporary Permit	$715	$715	24	28	42	26	0.08%
Pharmacy Temporary Permit	$325	$325	85	95	90	210	0.61%
Outsourcing Facility Temporary Permit	$715	$715	0	0	1	1	0.00%
Remote Dispensing Site Pharmacy Temporary Permit	$325	$325	0	0	0	0	0.00%
Government-Owned Sterile Compounding Temporary Permit	$715	$715	0	1	0	5	0.01%
Sterile Compounding Temporary Permit	$715	$715	36	32	18	20	0.06%
Third-Party Logistics Provider Temporary Permit	$715	$715	4	2	2	3	0.01%
Vet Food-Animal Drug Retailer Temporary Permit	$250	$250	0	0	0	0	0.00%
Wholesaler Temporary Permit	$715	$715	23	16	18	18	0.05%

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Renewal Fees							
Biennial							
Advanced Practice Pharmacist	$300	$300	134	126	158	165	0.48%
Pharmacist License	$505	$505	10,684	11,104	11,015	11,442	33.27%
Pharmacy Technician	$195	$195	5,867	5,502	5,652	5,443	15.84%
Annual							
Designated Representative (EXC)	$300	$300	732	723	701	725	2.11%
Designated Representative (EXV)	$300	$300	16	15	15	14	0.04%
Designated Representative Third-Party Logistics Provider (3PL)	$300	$300	88	97	98	121	0.35%
Designated Representative Reverse Distributor (DRR)	$300	$300	0	1	1	2	0.01%
340B Clinic Automated Patient Dispensing System	$300	$500	0	0	0	0	0.00%
Automated Patient Delivery System	$200	$250	0	0	0	0	0.00%
Automated Unit Dispensing System	$200	$250	173	174	180	204	0.60%
Centralized Hospital Packaging	$1,125	$1,125	8	9	10	9	0.03%
Clinic Permit	$360	$360	417	729	746	811	2.36%
Correctional Automatic Dispensing System	$200	$250	0	0	0	0	0.00%
Correctional Pharmacy	$930	$930	0	53	53	51	0.15%
Drug Room	$930	$930	8	18	13	12	0.04%
Exempt Hospital Pharmacy	$930	$930	n/a	n/a	n/a	n/a	n/a
Correctional Clinic	$360	$360	0	0	0	0	0.00%

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
EMS Automated Drug Delivery System	$100	$100	0	0	0	0	0.00%
Government-Owned Centralized Hospital Packaging	$1,125	$1,125	2	2	2	2	0.01%
Hospital Pharmacy	$930	$930	182	268	257	247	0.72%
Hospital Satellite Compounding Pharmacy	$1,855	$1,855	7	11	11	16	0.05%
Hypodermic Needle	$280	$280	66	65	61	59	0.17%
Nonresident Third-Party Logistics Provider	$820	$820	63	77	88	104	0.31%
Nonresident Pharmacy	$930	$930	458	450	469	482	1.40%
Nonresident Outsourcing Facility	$3,180	$3,180	70	60	54	56	0.16%
Nonresident Sterile Compounding	$3,180	$3,180	186	181	159	165	0.48%
Nonresident Wholesaler (OSD)	$820	$820	558	562	570	582	1.70%
Outsourcing Facility	$1,855	$1,855	6	7	5	5	0.02%
Pharmacy	$930	$930	5,925	6,022	5,891	5,738	16.68%
Remote Dispense Site Pharmacy	$930	$930	1	1	1	2	0.01%
Sterile Compounding	$1,855	$1,855	1,280	1,501	1,459	1,496	4.35%
Third-Party Logistics Provider	$820	$820	21	25	26	26	0.08%
Vet Food-Animal Drug Retailer	$460	$460	9	8	7	8	0.02%
Wholesaler Drug	$820	$820	366	363	341	335	0.98%
Wholesaler Emergency Medical Services Provider	$780	$780	0	0	0	0	0.0%

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Delinquency Fees							
Biennial							
Advanced Practice Pharmacist	$150	$150	1	2	0	1	0.00%
Pharmacist License	$150	$150	50	58	56	62	0.18%
Pharmacy Technician	$97.50	$97.50	118	127	147	134	0.39%
Annual							
Designated Representative (EXC)	$150	$150	26	20	15	15	0.04%
Designated Representative (EXV)	$150	$150	0	0	0	0	0.00%
Designated Representative Third-Party Logistics Provider (3PL)	$150	$150	2	2	1	1	0.00%
Designated Representative Reverse Distributor (DRR)	$150	$150	0	0	0	0	0.00%
Designated Paramedic	$65	$65	0	0	0	0	0.00%
Drug Room	$150	$150	0	0	0	0	0.00%
340B Clinic Automated Patient Dispensing System	$150	$150	0	0	0	0	0.00%
Automated Drug Delivery System	$100	$100	1	0	2	4	0.01%
Centralized Hospital Packaging	$150	$150	0	0	0	0	0.00%
Clinic Permit	$150	$150	15	25	20	16	0.05%
Correctional Automatic Dispensing System	$100	$100	0	0	0	0	0.00%
Correctional Clinic	$150	$150	0	0	0	0	0.00%
Exempt Hospital Pharmacy	$150	$150	n/a	n/a	n/a	n/a	n/a
EMS Automated Drug Delivery System	$35	$35	0	0	0	0	0.00%

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Government Owned Centralized Hospital Packaging	$150	$150	0	0	0	0	0.00%
Hospital	$150	$150	0	0	0	0	0.00%
Hospital Satellite Compounding Pharmacy	$150	$150	0	0	0	0	0.00%
Hypodermic Needle	$150	$150	2	4	4	2	0.01%
Nonresident Third-Party Logistics Provider	$150	$150	1	0	0	0	0.00%
Nonresident Pharmacy	$150	$150	1	3	1	1	0.00%
Nonresident Outsourcing Facility	$150	$150	0	0	1	0	0.00%
Nonresident Sterile Compounding	$150	$150	0	0	0	0	0.00%
Nonresident Wholesaler (OSD)	$150	$150	7	5	3	3	0.01%
Outsourcing Facility	$150	$150	0	0	0	0	0.00%
Pharmacy	$150	$150	4	6	2	2	0.01%
Remote Dispensing Site Pharmacy	$150	$150	0	0	0	0	0.00%
Sterile Compounding	$150	$150	1	1	1	1	0.00%
Third-Party Logistics Provider	$150	$150	0	0	0	0	0.00%
Vet Food-Animal Drug Retailer	$150	$150	0	0	0	0	0.00%
Wholesaler Emergency Medical Service Provider	$150	$150	0	0	0	0	0.00%
Wholesaler Drug	$150	$150	3	7	2	2	0.01%

Appendix 7

Table 5. Budget Change Proposals (BCPs)

			Personnel Services				OE&E	
BCP ID #	**Fiscal Year**	**Description of Purpose of BCP**	**# Staff Requested (include classification)**	**# Staff Approved (include classification)**	**$ Requested**	**$ Approved**	**$ Requested**	**$ Approved**
1111-001	2019	Business Modernization	2.0 LT AGPAs	2.0 LT AGPAs	$224	$224	$27	$27
1111-002	2019	Enforcement Unit (Probation)	2.0 AGPAs	2.0 AGPAs	$222	$222	$26	$26
1111-013	2019	AB 2037 – 340B ADDS and SB 1447 – ADDS	1.5 Inspectors 1.0 AGPA	1.5 Inspectors 1.0 AGPA	$422	$422	$48	$48
1111-038	2020	Enforcement Unit (Probation)	1.0 SSMI 1.0 OT (T)	1.0 SSMI 1.0 OT (T)	$213	$213	$66	$66
1111-038	2020	Legislative and Admin Staff	1.0 SSMII	1.0 SSMII	$153	$153	$33	$33
1111-038	2020	Compounding/Outsourcing	2.0 Inspectors 1.0 OA 1.0 OT (T)	2.0 Inspectors 1.0 OA 1.0 OT (T)	$548	$548	$132	$132
1111-073	2022	Site Licensing Staff	2.0 AGPAs	2.0 AGPAs	$248	$248	$66	$66
1111-120, 122, 123	2022	SB 362 – Quotas, SB 340 – Cancer Med Recycle, AB 1533 – Standard of Care, AB 107 – Military Spouse Temp	1.0 Inspector, 1.0 LT AGPA, 0.5 AGPA	1.0 Inspector, 1.0 LT AGPA, 0.5 AGPA	$354	$354	$103	$103
1111-085	2023	SB 1346 – Surplus Med	0.5 Inspector	0.5 Inspector	$88	$88	$23	$23
1111-030	2024	Enforcement and Compounding Workload	1.0 Supervising Inspector 4.0 Inspectors 1.0 SSMII	1.0 Supervising Inspector 4.0 Inspectors 1.0 SSMII	$1,100	$1,100	$165	$165

Appendix 8

Table 6. Licensee Population

License Type		FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Designated Representative Wholesaler (EXC)	Active[1]	2,745	2,720	2,763	2,800
	Out of State	*	1,238	1,323	1,390
	Out of Country	*	2	1	1
	Delinquent/Expired	95	43	88	107
	Inactive	0	0	0	0
	Other[2]	4	4	0	4
Designated Representative Veterinary Food-Animal Drug Retailer (EXV)	Active[1]	57	54	55	59
	Out of State	*	0	1	2
	Out of Country	*	0	0	0
	Delinquent/Expired	2	0	0	1
	Other[2]	0	0	0	0
Designated Representative Third-Party Logistics Provider (DRL)	Active[1]	383	386	464	561
	Out of State	*	276	353	440
	Out of Country	*	1	1	1
	Delinquent/Expired	9	7	15	15
	Other[2]	0	0	0	0
Designated Representative Reverse Distributor (DRR)	Active[1]	4	7	13	15
	Out of State	*	4	10	13
	Out of Country	*	0	0	0
	Delinquent/Expired	3	3	1	4
	Other[2]	0	0	0	0
Designated Paramedic (DPM)	Active[1]	3	3	3	3
	Out of State	*	1	1	1
	Out of Country	*	0	0	0
	Delinquent/Expired	0	0	0	0
	Other[2]	0	0	0	0
Intern Pharmacist (INT)	Active[1]	5,999	5,354	4,787	4,397
	Out of State	*	319	281	266
	Out of Country	*	2	4	2
	Inactive	N/A	N/A	0	0
	Other[2]	0	0	1	0
Pharmacist (RPH)	Active[1]	45,243	44,532	45,134	45,402
	Out of State	*5,792	*5,453	5,050	4,900
	Out of Country	*161	*157	93	83
	Delinquent/Expired	2,485	3,019	3,309	3,319
	Retired Status if applicable	1,798	2,127	2,345	2,666
	Inactive	1,256	1,184	1,067	2,002
	Other[2]	93	69	40	73

License Type		FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Advanced Practice Pharmacist (APH)	Active[1]	871	1,031	1,146	1,281
	Out of State	*	25	28	29
	Out of Country	*	1	1	1
	Delinquent/Expired	18	33	38	63
	Retired Status if applicable	0	0	0	0
	Inactive	0	0	0	2
	Other[2]	1	2	1	2
Pharmacy Technician (TCH)	Active[1]	66,575	66,001	63,577	63,154
	Out of State	*	1,412	1,350	1,299
	Out of Country	*	17	17	8
	Delinquent/Expired	1,252	1,250	1,700	1,743
	Retired Status if applicable	N/A	N/A	N/A	N/A
	Inactive	4	0	0	84
	Other[2]	155	162	32	812
Automated Drug Delivery System (ADD)	Active[1]	850	970	1,034	1,093
	Delinquent/Expired	0	34	27	26
	Other[2]	0	0	0	0
Automated Drug Delivery System EMS (ADE)	Active[1]	1	1	1	1
	Delinquent/Expired	0	0	0	0
	Other[2]	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	Active[1]	0	0	1	1
	Delinquent/Expired	0	0	0	0
	Other[2]	0	0	0	0
Centralized Hospital Packaging (CHP/CHE)	Active[1]	10	11	10	10
	Delinquent/Expired	0	0	1	0
	Other[2]	0	0	0	0
Clinic (CLN/CLE)	Active[1]	2,109	2,120	2,305	2,306
	Delinquent/Expired	127	178	101	102
	Other[2]	0	0	0	0
Exempt Hospital (DRM/DRE)	Active[1]	30	30	31	30
	Delinquent/Expired	2	1	0	1
	Other[2]	0	0	0	0
Hospital (HSP/HPE)	Active[1]	471	471	476	478
	Delinquent/Expired	1	3	0	2
	Other[2]	0	0	0	0
Hypodermic Needle and Syringe (HYP/HYE)	Active[1]	237	230	214	211
	Delinquent/Expired	65	68	18	22
	Other[2]	0	0	0	0
Licensed Correctional Facility (LCF)	Active[1]	61	58	57	55
	Delinquent/Expired	0	1	0	0
	Other[2]	0	0	0	0

License Type		FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Outsourcing Facility (OSF)	Active[1]	4	4	4	3
	Delinquent/Expired	0	0	0	0
	Other[2]	0	0	0	0
Outsourcing Facility-Nonresident (NSF)	Active[1]	25	19	19	20
	Out of State	25	19	19	20
	Delinquent/Expired	0	2	0	1
	Other[2]	0	0	0	0
Pharmacy (PHY/PHE)	Active[1]	6,462	6,383	6,212	6,072
	Delinquent/Expired	51	54	16	19
	Other[2]	0	0	0	0
Pharmacy-Nonresident (NRP)	Active[1]	556	565	570	571
	Out of State	556	565	570	571
	Delinquent/Expired	49	67	22	30
	Other[2]	0	0	0	0
Remote Dispensing Pharmacy (PHR)	Active[1]	2	2	2	3
	Delinquent/Expired	0	0	0	0
	Other[2]	0	0	0	0
Sterile Compounding Pharmacy (LSC/LSE)	Active[1]	840	819	808	789
	Delinquent/Expired	11	20	8	7
	Other[2]	0	0	0	0
Sterile Compounding Pharmacy-Nonresident (NSC)	Active[1]	60	54	55	52
	Out of State	60	54	55	52
	Delinquent/Expired	3	5	3	2
	Other[2]	0	0	0	0
Satellite Sterile Compounding Pharmacy (SCP/SCE)	Active[1]	6	6	8	9
	Delinquent/Expired	0	0	0	0
	Other[2]	0	0	0	0
Surplus Medication Distribution Intermediary (SME)	Active[1]	1	1	1	1
	Delinquent/Expired	0	0	0	0
	Other[2]	0	0	0	0
Third-Party Logistics Provider (TPL)	Active[1]	30	34	33	36
	Delinquent/Expired	5	5	2	3
	Other[2]	0	0	0	1
Third-Party Logistics Provider-Nonresident (NPL)	Active[1]	101	113	129	154
	Out of State	101	113	129	154
	Delinquent/Expired	0	4	2	2
	Other[2]	0	0	0	1
Veterinary Food-Animal Drug Retailer (VET)	Active[1]	19	17	17	17
	Delinquent/Expired	1	4	1	1
	Other[2]	0	0	0	0

License Type		FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Wholesaler (WLS/WLE)	Active[1]	514	470	433	432
	Delinquent/Expired	42	90	45	64
	Other[2]	4	4	1	0
Wholesaler-Nonresident (OSD)	Active[1]	752	750	755	759
	Out of State	752	750	755	759
	Delinquent/Expired	77	111	43	65
	Other[2]	1	1	0	0
* FY 20/21 separated data not available as the report used was the CAS generated Primary Status Report					
Note: *'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.*					

[1] Active status is defined as able to practice. This includes licensees that are renewed, current, and active.
[2] Other is defined as a status type that does not allow practice in California, other than retired or inactive.

Appendix 9

Table 7a. Licensing Data by Type

Fiscal Year 20/21

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Designated Representative Wholesaler (EXC)	License	436	312	241	253	83	229	59	166	N/A
	Renewal	N/A	2,363	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Designated Representative Veterinary Food-Animal Drug Retailer (EXV)	License	5	2	1	7	0	2	0	373	N/A
	Renewal	N/A	51	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Designated Representative Third-Party Logistics Provider (DRL)	License	108	91	70	49	25	66	61	170	N/A
	Renewal	N/A	277	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Designated Representative Reverse Distributor (DRR)	License	3	3	2	0	0	3	0	204	N/A
	Renewal	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Designated Paramedic (DPM)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Intern Pharmacist (INT)	License	1,652	1,611	10	127	1,275	336	22	68	N/A
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacist (RPH)	Exam	3,993	3,495	675	1,516	1,723	416	17	64	N/A
	License	1,954	1,964	0	0	1,892	72	2	27	N/A
	Renewal	N/A	20,413	N/A	N/A	N/A	N/A	N/A	N/A	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Advanced Practice Pharmacist (APH)	License	167	87	13	138	17	70	41	251	N/A
	Renewal	N/A	410	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy Technician (TCH)	License	4,796	4,004	17	1,808	2,746	1,258	55	115	N/A
	Renewal	N/A	29,073	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Automated Drug Delivery System (ADD)	License	233	150	21	199	0	150	0	81	N/A
	Renewal	N/A	790	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Automated Drug Delivery System EMS (ADE)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Automated Patient Dispensing System 340B Clinic (ADC)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Centralized Hospital Packaging (CHP/CHE)	License	1	1	1	4	0	1	0	755	N/A
	Renewal	N/A	10	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Clinic (CLN/CLE)	License	157	115	22	132	17	98	35	166	N/A
	Renewal	N/A	2,069	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Exempt Hospital (DRM/DRE)	License	4	3	0	4	1	2	2	552	N/A
	Renewal	N/A	27	N/A	N/A	N/A	N/A	N/A	N/A	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Hospital (HSP/HPE)	License	24	29	1	13	7	22	54	120	N/A
	Renewal	N/A	433	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hypodermic Needle and Syringe (HYP/HYE)	License	13	3	0	12	0	3	0	146	N/A
	Renewal	N/A	221	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Licensed Correctional Facility (LCF)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	N/A	61	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outsourcing Facility (OSF)	License	0	1	0	0	0	1	0	84	N/A
	Renewal	N/A	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outsourcing Facility-Nonresident (NSF)	License	7	4	0	9	0	4	0	549	N/A
	Renewal	N/A	19	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy (PHY/PHE)	License	388	281	26	223	117	164	35	129	N/A
	Renewal	N/A	6,197	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy-Nonresident (NRP)	License	137	87	5	164	20	67	20	201	N/A
	Renewal	N/A	491	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Remote Dispensing Pharmacy (PHR)	License	3	2	0	4	0	2	0	78	N/A
	Renewal	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sterile Compounding Pharmacy (LSC/LSE)	License	87	83	8	86	17	66	103	242	N/A
	Renewal	N/A	797	N/A	N/A	N/A	N/A	N/A	N/A	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Sterile Compounding Pharmacy-Nonresident (NSC)	License	15	5	2	14	0	5	0	95	N/A
	Renewal	N/A	55	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Satellite Sterile Compounding Pharmacy (SCP/SCE)	License	2	2	1	4	0	1	0	294	N/A
	Renewal	N/A	5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Surplus Medication Distribution Intermediary (SME)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Third-Party Logistics Provider (TPL)	License	11	6	1	4	3	3	54	67	N/A
	Renewal	N/A	23	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Third-Party Logistics Provider-Nonresident (NPL)	License	36	21	5	57	5	16	36	153	N/A
	Renewal	N/A	76	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Veterinary Food-Animal Drug Retailer (VET)	License	0	0	1	0	0	0	0	0	N/A
	Renewal	N/A	16	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wholesaler (WLS/WLE)	License	65	47	6	46	16	31	8	159	N/A
	Renewal	N/A	428	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wholesaler-Nonresident (OSD)	License	109	70	7	119	11	59	9	162	N/A
	Renewal	N/A	673	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Fiscal Year 21/22

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Designated Representative Wholesaler (EXC)	License	379	325	4	291	74	251	49	160	N/A
	Renewal	2,390	2,469	N/A	N/A	N/A	N/A	4	N/A	N/A
Designated Representative Veterinary Food-Animal Drug Retailer (EXV)	License	3	1	0	9	0	1	0	105	N/A
	Renewal	50	53	N/A	N/A	N/A	N/A	3	N/A	N/A
Designated Representative Third-Party Logistics Provider (DRL)	License	116	62	0	101	10	52	45	136	N/A
	Renewal	325	347	N/A	N/A	N/A	N/A	3	N/A	N/A
Designated Representative Reverse Distributor (DRR)	License	8	3	0	5	0	3	0	88	N/A
	Renewal	4	4	N/A	N/A	N/A	N/A	3	N/A	N/A
Designated Paramedic (DPM)	License	1	1	0	0	0	1	0	98	N/A
	Renewal	1	2	N/A	N/A	N/A	N/A	6	N/A	N/A
Intern Pharmacist (INT)	License	1,534	1,481	2	162	1,260	221	19	58	N/A
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacist (RPH)	Examination	3,995	3,550	449	1,645	1,645	325	25	73	N/A
	License	1,701	1,692	0	0	1,650	42	2	54	N/A
	Renewal	22,677	22,563	N/A	N/A	N/A	N/A	11	8	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Advanced Practice Pharmacist (APH)	License	140	178	0	98	24	154	48	248	N/A
	Renewal	446	452	N/A	N/A	N/A	N/A	4	46	N/A
Pharmacy Technician (TCH)	License	5,478	5,790	493	962	3,578	2,212	34	116	N/A
	Renewal	28,474	28,269	N/A	N/A	N/A	N/A	14	N/A	N/A
Automated Drug Delivery System (ADD)	License	204	193	44	165	0	193	0	121	N/A
	Renewal	825	983	N/A	N/A	N/A	N/A	5	3	N/A
Automated Drug Delivery System EMS (ADE)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	1	1	N/A	N/A	N/A	N/A	3	N/A	N/A
Automated Patient Dispensing System 340B Clinic (ADC)	License	2	0	0	0	0	0	0	0	N/A
	Renewal	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Centralized Hospital Packaging (CHP/CHE)	License	1	1	1	3	0	1	0	1,118	N/A
	Renewal	10	11	N/A	N/A	N/A	N/A	N/A	25	N/A
Clinic (CLN/CLE)	License	154	132	9	142	26	106	31	200	N/A
	Renewal	2,007	2,056	N/A	N/A	N/A	N/A	6	N/A	N/A
Exempt Hospital (DRM/DRE)	License	2	4	0	2	0	4	0	206	N/A
	Renewal	29	30	N/A	N/A	N/A	N/A	10	N/A	N/A
Hospital (HSP/HPE)	License	29	31	0	10	6	25	22	187	N/A
	Renewal	445	465	N/A	N/A	N/A	N/A	7	N/A	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Hypodermic Needle and Syringe (HYP/HYE)	License	10	3	0	14	0	3	0	252	N/A
	Renewal	220	229	N/A	N/A	N/A	N/A	7	N/A	N/A
Licensed Correctional Facility (LCF)	License	1	0	0	1	0	0	0	0	N/A
	Renewal	58	58	N/A	0	N/A	N/A	4	N/A	N/A
Outsourcing Facility (OSF)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	4	5	N/A	N/A	N/A	N/A	0	53	N/A
Outsourcing Facility-Nonresident (NSF)	License	3	1	1	9	0	1	N/A	315	N/A
	Renewal	19	19	N/A	N/A	N/A	N/A	N/A	48	N/A
Pharmacy (PHY/PHE)	License	391	386	15	193	51	335	45	160	N/A
	Renewal	6,302	6,446	N/A	N/A	N/A	N/A	5	9	N/A
Pharmacy-Nonresident (NRP)	License	143	116	9	179	21	95	54	246	N/A
	Renewal	494	495	N/A	N/A	N/A	N/A	4	12	N/A
Remote Dispensing Pharmacy (PHR)	License	1	1	0	4	0	1	0	254	N/A
	Renewal	1	1	N/A	N/A	N/A	N/A	44	N/A	N/A
Sterile Compounding Pharmacy (LSC/LSE)	License	67	68	5	79	0	68	0	312	N/A
	Renewal	784	797	N/A	N/A	N/A	N/A	N/A	28	N/A
Sterile Compounding Pharmacy-Nonresident (NSC)	License	13	4	3	21	0	4	0	153	N/A
	Renewal	53	53	N/A	N/A	N/A	N/A	N/A	42	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Satellite Sterile Compounding Pharmacy (SCP/SCE)	License	0	0	0	3	0	0	0	0	N/A
	Renewal	5	6	N/A	N/A	N/A	N/A	N/A	23	N/A
Surplus Medication Distribution Intermediary (SME)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	1	1	N/A	N/A	N/A	N/A	1	N/A	N/A
Third-Party Logistics Provider (TPL)	License	5	4	0	5	0	4	0	153	N/A
	Renewal	32	34	N/A	N/A	N/A	N/A	7	N/A	N/A
Third-Party Logistics Provider-Nonresident (NPL)	License	34	18	7	62	3	15	20	207	N/A
	Renewal	95	96	N/A	N/A	N/A	N/A	8	10	N/A
Veterinary Food-Animal Drug Retailer (VET)	License	1	1	0	0	0	1	0	259	N/A
	Renewal	16	18	N/A	N/A	N/A	N/A	6	N/A	N/A
Wholesaler (WLS/WLE)	License	45	39	1	48	3	36	19	158	N/A
	Renewal	449	466	N/A	N/A	N/A	N/A	8	N/A	N/A
Wholesaler-Nonresident (OSD)	License	97	87	10	121	9	78	30	228	N/A
	Renewal	678	716	N/A	N/A	N/A	N/A	8	32	N/A

* Optional. List if tracked by the board.

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License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Designated Representative Wholesaler (EXC)	License	465	434	107	226	219	215	74	215	N/A
	Renewal	2,281	2,270	N/A	N/A	N/A	N/A	3	30	N/A
Designated Representative Veterinary Food-Animal Drug Retailer (EXV)	License	8	6	3	7	0	6	0	432	N/A
	Renewal	46	45	N/A	N/A	N/A	N/A	3	N/A	N/A
Designated Representative Third-Party Logistics Provider (DRL)	License	145	137	9	99	57	80	90	158	N/A
	Renewal	341	339	N/A	N/A	N/A	N/A	2	47	N/A
Designated Representative Reverse Distributor (DRR)	License	6	7	1	3	2	5	109	154	N/A
	Renewal	7	7	N/A	N/A	N/A	N/A	11	17	N/A
Designated Paramedic (DPM)	License	1	1	0	0	1	0	71	N/A	N/A
	Renewal	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Intern Pharmacist (INT)	License	1,312	1,323	59	87	1,047	276	15	51	N/A
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacist (RPH)	Examination	3,468	3,197	258	3,107	1,502	475	26	62	N/A
	License	1,801	1,815	0	0	1,789	2	24	37	N/A
	Renewal	21,600	21,542	N/A	N/A	N/A	N/A	3	44	N/A
Advanced Practice Pharmacist (APH)	License	163	154	0	104	73	81	66	206	N/A
	Renewal	519	511	N/A	N/A	N/A	N/A	3	28	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Pharmacy Technician (TCH)	License	5,494	3,742	111	2,483	2,495	1,247	45	94	N/A
	Renewal	28,768	28,532	N/A	N/A	N/A	N/A	3	32	N/A
Automated Drug Delivery System (ADD)	License	385	293	9	252	155	138	57	126	N/A
	Renewal	856	857	N/A	N/A	N/A	N/A	3	N/A	N/A
Automated Drug Delivery System EMS (ADE)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	1	1	N/A	N/A	N/A	N/A	5	N/A	N/A
Automated Patient Dispensing System 340B Clinic (ADC)	License	1	1	0	0	0	1	0	113	N/A
	Renewal	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Centralized Hospital Packaging (CHP/CHE)	License	0	0	2	1	0	0	0	0	N/A
	Renewal	9	9	N/A	N/A	N/A	N/A	N/A	30	N/A
Clinic (CLN/CLE)	License	312	242	29	179	24	218	50	154	N/A
	Renewal	2,094	2,060	N/A	N/A	N/A	N/A	4	44	N/A
Exempt Hospital (DRM/DRE)	License	0	1	1	1	1	0	33	0	N/A
	Renewal	30	29	N/A	N/A	N/A	N/A	4	36	N/A
Hospital (HSP/HPE)	License	13	10	2	8	2	8	49	154	N/A
	Renewal	462	456	N/A	N/A	N/A	N/A	3	26	N/A
Hypodermic Needle and Syringe (HYP/HYE)	License	6	5	0	15	0	5	0	287	N/A
	Renewal	216	207	N/A	N/A	N/A	N/A	3	42	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Licensed Correctional Facility (LCF)	License	2	1	0	1	0	1	0	355	N/A
	Renewal	57	57	N/A	N/A	N/A	N/A	2	N/A	N/A
Outsourcing Facility (OSF)	License	2	2	0	1	0	2	0	62	N/A
	Renewal	3	4	N/A	N/A	N/A	N/A	N/A	33	N/A
Outsourcing Facility-Nonresident (NSF)	License	10	2	2	12	0	2	0	547	N/A
	Renewal	18	17	N/A	N/A	N/A	N/A	26	47	N/A
Pharmacy (PHY/PHE)	License	385	271	40	257	100	171	45	156	N/A
	Renewal	6,075	6,020	N/A	N/A	N/A	N/A	4	22	N/A
Pharmacy-Nonresident (NRP)	License	110	80	13	189	16	64	35	267	N/A
	Renewal	516	499	N/A	N/A	N/A	N/A	4	28	N/A
Remote Dispensing Pharmacy (PHR)	License	1	0	0	5	0	0	0	0	N/A
	Renewal	2	2	N/A	N/A	N/A	N/A	1	51	N/A
Sterile Compounding Pharmacy (LSC/LSE)	License	52	47	11	71	0	47	0	346	N/A
	Renewal	767	791	N/A	N/A	N/A	N/A	23	33	N/A
Sterile Compounding Pharmacy-Nonresident (NSC)	License	15	7	9	18	0	7	0	302	N/A
	Renewal	51	49	N/A	N/A	N/A	N/A	N/A	63	N/A
Satellite Sterile Compounding Pharmacy (SCP/SCE)	License	1	2	0	2	0	2	0	492	N/A
	Renewal	8	7	N/A	N/A	N/A	N/A	N/A	11	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Surplus Medication Distribution Intermediary (SME)	License	0	0	0	0	0	0	0	0A	N/A
	Renewal	1	1	N/A	N/A	N/A	N/A	N/A	30	N/A
Third-Party Logistics Provider (TPL)	License	4	4	1	4	0	4	0	180	N/A
	Renewal	31	29	N/A	N/A	N/A	N/A	6	18	N/A
Third-Party Logistics Provider-Nonresident (NPL)	License	45	26	7	75	4	22	49	286	N/A
	Renewal	106	108	N/A	N/A	N/A	N/A	4	37	N/A
Veterinary Food-Animal Drug Retailer (VET)	License	2	2	0	0	0	2	0	277	N/A
	Renewal	15	14	N/A	N/A	N/A	N/A	3	44	N/A
Wholesaler (WLS/WLE)	License	58	32	3	71	5	27	52	179	N/A
	Renewal	403	393	N/A	N/A	N/A	N/A	3	67	N/A
Wholesaler-Nonresident (OSD)	License	119	82	4	153	14	68	65	212	N/A
	Renewal	696	675	N/A	N/A	N/A	N/A	3	39	N/A

Fiscal Year 23/24

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Designated Representative Wholesaler (EXC)	License	394	394	8	216	200	194	77	206	N/A
	Renewal	2,463	2,477	N/A	N/A	2,414	63	2	43	N/A
Designated Representative Veterinary Food-Animal Drug Retailer (EXV)	License	8	11	0	4	8	3	66	494	N/A
	Renewal	46	48	N/A	N/A	45	3	2	24	N/A
Designated Representative Third-Party Logistics Provider (DRL)	License	151	157	1	96	100	57	83	252	N/A
	Renewal	413	412	N/A	N/A	411	1	2	23	N/A
Designated Representative Reverse Distributor (DRR)	License	6	6	0	2	3	3	65	144	N/A
	Renewal	10	10	N/A	N/A	10	0	4	0	N/A
Designated Paramedic (DPM)	License	1	1	0	0	1	0	17	0	N/A
	Renewal	2	2	N/A	N/A	2	0	3	0	N/A
Intern Pharmacist (INT)	License	1,178	1,192	2	59	937	255	28	54	N/A
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacist (RPH)	Examination	3,164	3,048	515	2,565	1,424	430	14	48	N/A
	License	1,555	1,564	0	0	1,553	11	2	10	N/A
	Renewal	22,994	22,961	N/A	N/A	22,164	797	2	97	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Advanced Practice Pharmacist (APH)	License	157	159	9	93	85	74	91	222	N/A
	Renewal	579	574	N/A	N/A	522	52	3	30	N/A
Pharmacy Technician (TCH)	License	5,239	5,744	169	1,819	3,234	2,510	31	146	N/A
	Renewal	27,815	27,112	N/A	N/A	25,367	1,745	2	37	N/A
Temp Military-Designated Representative -Wholesaler (TEX)	License	0	0	0	0	0	0	0	0	0
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Temp Military-Designated Representative -3PL (TDR)	License	0	0	0	0	0	0	0	0	0
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Temp Military-Designated Representative -Reverse Distributor (TRR)	License	0	0	0	0	0	0	0	0	0
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Temp Military-Designated Paramedic (TDP)	License	0	0	0	0	0	0	0	0	0
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Temp Military-Intern Pharmacist (TIN)	License	0	0	0	0	0	0	0	0	0
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Temp Military-Pharmacist (TRP)	License	0	0	0	0	0	0	0	0	0
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Temp Military-Advanced Practice Pharmacist (TAP)	License	0	0	0	0	0	0	0	0	0
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Temp Military-Pharmacy Technician (TTC)	License	6	4	0	1	3	1	6	4	0
	Renewal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Automated Drug Delivery System (ADD)	License	244	298	153	44	152	146	60	113	N/A
	Renewal	1,153	1,118	N/A	N/A	1,111	7	3	26	N/A
Automated Drug Delivery System EMS (ADE)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	1	1	N/A	N/A	1	0	2	0	N/A
Automated Patient Dispensing System 340B Clinic (ADC)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	1	1	N/A	N/A	1	0	4	0	N/A
Centralized Hospital Packaging (CHP/CHE)	License	0	0	0	1	0	0	0	0	N/A
	Renewal	12	10	N/A	N/A	0	10	0	19	N/A
Clinic (CLN/CLE)	License	197	142	18	210	31	111	58	148	N/A
	Renewal	2,266	2,283	N/A	N/A	2,169	114	3	44	N/A
Exempt Hospital (DRM/DRE)	License	0	0	0	1	0	0	0	0	N/A
	Renewal	28	29	N/A	N/A	25	4	2	36	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Hospital (HSP/HPE)	License	21	16	0	13	0	16	0	84	N/A
	Renewal	488	484	N/A	N/A	431	53	3	19	N/A
Hypodermic Needle and Syringe (HYP/HYE)	License	21	3	2	29	0	3	0	564	N/A
	Renewal	213	216	N/A	N/A	193	23	2	49	N/A
Licensed Correctional Facility (LCF)	License	0	0	0	1	0	0	0	0	N/A
	Renewal	55	54	N/A	N/A	53	1	3	16	N/A
Outsourcing Facility (OSF)	License	5	1	1	4	0	1	0	57	N/A
	Renewal	3	3	N/A	N/A	0	3	0	22	N/A
Outsourcing Facility-Nonresident (NSF)	License	6	3	2	12	0	3	0	511	N/A
	Renewal	19	17	N/A	N/A	0	17	0	27	N/A
Pharmacy (PHY/PHE)	License	754	335	47	618	127	208	44	174	N/A
	Renewal	5,938	5,939	N/A	N/A	5,615	324	3	16	N/A
Pharmacy-Nonresident (NRP)	License	136	81	38	193	26	55	41	216	N/A
	Renewal	511	524	N/A	N/A	327	197	2	30	N/A
Remote Dispensing Pharmacy (PHR)	License	0	1	0	4	0	1	0	399	N/A
	Renewal	3	3	N/A	N/A	1	2	2	46	N/A

License Type	Application Type	Received	Approved/ Issued	Closed (Withdrawn)	Pending Applications Total (Close of FY)	# Complete-within Board control*	# Incomplete-outside Board control*	Cycle Times		
								Complete Apps	Incomplete Apps	Combined, IF unable to separate out
Sterile Compounding Pharmacy (LSC/LSE)	License	52	37	13	73	0	37	0	228	N/A
	Renewal	815	776	N/A	N/A	0	776	0	21	N/A
Sterile Compounding Pharmacy-Nonresident (NSC)	License	17	9	6	18	0	9	0	313	N/A
	Renewal	52	48	N/A	N/A	0	48	0	33	N/A
Satellite Sterile Compounding Pharmacy (SCP/SCE)	License	2	1	1	2	0	1	0	77	N/A
	Renewal	9	8	N/A	N/A	0	8	0	23	N/A
Surplus Medication Distribution Intermediary (SME)	License	0	0	0	0	0	0	0	0	N/A
	Renewal	1	1	N/A	N/A	1	0	1	0	N/A
Third-Party Logistics Provider (TPL)	License	11	5	0	10	0	5	0	228	N/A
	Renewal	31	33	N/A	N/A	28	5	1	39	N/A
Third-Party Logistics Provider-Nonresident (NPL)	License	32	31	4	73	1	30	76	351	N/A
	Renewal	134	132	N/A	N/A	109	23	3	21	N/A
Veterinary Food-Animal Drug Retailer (VET)	License	1	0	0	1	0	0	0	0	N/A
	Renewal	19	19	N/A	N/A	10	9	3	41	N/A
Wholesaler (WLS/WLE)	License	67	51	4	79	1	50	105	169	N/A
	Renewal	419	413	N/A	N/A	378	35	2	68	N/A
Wholesaler-Nonresident (OSD)	License	103	83	8	161	3	80	124	264	N/A
	Renewal	710	716	N/A	N/A	517	199	2	27	N/A

Appendix 10

Table 7b. License Denial

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
License Applications Denied (no hearing requested)	14	32	52	53
SOIs Filed	12	25	24	13
Average Days to File SOI (from request for hearing to SOI filed)	135	137	71	88
SOIs Declined	0	0	0	0
SOIs Withdrawn	5	0	3	1
SOIs Dismissed (license granted)	0	0	2	0
License Issued with Probation / Probationary License Issued	8	3	4	7
Average Days to Complete (from SOI filing to outcome)	329	255	146	236

Appendix 11

Table 8a. Examination Data[34]

California Examination (include multiple language) if any:

		License Type	Pharmacist
		Exam Title	**CPJE**
FY 2020/21		Number of Candidates	3,295
		Overall Pass %	55.7
		Overall Fail %	44.3
FY 2021/22		Number of Candidates	3,267
		Overall Pass %	51.2
		Overall Fail %	48.8
FY 2022/23		Number of Candidates	3,025
		Overall Pass %	63.0
		Overall Fail %	37.0
FY 2023/24		Number of Candidates	2,643
		Overall Pass %	58.8
		Overall Fail %	41.2
		Date of Last OA	2019, effective 6/1/2022
		Name of OA Developer	PSI
		Target OA Date	2024/25-2025/26

[34] This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

Appendix 12

Table 8b. National Examination.

Include multiple language, if any:

	License Type	Pharmacist
	Exam Title	**NAPLEX[35]**
FY 2020/21	Number of Candidates	2,449
	Overall Pass %	89.5
	Overall Fail %	10.5
FY 2021/22	Number of Candidates	2,397
	Overall Pass %	85.0
	Overall Fail %	14.4
FY 2022/23	Number of Candidates	2,209
	Overall Pass %	77.6
	Overall Fail %	21.1
FY 2023/24	Number of Candidates	1,671
	Overall Pass %	77.6
	Overall Fail %	21.8
	Date of Last OA	2021
	Name of OA Developer	NABP[36]
	Target OA Date	2024

[35] Pursuant to BPC section 4200(a)(6)(B) Has passed the North American Pharmacist Licensure Examination that, at the time of application for licensure, was based on an occupational analysis that is either current or that was replaced by another occupational analysis no more than one year before the application for licensure. When an applicant takes the exam outside of the period allowed for the occupational analysis, the score is considered exempt and is not counted. Exempt scores for Fiscal Years 2021/22, 2022/23, and 2023/24 are respectively 0.5%, 1.3%, and 0.6%.

[36] Note from NABP: 2019, however the competency statements on our website are as of October 2023 and those are what our current exam is based on.

Appendix 13

Table 9. Enforcement Statistics

	FY 20/21	FY 21/22	FY 22/23	FY 23/24
COMPLAINTS				
Intake				
Received	2,067	2,836	3,226	2,891
Closed without Referral for Investigation	593	770	903	787
Referred to INV	1,475	2,043	2,278	2,189
Pending (close of FY)	41	26	82	44
Conviction / Arrest				
CONV Received	503	577	531	526
CONV Closed Without Referral for Investigation	17	24	36	30
CONV Referred to INV	497	545	492	526
CONV Pending (close of FY)	0	10	17	1
Source of Complaint[37]				
Public	1,107	1,598	1,875	1,803
Licensee/Professional Groups	324	368	493	364
Governmental Agencies	356	423	399	362
Internal	699	912	827	654
Other	0	2	0	0
Anonymous	84	111	162	234
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	11.19	10.72	12.53	16.73
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	15.83	15.19	17.15	18.34
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	12.35	11.77	13.70	17.11
INVESTIGATION				
Desk Investigations				
Opened	641	828	926	788
Closed	542	680	563	679
Average days to close (from assignment to investigation closure)	169.18	147.16	185.22	245.75
Pending (close of FY)	406	323	593	595
Non-Sworn Investigation				
Opened	1,311	1,738	1,852	1,927
Closed	1,427	1,556	1,610	1,658
Average days to close (from assignment to investigation closure)	296.82	239.06	239.82	261.85
Pending (close of FY)	1,252	1,333	1,387	1,428
Sworn Investigation				
Opened	2	0	4	4
Closed	1	0	1	2
Average days to close (from assignment to investigation closure)	166	N/A	132	465

[37] Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Pending (close of FY)	1	1	4	6
All investigations[38]				
Opened	1,954	2,566	2,782	2,719
Closed	1,970	2,236	2,174	2,339
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	268.08	213.98	229.57	265.83
Average days for investigation closures (from start investigation to investigation closure)	261.70	211.05	225.83	257.20
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	320.85	246.44	257.84	329.32
Average days from receipt of complaint to investigation closure	273.43	242.75	252.94	290.11
Pending (close of FY)	1,619	1,657	1,984	2,035
CITATION AND FINE				
Citations Issued	931	1,275	1,052	843
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	435	340	328	361
Amount of Fines Assessed	$786,100.00	$2,026,575.00	$3,393,500.00	$3,588,265.00
Amount of Fines Reduced, Withdrawn, Dismissed	$225,050.00	$151,675 .00	$1,275,800.05	$531,649.00
Amount Collected	$706,730.00	$1,095,610.52	$1,708,099.51	$1,811,451.36
CRIMINAL ACTION				
Referred for Criminal Prosecution	N/A	N/A	N/A	N/A
ACCUSATION				
Accusations Filed	169	139	127	210
Accusations Declined	0	0	0	2
Accusations Withdrawn	1	0	2	4
Accusations Dismissed	2	0	1	1
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	201.83	206.91	147.48	130.64
INTERIM ACTION				
ISO & TRO Issued	12	2	8	10
PC 23 Orders Issued	3	0	13	11
Other Suspension/Restriction Orders Issued	0	4	4	3
Referred for Diversion	0	0	9	3
Petition to Compel Examination Ordered	2	2	2	1
DISCIPLINE				
AG Cases Initiated (cases referred to the AG in that year)	166	165	235	273
AG Cases Pending Pre-Accusation (close of FY)	99	79	138	181
AG Cases Pending Post-Accusation (close of FY)	158	147	142	214

[38] The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

	FY 20/21	FY 21/22	FY 22/23	FY 23/24
DISCIPLINARY OUTCOMES				
Revocation	81	62	60	82
Surrender	77	84	71	34
Suspension only	0	0	0	1
Probation with Suspension	2	2	4	4
Probation only	95	80	83	74
Public Reprimand / Public Reproval / Public Letter of Reprimand	77	53	23	20
Other	1	11	3	5
DISCIPLINARY ACTIONS				
Proposed Decision	30	30	19	17
Default Decision	69	53	49	85
Stipulations	191	176	144	106
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	317	208	193	174
Average Days from Closure of Investigation to Imposing Formal Discipline	604	571	576	486
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	859	713	750	844
PROBATION				
Probations Completed	59	53	89	47
Probationers Pending (close of FY)	347	317	256	260
Probationers Tolled *	N/A	N/A	36	32
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	5	9	8	10
SUBSEQUENT DISCIPLINE[39]				
Probations Revoked	1	7	5	4
Probationers License Surrendered	3	2	1	2
Additional Probation Only	2	0	0	1
Suspension Only Added	0	0	0	0
Other Conditions Added Only	0	0	0	1
Other Probation Outcome	0	0	0	0
SUBSTANCE ABUSING LICENSEES **				
Probationers Subject to Drug Testing	30	20	19	29
Drug Tests Ordered	841	867	665	640
Positive Drug Tests	4	3	2	8
PETITIONS				
Petition for Termination or Modification Granted	7	19	13	6
Petition for Termination or Modification Denied	0	3	8	7
Petition for Reinstatement Granted	3	5	0	3
Petition for Reinstatement Denied	1	2	2	3

[39] Do not include these numbers in the Disciplinary Outcomes section above.

	FY 20/21	FY 21/22	FY 22/23	FY 23/24
DIVERSION				
New Participants	9	6	7	14
Successful Completions	4	14	9	5
Participants (close of FY)	51	45	30	26
Terminations	10	4	7	4
Terminations for Public Threat	1	1	1	3
Drug Tests Ordered	2,071	1,750	1,187	1,090
Positive Drug Tests	11	1	8	1

Appendix 14

Table 10. Enforcement Aging

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	383	673	401	286	286	12.2%
91 - 180 Days	427	604	517	598	598	25.6%
181 - 1 Year	604	617	1,001	1,018	1,018	43.5%
1 - 2 Years	459	285	205	379	379	16.2%
2 - 3 Years	74	47	33	47	47	2.0%
Over 3 Years	5	11	17	11	11	0.5%
Total Investigation Cases Closed	1,952	2,236	2,174	2,339	2,339	100.0%
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	23	14	20	21	21	11.2%
1 - 2 Years	82	68	58	63	63	33.5%
2 - 3 Years	69	50	49	58	58	30.9%
3 - 4 Years	15	25	11	35	35	18.6%
Over 4 Years	30	22	24	11	11	5.9%
Total Attorney General Cases Closed	219	179	162	188	188	100.0%

Appendix 15

Table 11. Cost Recovery[40]

(list dollars in thousands)

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Total Enforcement Expenditures	$5,397,202	$4,416,191	$4,253,220	$4,267,240
Potential Cases for Recovery	220	202	113	110
Cases Recovery Ordered	180	153	113	110
Amount of Cost Recovery Ordered	$2,475,038	$2,845,000	$1,430,028	$1,408,560
Amount Collected	$1,578,428	$2,283,704	$1,359,280	$876,221

[40] Cost recovery may include information from prior fiscal years.

Appendix 16

Table 12. Restitution

(list dollars in thousands)

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Amount Ordered	N/A	N/A	N/A	N/A
Amount Collected	N/A	N/A	N/A	N/A

State of California

Governor Gavin Newsom
Kimberly Kirchmeyer, Director, Department of Consumer Affairs

California State Board of Pharmacy Executive Staff

Anne Sodergren, Executive Officer
Julie Ansel, Deputy Executive Officer

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Sunset Oversight Review Report

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CALIFORNIA STATE
BOARD OF PHARMACY

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Chapter 1

INTRODUCTION

Overview

The California State Board of Pharmacy (board) was created by the California Legislature in 1891 to protect the public by regulating the practice of pharmacy. Section 4000.1 of the California Business and Professions Code specifically establishes that:

> *Protection of the public shall be the highest priority for the California State Board of Pharmacy in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.*

The board is one of the boards, bureaus, commissions, and committees within the Department of Consumer Affairs (DCA), part of the Business, Consumer Services and Housing Agency under the aegis of the governor. The Department is responsible for consumer protection and representation through the regulation of licensed professionals and the provision of consumer services. While the DCA provides administrative oversight and support services, the board has policy autonomy and sets its own policies, procedures, and regulations.

The board is presently comprised of 13 members; six are public members, and seven are pharmacists, as required by law. The seven pharmacist members and four public members are appointed by the governor. One public member is appointed by the Assembly Speaker and one is appointed by the Senate Rules Committee. Board members may serve up to two four-year terms.

According to California law, at least five of the seven pharmacist members of the board must be pharmacists who are actively engaged in the practice of pharmacy. There must be at least one pharmacist representative from each of the following practice settings: an acute care hospital, an independent community pharmacy, a chain community pharmacy, a long-term health care or skilled nursing facility, and a compounding pharmacy specializing in human drug preparations. The pharmacist appointees shall also include a pharmacist who is a member of a labor union that represents pharmacists. A "chain community pharmacy" means a chain of 75 or more stores in California under the same ownership, and an "independent community pharmacy" means a pharmacy owned by a person or entity who owns no more than four pharmacies in California. *California Business and Professions Code section 4001(c).*

Board members hold non-salaried positions but are paid $100 per day for each meeting day (or eight-hour day spent performing board business) and are reimbursed travel expenses.

The board's operations are guided by its five-year strategic plan. The strategic plan is revised with the active partnership of all board members, staff, and interested stakeholders.

This procedure manual is provided to board members as a ready reference of important laws, regulations, DCA policies, and board policies in order to guide the actions of the board members and ensure board effectiveness and efficiency. The executive officer and board president will coordinate an orientation session with each new board member upon their appointment, to assist the new member in learning processes and procedures.

Any questions board members may have, at any time, can be addressed to the executive officer.

General Rules of Conduct

Board members shall not speak to interested parties (such as vendors, lobbyists, legislators, or other governmental entities) on behalf of the board or act for the board without proper authorization.

Members shall maintain the confidentiality of confidential documents and information.

Board members shall commit time, actively participate in board activities, participate in enforcement decision making and prepare for board and committee meetings, which includes reading meeting materials and all required legal documents.

Board members shall respect and recognize the equal role and responsibilities of all board members.

Board members shall act fairly and in a nonpartisan, impartial, and unbiased manner.

Board members shall treat all applicants and licensees in a fair and impartial manner.

Board members' actions shall uphold the board's primary mission – protection of the public.

Board members shall not use their positions on the board for political, personal, familial, or financial gain.

Abbreviations Used in This Manual

B&P	Business and Professions Code
Board	California State Board of Pharmacy
DCA	Department of Consumer Affairs
President	President of the Board of Pharmacy
Vice President	Vice President of the Board of Pharmacy
EO	Executive Officer
SAM	State Administrative Manual

Additional abbreviations and commonly used terms can be found in Appendix A.

Chapter 2

BOARD MEETING PROCEDURES

Frequency of Meetings

(B&P Code Section 4002(b))

The board is required by law to meet at least once every four months and may meet more often as it determines necessary. Full board meetings are generally two days and are held in northern and southern California on an alternating basis when possible. Additionally, the board, or a committee of the board, shall meet once per quarter to hear petitions for modification of probation and license reinstatement. The board welcomes and encourages public participation at its meetings and provides for public participation via WebEx. The Board may, if necessary to address a time sensitive issue (i.e., in response to a declared disaster, to meet specified times established in the Administrative Procedures Act for enforcement related matters or regulations, etc.) may convene additional board meetings.

The board has established the following interim policy until January 1, 2026:

Committee meetings will be convened via teleconference consistent with Government Code section 11123.5.

- Petitions for modification of probation and license reinstatements will be considered by a committee of the board consistent with Business and Professions Code Section 4309(c).
- Board meetings will be convened with a public location where a quorum of the board is present. Additional members may participate from a non-public remote location consistent with the provisions of Government Code Section 11123.2(j)(1). Where an in-person quorum cannot be achieved, the Board will determine if conditions exist to convene the meeting consistent with Government Code Section 11123.2(j)(2).

Board Member Attendance at Board Meetings

(Board Policy)

Board members shall attend each meeting of the board. If a member is unable to attend, they must contact the board president and the executive officer and ask to be excused from the meeting for a specific reason. Minutes will reflect when a member is not present for a meeting. Two consecutive non-excused absences may result in a request to the appointing authority that the member be replaced.

Board Member Participation

(B & P Code Sections 106 and 106.5)

The appointing authority has the power to remove from office at any time any member of any board appointed by the appointing authority for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct. The governor may also remove from office a board member who directly or

indirectly discloses examination questions to an applicant for examination for licensure.

Public Attendance at Board Meetings Open Meetings Act

(Government Code Section 11120 et seq.)

Board meetings are subject to the provisions of the Bagley-Keene Open Meeting Act. The Open Meeting Act governs meetings of the state regulatory boards and meetings of committees of those boards where the committee consists of more than two members. It specifies meeting notice and agenda requirements and prohibits discussing or taking action on matters not included on the agenda. Board members will receive training on the Open Meeting Act during the Board Member Orientation given by the DCA.

Appendix B contains detailed information about the Open Meeting Act that has been prepared by the Department's Legal Affair Division. Updates on the Open Meeting Act are provided periodically by the Department. Such updates will be provided to board members by board staff.

Attendance at general conferences that involve a discussion of broad issues and which are attended by a broad spectrum of participants are not covered by open meeting laws so long as members of the board do not discuss among themselves matters which are, or potentially may be, before the board. On the other hand, a workshop that is focused specifically on board issues and which involves more than two board members, or where the two members have some authority to act without further action by the full board, must meet the requirements of the Open Meeting Act.

Communications between or among more than two board members may be considered "meetings" if those communications occur in a serial fashion through a series of telephone calls or other communications (such as electronic mail) by which more than two of the board members are involved and board business is discussed (*e.g.*, polling of board members). Such communications are prohibited.

Any general discussion of exams or disciplinary procedures shall be held in public. The board may meet in closed session to discuss examinations where a public discussion would compromise the integrity of the examination or to deliberate on disciplinary cases and to discuss pending litigation.

An annual evaluation of the executive officer is held in closed session.

If the agenda contains matters that are appropriate for closed session, the agenda must cite the specific statutory section and subdivision authorizing the closed session.

Quorum

(B&P Code Section 4002(b) and Board Policy)

Seven members of the board constitute a quorum for the transaction of business. The majority of a quorum is necessary to act on behalf of the board.

The board uses the following criteria in counting votes on a given motion or decision (this includes motions during board meetings and mail votes on disciplinary matters).

The board must have a quorum of members present to take an action.

- There must be at least seven members voting in order for the board to take an action or position on an item, unless otherwise delegated by the board.
- A motion passes if a majority of those voting votes for the measure.
- Abstentions count as votes for purposes of establishing a quorum, but do not count as votes for or against the measure. Abstentions simply mean that the abstaining board member will go along with the majority decision of the board.
- *For example, if seven members are present, and four members abstain from voting, then:*
  a vote of 2 Aye, 1 Nay and 4 Abstain would mean that the motion passes (the majority vote is 2 versus 1, with 4 agreeing to go along with the majority of those voting).
- The board president may determine to vote or not vote on any matter before the board.
- In the event of a tie the motion fails.

Should a board member recuse themselves from voting on a matter, that member is no longer counted for purposes of achieving a quorum. If this results in a loss of a quorum, the person may participate under the "rule of necessity", however they should not participate in the discussion and they should abstain from voting. If the reason for the recusal is controversial or substantial (*i.e.*, the member was a witness in the case), the board should wait until another meeting to vote on the matter. This may necessitate a special meeting.

Meeting Rules

(Board Policy)

The board generally uses Robert's Rules of Order as a guide for conducting its meetings, to the extent that this does not conflict with state law (*e.g.*, Bagley-Keene Open Meeting Act). Questions of order are clarified by the board's attorneys.

Agenda Items

(Board Policy)

Any board member may suggest items for a board meeting agenda to the executive officer or during the "Public Comments on Items Not on the Agenda" discussion at every board meeting. The EO sets the agenda at the direction and with the approval of the board president and/or committee chair.

Generally, agenda items for board meetings originate with one of the board's five standing committees (Enforcement and Compounding Committee, Licensing Committee, Communication and Public Education Committee, Legislation and Regulation Committee, and Organizational Development Committee). The committee structure is designed to allow for initial discussion and consideration. Recommendations are then formed by the committee and brought to the full board for considerations as a committee report.

Notice of Meetings

(Government Code Section 11120 et seq.)

According to the Open Meeting Act, public meeting notices (including agendas for board meetings) must be sent to persons on the board's mailing list at least 10 calendar days in advance of the meeting. The notice must include a staff person's name, work address and work telephone number who can provide further information prior to the meeting.

All meeting notices for public meetings are also posted on the board's website (www.pharmacy.ca.gov) at least 10 calendar days before the meeting.

Diversity, Equity and Inclusion

The Board supports the efforts of the Diversity, Equity, and Inclusion Steering Committee at the Department of Consumer Affairs and commits to fostering inclusive engagement in its policy decisions, and promoting diversity, equity, and inclusion in the Board's publications and procedures.

Record of Meetings

(Board Policy)

Board and committee meeting minutes are a summary, not a transcript, of each meeting. The meeting minutes shall contain summaries of how each board member voted on motions during the meeting.

The minutes are prepared by board staff and submitted for review by board members before the next board or committee meeting. Meeting minutes are approved at the next scheduled meeting of the board or committee. The purpose of reviewing and approving the minutes at a meeting is not to approve of actions taken at the previous meeting, but rather to determine whether the minutes as drafted accurately reflect the discussion at the previous meeting. When approved, the minutes shall serve as the official record of the meeting.

Electronic Recording of Meetings

(Government Code Section 11124.1 and Board Policy)

The public-session portions of a meeting may be electronically recorded if determined necessary for staff purposes. Audio recordings shall be disposed of following board approval of the minutes. Meetings may be livestreamed for the public to view on the board's website at www.pharmacy.ca.gov. Members of the public may tape record, videotape, or otherwise record a meeting unless the board reasonably finds that such recording constitutes a persistent disruption of the proceedings.

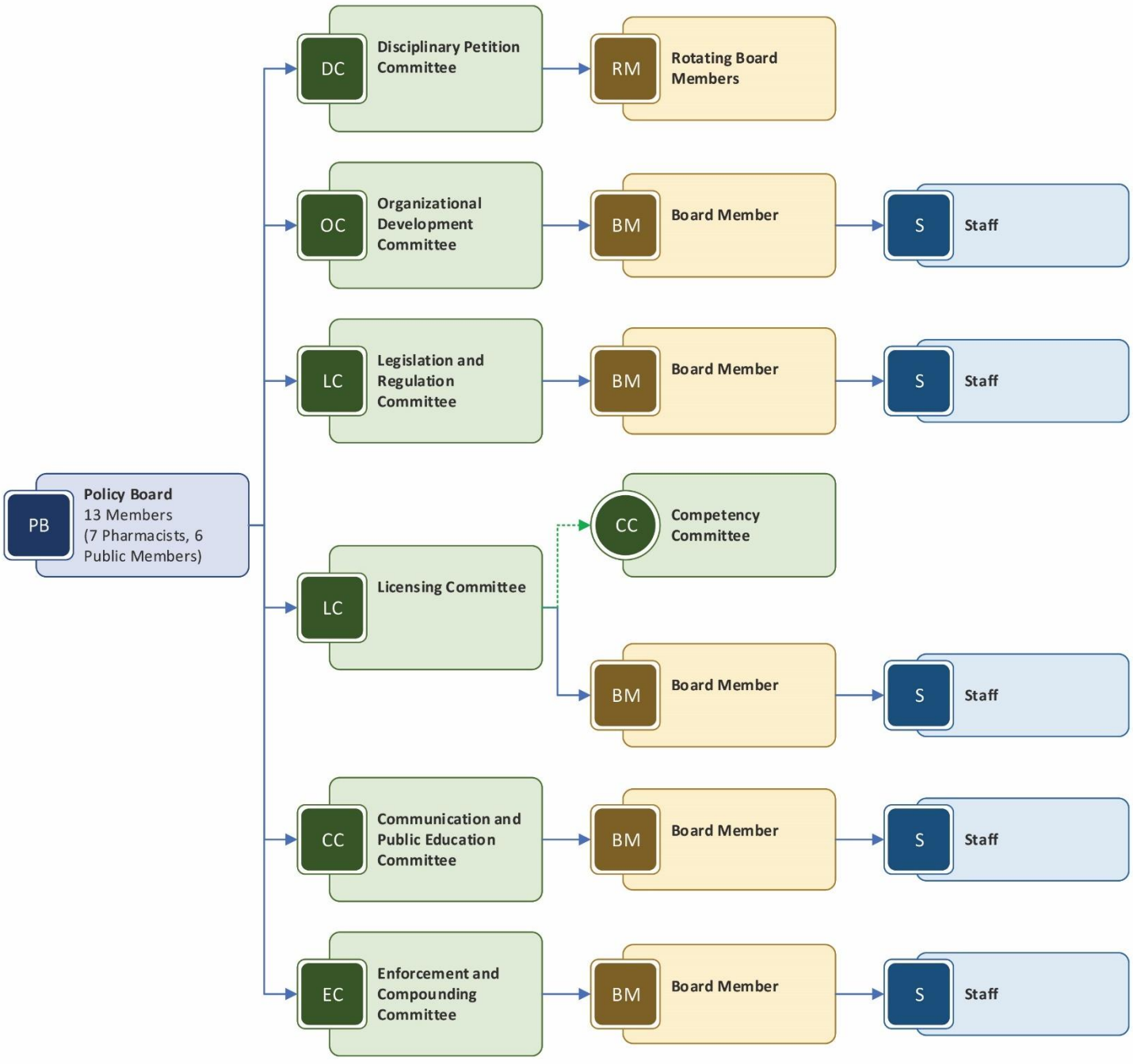
Public Comment

(Government Code Sections 11125.7 and 11430.10 and Board Policy)

Attachment B

Current Organizational Chart Showing Relationship of Committees to the Board and Membership of Each Committee

Attachment B – Current Organizational Chart Showing Relationship of Committees to the Board and Membership of Each Committee



Attachment C

Major Studies

- *C-1 Workforce Survey*
- *C-2 Fee Audit*
- *C-3 Summary of Findings of the NAPLEX and CPJE Report*
- *C-4 Multistate Pharmacist Jurisprudence Examination Review*

Attachment C – Major studies

Attachment C-1: Workforce Survey

Attachment C-2: Fee Audit

Attachment C-3: Summary of Findings of the NAPLEX and CPJE Review

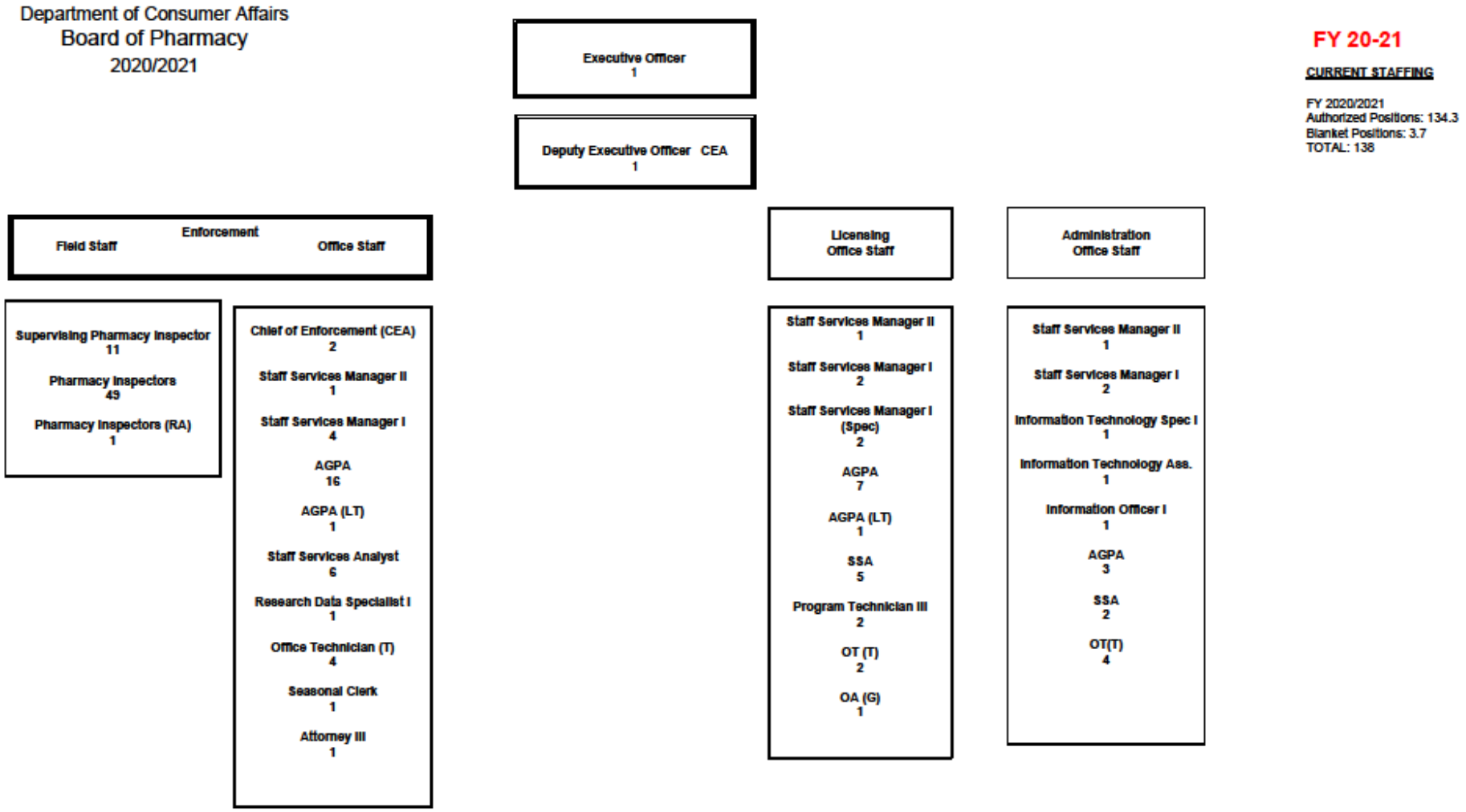
Attachment C-4: Multistate Pharmacist Jurisprudence Examination Review

Attachment D

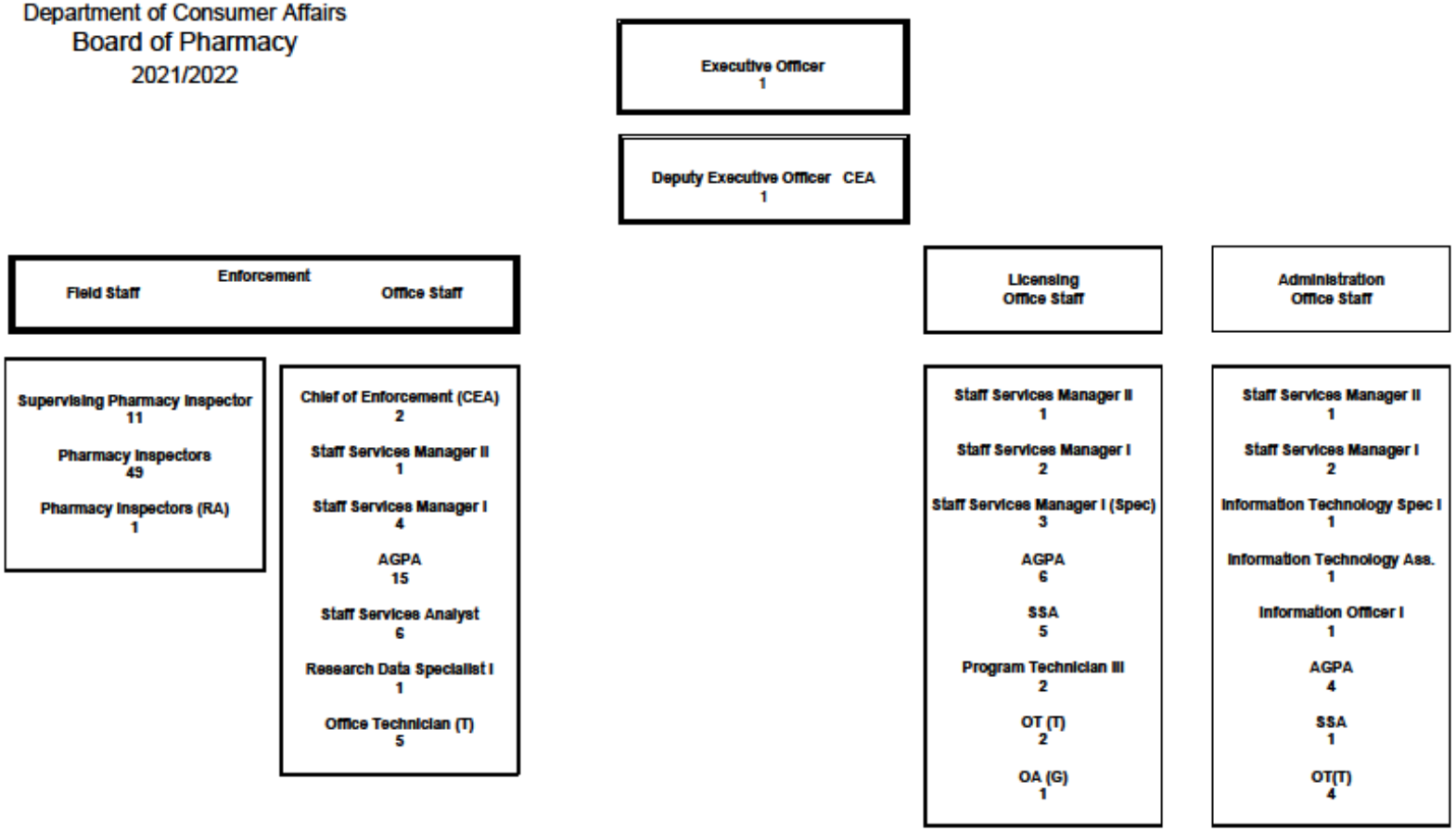
Year-end Organizational Charts for Last Four Fiscal Years

Attachment D – Year-end Organization Charts for Last Four Fiscal Years. Each Chart Includes the Number of Staff by Classifications Assigned to Each Major Program Area

FY 2020/21



Department of Consumer Affairs
Board of Pharmacy
2021/2022

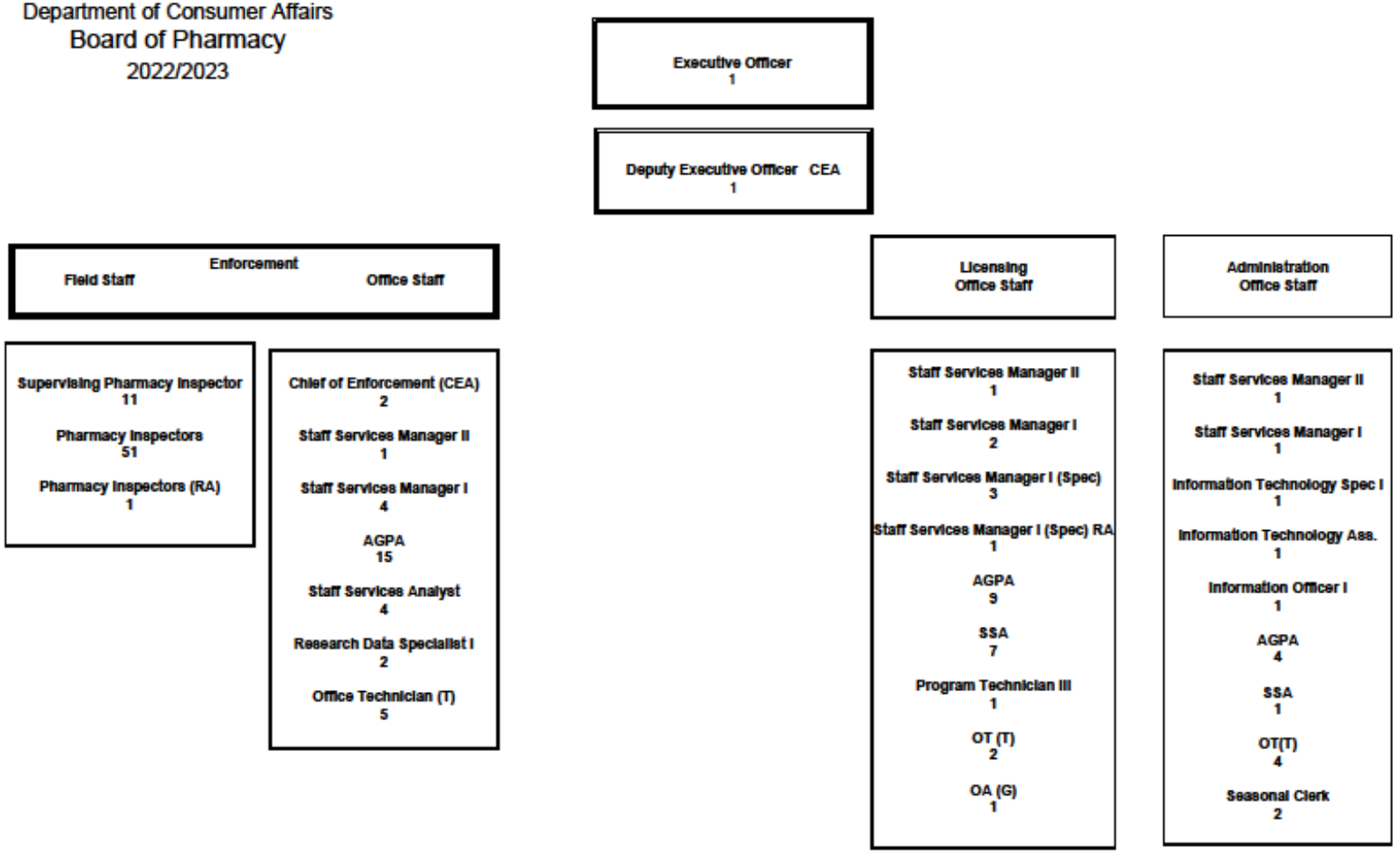


FY 21-22

CURRENT STAFFING

FY 2021/2022
Authorized Positions: 134.3
Blanket Positions: 3.2
TOTAL: 137.5

Department of Consumer Affairs
Board of Pharmacy
2022/2023

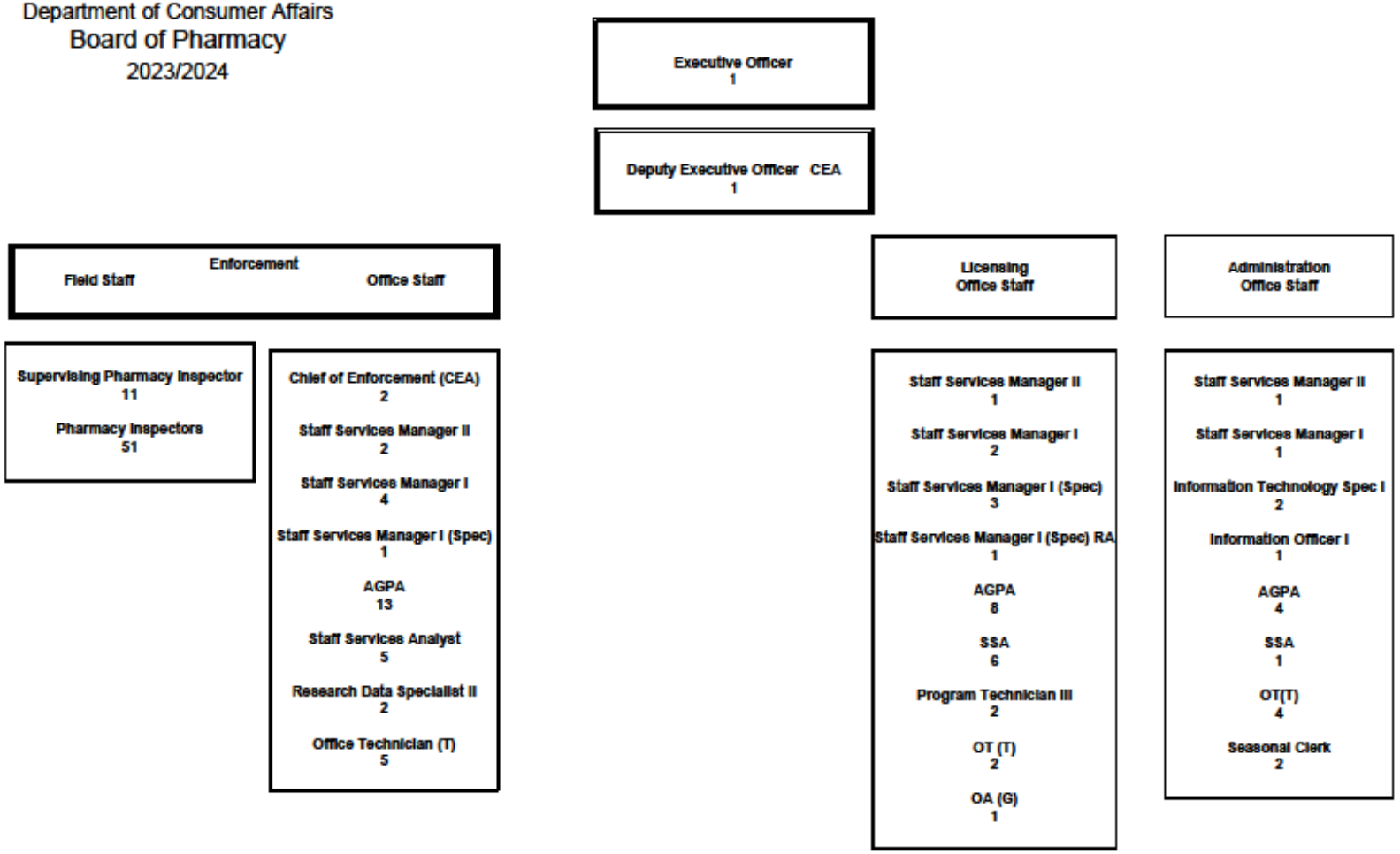


FY 22-23

CURRENT STAFFING

FY 2022/2023
Authorized Positions: 134.8
Blanket Positions: 5.7
TOTAL: 140.5

Department of Consumer Affairs
Board of Pharmacy
2023/2024



FY 23-24

CURRENT STAFFING

FY 2023/2024
Authorized Positions: 135.2
Blanket Positions: 4.8
TOTAL: 140

Attachment E

Examples of Board Publications

- *The Script – Newsletter May 2024*
- *The Script – Newsletter March 2024 – Special Edition*

Attachment E – Board Publications

Attachment E-1: The Script – Newsletter May 2024

Attachment E-2: The Script – Newsletter March 2024 – Special Edition

Attachment F

Other Information

- *F-1 Board Action Summary*
- *F-2 News Roundup*
- *F-3 Prescription Drug Abuse Prevention Campaign*
- *F-4 Notice to Consumers Campaign*
- *F-5 IV Hydration Policy Statement*
- *F-6 IV Hydration Education for Compounders*
- *F-7 Digital Signatures Policy Statement*
- *F-8 How to Prepare for an Inspection*
- *F-9 AB 1286 FAQs*

Attachment F – Other Information

Attachment F-1: Board Action Summary

Attachment F-2: News Roundup

Board of Pharmacy News Roundup – December 2024

Welcome to the monthly News Roundup from the California State Board of Pharmacy. To receive more details on any of the information reported here, click on the Board's website, www.pharmacy.ca.gov.

Upcoming Meeting: ALL meetings are open to the public; all are encouraged to attend.

- **Full Board Meeting December 4, 2024,** click here for additional information on the meeting. https://www.pharmacy.ca.gov/about/meetings_full.shtml
- **Disciplinary Petition Meeting December 18, 2024,** click here for additional information on the meeting. https://www.pharmacy.ca.gov/about/meetings_disc_petition.shtml
- **Communication and Public Education Committee Meeting January 9, 2025,** click here for additional information on the meeting. https://www.pharmacy.ca.gov/about/meetings_pub_ed.shtml
- **Enforcement and Compounding Committee Meeting January 9, 2025,** click here for additional information on the meeting.https://www.pharmacy.ca.gov/about/meetings_enforcement.shtml

- **Full Board Meeting January 29-30, 2025,** click here for additional information on the meeting. https://www.pharmacy.ca.gov/about/meetings_full.shtml

Friendly Reminder!

Starting January 1, 2025, **licenses that are eligible for renewal will be processed online.** Those who are eligible include:

- Pharmacist
- Advanced Practice Pharmacist
- Pharmacy Technician
- Designated Representative - Wholesaler
- Designated Representative - Veterinary Food-Animal Drug Retailer
- Designated Representative - 3PL
- Designated Representative – Reverse Distributor

Paper renewal applications will no longer be mailed out to licensees. In its place, a postcard reminder will be sent approximately six weeks prior to the license expiration date and the licensee will renew by going to www.pharmacy.ca.gov. The postcard is only a reminder, if the licensee does not receive a postcard, they are still required to submit their payment on-time to avoid a delinquency fee and possible cancellation of the license.

For Pharmacists and Advanced Practice Pharmacists, if your license expired more than two years ago, you are not eligible to renew your license online. Contact the Board at RenewalStatus@dca.ca.gov for assistance.

Fee Changes January 1, 2025

Starting January 1, 2025, fees will change. Click here for the new fee schedule.

There is a fee decrease for technicians to make it more affordable and to help individuals maintain their license. Fees have been established within the statutory range, but at a lower rate than the established pre-set amount. The Board voted to lower the pharmacy technician renewal fee from $180 to $150 every two years. The fee for the issuance of a pharmacy technician license is $120, decreased from $195. The penalty fee for failure to renew has been decreased to $75, this is down from $97.50.

Links to help find renewal and fee information:

Personal License Renewal, click here.

Facility License Information Renewal, click here.

Fee Schedule, click here.

Important information for licensees, click here.

New Bill Expands Authority of Pharmacists

Senate Bill 339 authorizes a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course if specified conditions are met. Prior to this bill, pharmacists could only furnish a 30-day supply and up to a 60-day supply if certain conditions were met. This emergency regulation took effect on August 14, 2024.

The regulation requires that documentation of preexposure prophylaxis furnished and services provided shall be maintained in patient records, in the record system maintained by the pharmacy, for a minimum of three years from the date when the preexposure prophylaxis was furnished. The Board of Pharmacy has created a free training webinar. Click here for more information on the training.

Continuing Education Requirement: Two Hours in Law and Ethics

Effective July 29, 2024, Continuing Education (CE) requirements include participating in a Board provided CE course in Law and Ethics.

When applying for license renewal, each pharmacist must submit satisfactory proof they have successfully completed thirty hours of approved CE courses in the twenty-four months preceding their renewal application. (16 CCR section 1732.5(a).) *Two of those thirty hours* shall be completed by participating in a Board provided CE course in Law and Ethics.

For more information, please see the FAQ list on the website.

Communication

All licensed facilities, pharmacists, intern pharmacists, pharmacy technicians, and designated representatives are **required to subscribe** to alerts from the Board. To sign up, go to the "Quick Hits" column on the Board's homepage and click on "Subscriber Alerts - Sign Up for Email Notifications".

###

Attachment F-3: Prescription Drug Abuse Prevention Campaign

California State Board of Pharmacy @CAPharmBoard · Sep 6, 2022

The medical journal JAMA reports the number of teens who died from drugs laced with #fentanyl increased from 253 in 2019 to 884 in 2021. Many were purchased over social media apps. Get tips for talking to your teens about drugs at drugfree.org. #DrugAbuseAwareness2022

2 2

California State Board of Pharmacy @CAPharmBoard · Sep 8, 2022

DYK? 75 percent of new heroin users were first addicted to legally prescribed #opioid pain medication. In 2020, more than 14.8 million opioid prescriptions were written in CA. If you face substance abuse, get treatment options at samhsa.gov. #DrugAbuseAwareness2022

2

California State Board of Pharmacy @CAPharmBoard · Sep 12, 2022

#Naloxone is a medication that can reverse opioid overdose and save lives! You can get naloxone from a #pharmacist without a prescription in CA. Ask your pharmacist about furnishing naloxone or find one at bit.ly/3RhWCP0. #DrugAbuseAwareness2022

1 6 1

California State Board of Pharmacy @CAPharmBoard · Sep 14, 2022

#Pharmacies that furnish #naloxone can help stop #opioid overdoses and save lives! #Pharmacists can get free training to furnish and talk to their patients about naloxone at bit.ly/2RC73PL. #DrugAbuseAwareness2022

1 2 4

California State Board of Pharmacy @CAPharmBoard · Sep 19, 2022

Help stop drug abuse by getting rid of unused, expired, or unwanted prescription pills at home. Find a drug takeback location at pharmacy.ca.gov. #DrugAbuseAwareness2022

3 1

California State Board of Pharmacy @CAPharmBoard · Sep 21, 2022

More than half of surveyed adolescents and young adults who reported misusing prescription #opioids got them from friends or relatives. Keep your loved ones safe by disposing of unused medications. Find a drug takeback location at pharmacy.ca.gov. #DrugAbuseAwareness2022

1 2

California State Board of Pharmacy @CAPharmBoard · Sep 26, 2022 ···

#Drugoverdoses kill more people in a year than motor vehicle collisions in the US. But most #opioid addicts can't taper off the drug without help. If you know someone who needs help, check out "Drug Abuse Prevention" resources at pharmacy.ca.gov. #DrugAbuseAwareness2022

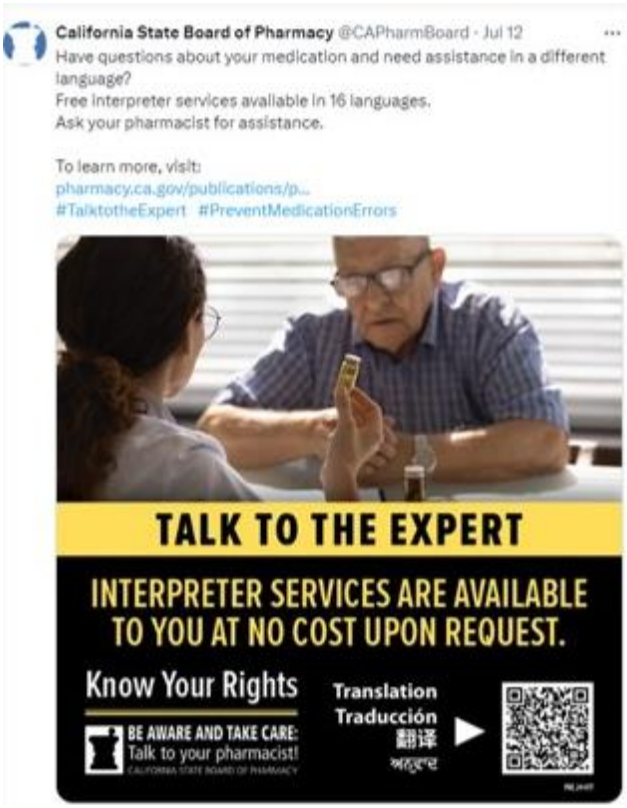
2

California State Board of Pharmacy @CAPharmBoard · Sep 28, 2022 ···

Looking for help with drug abuse? The Substance Abuse and Mental Health Services Administration operates a 24-hour helpline and referral service for drug abuse treatment programs: 1-800-662-HELP (4357). Get more info at samhsa.gov. #DrugAbuseAwareness2022

3 3

Attachment F-4: Notice to Consumers Campaign



California State Board of Pharmacy @CAPharmBoard · Jul 9

Before leaving the pharmacy, check that you have the right medication. Taking one minute to read the label can protect you from a medication error.

To learn about the Board, visit: pharmacy.ca.gov

#TalktotheExpert #PreventMedicationErrors

California State Board of Pharmacy @CAPharmBoard · Jul 8

Protect yourself by learning about the medications you are taking. Talk to your pharmacist to prevent medication errors.

Visit: pharmacy.ca.gov

#TalktotheExpert #PreventMedicationErrors

1 1 191

Attachment F-5: Intravenous Hydration Policy Statement

Attachment F-6: Intravenous Hydration Education for Compounders

Attachment F-7: Digital Signatures Policy Statement

Attachment F-8: How to Prepare for an Inspection

Attachment F-9: AB 1286 Frequently Asked Questions

Attachment G

Legislative Proposals Related to Prior Issues (Section 9)

- *G-1 Issue #8: Fair Chance Licensing Act*
- *G-2 Issue #18: Patient-Specific Outsourcing*
- *G-3 Issue #20: Medication-Assisted Treatment*
- *G-4 Issue #21: Pharmaceutical Compounding*
- *G-5 Issue #22: Automated Drug Delivery Systems*

Attachment G – Legislative Proposals Related to Prior Issues (Section 9)

Attachment G-1: Issue #8 Fair Chance Licensing Act

Proposal to Amend BPC 4202.6 follows:

Notwithstanding Section 480, the board may deny an application for licensure under this chapter if any of the following conditions apply:

(a) ~~if~~ the applicant has been convicted of a crime or subjected to formal discipline that would be grounds for denial of a federal registration to distribute controlled substances.
(b) the applicant has been convicted of a crime involving fraud in violation of state or federal laws related to healthcare.
(c) the applicant has been convicted of a crime involving financial identify theft.
(d) the applicant has engaged in any act of dishonesty related to academic institutions or subverts or attempts to subvert any test or examination.
(e) the applicant has engaged in acts involving serious or repeat use of controlled substances or alcoholic beverages to the extent or in a manner as to be dangerous or injurious to themselves or to others.

Attachment G-2: Issue #18 Patient-Specific Outsourcing

Proposal to Amend BPC section 4129.3 as follows:

~~(a) On or before January 1, 2018, the board shall provide a report to the Legislature regarding the regulation of nonresident outsourcing facilities. The report shall be submitted to the Legislature in the manner required pursuant to Section 9795 of the Government Code. At a minimum, the report shall address all of the following:~~

~~(1) A detailed description of board activities related to the inspection and licensure of nonresident outsourcing facilities.~~

~~(2) Whether fee revenue collected pursuant to subdivision (x) of Section 4400 and travel cost reimbursements collected pursuant to subdivision (c) of Section 4129.2 provide revenue in an amount sufficient to support the board's activities related to the inspection and licensure of nonresident outsourcing facilities.~~

~~(3) The status of proposed changes to federal law that are under serious consideration and that would govern outsourcing facilities and compounding pharmacies, including, but not limited to, legislation pending before Congress, administrative rules, regulations or orders under consideration by the FDA or other appropriate federal agency, and cases pending before the courts.~~

~~(4) If applicable, recommended modifications to the board's statutory duties related to nonresident outsourcing facilities as a result of changes to federal law or any additional modifications necessary to protect the health and safety of the public.~~

~~(b) The requirement for submitting a report imposed under subdivision (a) is inoperative on January 1, 2022, pursuant to Section 10231.5 of the Government Code.~~
~~*(Added by Stats. 2016, Ch. 484, Sec. 29. (SB 1193) Effective January 1, 2017.)*~~

Each outsourcing facility, as defined under section 4034, shall complete a self-assessment of its compliance with federal and state pharmacy law. The assessment shall be performed by the outsourcing facility's designated quality control person, before July 1 of every off-numbered year. The primary purpose of the self-assessment is to promote compliance through self-examination and education for compliance with federal current good manufacturing practices and provisions of state law related to outsourcing facilities, and Pharmacy law related to patient-specific prescription as specified on the most recent version of the Outsourcing Facility Self-Assessment Form approved by the board and posted on its internet. The designated quality control person and the premises owner, partner, or corporate officer shall certify on the final page of the self-assessment that they have read and reviewed the completed form to the best of their professional ability and acknowledge that failure to correct any deficiency identified could result in action by the board. The completed form shall be signed under penalty of perjury, and kept on file in the outsourcing facility for three years, and made available to the board or its designee, upon request.

Attachment G-3: Issue #20 Medication-Assisted Treatment

Proposal to Amend BPC section 4052(a)(14) as follows:

(a) Notwithstanding any other law, a pharmacist may do all of the following:

(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.

(2) Transmit a valid prescription to another pharmacist.

(3) Administer drugs and biological products that have been ordered by a prescriber.

(4) Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1.

(5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.

(6) Perform procedures or functions as authorized by Section 4052.6.

(7) Manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.

(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.

(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.

(10) Furnish the medications described in subparagraph (A) in accordance with subparagraph (B):

(A) (i) Emergency contraception drug therapy and self-administered hormonal contraceptives, as authorized by Section 4052.3.

(ii) Nicotine replacement products, as authorized by Section 4052.9.

(iii) Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.

(iv) HIV preexposure prophylaxis, as authorized by Section 4052.02.

(v) HIV postexposure prophylaxis, as authorized by Section 4052.03.

(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

(11) Administer immunizations pursuant to a protocol with a prescriber.

(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

(13) Initiate, adjust, or discontinue drug therapy for a patient under a collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single or multiple pharmacists and a single or multiple health care providers with prescriptive authority.

(14) Provide medication for the treatment of opioid use disorder ~~medication-assisted treatment pursuant to a state protocol~~, to the extent authorized by federal law.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

Attachment G-4: Issue #21 Pharmaceutical Compounding

Proposal to add BPC section 4052(a)(15) as follows:

(a) Notwithstanding any other law, a pharmacist may do all of the following:

(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.

(2) Transmit a valid prescription to another pharmacist.

(3) Administer drugs and biological products that have been ordered by a prescriber.

(4) Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1.

(5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.

(6) Perform procedures or functions as authorized by Section 4052.6.

(7) Manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.

(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.

(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.

(10) Furnish the medications described in subparagraph (A) in accordance with subparagraph (B):

(A) (i) Emergency contraception drug therapy and self-administered hormonal contraceptives, as authorized by Section 4052.3.

(ii) Nicotine replacement products, as authorized by Section 4052.9.

(iii) Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.

(iv) HIV preexposure prophylaxis, as authorized by Section 4052.02.

(v) HIV postexposure prophylaxis, as authorized by Section 4052.03.

(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

(11) Administer immunizations pursuant to a protocol with a prescriber.

(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

(13) Initiate, adjust, or discontinue drug therapy for a patient under a collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single or multiple pharmacists and a single or multiple health care providers with prescriptive authority.

(14) Provide medication-assisted treatment pursuant to a state protocol, to the extent authorized by federal law.

(15) Add a flavoring agent to a prescribed FDA approved drug in an oral liquid dosage form at the request of the patient or patient's agent without consultation with the prescriber or the prescriber's authorized agent. A pharmacist performing such action must document the action on the prescription record.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

Attachment G-5: Issue #22 Automated Drug Delivery Systems

Proposal to repeal BPC section 4427.8 as follows:

~~(a) This article shall become operative on July 1, 2019.~~

~~(b) On or before January 1, 2025, as part of the board's sunset evaluation process, and notwithstanding Sections 9795 and 10231.5 of the Government Code, the board shall report to the appropriate committees of the Legislature on the regulation of ADDS units as provided in this article. At a minimum, this report shall require all of the following:~~

~~(1) The use and dispersion of ADDS throughout the health care system.~~

~~(2) The number of ADDS inspections conducted by the board each year and the findings from the inspections.~~

~~(3) Public safety concerns relating to the use of ADDS as identified by the board.~~

Attachment H

Legislative Proposals Related to New Issues (Section 10)

- *H-1 Issue #1: Nonresident Pharmacies*
- *H-2 Issue #2: Pharmacist to Pharmacy Technician Ratio*
- *H-3 Issue #3: Pharmacy Technicians Compounding Outside of a Pharmacy*
- *H-4 Issue #4: Mail Order Pharmacies*
- *H-5 Issue #5: Artificial Intelligence*
- *H-6 Issue #6: IV Hydration*
- *H-7 Issue #7: Pharmacy Desert*
- *H-8 Issue #8: Online Health Platforms Directing Patients to Specific Pharmacies*
- *H-9 Issue #10: Payor Activities that Negatively Impact Patient Access*
- *H-10 Issue #11: Standard of Care Practice Mode for Pharmacist*
- *H-11 Issue #12: Establish Self-Assessment Process in Statute*
- *H-12 Issue #13: AB 1286 Clarification*
- *H-13 Issue #14: Remote Processing*
- *H-14 Issue #15: Retitle "Advanced Practice Pharmacist" to "Advanced Pharmacist Practitioner"*
- *H-15 Issue #16: Records*
- *H-16 Issue #17: Converting Paper Records to Digital*
- *H-17 Issue #18: Clarification on Pharmacist Prescriptions*
- *H-18 Issue #19: Hormonal Contraception*
- *H-19 Issue #20: Ownership Prohibition*
- *H-20 Issue #21: Retired Pharmacist License*
- *H-21 Issue #22: Changes to Pharmacy Technician Trainee*

Attachment H – Legislative Proposals Related to New Issues (Section 10)

Attachment H-1: Nonresident Pharmacies (New Issue #1)

Proposal to Amend BPC sections 4112, 4113 and 4303 as follows:

BPC section 4112

(a) Any pharmacy located outside this state that is involved in the preparation, dispensing, shipping, mailing, or delivery ~~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) the name of a California licensed pharmacist designated as the pharmacist-in-charge and (5) 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, pharmacist-in-charge, 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 and ongoing licensure, the nonresident pharmacy shall identify a California licensed pharmacist employed and working at the nonresident pharmacy to be proposed to serve as the pharmacist-in-charge, and 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 any jurisdiction and has not been subsequently reinstated. ~~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) If the pharmacist is not licensed in California, they have 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) This section shall become effective July 1, 2026.

BPC section 4113

(a) Every pharmacy shall designate a pharmacist-in-charge. A pharmacy licensed pursuant to section 4110 shall ~~and~~, within 30 days thereof, shall notify the board in writing of the identity and license number of that pharmacist and the date they were designated. A pharmacy licensed pursuant to 4112 shall, within 90 days thereof, notify the board in writing of the identify and license number of that pharmacist and the date they were designated.

(b) The proposed pharmacist-in-charge shall be subject to approval by the board. The board shall not issue or renew a pharmacy license without identification of an approved pharmacist-in-charge for the pharmacy.

(c) (1) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

(2) The pharmacist-in-charge may make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely. If the pharmacist-in-charge is not available, a pharmacist on duty may adjust staffing according to workload if needed. This paragraph does not apply to facilities of the Department of Corrections and Rehabilitation.

(d) (1) The pharmacist-in-charge or pharmacist on duty shall immediately notify store management of any conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. Store management shall take immediate and reasonable steps to address and resolve the conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. If the conditions are not resolved within 24 hours, the pharmacist-in-charge or pharmacist on duty shall ensure the board is timely notified.

(2) Nothing in this subdivision shall be construed as presenting, limiting, or restraining a pharmacist-in-charge, pharmacy technician, or member of the public from communication with the board, including filing a complaint.

(3) The conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff may include, but are not limited to, any of the following:

(A) Workplace safety and health hazards that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff.
(B) Sustained temperatures that could impact ambient temperature drug stability according to manufacturer data on acceptable drug storage conditions.

(C) Vermin infestation that poses a risk to the safety or efficacy of medicine.

(4) If, after receipt of a notice described in paragraph (1) and an evaluation and assessment of the relevant evidence, the executive officer has a reasonable belief that conditions within a pharmacy exist that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff, the executive officer may, in conformance with the processes set forth in subdivisions (b) and (c) of Section 4127.3, issue an order to the pharmacy to immediately cease and desist those pharmacy operations that are affected by the conditions at issue. The cease and desist order shall remain in effect until either the executive officer determines the conditions that presented an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff have been abated or for no more than 30 days, whichever is earlier. Evidence of corrective actions taken shall be submitted by the pharmacy to correct the conditions at

issue. Failure to comply with a cease and desist order issued pursuant to this section shall be unprofessional conduct pursuant to Section 4156.

(5) Nothing in this paragraph shall prevent the owner of the licensed premises from closing a pharmacy to mitigate against a perceived immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff.

(6) Facilities of the Department of Corrections and Rehabilitation shall be exempt from this subdivision.

(e) Every pharmacy licensed pursuant to section 4110 shall notify the board in writing, on a form designed by the board, within 30 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge. Every pharmacy licensed pursuant to section 4112 shall notify the board in writing, on a form designed by the board, within 90 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge. The proposed replacement pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

(f) If a pharmacy is unable, in the exercise of reasonable diligence, to identify within 30 days a permanent replacement pharmacist-in-charge to propose to the board on the notification form, the pharmacy may instead provide on that form the name of any pharmacist who is an employee, officer, or administrator of the pharmacy or the entity that owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis, to act as the interim pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity that owns the pharmacy, shall be prepared during normal business hours to provide a representative of the board with the name of the interim pharmacist-in-charge with documentation of the active involvement of the interim pharmacist-in-charge in the daily management of the pharmacy, and with documentation of the pharmacy's good faith efforts prior to naming the interim pharmacist-in-charge to obtain a permanent pharmacist-in-charge. By no later than 120 days following the identification of the interim pharmacist-in-charge, the pharmacy shall propose to the board the name of a pharmacist to serve as the permanent pharmacist-in-charge. The proposed permanent pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

BPC section 4303

(a) The board may report any violation by a nonresident pharmacy of the laws and regulations of this state, any other state, or of the United States, including, but not limited to, any violation of this chapter or of the regulations established by the board, to any appropriate state or federal regulatory or licensing agency, including, but not limited to, the regulatory or licensing agency of the state in which the nonresident pharmacy is a resident or in which the pharmacist is licensed.

(b) The board may cancel, deny, revoke, or suspend a nonresident pharmacy registration, issue a citation or letter of admonishment to a nonresident pharmacy, or take any other action against a nonresident pharmacy that the board may take against a resident pharmacy license, on any of the same grounds upon which such action might be taken against a resident pharmacy~~, provided that the grounds for the action are also grounds for action in the state in which the nonresident pharmacy is permanently located.~~

(c) If the home state pharmacy license of a nonresident pharmacy is canceled, revoked, or suspended for any reason, any license issued pursuant to Section 4112 or 4127.2 shall be immediately canceled, revoked, or suspended by operation of law.

Attachment H-2: Pharmacist to Pharmacy Technician Ratio (New Issue #2)

Proposal to Amend BPC section 4115 as follows:

(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~~ two pharmacy technicians 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~~ ~~t~~hisThis 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. The Board may adopt regulations establishing for different community pharmacy practice settings a ratio different than those established in this paragraph.

(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.

Attachment H-3: Pharmacy Technicians Compounding Outside of a Pharmacy (New Issue #3)

Proposal to Add BPC section 4115(k) as follows:

(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:
1. 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.
2. Administer vaccinations, only under the direct supervision and control of a pharmacist

Attachment H-4: Mail Order Pharmacies (New Issue #4)

Proposal to Add BPC section 4317.6 as follows:

(a) The board may bring an action for fines for repeated violations of materially similar provisions of this chapter within five years for a single mail order pharmacy, or multiple mail order pharmacies operating under common ownership or management as follows: a third and, or subsequent violation may be punished by an administrative fine not to exceed one hundred thousand dollars ($100,000) per violation.

(b) In determining the amount of the fine sought in an action brought pursuant to this section, the board shall consider relevant mitigating and aggregating factors, including, but not limited to, the good faith of the licensee, the communication of written changes to unlawful policies, the gravity of the violation, the potential harm to a patient, whether the violation affects the professional judgment or independence of pharmacists, and the history of previous violations by the mail order pharmacy or in the case of multiple mail order pharmacies operating under common ownership or management, the history of the previous violations by the common ownership or control.

(c) The authority granted by this section is in addition to the authority of the board to institute any other administrative, civil, or criminal action.

(d) The fines in subdivision (a) shall be imposed in accordance with Section 4314.

(e) For purposes of this section, "mail order pharmacy" is defined as a nonresident pharmacy that dispenses medications and ships them to patients via the postal service or other mail delivery method.

Attachment H-5: Artificial Intelligence (New Issue #5)

Proposal to Add BPC section 4301.2 as follows:

(a) For purposes of this section, artificial intelligence (AI) refers to computer systems or software that use algorithms or analysis of data to perform tasks typically requiring human intelligence, including, but not limited to, decision-making, problem-solving, and information processing.

(b) No pharmacy or pharmacist shall utilize AI technologies to replace or override the professional judgment of a licensed pharmacist in any aspect of pharmaceutical care, including, but not limited to:

1. Patient assessments;
2. Medication therapy management;
3. Drug interactions and contraindications;
4. Exercising corresponding responsibility;
5. Counseling patients on medication use.

(c) The board may take action against any pharmacy or pharmacist found to be in violation of this section, including, but not limited to, fines, license suspension, or revocation. Such a violation shall be considered unprofessional conduct.

(d) This section does not prohibit the use of AI tools as supportive resources for pharmacists, provided that such tools are used solely to augment, and not replace, the pharmacist's professional judgment.

Attachment H-6: IV Hydration (New Issue #6)

Proposal to Add BPC section 4188 as follows:

a. An IV hydration clinic shall not compound or administer sterile injectable products unless the clinic has obtained an IV hydration clinic license from the board pursuant to this section. The license shall be renewed annually and is not transferrable.

b. Prior to licensure pursuant to this section, an IV hydration clinic shall be subject to inspection by the board for compliance with state and federal laws and regulations and national standards governing compounding practices. A clinic licensed pursuant to this section shall also be subject to an inspection by the board biennially to maintain licensure. If any inspection reveals noncompliance, the license shall not be issued, or in the case of a clinic already licensed, shall not be renewed and will be cancelled by operation of law.

c. The clinic shall designate a professional director who is responsible for the safe, orderly, and lawful provisions of compounding and administration of the sterile injectable products. The professional director shall be an authorized prescriber licensed in California.

d. The clinic shall retain a consulting pharmacist to approve the policies and procedures related to compounding and administering sterile injectable products and to evaluate the clinic for compliance with state and federal laws and regulations and national standards governing compounding practices. The consulting pharmacist is responsible for quarterly inspection of the clinic and following each such inspection shall provide written certification that the clinic is or is not operating in compliance with the requirements of this section. Each completed written certification shall be kept on file in the clinic for three years and shall include recommended correction actions, if appropriate.

e. Before July 1 of every odd-numbered year, the consulting pharmacist shall complete an IV Hydration Clinic Self-Assessment Form as determined by the board as a means to promote compliance through self-examination and education. The self-assessment shall assess the clinic's compliance with state and federal laws and regulations and national standards governing compounding practices on the most recent version of the IV Hydration Clinic Self-Assessment Form approved by the board and posted on its internet website. The professional director of the clinic and the consulting pharmacist shall certify on the final page of the IV Hydration Clinic Self-Assessment Form that they have read, reviewed, and completed the self-assessment to the best of their professional ability and acknowledge that failure to correct any deficiency identified could result in action by the board. The completed form shall be signed under penalty of perjury, kept on file in the clinic for three years, and made available to the board or its designee, upon request.

f. Sterile preparations compounded at the clinic shall be limited to the use of the drugs for on-site administration to the patients of the clinic under the direction of the authorized prescriber.

g. For the purposes of this section, "IV hydration clinic" is a facility that provides therapy for hydration or other therapeutic purpose and for which a professional director is not on site during all times in which compounding of sterile injectable products occur.

h. For the purposes of this section, "professional director" means a physician and surgeon acting in their capacity as medical director or other healing arts practitioner authorized to compound under federal law.

i. The clinic shall notify the board within 30 days of any change in professional director on a form furnished by the Board.

j. The fee for application and annual renewal shall be $3,800 and may be increased to $5,000.

k. This section shall become effective January 1, 2027.

Attachment H-7: Pharmacy Desert (New Issue #7)

Proposal to Add BPC section 4400(a)(g) as follows:

…

(ag) The Board shall waive the application fee for a pharmacy that opens a physical pharmacy operating and located in a medically underserved area. For purposes of this section, "medically underserved area" means a location that does not have a physical pharmacy that provides in person patient care services by a pharmacist and that serves the general public within 50 road miles of an existing pharmacy. The pharmacy may be eligible for fee waiver for annual renewal through application to the Board with certification of continued operation in the pharmacy desert.

Attachment H-8: Online Health Platforms Directing Patients to Specific Pharmacies (New Issue #8)

Proposal to Amend BPC section 4067 and Add BPC section 4067.1 as follows:

(a) No person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in Section 4022, on the internet for delivery to any person in this state without a prescription issued pursuant to a ~~good faith prior examination~~ appropriate prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with Section 1761 of Title 16 of the California Code of Regulations.

(b) Notwithstanding any other provision of law, a violation of this section may subject the person or entity that has committed the violation to either a fine of up to twenty-five thousand dollars ($25,000) per occurrence pursuant to a citation issued by the board or a civil penalty of twenty-five thousand dollars ($25,000) per occurrence.

(c) The Attorney General may bring an action to enforce this section and to collect the fines or civil penalties authorized by subdivision (b).

(d) For notifications made on and after January 1, 2002, the Franchise Tax Board, upon notification by the Attorney General or the board of a final judgment in an action brought under this section, shall subtract the amount of the fine or awarded civil penalties from any tax refunds or lottery winnings due to the person who is a defendant in the action using the offset authority under Section 12419.5 of the Government Code, as delegated by the Controller, and the processes as established by the Franchise Tax Board for this purpose. That amount shall be forwarded to the board for deposit in the Pharmacy Board Contingent Fund.

(e) Nothing in this section shall be construed to permit the unlicensed practice of pharmacy, or to limit the authority of the board to enforce any other provision of this chapter.

(f) For the purposes of this section, "~~good faith prior examination~~" "appropriate prior examination" includes the requirements for a physician and surgeon in Section 2242 and the requirements for a veterinarian in Section 4826.6.

BPC section 4067.1

(a) Except as provided below, a pharmacy or outsourcing facility licensed pursuant to this Chapter shall provide to the Board notification that it receives prescriptions for dispensing to patients from a telehealth platform, telehealth application or telemedicine application, referred to a "platform".

(b) As part of the notification the pharmacist-in-charge of the pharmacy or director of quality at the outsourcing facility will disclose if it has a financial relationship with the platform. Such disclosure shall also include if the platform is owned in whole or in part by an

authorized prescriber and if the platform operates under common ownership, management and control. The disclosure shall certify compliance with the provisions of section 650 and shall provide the contact information and location of the platform owner.

(c) For purposes of this section a telehealth platform, telehealth application or telemedicine application includes any such platform intended to connect a patient to a prescriber and a pharmacy.

(d) Nothing in this section shall be construed to require notification for a telehealth platform used by a health care service plan as defined in Civil Code section 56.05(g).

Attachment H-9: Payor Activities that Negatively Impact Patient Access (New Issue #10)

Whitebagging Provisions

(a) Any pharmacist may fill a prescription at an originating pharmacy for delivery to another patient care site for administration to a patient under the following conditions:

(1) The originating pharmacy provides the administering facility a process to track the prescription in real time during each stage of the delivery process;

(2) Ensuring accuracy, security, integrity, and accountability in the delivery process from the time the prescription leaves the originating pharmacy until the prescription is received by staff at the administering facility;

(3) Informing and obtaining consent from the patient for using this dispensing and delivery process.

(b) Each owner and pharmacist-in-charge of an originating pharmacy participating in drug delivery for administration shall ensure that the following requirements are met:

(1) Each prescription waiting to be picked up or in the process of being delivered to the administering facility shall be stored according to the manufacturer's requirements and relevant laws and regulations.

(2) The pharmacist responsible for filling the prescription shall meet the following requirements:

(A) Notify the administering facility of the anticipated arrival date of the shipment to the administering facility, the exact address where the prescription will be shipped, the name of the patient to whom the drug is being dispensed, and any special storage requirements for the prescription;

(B) provide counseling to the patient or ensure that a process is in place for the patient to receive counseling from a practitioner or pharmacist;

(C) provide a procedure for returning to the originating pharmacy any unopened prescription medication not administered to the patient; and

(D) coordinate the preparation and delivery of the materials needed by the administering facility to administer the dispensed prescription.

(3) Each prescription shall be scheduled for delivery during the administering facility's normal business day to a designated area identified by the administration facility and signed by authorized personnel of the administration facility, unless otherwise agreed upon by the administering facility.

(c) Prescriptions for controlled substances shall not be delivered under this regulation unless the delivery is in compliance with state and federal law.

(d) This section shall not apply to a pharmacy that is owned and operated by an integrated health system preparing and dispensing a patient's prescription and transporting it to the health system's location of drug administration.

Authority of the California State Board of Pharmacy

(a) The California State Board of Pharmacy shall have exclusive authority to interpret and enforce the provisions of this chapter regarding the practice of pharmacy and the licensing of pharmacists and pharmacies.

(b) No violation of this chapter shall be determined by any entity other than the California State Board of Pharmacy. The Board shall have the sole authority to conduct investigations, hold hearings, and impose disciplinary actions for violations of Pharmacy Law.

Pharmacy Benefit Managers – Prohibited Activities

(a) A pharmacy benefit manager shall not impose any requirements, conditions or exclusions that discriminate against a nonaffiliated pharmacy in connection with dispensing drugs.

(b) Discrimination prohibited pursuant to subdivision (a) includes all of the following:

1. Terms or conditions applied to a nonaffiliated pharmacy based on their status as a nonaffiliated pharmacy.
2. Refusing to contract with, or terminating a contract with, a nonaffiliated pharmacy on the basis that the pharmacy is a nonaffiliated pharmacy or for reasons other than those that apply equally to affiliated pharmacies.
3. Retaliation against a nonaffiliated pharmacy based on its exercise of any right or remedy under this Chapter.
4. Reimbursing a nonaffiliated pharmacy less for a pharmacy service than the pharmacy benefit manager would reimburse an affiliated pharmacy for the same pharmacy service.

Pharmacy Benefit Managers – Prohibited Activities Involving Patient Steering

A pharmacy benefit manager shall not do any of the following:

(a) Require an enrollee or insured to use only an affiliated pharmacy if there are nonaffiliated pharmacies in the network.

(b) Financially induce an enrolled, insured, or prescriber to transfer a prescription only to an affiliated pharmacy if there are nonaffiliated pharmacies in the network.

(c) Require a nonaffiliated pharmacy to transfer a prescription to an affiliated pharmacy if there are nonaffiliated pharmacies in the network. This subdivision does not prevent a purchaser or pharmacy benefit manager from offering and communicating to enrollees or insureds financial incentives to use a particular pharmacy, such as lower copays, coinsurance, or any other cost sharing for a prescription when the prescription is dispensed.

(d) Unreasonably restrict an enrollee or insured from using a particular contracted pharmacy for the purpose of receiving pharmacist services covered by the enrollee's or insured's contract or policy.

(e) Communicate to an enrollee or insured, in any manner, that the enrollee or insured is required to have a prescription dispensed at, or pharmacy service provided by, a particular affiliated pharmacy or pharmacies if there are other nonaffiliated pharmacies that have the ability to dispense the medication or provide the services and are also in network.

(f) Deny a nonaffiliated contract pharmacy the opportunity to participate in a pharmacy benefit manager network as preferred participation status if the pharmacy is willing to accept the same terms and conditions that the pharmacy benefit manager has established for affiliated pharmacies as a condition of preferred network participation status.

(g) For purposes of this section "affiliated pharmacy" means a contract pharmacy that directly, or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with, a pharmacy benefit manager.

(h) For purposes of this section "nonaffiliated pharmacy" means a contract pharmacy that is directly, or indirectly through one or more intermediaries, does not control, is not controlled by, and is not under common control with, a pharmacy benefit manager.

Payor Practices Prohibitions – Clawbacks

(a) A pharmacy benefit manager shall not demand or attempt to recover any funds previously reimbursed to a pharmacy for a prescription drug or service, if that reimbursement was made in accordance with a claim submitted by the pharmacy in good faith, and the claim was not based on fraudulent information or intentional misrepresentation.

(b) A pharmacy benefit manager may not initiate a clawback of reimbursement or reduce payment to a pharmacy on the basis of a violation of any state law or regulation unless the California State Board of Pharmacy or other state or federal agency with jurisdiction over a pharmacy has made a determination that a violation of pharmacy law has occurred, and that the violation directly affects the reimbursement process.

(c) A pharmacy benefit manager may not initiate a retrospective audit or clawback of reimbursement more than 3 months after the payment was made, unless the PBM has specific evidence of fraud or willful misrepresentation related to the claim.

(d) A pharmacy benefit manager may not initiate a clawback for reimbursement or reduce payment to a pharmacy solely because they disagree with the clinical decisions made by a pharmacist in dispensing a prescription unless the PBM has specific evidence of fraud or willful misrepresentation related to the claim.

Payor Practices Prohibitions – Delays in Therapy

(a) A pharmacy benefit manager may not engage in any action or inaction that results in a delay in the dispensing of a lawfully prescribed medication to a patient, including delays in approval, process, or authorization of claims that are not attributable to the patient's actions or fault.

Attachment H-10: Standard of Care Practice Mode for Pharmacist (New Issue #11)

Effective January 1, 2027

Proposal to Amend BPC sections as follows:

BPC section 4036

4036. Pharmacist "Pharmacist" means a natural person to whom a license has been issued by the board, under Section 4200, except as specifically provided otherwise in this chapter. The holder of an unexpired and active pharmacist license issued by the board is entitled to practice pharmacy as defined by this chapter, within or outside of a licensed pharmacy ~~as authorized by this chapter~~.

BPC section 4040

(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, the prescriber's license classification, and the prescriber's federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order ~~pursuant to Section 4052.1, 4052.2, or 4052.6~~.

(2) Issued by a physician, dentist, optometrist, doctor of podiatric medicine, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, <u>pharmacist</u>, or naturopathic doctor licensed in this state~~, or pursuant to Section 4052.1, 4052.2, or 4052.6 by a pharmacist~~ licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and

signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

BPC section 4050

(a) In recognition of and consistent with the decisions of the appellate courts of this state, the Legislature hereby declares the practice of pharmacy to be a profession.

(b) ~~Pharmacy~~ Pharmacist practice is a dynamic, patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of patient-care activities to optimize appropriate drug use, drug-related therapy, disease management and prevention, and communication for clinical and consultative purposes. ~~Pharmacy~~ Pharmacist practice is continually evolving to include more sophisticated and comprehensive patient care activities.

(c) The Legislature further declares that pharmacists are health care providers who have the authority to provide health care services.

(d) No state agency other than the board may define or interpret Pharmacy Law and its regulations for those licensed pursuant to the provisions of this chapter or develop standardized procedures and protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal statute. "State agency" includes every state office, officer, department, division, bureau, board, authority and commission.

BPC section 4051

(a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of a prescriber unless he or she is a pharmacist under this chapter.

(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052~~.1, 4052.2, 4052.3, or 4052.6,~~ and otherwise provide

clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:

(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a patient or patient's agent.

(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.

(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

(4) The pharmacist provides the service or activity consistent with accepted standard of care defined as the degree of care a prudent and reasonable pharmacist licensed pursuant to this chapter, with similar education, training, experience, resources, and setting would exercise in a similar situation.

BPC section 4052

(a) Notwithstanding any other law, a pharmacist may do all of the following:

(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.

(2) Transmit a valid prescription to another pharmacist.

(3) Administer drugs and biological products that have been ordered by a prescriber.

(4) ~~Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1~~. Initiate and perform routine patient assessment procedures including skin puncture and clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 (U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration as authorized by section 1206.5 or section 1206. 6.

(5) ~~Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.~~ Upon patient consent, perform therapeutic interchanges unless the prescriber has indicated "Do not substitute" "Do not alter" or similar words or the medical literature does not support such a change. Such interchanges include, but are not limited to, use of biosimilars, different dosage forms, drugs within the same drug classification, and generic substitutions intended to optimize patient care.

(6) Perform procedures or functions as authorized by Section 4052.6.

(7) Prescribe, m~~M~~anufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.

(8) ~~Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention~~. Prescribe over-the-counter medications if requested.

(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to patients and ~~other~~ health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.

(10) Furnish FDA approved or authorized medications as part of preventative health care services that do not require a diagnosis~~. The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.~~ This section shall not allow a pharmacist to furnish a medication for off-label use unless current evidence based standard of care supports such off-label use.

(11) Furnish an FDA approved or authorized noncontrolled medication for the treatment of conditions that

(a) are minor, non-chronic health conditions

(b) or for which a CLIA waived test provides diagnosis and the treatment is limited in duration.

~~The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a primary care provider. This section shall not allow a pharmacist to furnish a medication for off-label use.~~

(12) Order and interpret laboratory tests. ~~tests for the purpose, monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.~~

(13) Initiate, adjust, or discontinue drug therapy for a patient under any of the following:

(A) A collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single

or multiple pharmacists and a single or multiple health care providers with prescriptive authority.

(B) Pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the entity providing health care services unless a patient's treating prescriber otherwise prohibits such action.

(14) ~~Provide medicatio~~n Furnish medication used to treat substance use disorder~~-assisted treatment pursuant to a state protocol,~~ to the extent authorized by federal law.

(15) Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change.

(16) Initiate and administer any FDA approved or authorized immunization for persons three years of age and older consistent with Advisory Committee on Immunization Practices recommendations.

(17) Adjust prescription treatment drug regimens consistent with the current standard of care for management of ~~medication therapy management reviews for~~ chronic conditions. A pharmacist exercising these authorities must do so in collaboration with a patient's primary care provider or diagnosing prescriber, if applicable.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

(d) Nothing in this section shall be construed as establishing an obligation on a pharmacist to perform or provide a service or function authorized by subdivision (a) where the pharmacist has made a professional determination that (1) they lack sufficient education, training, or expertise, or access to sufficient patient medical information, to perform such service or function properly or safely; or (2) performing or providing such service or function would place a patient at risk; or (3) where pharmacist staffing at the pharmacy is insufficient to facilitate comprehensive patient care.

(e) Where applicable, the pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider or requests to not notify the primary care provider, the pharmacist shall provide the patient with a written or electronic record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

(f) Nothing in this section shall be construed as establishing an obligation on a pharmacist to perform or provide authorized services without payment for the services including payment directly by the patient, through a third-party payer or payment of any required copayment by the patient.

BPC section ~~4052.01.~~

~~(a) Notwithstanding any other provision of law, a pharmacist may furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. In developing those standardized procedures or protocols, the board and the Medical Board of California shall include the following:~~

~~(1) Procedures to ensure education of the person to whom the drug is furnished, including, but not limited to, opioid overdose prevention, recognition, and response, safe administration of naloxone hydrochloride, potential side effects or adverse events, and the imperative to seek emergency medical care for the patient.~~

~~(2) Procedures to ensure the education of the person to whom the drug is furnished regarding the availability of drug treatment programs.~~

~~(3) Procedures for the notification of the patient's primary care provider with patient consent of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent.~~

~~(b) A pharmacist furnishing naloxone hydrochloride pursuant to this section shall not permit the person to whom the drug is furnished to waive the consultation required by the board and the Medical Board of California.~~

~~(c) Prior to performing a procedure authorized under this section, a pharmacist shall complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone hydrochloride.~~

~~(d) The board and the Medical Board of California are each authorized to ensure compliance with this section. Each board is specifically charged with enforcing this section with respect to its respective licensees. This section does not expand the authority of a pharmacist to prescribe any prescription medication.~~

~~(e) The board may adopt emergency regulations to establish the standardized procedures or protocols. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this subdivision are exempt from review by the Office of Administrative Law. The emergency regulations authorized by this subdivision shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect until the earlier of 180 days following their effective date or the effective date of regulations adopted pursuant to subdivision (a).~~ *~~(Added by Stats. 2014, Ch. 326, Sec. 1. (AB 1535) Effective January 1, 2015.)~~*

BPC section ~~4052.02.~~

~~(a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV preexposure prophylaxis in accordance with this section.~~
~~(b) For purposes of this section, "preexposure prophylaxis" means a fixed-dose combination of tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), or another drug or drug combination determined by the board to meet the same clinical eligibility recommendations provided in CDC guidelines.~~
~~(c) For purposes of this section, "CDC guidelines" means the "2017 Preexposure Prophylaxis for the Prevention of HIV Infection in the United States–2017 Update: A Clinical Practice Guideline," or any subsequent guidelines, published by the federal Centers for Disease Control and Prevention.~~
~~(d) Before furnishing preexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.~~
~~(e) A pharmacist shall furnish at least a 30-day supply, and up to a 60-day supply, of preexposure prophylaxis if all of the following conditions are met:~~

~~(1) The patient is HIV negative, as documented by a negative HIV test result obtained within the previous seven days from an HIV antigen/antibody test or antibody-only test or from a rapid, point-of-care fingerstick blood test approved by the federal Food and Drug Administration. If the patient does not provide evidence of a negative HIV test in accordance with this paragraph, the pharmacist shall order an HIV test. If the test results are not transmitted directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction. If the patient tests positive for HIV infection, the pharmacist or person administering the test shall direct the patient to a primary care provider and provide a list of providers and clinics in the region.~~

~~(2) The patient does not report any signs or symptoms of acute HIV infection on a self-reported checklist of acute HIV infection signs and symptoms.~~

~~(3) The patient does not report taking any contraindicated medications.~~

~~(4) The pharmacist provides counseling to the patient on the ongoing use of preexposure prophylaxis, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of childbearing capacity. The pharmacist shall notify the patient that the patient must be seen by a primary care provider to receive subsequent prescriptions for preexposure prophylaxis and that a pharmacist may not furnish a 60-day supply of preexposure prophylaxis to a single patient more than once every two years.~~

~~(5) The pharmacist documents, to the extent possible, the services provided by the pharmacist in the patient's record in the record system maintained by the pharmacy. The pharmacist shall maintain records of preexposure prophylaxis furnished to each patient.~~

~~(6) The pharmacist does not furnish more than a 60-day supply of preexposure prophylaxis to a single patient more than once every two years, unless directed otherwise by a prescriber.~~

~~(7) The pharmacist notifies the patient's primary care provider that the pharmacist completed the requirements specified in this subdivision. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of physicians and surgeons, clinics, or other health care service providers to contact regarding ongoing care for preexposure prophylaxis.~~

~~(f) A pharmacist initiating or furnishing preexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.~~
~~(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.~~
~~*(Amended by Stats. 2020, Ch. 370, Sec. 5. (SB 1371) Effective January 1, 2021.)*~~

BPC section ~~4052.03.~~

~~(a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV postexposure prophylaxis in accordance with this section.~~
~~(b) For purposes of this section, "postexposure prophylaxis" means any of the following:~~
~~(1) Tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), taken once daily, in combination with either raltegravir (400 mg), taken twice daily, or dolutegravir (50 mg), taken once daily.~~

~~(2) Tenofovir disoproxil fumarate (TDF) (300 mg) and emtricitabine (FTC) (200 mg), taken once daily, in combination with darunavir (800 mg) and ritonavir (100 mg), taken once daily.~~

~~(3) Another drug or drug combination determined by the board to meet the same clinical eligibility recommendations provided in CDC guidelines.~~

~~(c) For purposes of this section, "CDC guidelines" means the "Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV–United States, 2016," or any subsequent guidelines, published by the federal Centers for Disease Control and Prevention.~~
~~(d) Before furnishing postexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training~~

~~shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.~~

~~(e) A pharmacist shall furnish a complete course of postexposure prophylaxis if all of the following conditions are met:~~

~~(1) The pharmacist screens the patient and determines the exposure occurred within the previous 72 hours and the patient otherwise meets the clinical criteria for postexposure prophylaxis consistent with CDC guidelines.~~

~~(2) The pharmacist provides HIV testing that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) or determines the patient is willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo HIV testing but is otherwise eligible for postexposure prophylaxis under this section, the pharmacist may furnish postexposure prophylaxis.~~

~~(3) The pharmacist provides counseling to the patient on the use of postexposure prophylaxis consistent with CDC guidelines, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV and sexually transmitted diseases. The pharmacist shall also inform the patient of the availability of preexposure prophylaxis for persons who are at substantial risk of acquiring HIV.~~

~~(4) The pharmacist notifies the patient's primary care provider of the postexposure prophylaxis treatment. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of physicians and surgeons, clinics, or other health care service providers to contact regarding followup care for postexposure prophylaxis.~~

~~(f) A pharmacist initiating or furnishing postexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.~~

~~(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.~~

~~*(Added by Stats. 2019, Ch. 532, Sec. 3. (SB 159) Effective January 1, 2020.)*~~

BPC section ~~4052.1.~~

~~(a) Notwithstanding any other provision of law, a pharmacist may perform the following procedures or functions in a licensed health care facility in accordance with policies, procedures, or protocols developed by health professionals, including physicians, pharmacists, and registered nurses, with the concurrence of the facility administrator:~~

~~(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.~~

~~(2) Ordering drug therapy-related laboratory tests.~~

~~(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.~~

~~(4) Initiating or adjusting the drug regimen of a patient pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the licensed health care facility.~~

~~(b) Prior to performing any procedure authorized by this section, a pharmacist shall have received appropriate training as prescribed in the policies and procedures of the licensed health care facility.~~
~~*(Added by Stats. 2006, Ch. 777, Sec. 5. Effective January 1, 2007.)*~~

BPC section ~~4052.2.~~

~~(a) Notwithstanding any other law, a pharmacist may perform the following procedures or functions as part of the care provided by a health care facility, a licensed home health agency, licensed correctional clinic, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, in accordance with the policies, procedures, or protocols of that facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician, and in accordance with subdivision (c):~~
~~(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.~~

~~(2) Ordering drug therapy-related laboratory tests.~~

~~(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.~~

~~(4) Initiating or adjusting the drug regimen of a patient pursuant to a specific written order or authorization made by the individual patient's treating prescriber, and in accordance with the policies, procedures, or protocols of the health care facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician. Adjusting the drug regimen does not include substituting or selecting a different drug, except as authorized by the protocol. The pharmacist shall provide written notification to the patient's treating prescriber, or enter the appropriate information in an electronic patient record system shared by the prescriber, of any drug regimen initiated pursuant to this paragraph within 24 hours.~~

~~(b) A patient's treating prescriber may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the pharmacist.~~
~~(c) The policies, procedures, or protocols referred to in this subdivision shall be developed by health care professionals, including physicians, pharmacists, and registered nurses, and shall, at a minimum, do all of the following:~~

~~(1) Require that the pharmacist function as part of a multidisciplinary group that includes physicians and direct care registered nurses. The multidisciplinary group shall determine the appropriate participation of the pharmacist and the direct care registered nurse.~~

~~(2) Require that the medical records of the patient be available to both the patient's treating prescriber and the pharmacist.~~

~~(3) Require that the procedures to be performed by the pharmacist relate to a condition for which the patient has first been seen by a physician.~~

~~(4) Except for procedures or functions provided by a health care facility, a licensed correctional clinic, as defined in Section 4187, a licensed clinic in which there is physician oversight, or a provider who contracts with a licensed health care plan with regard to the care or services provided to the enrollees of that health care service plan, require the procedures to be performed in accordance with a written, patient-specific protocol approved by the treating or supervising physician. Any change, adjustment, or modification of an approved preexisting treatment or drug therapy shall be provided in writing to the treating or supervising physician within 24 hours.~~

~~(d) Prior to performing any procedure authorized by this section, a pharmacist shall have done either of the following:~~

~~(1) Successfully completed clinical residency training.~~

~~(2) Demonstrated clinical experience in direct patient care delivery.~~

~~*(Amended by Stats. 2019, Ch. 497, Sec. 5. (AB 991) Effective January 1, 2020.)*~~

BPC section ~~4052.3.~~

~~(a) (1) Notwithstanding any other law, a pharmacist may furnish 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 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 self-administered hormonal contraception initiated pursuant to 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.~~
~~*(Amended by Stats. 2013, Ch. 469, Sec. 7. (SB 493) Effective January 1, 2014.)*~~

BPC section ~~4052.4.~~

~~(a) Notwithstanding Section 2038 or any other provision of law, a pharmacist may perform skin puncture in the course of performing routine patient assessment procedures or in the course of performing any procedure authorized under Section 1206.5 or 1206.6. For purposes of this section, "routine patient assessment procedures" means: (a) procedures that a patient could, with or without a prescription, perform for themselves, or (b) clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, as authorized by paragraph (11) of subdivision (a) of Section 1206.5 or Section 1206.6. A pharmacist performing these functions shall report the results obtained from a test to the patient and any physician designated by the patient. Any pharmacist who performs the service authorized by this section shall not be in violation of Section 2052.~~
~~(b) A pharmacist may perform any aspect of any FDA-approved or -authorized test that is classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, under all of the following conditions:~~
~~(1) The test meets the criteria in subparagraph (A) or (B) and does not require the use of specimens collected by vaginal swab, venipuncture, or the collection of seminal fluid.~~

~~(A) The test is used to detect or screen for any of the following illnesses, conditions, or diseases:~~

~~(i) SARS-CoV-2 or other respiratory illness, condition or disease.~~

~~(ii) Mononucleosis.~~

~~(iii) Sexually transmitted infection.~~

~~(iv) Strep throat.~~

~~(v) Anemia.~~

~~(vi) Cardiovasular health.~~

~~(vii) Conjunctivitis.~~

~~(viii) Urinary tract infection.~~

~~(ix) Liver and kidney function or infection.~~

~~(x) Thyroid function.~~

~~(xi) Substance use disorder.~~

~~(xii) Diabetes.~~

~~(B) Other tests classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration and approved by the board by regulation, in conjunction with the Medical Board of California and Laboratory Field Services in the State Department of Public Health.~~

~~(2) The pharmacist completes the testing in a pharmacy laboratory that is appropriately licensed in California as a laboratory pursuant to Section 1265, unless otherwise authorized in law.~~

~~(3) The pharmacist has completed necessary training as specified in the pharmacy's policies and procedures maintained pursuant to subdivision (b) of Section 4119.10, and that allows the pharmacist to demonstrate sufficient knowledge of the illness, condition, or disease being tested, as applicable.~~

~~*(Amended by Stats. 2021, Ch. 604, Sec. 3. (SB 409) Effective January 1, 2022.)*~~

BPC section ~~4052.5.~~

~~(a) In addition to the authority allowed under Section 4073, a pharmacist filling a prescription order for a drug product may select a different form of medication with the same active chemical ingredients of equivalent strength and duration of therapy as the prescribed drug product when the change will improve the ability of the patient to comply with the prescribed drug therapy.~~
~~(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute" or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute" if the prescriber personally initials the box or checkmark.~~
~~(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The pharmacist who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product using the prescribed form of medication. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section.~~
~~(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.~~
~~(e) When a substitution is made pursuant to this section, the use of the different form of medication shall be communicated to the patient, and the name of the dispensed drug product shall be indicated on the prescription label, unless the prescriber orders otherwise.~~
~~(f) This section shall not permit substitution between long-acting and short-acting forms of a medication with the same chemical ingredients or between one drug product and two or more drug products with the same chemical ingredients.~~

~~*(Added by Stats. 2001, Ch. 631, Sec. 1. Effective January 1, 2002.)*~~

BPC section ~~4052.7.~~

~~(a) A pharmacy may, at a patient's request, repackage a drug previously dispensed to the patient or to the patient's agent pursuant to a prescription.~~
~~(b) Any pharmacy providing repackaging services shall have in place policies and procedures for repackaging these drugs and shall label the repackaged prescription container with the following:~~
~~(1) All the information required by Section 4076.~~

~~(2) The name and address of the pharmacy repackaging the drug and the name and address of the pharmacy that initially dispensed the drug to the patient.~~

~~(c) The repackaging pharmacy and the pharmacy that initially dispensed the drug shall only be liable for its own actions in providing the drug to the patient or the patient's agent.~~
~~*(Added by Stats. 2001, Ch. 728, Sec. 27. Effective January 1, 2002.)*~~

BPC section ~~4052.8.~~

~~(a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer any vaccine that has been approved or authorized by the federal Food and Drug Administration and received a federal Advisory Committee on Immunization Practices individual vaccine recommendation published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older.~~
~~(b) In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following:~~
~~(1) Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.~~

~~(2) Be certified in basic life support.~~

~~(3) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.~~

~~(c) A pharmacist administering immunizations pursuant to this section, or paragraph (11) of subdivision (a) of Section 4052, may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.~~
~~*(Amended by Stats. 2021, Ch. 655, Sec. 1. (AB 1064) Effective January 1, 2022.)*~~

BPC section ~~4052.9.~~

~~(a) A pharmacist may furnish nicotine replacement products approved by the federal Food and Drug Administration for use by prescription only in accordance with standardized procedures and protocols developed and approved by both the board and the Medical Board of California in consultation with other appropriate entities and provide smoking cessation services if all of the following conditions are met:~~

~~(1) The pharmacist maintains records of all prescription drugs and devices furnished for a period of at least three years for purposes of notifying other health care providers and monitoring the patient.~~

~~(2) The pharmacist notifies the patient's primary care provider of any drugs or devices furnished to the patient, or enters the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist provides the patient with a written record of the drugs or devices furnished and advises the patient to consult a physician of the patient's choice.~~

~~(3) The pharmacist is certified in smoking cessation therapy by an organization recognized by the board.~~

~~(4) The pharmacist completes one hour of continuing education focused on smoking cessation therapy biennially.~~

~~(b) The board and the Medical Board of California are both authorized to ensure compliance with this section, and each board is specifically charged with the enforcement of this section with respect to their respective licensees. Nothing in this section shall be construed to expand the authority of a pharmacist to prescribe any other prescription medication.~~
~~*(Added by Stats. 2013, Ch. 469, Sec. 10. (SB 493) Effective January 1, 2014.)*~~

BPC section 4064

(a) A prescription for a dangerous drug or dangerous device may be refilled without the prescriber's authorization if the prescriber is unavailable to authorize the refill and if, in the pharmacist's professional judgment, failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being.

(b) The pharmacist shall inform the patient that the prescription was refilled pursuant to this section.

(c) The pharmacist shall inform the prescriber within a reasonable period of time of any refills dispensed pursuant to this section.

~~(d) Prior to refilling a prescription pursuant to this section, the pharmacist shall make every reasonable effort to contact the prescriber. The pharmacist shall make an appropriate record, including the basis for proceeding under this section.~~

(e) The prescriber shall not incur any liability as the result of a refilling of a prescription pursuant to this section.

(f) Notwithstanding Section 4060 or any other law, a person may possess a dangerous drug or dangerous device furnished without prescription pursuant to this section.

~~(g) During a proclaimed state of emergency, nothing in either this section or any other provision of this chapter prohibits a pharmacist, a clinic licensed under Section 4180, or a mobile pharmacy or clinic described in subdivision (c) of Section 4062 from refilling a prescription if the prescriber is unavailable, or if after a reasonable effort has been made, the pharmacist, clinic, or mobile pharmacy is unable to contact the prescriber.~~

BPC section 4064.5

(a) A pharmacist may dispense not more than a 90-day supply of a dangerous drug other than a controlled substance pursuant to a valid prescription that specifies an initial quantity of less than a 90-day supply followed by periodic refills of that amount if all of the following requirements are satisfied:

(1) The patient has completed an initial 30-day supply of the dangerous drug.

(2) The total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription, including refills.

(3) The prescriber has not specified on the prescription that dispensing the prescription in an initial amount followed by periodic refills is medically necessary.

(4) The pharmacist is exercising his or her professional judgment.

(b) For purposes of this section, if the prescription continues the same medication as previously dispensed in a 90-day supply, the initial 30-day supply under paragraph (1) of subdivision (a) is not required.

(c) A pharmacist dispensing an increased supply of a dangerous drug pursuant to this section shall notify the prescriber of the increase in the quantity of dosage units dispensed.

~~(d) In no case shall a pharmacist dispense a greater supply of a dangerous drug pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "No change to quantity," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "No change to quantity," provided that the prescriber personally initials the box or checkmark. To indicate that an increased supply shall not be dispensed pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "No change to quantity," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "No change to quantity." In either instance, it shall not be required that the prohibition on an increased supply be manually initialed by the prescriber.~~

(e) This section shall not apply to psychotropic medication or psychotropic drugs as described in subdivision (d) of Section 369.5 of the Welfare and Institutions Code.

(f) Except for the provisions of subdivision (d), this section does not apply to FDA-approved, self-administered hormonal contraceptives.

(1) A pharmacist shall furnish or dispense, at a patient's request, up to a 12-month supply of an FDA-approved, self-administered hormonal contraceptive pursuant to a valid prescription that specifies an initial quantity followed by periodic refills.

~~(2) A pharmacist furnishing an FDA-approved, self-administered hormonal contraceptive pursuant to Section 4052.3 under protocols developed by the Board of Pharmacy may furnish, at the patient's request, up to a 12-month supply at one time.~~

(3) Nothing in this subdivision shall be construed to require a pharmacist to dispense or furnish a drug if it would result in a violation of Section 733.

(g) Nothing in this section shall be construed to require a health care service plan, health insurer, workers' compensation insurance plan, pharmacy benefits manager, or any other person or entity, including, but not limited to, a state program or state employer, to provide coverage for a dangerous drug in a manner inconsistent with a beneficiary's plan benefit.

BPC section ~~4073~~

~~(a) A pharmacist filling a prescription order for a drug product prescribed by its trade or brand name may select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name as determined by the United States Adopted Names (USAN) and accepted by the federal Food and Drug Administration (FDA), of those drug products having the same active chemical ingredients.~~

~~(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute"; provided that the prescriber personally initials the box or checkmark. To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.~~

~~(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The person who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product prescribed by generic name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section. In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less than the prescribed drug product. Cost, as used in this subdivision, is defined to include any professional fee that may be charged by the pharmacist.~~

~~(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California~~

~~Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.~~

~~(e) When a substitution is made pursuant to this section, the use of the cost-saving drug product dispensed shall be communicated to the patient and the name of the dispensed drug product shall be indicated on the prescription label, except where the prescriber orders otherwise.~~

BPC section ~~4073.5~~

~~(a) A pharmacist filling a prescription order for a prescribed biological product may select an alternative biological product only if all of the following:~~

~~(1) The alternative biological product is interchangeable.~~

~~(2) The prescriber does not personally indicate "Do not substitute," or words of similar meaning, in the manner provided in subdivision (d).~~

~~(b) Within five days following the dispensing of a biological product, a dispensing pharmacist or the pharmacists' designee shall make an entry of the specific biological product provided to the patient, including the name of the biological product and the manufacturer. The communication shall be conveyed by making an entry that can be electronically accessed by the prescriber through one or more of the following electronic records systems:~~

~~(1) An interoperable electronic medical records system.~~

~~(2) An electronic prescribing technology.~~

~~(3) A pharmacy benefit management system.~~

~~(4) A pharmacy record.~~

~~(c) Entry into an electronic records system as described in subdivision (b) is presumed to provide notice to the prescriber.~~

~~(d) If the pharmacy does not have access to one or more of the entry systems in subdivision (b), the pharmacist or the pharmacist's designee shall communicate the name of the biological product dispensed to the prescriber using facsimile, telephone, electronic transmission, or other prevailing means, except that communication shall not be required in this instance to the prescriber when either of the following apply:~~

~~(1) There is no interchangeable biological product approved by the federal Food and Drug Administration for the product prescribed.~~

~~(2) A refill prescription is not changed from the product dispensed on the prior filling of the prescription.~~

~~(e) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning.~~

(1) This subdivision shall not prohibit a prescriber from checking a box on a prescription marked "Do not substitute," provided that the prescriber personally initials the box or checkmark.

(2) To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription, as defined in subdivision (c) of Section 4040, a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.

(f) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (e). A pharmacist who selects an alternative biological product to be dispensed pursuant to this section shall assume the same responsibility for substituting the biological product as would be incurred in filling a prescription for a biological product prescribed by name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a biological product pursuant to this section. In no case shall the pharmacist select a biological product that meets the requirements of subdivision (a) unless the cost to the patient of the biological product selected is the same or less than the cost of the prescribed biological product. Cost, as used in this subdivision, includes any professional fee that may be charged by the pharmacist.

(g) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the Medi-Cal Act set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.

(h) When a selection is made pursuant to this section, the substitution of a biological product shall be communicated to the patient.

(i) The board shall maintain on its public Internet Web site a link to the current list, if available, of biological products determined by the federal Food and Drug Administration to be interchangeable.

(j) For purposes of this section, the following terms shall have the following meanings:

(1) "Biological product" has the same meaning that applies to that term under Section 351 of the federal Public Health Service Act (42 U.S.C. Sec. 262(i)).

(2) "Interchangeable" means a biological product that the federal Food and Drug Administration has determined meets the standards set forth in Section 262(k)(4) of Title 42 of the United States Code, or has been deemed therapeutically equivalent by the federal Food and Drug Administration as set forth in the latest addition or supplement of the Approved Drug Products with Therapeutic Equivalence Evaluations.

(3) "Prescription," with respect to a biological product, means a prescription for a product that is subject to Section 503(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 353(b)).

~~(k) This section shall not prohibit the administration of immunizations, as permitted in Sections 4052 and 4052.8.~~

~~(l) This section shall not prohibit a disability insurer or health care service plan from requiring prior authorization or imposing other appropriate utilization controls in approving coverage for any biological product.~~

BPC section 4113.

(a) Every pharmacy shall designate a pharmacist-in-charge and, within 30 days thereof, shall notify the board in writing of the identity and license number of that pharmacist and the date they were designated.

(b) The proposed pharmacist-in-charge shall be subject to approval by the board. The board shall not issue or renew a pharmacy license without identification of an approved pharmacist-in-charge for the pharmacy.

(c) (1) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

(2) The pharmacist-in-charge ~~may~~ shall make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely. If the pharmacist-in-charge is not available, a pharmacist on duty may adjust staffing according to workload if needed. This paragraph does not apply to facilities of the Department of Corrections and Rehabilitation.

(d) (1) The pharmacist-in-charge or pharmacist on duty shall immediately notify store management of any conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. Store management shall take immediate and reasonable steps to address and resolve the conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. If the conditions are not resolved within 24 hours, the pharmacist-in-charge or pharmacist on duty shall ensure the board is timely notified.

(2) Nothing in this subdivision shall be construed as presenting, limiting, or restraining a pharmacist-in-charge, pharmacy technician, or member of the public from communication with the board, including filing a complaint.

(3) The conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff may include, but are not limited to, any of the following:

(A) Workplace safety and health hazards that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff.

(B) Sustained temperatures that could impact ambient temperature drug stability according to manufacturer data on acceptable drug storage conditions.

(C) Vermin infestation that poses a risk to the safety or efficacy of medicine.

(4) If, after receipt of a notice described in paragraph (1) and an evaluation and assessment of the relevant evidence, the executive officer has a reasonable belief that conditions within a pharmacy exist that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff, the executive officer may, in conformance with the processes set forth in subdivisions (b) and (c) of Section 4127.3, issue an order to the pharmacy to immediately cease and desist those pharmacy operations that are affected by the conditions at issue. The cease and desist order shall remain in effect until either the executive officer determines the conditions that presented an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff have been abated or for no more than 30 days, whichever is earlier. Evidence of corrective actions taken shall be submitted by the pharmacy to correct the conditions at issue. Failure to comply with a cease and desist order issued pursuant to this section shall be unprofessional conduct pursuant to Section 4156.

(5) Nothing in this paragraph shall prevent the owner of the licensed premises from closing a pharmacy to mitigate against a perceived immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff.

(6) Facilities of the Department of Corrections and Rehabilitation shall be exempt from this subdivision.

(e) Every pharmacy shall notify the board in writing, on a form designed by the board, within 30 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge. The proposed replacement pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

(f) If a pharmacy is unable, in the exercise of reasonable diligence, to identify within 30 days a permanent replacement pharmacist-in-charge to propose to the board on the notification form, the pharmacy may instead provide on that form the name of any pharmacist who is an employee, officer, or administrator of the pharmacy or the entity that owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis, to act as the interim pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity that owns the pharmacy, shall be prepared during normal business hours to provide a representative of the board with the name of the interim pharmacist-in-charge with documentation of the active involvement of the interim pharmacist-in-charge in the daily management of the pharmacy, and with documentation of the pharmacy's good faith efforts prior to naming the interim pharmacist-in-charge to obtain a permanent pharmacist-in-charge. By no later than 120 days following the identification of the interim pharmacist-in-charge, the pharmacy shall propose to the board the name of a pharmacist to serve as the permanent pharmacist-in-charge. The proposed permanent pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

BPC section 4113.6.

(a) A chain community pharmacy subject to Section 4113.5 shall be staffed at all times with at least one clerk or pharmacy technician fully dedicated to performing pharmacy-related services. The board shall not take action against a pharmacy for a violation of this subdivision if any of the following conditions apply:

(1) The pharmacist on duty waives the requirement in writing during specified hours based on workload need.

(2) The pharmacy is open beyond normal business hours, which is before 8:00 am and after 7:00 pm. During the hours before 8:00 am and after 7:00 pm, the requirement shall not apply.

(3) The pharmacy's prescription volume per day on average is less than 75 prescriptions per day based on the average daily prescription volume for the past calendar year. However, if the pharmacist is also expected to provide additional pharmacy services such as immunizations, tests classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a), or any other ancillary services provided by law, this paragraph does not apply.

(b) A chain community pharmacy subject to Section 4113.5 shall be staffed with sufficient pharmacists with overlapping schedules when patient care services other than dispensing or immunizations are provided.

(~~b~~ c) Where staffing of pharmacist hours within a chain community pharmacy does not overlap sufficiently, scheduled closures for lunch time for all pharmacy staff shall be established and publicly posted and included on the outgoing telephone message.

(d) A chain community pharmacy shall post, in a place prominent for pharmacy personnel, a notice that provides information on how to file a complaint with the Board.

BPC section 4119.3

(a) A pharmacy may, at a patient's request, repackage a drug previously dispensed to the patient or to the patient's agent pursuant to a prescription.
(b) Any pharmacy providing repackaging services shall have in place policies and procedures for repackaging these drugs and shall label the repackaged prescription container with the following:

(1) All the information required by Section 4076.

(2) The name and address of the pharmacy repackaging the drug and the name and address of the pharmacy that initially dispensed the drug to the patient.

(c) The repackaging pharmacy and the pharmacy that initially dispensed the drug shall only be liable for its own actions in providing the drug to the patient or the patient's agent.

HSC section 1342.74

(a) (1) Notwithstanding Section 1342.71, a health care service plan shall not subject antiretroviral drugs that are medically necessary for the prevention of AIDS/HIV, including

preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy, except as provided in paragraph (2).

(2) If the United States Food and Drug Administration has approved one or more therapeutic equivalents of a drug, device, or product for the prevention of AIDS/HIV, this section does not require a health care service plan to cover all of the therapeutically equivalent versions without prior authorization or step therapy, if at least one therapeutically equivalent version is covered without prior authorization or step therapy.

(b) Notwithstanding any other law, a health care service plan shall not prohibit, or permit a delegated pharmacy benefit manager to prohibit, a pharmacy provider from dispensing preexposure prophylaxis or postexposure prophylaxis.

(c) A health care service plan shall cover preexposure prophylaxis and postexposure prophylaxis that has been furnished by a pharmacist, as authorized in Section~~s 4052.02 and 4052.03~~ 4052 of the Business and Professions Code, including the pharmacist's services and related testing ordered by the pharmacist. A health care service plan shall pay or reimburse, consistent with the requirements of this chapter, for the service performed by a pharmacist at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health care service plan has an out-of-network pharmacy benefit.
(d) This section does not require a health care service plan to cover preexposure prophylaxis or postexposure prophylaxis by a pharmacist at an out-of-network pharmacy, unless the health care service plan has an out-of-network pharmacy benefit.

(e) This section shall not apply to Medi-Cal managed care plans contracting with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), or Chapter 8.75 (commencing with Section 14590) of Part 3 of Division 9 of the Welfare and Institutions Code, to the extent that the services described in this section are excluded from coverage under the contract between the Medi-Cal managed care plans and the State Department of Health Care Services.

HSC section 1367.22

(a) A health care service plan contract, issued, amended, or renewed on or after July 1, 1999, that covers prescription drug benefits shall not limit or exclude coverage for a drug for an enrollee if the drug previously had been approved for coverage by the plan for a medical condition of the enrollee and the plan's prescribing provider continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions as authorized by Section ~~4073~~ 4052 of the Business and Professions Code. For purposes of this section, a prescribing provider shall include a provider authorized to write a prescription, pursuant to subdivision (a) of Section 4059 of the Business and Professions Code, to treat a medical condition of an enrollee.

(b) This section does not apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration. Coverage for different-use drugs is subject to Section 1367.21.

(c) This section shall not be construed to restrict or impair the application of any other provision of this chapter, including, but not limited to, Section 1367, which includes among its requirements that plans furnish services in a manner providing continuity of care and demonstrate that medical decisions are rendered by qualified medical providers unhindered by fiscal and administrative management.

(d) This section does not prohibit a health care service plan from charging a subscriber or enrollee a copayment or a deductible for prescription drug benefits or from setting forth, by contract, limitations on maximum coverage of prescription drug benefits, provided that the copayments, deductibles, or limitations are reported to, and held unobjectionable by, the director and set forth to the subscriber or enrollee pursuant to the disclosure provisions of Section 1363.

HSC section 1367.25

(a) A group health care service plan contract, except for a specialized health care service plan contract, that is issued, amended, renewed, or delivered on or after January 1, 2000, to December 31, 2015, inclusive, and an individual health care service plan contract that is amended, renewed, or delivered on or after January 1, 2000, to December 31, 2015, inclusive, except for a specialized health care service plan contract, shall provide coverage for the following, under general terms and conditions applicable to all benefits:

(1) A health care service plan contract that provides coverage for outpatient prescription drug benefits shall include coverage for a variety of federal Food and Drug Administration (FDA)-approved prescription contraceptive methods designated by the plan. In the event the patient's participating provider, acting within the provider's scope of practice, determines that none of the methods designated by the plan is medically appropriate for the patient's medical or personal history, the plan shall also provide coverage for another FDA-approved, medically appropriate prescription contraceptive method prescribed by the patient's provider.

(2) Benefits for an enrollee under this subdivision shall be the same for an enrollee's covered spouse and covered nonspouse dependents.

(b) (1) A health care service plan contract, except for a specialized health care service plan contract, that is issued, amended, renewed, or delivered on or after January 1, 2016, shall provide coverage for all of the following services and contraceptive methods for all subscribers and enrollees:

(A) (i) Except as provided in clause (ii) and in subparagraphs (B) and (C) of paragraph (2), all FDA-approved contraceptive drugs, devices, and other products, including all FDA-approved contraceptive drugs, devices, and products available over the counter, as prescribed by the enrollee's provider.

(ii) For any health care service plan contract described in paragraph (1) that is issued, amended, renewed, or delivered on or after January 1, 2024, both of the following conditions shall apply:

(I) A prescription shall not be required to trigger coverage of over-the-counter FDA-approved contraceptive drugs, devices, and products.

(II) Point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products shall be provided at in-network pharmacies without cost sharing or medical management restrictions.

(B) Voluntary tubal ligation and other similar sterilization procedures.

(C) Clinical services related to the provision or use of contraception, including consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient education, referrals, and counseling.

(D) Followup services related to the drugs, devices, products, and procedures covered under this subdivision, including, but not limited to, management of side effects, counseling for continued adherence, and device removal.

(2) (A) Except for a grandfathered health plan, a health care service plan subject to this subdivision shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided pursuant to this subdivision. Cost sharing shall not be imposed on any Medi-Cal beneficiary.

(B) If the FDA has approved one or more therapeutic equivalents, as that term is defined by the FDA, of a contraceptive drug, device, or product, a health care service plan is not required to cover all of those therapeutically equivalent versions in accordance with this subdivision, as long as at least one is covered without cost sharing in accordance with this subdivision. If there is no therapeutic equivalent generic substitute available in the market, a health care service plan shall provide coverage without cost sharing for the original, brand name contraceptive.

(C) If a covered therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by the enrollee's provider, a health care service plan shall defer to the determination and judgment of the provider and provide coverage for the alternative prescribed contraceptive drug, device, product, or service without imposing any cost-sharing requirements. Medical inadvisability may include considerations such as severity of side effects, differences in permanence or reversibility of contraceptives, and ability to adhere to the appropriate use of the drug or item, as determined by the provider. The department may promulgate regulations establishing an easily accessible, transparent, and sufficiently expedient process that is not unduly burdensome, including timeframes, for an enrollee, an enrollee's designee, or an enrollee's provider to request coverage of an alternative prescribed contraceptive. A request for coverage under this subparagraph that is submitted by an enrollee, an enrollee's designee, or provider shall be approved by the health care service plan in

compliance with the time limits in Section 1367.241 and, as applicable, with the plan's Medi-Cal managed care contract.

(3) Except as otherwise authorized under this section, a health care service plan shall not infringe upon an enrollee's choice of contraceptive drug, device, or product and shall not impose any restrictions or delays on the coverage required under this subdivision, including prior authorization, step therapy, or other utilization control techniques.

(4) Benefits for an enrollee under this subdivision shall be the same for an enrollee's covered spouse and covered nonspouse dependents.

(5) For purposes of this subdivision, "health care service plan" shall include Medi-Cal managed care plans that contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) and Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code, to the extent that the benefits described in this subdivision are made the financial responsibility of the Medi-Cal managed care plan under its comprehensive risk contract with the State Department of Health Care Services. If some or all of the benefits described in this subdivision are not the financial responsibility of the Medi-Cal managed care plan, as determined by the State Department of Health Care Services, those benefits shall be available to Medi-Cal beneficiaries on a fee-for-service basis pursuant to subdivision (n) of Section 14132 of the Welfare and Institutions Code.

(c) (1) Notwithstanding any other provision of this section, a religious employer may request a health care service plan contract without coverage for FDA-approved contraceptive methods that are contrary to the religious employer's religious tenets. If so requested, a health care service plan contract shall be provided without coverage for contraceptive methods. The exclusion from coverage under this provision shall not apply to a contraceptive drug, device, procedure, or other product that is used for purposes other than contraception.

(2) For purposes of this section, a "religious employer" is an entity for which each of the following is true:

(A) The inculcation of religious values is the purpose of the entity.

(B) The entity primarily employs persons who share the religious tenets of the entity.

(C) The entity serves primarily persons who share the religious tenets of the entity.

(D) The entity is a nonprofit organization as described in Section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, as amended.

(d) (1) Every health care service plan contract that is issued, amended, renewed, or delivered on or after January 1, 2017, shall cover up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives when dispensed or furnished at one time for an enrollee by a provider, pharmacist, or at a location licensed or otherwise authorized to dispense drugs or supplies.

(2) This subdivision shall not be construed to require a health care service plan contract to cover contraceptives provided by an out-of-network provider, pharmacy, or location licensed or otherwise authorized to dispense drugs or supplies, except as may be otherwise authorized by state or federal law or by the plan's policies governing out-of-network coverage.

(3) This subdivision shall not be construed to require a provider to prescribe, furnish, or dispense 12 months of self-administered hormonal contraceptives at one time.

(4) A health care service plan subject to this subdivision, shall not impose utilization controls or other forms of medical management limiting the supply of FDA-approved, self-administered hormonal contraceptives that may be dispensed or furnished by a provider or pharmacist, or at a location licensed or otherwise authorized to dispense drugs or supplies to an amount that is less than a 12-month supply, and shall not require an enrollee to make any formal request for such coverage other than a pharmacy claim.

(e) This section shall not be construed to exclude coverage for contraceptive supplies as prescribed by a provider, acting within the provider's scope of practice, for reasons other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to preserve the life or health of an enrollee.

(f) This section shall not be construed to deny or restrict in any way the department's authority to ensure plan compliance with this chapter when a plan provides coverage for contraceptive drugs, devices, and products.

(g) This section shall not be construed to require an individual or group health care service plan contract to cover experimental or investigational treatments.

(h) For purposes of this section, the following definitions apply:

(1) "Grandfathered health plan" has the meaning set forth in Section 1251 of PPACA.

(2) "PPACA" means the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), and any rules, regulations, or guidance issued thereunder.

(3) With respect to health care service plan contracts issued, amended, or renewed on or after January 1, 2016, "provider" means an individual who is certified or licensed to furnish family planning services within their scope of practice pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, including a pharmacist authorized pursuant to Section 4052 ~~or 4052.3~~ of the Business and Professions Code, or an initiative act referred to in that division, or Division 2.5 (commencing with Section 1797) of this code.
(4) For purposes of this section, "over-the-counter FDA-approved contraceptive drugs, devices, and products" and "over-the-counter birth control methods" are limited to those included as essential health benefits pursuant to Section 1367.005.

HSC section 11210

A physician, surgeon, dentist, veterinarian, naturopathic doctor acting pursuant to Section 3640.7 of the Business and Professions Code, or podiatrist, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or within the scope of Section 4052~~.1, 4052.2,~~ or 4052.6 of the Business and Professions Code, or registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, or physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, or naturopathic doctor acting within the scope of Section 3640.5 of the Business and Professions Code, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code may prescribe for, furnish to, or administer controlled substances to his or her patient when the patient is suffering from a disease, ailment, injury, or infirmities attendant upon old age, other than addiction to a controlled substance.

HSC section 11150

No person other than a physician, dentist, podiatrist, or veterinarian, or naturopathic doctor acting pursuant to Section 3640.7 of the Business and Professions Code, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or within the scope of Section 4052~~.1, 4052.2,~~ or 4052.6 of the Business and Professions Code, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, a naturopathic doctor acting within the scope of Section 3640.5 of the Business and Professions Code, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code, or an out-of-state prescriber acting pursuant to Section 4005 of the Business and Professions Code shall write or issue a prescription.

HSC section 132008

(a) This division shall not be deemed to affect a pharmacist's ability to substitute a prescription drug pursuant to Section ~~4073~~ 4052 of the Business and Professions Code.
(b) (1) This division shall not prohibit or limit assistance to a patient provided by an independent charity patient assistance program.

(2) For purposes of this section, "independent charity patient assistance program" means a program that meets all of the following requirements:

(A) The program does not allow a pharmaceutical manufacturer or an affiliate of the manufacturer, including, but not limited to, an employee, agent, officer, shareholder, contractor, wholesaler, distributor, or pharmacy benefits manager, to exert any direct or indirect influence or control over the charity or subsidy program.

(B) Assistance is awarded in a truly independent manner that severs any link between a pharmaceutical manufacturer's funding and the beneficiary.

(C) Assistance is awarded without regard to the pharmaceutical manufacturer's interest and without regard to the beneficiary's choice of product, provider, practitioner, supplier, health insurance, health care service plan, or other health coverage.

(D) Assistance is awarded based upon a reasonable, verifiable, and uniform measure of financial need that is applied in a consistent manner.

(E) The pharmaceutical manufacturer does not solicit or receive data from the program that would facilitate the manufacturer in correlating the amount or frequency of its donations with the number of subsidized prescriptions for its products.

INS section 10123.196

(a) An individual or group policy of disability insurance issued, amended, renewed, or delivered on or after January 1, 2000, through December 31, 2015, inclusive, that provides coverage for hospital, medical, or surgical expenses, shall provide coverage for the following, under the same terms and conditions as applicable to all benefits:

(1) A disability insurance policy that provides coverage for outpatient prescription drug benefits shall include coverage for a variety of federal Food and Drug Administration (FDA)-approved prescription contraceptive methods, as designated by the insurer. If an insured's health care provider determines that none of the methods designated by the disability insurer is medically appropriate for the insured's medical or personal history, the insurer shall, in the alternative, provide coverage for some other FDA-approved prescription contraceptive method prescribed by the patient's health care provider.

(2) Coverage with respect to an insured under this subdivision shall be identical for an insured's covered spouse and covered nonspouse dependents.

(b) (1) A group or individual policy of disability insurance, except for a specialized health insurance policy, that is issued, amended, renewed, or delivered on or after January 1, 2016, shall provide coverage for all of the following services and contraceptive methods for all policyholders and insureds:

(A) (i) Except as provided in clause (ii) and in subparagraphs (B) and (C) of paragraph (2), all FDA-approved, contraceptive drugs, devices, and other products, including all FDA-approved, contraceptive drugs, devices, and products available over the counter, as prescribed by the insured's provider.

(ii) For any policy described in paragraph (1) that is issued, amended, renewed, or delivered on or after January 1, 2024, both of the following conditions shall apply:

(I) A prescription shall not be required to trigger coverage of over-the-counter FDA-approved contraceptive drugs, devices, and products.

(II) Point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products shall be provided at in-network pharmacies without cost sharing or medical management restrictions.

(B) Voluntary tubal ligation and other similar sterilization procedures.

(C) Clinical services related to the provision or use of contraception, including consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient education, referrals, and counseling.

(D) Followup services related to the drugs, devices, products, and procedures covered under this subdivision, including, but not limited to, management of side effects, counseling for continued adherence, and device removal.

(2) (A) Except for a grandfathered health plan, a disability insurer subject to this subdivision shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided pursuant to this subdivision.

(B) If the FDA has approved one or more therapeutic equivalents, as that term is defined by the FDA, of a contraceptive drug, device, or product, a disability insurer is not required to cover all of those therapeutically equivalent versions in accordance with this subdivision, as long as at least one is covered without cost sharing in accordance with this subdivision. If there is no therapeutically equivalent generic substitute available in the market, an insurer shall provide coverage without cost sharing for the original, brand name contraceptive.

(C) If a covered therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by the insured's provider, a disability insurer shall defer to the determination and judgment of the provider and provide coverage for the alternative prescribed contraceptive drug, device, product, or service without imposing any cost-sharing requirements. Medical inadvisability may include considerations such as severity of side effects, differences in permanence or reversibility of contraceptives, and ability to adhere to the appropriate use of the drug or item, as determined by the provider. The department may promulgate regulations establishing an easily accessible, transparent, and sufficiently expedient process that is not unduly burdensome, including timeframes, for an insured, an insured's designee, or an insured's provider to request coverage of an alternative prescribed contraceptive. A request for coverage under this subparagraph that is submitted by an insured, an insured's designee, or a provider shall be approved by the disability insurer in compliance with the time limits in Section 10123.191.

(3) Except as otherwise authorized under this section, an insurer shall not infringe upon an insured's choice of contraceptive drug, device, or product and shall not impose any restrictions or delays on the coverage required under this subdivision, including prior authorization, step therapy, or other utilization control techniques.

(4) Coverage with respect to an insured under this subdivision shall be identical for an insured's covered spouse and covered nonspouse dependents.

(c) This section shall not be construed to deny or restrict in any way any existing right or benefit provided under law or by contract.

(d) This section shall not be construed to require an individual or group disability insurance policy to cover experimental or investigational treatments.

(e) (1) Notwithstanding any other provision of this section, a religious employer may request a disability insurance policy without coverage for contraceptive methods that are contrary to the religious employer's religious tenets. If so requested, a disability insurance policy shall be provided without coverage for contraceptive methods. The exclusion from coverage under this provision shall not apply to a contraceptive drug, device, procedure, or other product that is used for purposes other than contraception.

(2) For purposes of this section, a "religious employer" is an entity for which each of the following is true:

(A) The inculcation of religious values is the purpose of the entity.

(B) The entity primarily employs persons who share the religious tenets of the entity.

(C) The entity serves primarily persons who share the religious tenets of the entity.

(D) The entity is a nonprofit organization pursuant to Section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, as amended.

(f) (1) A group or individual policy of disability insurance, except for a specialized health insurance policy, that is issued, amended, renewed, or delivered on or after January 1, 2017, shall cover up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives when dispensed or furnished at one time for an insured by a provider, pharmacist, or at a location licensed or otherwise authorized to dispense drugs or supplies.

(2) This subdivision shall not be construed to require a policy to cover contraceptives provided by an out-of-network provider, pharmacy, or location licensed or otherwise authorized to dispense drugs or supplies, except as may be otherwise authorized by state or federal law or by the insurer's policies governing out-of-network coverage.

(3) This subdivision shall not be construed to require a provider to prescribe, furnish, or dispense 12 months of self-administered hormonal contraceptives at one time.

(4) An insurer subject to this subdivision shall not impose utilization controls or other forms of medical management limiting the supply of FDA-approved, self-administered hormonal contraceptives that may be dispensed or furnished by a provider or pharmacist, or at a location licensed or otherwise authorized to dispense drugs or supplies to an amount that is less than a 12-month supply, and shall not require an insured to make any formal request for such coverage other than a pharmacy claim.

(g) This section shall not be construed to exclude coverage for contraceptive supplies as prescribed by a provider, acting within the provider's scope of practice, for reasons other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating

symptoms of menopause, or for contraception that is necessary to preserve the life or health of an insured.

(h) This section only applies to disability insurance policies or contracts that are defined as health benefit plans pursuant to subdivision (a) of Section 10198.6, except that for accident only, specified disease, or hospital indemnity coverage, coverage for benefits under this section applies to the extent that the benefits are covered under the general terms and conditions that apply to all other benefits under the policy or contract. This section shall not be construed as imposing a new benefit mandate on accident only, specified disease, or hospital indemnity insurance.

(i) For purposes of this section, the following definitions apply:

(1) "Grandfathered health plan" has the meaning set forth in Section 1251 of PPACA.

(2) "PPACA" means the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), and any rules, regulations, or guidance issued thereunder.

(3) With respect to policies of disability insurance issued, amended, or renewed on or after January 1, 2016, "health care provider" means an individual who is certified or licensed to furnish family planning services within their scope of practice pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, including a pharmacist authorized pursuant to Section 4052 ~~or 4052.3~~ of the Business and Professions Code, or an initiative act referred to in that division, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(4) For purposes of this section, "over-the-counter FDA-approved contraceptive drugs, devices, and products" and "over-the-counter birth control methods" are limited to those included as essential health benefits pursuant to Section 10112.27.

INS section 10123.1933

(a) (1) Notwithstanding Section 10123.201, a health insurer shall not subject antiretroviral drugs that are medically necessary for the prevention of AIDS/HIV, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy, except as provided in paragraph (2).

(2) If the United States Food and Drug Administration has approved one or more therapeutic equivalents of a drug, device, or product for the prevention of AIDS/HIV, this section does not require a health insurer to cover all of the therapeutically equivalent versions without prior authorization or step therapy, if at least one therapeutically equivalent version is covered without prior authorization or step therapy.

(b) Notwithstanding any other law, a health insurer shall not prohibit, or permit a contracted pharmacy benefit manager to prohibit, a pharmacist from dispensing preexposure prophylaxis or postexposure prophylaxis.

(c) A health insurer shall cover preexposure prophylaxis and postexposure prophylaxis that has been furnished by a pharmacist, as authorized in Section~~s 4052.02 and 4052.03~~ 4052 of the Business and Professions Code, including the pharmacist's services and related testing

ordered by the pharmacist. A health insurer shall pay or reimburse, consistent with the requirements of this chapter, for the service performed by a pharmacist at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health insurer has an out-of-network pharmacy benefit.

WIC section 14132.968

(a) (1) Pharmacist services are a benefit under the Medi-Cal program, subject to approval by the federal Centers for Medicare and Medicaid Services.

(2) The department shall establish a fee schedule for the list of pharmacist services.

(3) The rate of reimbursement for pharmacist services shall be at 85 percent of the fee schedule for physician services under the Medi-Cal program, except for medication therapy management (MTM) pharmacist services as described in Section 14132.969.

(b) (1) The following services are covered pharmacist services that may be provided to a Medi-Cal beneficiary as authorized in Section 4052 of the Business and Professions Code:

(A) Furnishing travel medications~~, as authorized in clause (3) of subparagraph (A) of paragraph (10) of subdivision (a) of Section 4052 of the Business and Professions Code.~~

(B) Furnishing naloxone hydrochloride~~, as authorized in Section 4052.01 of the Business and Professions Code.~~

(C) Furnishing self-administered hormonal contraception~~, as authorized in subdivision (a) of Section 4052.3 of the Business and Professions Code~~.

(D) Initiating and administering immunizations~~, as authorized in Section 4052.8 of the Business and Professions Code.~~

(E) Providing tobacco cessation counseling and furnishing nicotine replacement therapy~~, as authorized in Section 4052.9 of the Business and Professions Code.~~

(F) Initiating and furnishing preexposure prophylaxis~~, as authorized in Section 4052.02 of the Business and Professions Code~~.

(G) Initiating and furnishing postexposure prophylaxis~~, as authorized in Section 4052.03 of the Business and Professions Code~~.

(H) Providing MTM pharmacist services in conjunction with the dispensing of qualified specialty drugs, as described in Section 14132.969.

(2) Covered pharmacist services shall be subject to department protocols and utilization controls.

(c) A pharmacist shall be enrolled as an ordering, referring, and prescribing provider under the Medi-Cal program prior to rendering a pharmacist service that is submitted by a Medi-Cal pharmacy provider for reimbursement pursuant to this section.

(d) (1) The director shall seek any necessary federal approvals to implement this section. This section shall not be implemented until the necessary federal approvals are obtained and shall be implemented only to the extent that federal financial participation is available.

(2) This section neither restricts nor prohibits any services currently provided by pharmacists as authorized by law, including, but not limited to, this chapter, or the Medicaid state plan.

(e) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section, and any applicable federal waivers and state plan amendments, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action. By July 1, 2021, the department shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Commencing July 1, 2017, the department shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

Attachment H-11: Establish Self-Assessment Process in Statute (New Issue #12)

Proposal to Add BPC Section 4040.6 Self-Assessment Process Definition as follows:

"Self-assessment process" means the process of self-evaluation of a facility's compliance with state and federal laws as a means to promote compliance through self-examination and education. The self-assessment process is performed on a form approved by the board and posted on its website.

Proposal to Add BPC Section 4102 Self-Assessment Requirement

(a) As provided in this section, all facilities licensed by the board must complete the self-assessment process on a form provided by the board by July 1 of every odd year, unless otherwise established in this section.

(b) The form must be completed to assess the facility's compliance with federal and state laws identified on the form. For each "no" response, a written corrective action or action plan to come into compliance with the law is required. The form shall be signed by the designated individual as defined in this section and co-signed by the owner or authorized officer of the facility acknowledging they have read, reviewed, and completed the self-assessment to the best of their professional ability and acknowledge that failure to correct any deficiency identified could result in action by the board. The completed form shall be signed under penalty of perjury and kept on file in the facility and made available to the board or its designee, upon request.

(c) The facility must use the appropriate designated form based on the type of license and as described in this section and posted on the board's website.

1. Community Pharmacy Self-Assessment/Hospital Outpatient Self-Assessment must be completed by the pharmacist-in-charge. In addition to the requirements in subdivision (a), the form must be completed within 30 days of any of the following:
    A. A new pharmacy license is issued, or
    B. There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy, or
    C. There is a change in the location of a pharmacy to a new address.
2. Hospital Pharmacy Self-Assessment must be completed by the pharmacist-in-charge. In addition, to the requirements in subdivision (a), the form must be completed within 30 days of any of the following:
    A. A new pharmacy license is issued, or
    B. There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy, or
    C. There is a change in the location of a pharmacy to a new address.
3. Automated Drug Delivery System Self-Assessment must be completed by the pharmacist-in-charge of the pharmacy operating the system. In addition, to the requirements in subdivision (a), the form must be completed within 30 days of any of the following:

A. A new pharmacy license is issued, or
B. There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy, or
C. There is a change in the location of a pharmacy to a new address.

4. Compounding Self-Assessment form must be completed by the pharmacist-in-charge of each pharmacy that compounds drug products. In addition, to the requirements in subdivision (a), the form must be completed within 30 days of any of the following:
    A. A new pharmacy license is issued, or
    B. There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy, or
    C. There is a change in the location of a pharmacy to a new address.
5. Surgical Clinic Self-Assessment form must be completed by the consulting pharmacist of the surgical clinic and co-signed by the professional director.
6. Wholesaler/Third-Party Logistics Provider Self-Assessment form must be completed by the designated representative-in-charge or the wholesaler or responsible manager of the third-party logistics provider. In addition to the requirements in subdivision (a), the form must be completed within 30 days of any of the following:
    A. A new license is issued, or
    B. There is a change of designated representative-in-charge or responsible manager, and they become the new designated representative-in-charge or responsible manager, or
    C. There is a change in the location to a new address.
7. Outsourcing Facility Self-Assessment form must be completed by the designated quality control personnel. In addition to the requirements in subdivision (a), the form must be completed within 30 days of any of the following:
    A. A new license is issued, or
    B. There is a change in the designated quality control personnel, or
    C. There is a change in the location to a new address.

Attachment H-12: Assembly Bill 1286 Clarification (New Issue #13)

Proposal to Amend BPC section 4115 and BPC section 4113.1 as follows:

BPC section 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).~~

(b) (1) In addition to the tasks specified in subdivision (a), and where the pharmacy has scheduled another pharmacy technician to assist the pharmacist by performing the tasks provided in subdivision (a), a certified pharmacy technician as defined in section 4202 may, under the direct supervision and control of a pharmacist,

(A) Prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, provided that

(i)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 prior to performing administration of vaccines.

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

(B) Perform specimen collection for tests that are classified as CLIA. "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a; Public Law 100-578).

(C) Initiate and receive prescription transfers and accept clarification on prescriptions.

(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.

BPC section 4113.1

(a) Except as specified in subdivision (e), a community pharmacy licensed pursuant to this article shall report, either directly or through a designated third party, including a component patient safety organization as defined in Section 3.20 of Title 42 of the Code of Federal Regulations, all medication errors to an entity approved by the board. A community pharmacy shall submit the report no later than 14 days following the date of discovery of the error. These reports are deemed confidential and are not subject to discovery, subpoena, or disclosure pursuant to the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code), except that the board may publish deidentified case summary information compiled from the data in the reports so long as deidentification is done in accordance with the requirements set forth in Section 164.514(b)(2) of Title 45 of the Code of Federal Regulations, and includes omitting the name of the reporting pharmacy. The community pharmacy shall maintain records demonstrating compliance with this requirement for three years and shall make these records immediately

available at the request of an inspector. A medication error report made pursuant to this section shall not be subject to investigation, discipline, or other enforcement action by the board based solely on a report received pursuant to this section. However, if the board receives other information regarding the medication error independent of the medication error report, that information may serve as basis for discipline or other enforcement by the board.

(b) Any entity approved by the board shall have experience with the analysis of medication errors that occur in the outpatient setting.

(c) For purposes of this section, "community pharmacy" includes any pharmacy that dispenses medication to an outpatient, but does not include facilities of the Department of Corrections and Rehabilitation.

(d) For purposes of this section, "medication error" includes any variation from a prescription drug order not authorized by the prescriber, including, but not limited to, errors involving the wrong drug, the wrong dose, the wrong patient, the wrong directions, the wrong preparation, or the wrong route of administration. A medication error does not include any variation that is corrected prior to dispensing to the patient or patient's agent or any variation allowed by law.

(e) An outpatient hospital pharmacy shall not be required to report a medication error that meets the requirements of an adverse event, as specified in subdivision (a), that has been reported to the State Department of Public Health pursuant to Section 1279.1 of the Health and Safety Code. The State Department of Public Health may share a report with the California State Board of Pharmacy.

(f) A pharmacy licensed pursuant to Section 4112, shall only be required to report medication errors related to prescriptions dispensed to California residents.

Attachment H-13: Remote Processing (New Issue #14)

Proposal to Amend BPC section 4071.1

(a) A prescriber, a prescriber's authorized agent, or a pharmacist may electronically enter a prescription or an order, as defined in Section 4019, into a pharmacy's or hospital's computer from any location outside of the pharmacy or hospital with the permission of the pharmacy or hospital. For purposes of this section, a "prescriber's authorized agent" is a person licensed or registered under Division 2 (commencing with Section 500).

(b) This section does not reduce the existing authority of other hospital personnel to enter medication orders or prescription orders into a hospital's computer.

(c) A dangerous drug or dangerous device shall not be dispensed pursuant to a prescription that has been electronically entered into a pharmacy's computer without the prior approval of a pharmacist.

(d) (1) A pharmacist located and licensed in the state may, on behalf of a health care facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, from a location outside of the facility, verify medication chart orders for appropriateness before administration consistent with federal requirements, as established in the health care facility's policies and procedures.

(2) (A) A health care facility shall maintain a record of a pharmacist's verification of medication chart orders pursuant to this subdivision.

(B) A record maintained pursuant to subparagraph (A) shall meet the same requirements as those described in Sections 4081 and 4105.

(e) In order to enable any accredited school of pharmacy recognized by the Board to experiment with new and innovative methods for drug handling, or to develop new and better methods or concepts involving the ethical practice of pharmacy, the Board may waive the application of provisions of Pharmacy Law and its regulations applicable to remote processing of prescriptions, if the Dean of said school has filed with the Board an experimental plan or program which specifies the particular provisions to be waived, and which has been approved by the Board.

(f) The Board may adopt regulations that establish provisions for remote processing of prescriptions. At a minimum, remote processing of prescriptions may only be performed by a California licensed pharmacist, from a location within California. The regulations shall include provisions for security to protect health information, recordkeeping requirements and autonomy for the pharmacist-in-charge to determine when such processing is allowed. For purposes of this subdivision, "remote processing of prescriptions" includes, but is not limited to, order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, authorizing release of medication for administration, and patient consultation. For purposes of this subdivision, "remote processing of prescriptions" shall not include final product verification or the dispensing of a drug.

Attachment H-14: Retitle "Advanced Practice Pharmacist" to "Advanced Pharmacist Practitioner" (New Issue #15)

Proposal to Amend BPC section 4016.5, BPC section 4040, BPC section 4052.6, BPC section 4059, BPC section 4210, BPC section 4211, BPC section 4233, and BPC section 4400

BPC section 4016.5

"~~Advanced practice pharmacist~~" "Advanced Pharmacist Practitioner" means a licensed pharmacist who has been recognized as an advanced practice pharmacist by the board, pursuant to Section 4210. A board-recognized ~~advanced practice pharmacist~~ advanced pharmacist practitioner is entitled to practice advanced practice pharmacy, as described in Section 4052.6, within or outside of a licensed pharmacy as authorized by this chapter.

BPC section 4040

(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, the prescriber's license classification, and the prescriber's federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order pursuant to Section 4052.1, 4052.2, or 4052.6.

(2) Issued by a physician, dentist, optometrist, doctor of podiatric medicine, veterinarian, advanced pharmacist practitioner, nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to Section 4052.1, 4052.2, or 4052.6 by a pharmacist licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and

signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

BPC section 4052.6

(a) A pharmacist recognized by the board as an ~~advanced practice pharmacist~~ advanced pharmacist practitioner may do all of the following:

(1) Perform patient assessments.

(2) Order and interpret drug therapy-related tests.

(3) Refer patients to other health care providers.

(4) Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.

(5) Initiate, adjust, or discontinue drug therapy.

(b) A pharmacist practitioner who adjusts or discontinues drug therapy shall promptly transmit written notification to the patient's diagnosing prescriber or enter the appropriate information in a patient record system shared with the prescriber, as permitted by that prescriber. A pharmacist practitioner who initiates drug therapy shall promptly transmit written notification to, or enter the appropriate information into, a patient record system shared with the patient's primary care provider or diagnosing provider, as permitted by that provider.

(c) This section shall not interfere with a physician's order to dispense a prescription drug as written, or other order of similar meaning.

(d) Prior to initiating or adjusting a controlled substance therapy pursuant to this section, a pharmacist shall personally register with the federal Drug Enforcement Administration.

(e) A pharmacist practitioner who orders and interprets tests pursuant to paragraph (2) of subdivision (a) shall ensure that the ordering of those tests is done in coordination with the

patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

BPC section 4059

(a) A person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, advanced pharmacist practitioner, or naturopathic doctor pursuant to Section 3640.7. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

(b) This section does not apply to the furnishing of any dangerous drug or dangerous device by a manufacturer, wholesaler, or pharmacy to each other or to a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or to a laboratory under sales and purchase records that correctly give the date, the names and addresses of the supplier and the buyer, the drug or device, and its quantity. This section does not apply to the furnishing of any dangerous device by a manufacturer, wholesaler, or pharmacy to a physical therapist acting within the scope of his or her license under sales and purchase records that correctly provide the date the device is provided, the names and addresses of the supplier and the buyer, a description of the device, and the quantity supplied.

(c) A pharmacist, or a person exempted pursuant to Section 4054, may distribute dangerous drugs and dangerous devices directly to dialysis patients pursuant to regulations adopted by the board. The board shall adopt any regulations as are necessary to ensure the safe distribution of these drugs and devices to dialysis patients without interruption thereof. A person who violates a regulation adopted pursuant to this subdivision shall be liable upon order of the board to surrender his or her personal license. These penalties shall be in addition to penalties that may be imposed pursuant to Section 4301. If the board finds any dialysis drugs or devices distributed pursuant to this subdivision to be ineffective or unsafe for the intended use, the board may institute immediate recall of any or all of the drugs or devices distributed to individual patients.

(d) Home dialysis patients who receive any drugs or devices pursuant to subdivision (c) shall have completed a full course of home training given by a dialysis center licensed by the State Department of Public Health. The physician prescribing the dialysis products shall submit proof satisfactory to the manufacturer or wholesaler that the patient has completed the program.

(e) A pharmacist may furnish a dangerous drug authorized for use pursuant to Section 2620.3 to a physical therapist. A record containing the date, name and address of the buyer, and name and quantity of the drug shall be maintained. This subdivision shall not be construed to authorize the furnishing of a controlled substance.

(f) A pharmacist may furnish electroneuromyographic needle electrodes or hypodermic needles used for the purpose of placing wire electrodes for kinesiological electromyographic

testing to physical therapists who are certified by the Physical Therapy Board of California to perform tissue penetration in accordance with Section 2620.5.

(g) Nothing in this section shall be construed as permitting a licensed physical therapist to dispense or furnish a dangerous device without a prescription of a physician, dentist, podiatrist, optometrist, or veterinarian.

(h) A veterinary food-animal drug retailer shall dispense, furnish, transfer, or sell veterinary food-animal drugs only to another veterinary food-animal drug retailer, a pharmacy, a veterinarian, or to a veterinarian's client pursuant to a prescription from the veterinarian for food-producing animals.

BPC section 4210

(a) A person who seeks recognition as an ~~advanced practice pharmacist~~ advanced pharmacist practitioner shall meet all of the following requirements:

(1) Hold an active license to practice pharmacy issued pursuant to this chapter that is in good standing.

(2) (A) Satisfy any two of the following criteria:

(i) Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the Accreditation Council for Pharmacy Education or another entity recognized by the board.

(ii) Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes the provision of direct patient care services with interdisciplinary teams.

(iii) Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced practice pharmacist, pharmacist practicing collaborative drug therapy management, or health system.

(B) For purposes of this paragraph, if, as a condition of completion of one of the required criteria fulfillment of a second criterion is also required, that completion shall be deemed to satisfy this paragraph.

(3) File an application with the board for recognition as an advanced practice pharmacist.

(4) Pay the applicable fee to the board.

(b) An ~~advanced practice pharmacist~~ advanced pharmacist practitioner ~~recognition~~ license issued pursuant to this section shall be valid for two years, coterminous with the certificate holder's license to practice pharmacy.

(c) The board shall adopt regulations establishing the means of documenting completion of the requirements in this section.

~~(d) This section shall become operative on January 1, 2025.~~

BPC section 4211

(a) An applicant for renewal of an ~~advanced practice pharmacist~~ advanced pharmacist practitioner ~~recognition~~ license shall maintain a current and active pharmacist license, and shall submit all of the following as part of the renewal:

(1) Application and payment of the renewal fees.

(2) (A) Proof satisfactory to the board that the licensee has completed 10 hours of continuing education pursuant to Section 4233.

(B) The 10 hours shall be in addition to the continuing education requirements necessary for a pharmacist license renewal pursuant to Section 4231.

(C) An ~~advanced practice pharmacist~~ advanced pharmacist practitioner shall retain documentation of completion of continuing education for four years.

(b) Notwithstanding subdivision (a), the board shall not require completion of continuing education for the first renewal cycle of an ~~advanced practice pharmacist~~ advanced pharmacist practitioner ~~recognition~~ license.

(c) The board may issue an inactive ~~advanced practice pharmacist~~ advanced pharmacist practitioner recognition under any of the following conditions:

(1) The pharmacist's license becomes inactive.

(2) The ~~advanced practice pharmacist~~ advanced pharmacist practitioner fails to provide documentation of the completion of the required continuing education.

(3) As part of an investigation or audit conducted by the board, the advanced practice pharmacist fails to provide documentation substantiating the completion of continuing education.

(d) The board shall reactivate an inactive ~~advanced practice pharmacist~~ advanced pharmacist practitioner ~~recognition~~ license only if the ~~advanced practice pharmacist~~ advanced pharmacist practitioner pays the required renewal fees pursuant to Section 4210, submits satisfactory proof to the board of completion of the continuing education requirements under Section 4233, and meets all renewal requirements in this section.

BPC section 4233

A pharmacist who is recognized as an ~~advanced practice pharmacist~~ advanced pharmacist practitioner shall complete 10 hours of continuing education each renewal cycle in addition to the requirements of Section 4231. The subject matter shall be in one or more areas of practice relevant to the pharmacist's clinical practice.

BPC section 4400

The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

…

(ae) The fee for an application for an ~~advanced practice pharmacist~~ advanced pharmacist practitioner license and renewal of ~~advanced practice pharmacist~~ advanced pharmacist practitioner license shall be three hundred dollars ($300) and may be increased to four hundred eighteen dollars ($418).

Attachment H-15: Records (New Issue #16)

Proposal to Amend BPC sections 4081 and 4105 as follows:

BPC section 4081

(a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

(b) The owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge, responsible manager, or designated representative-in-charge, for maintaining the records and inventory described in this section.

(c) The pharmacist-in-charge, responsible manager, or designated representative-in-charge shall not be criminally responsible for acts of the owner, officer, partner, or employee that violate this section and of which the pharmacist-in-charge, responsible manager, or designated representative-in-charge had no knowledge, or in which he or she did not knowingly participate.

(d) Pharmacies that dispense nonprescription diabetes test devices pursuant to prescriptions shall retain records of acquisition and sale of those nonprescription diabetes test devices for at least three years from the date of making. The records shall be at all times during business hours open to inspection by authorized officers of the law.

(e) In addition to the records described in subdivision (a) records that must be maintained include staffing schedules, pharmacy personnel job duty statements, consultant reports, and policies and procedures related to pharmacy personnel and pharmacy operations. Records that are described in subdivision (e) that are maintained electronically must provide an audit trail for revisions and updates of each record document. Prior versions of each record must be maintained in a readily retrievable format and include changes to the document, identification of the individual who made the change, and the date of each change.

BPC section 4105

(a) All records or other documentation required by this Chapter ~~of the acquisition and disposition of dangerous drugs and dangerous devices~~ to be maintained by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

(b) The licensee may remove the original records or documentation from the licensed premises on a temporary basis for license-related purposes. However, a duplicate set of those records or other documentation shall be retained on the licensed premises.

(c) The records required by this section shall be retained on the licensed premises for a period of three years from the date of making.

(d) (1) Any records that are maintained electronically shall be maintained so that the pharmacist-in-charge, or the pharmacist on duty if the pharmacist-in-charge is not on duty, shall, at all times during which the licensed premises are open for business, be able to produce a hardcopy and electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

(2) In the case of a veterinary food-animal drug retailer, wholesaler, or third-party logistics provider, any records that are maintained electronically shall be maintained so that the designated representative-in-charge or the responsible manager, or the designated representative on duty or the designated representative-3PL on duty if the designated representative-in-charge or responsible manager is not on duty, shall, at all times during which the licensed place of business is open for business, be able to produce a hardcopy and electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

(e) (1) Notwithstanding subdivisions (a), (b), and (c), the board may, upon written request, grant to a licensee a waiver of the requirements that the records described in subdivisions (a), (b), and (c) be kept on the licensed premises.

(2) A waiver granted pursuant to this subdivision shall not affect the board's authority under this section or any other provision of this chapter.

(f) When requested by an authorized officer of the law or by an authorized representative of the board, the owner, corporate officer, or manager of an entity licensed by the board shall provide the board with the requested records within three business days of the time the request was made. The entity may request in writing an extension of this timeframe for a period not to exceed 14 calendar days from the date the records were requested. A request for an extension of time is subject to the approval of the board. An extension shall be deemed approved if the board fails to deny the extension request within two business days of the time the extension request was made directly to the board.

Attachment H-16: Converting Paper Records to Digital (New Issue #17)

Proposal to Amend BPC section 4105 as follows:

(a) All records or other documentation required by this Chapter ~~of the acquisition and disposition of dangerous drugs and dangerous devices~~ to be maintained by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

(b) The licensee may remove the original records or documentation from the licensed premises on a temporary basis for license-related purposes. However, a duplicate set of those records or other documentation shall be retained on the licensed premises.

(c) The records required by this section shall be retained on the licensed premises for a period of three years from the date of making. Paper records may be converted into a digital format and maintained only in a non-editable format. Certification that the digitized documents have not been altered may be required by the Board.

(d) (1) Any records that are maintained electronically shall be maintained so that the pharmacist-in-charge, or the pharmacist on duty if the pharmacist-in-charge is not on duty, shall, at all times during which the licensed premises are open for business, be able to produce a hardcopy, digitized copy or ~~and~~ electronic copy of all records required by this Chapter ~~of acquisition or disposition or other drug or dispensing-related records~~ maintained electronically.

(2) In the case of a veterinary food-animal drug retailer, wholesaler, or third-party logistics provider, any records that are maintained electronically shall be maintained so that the designated representative-in-charge or the responsible manager, or the designated representative on duty or the designated representative-3PL on duty if the designated representative-in-charge or responsible manager is not on duty, shall, at all times during which the licensed place of business is open for business, be able to produce a hardcopy, digitized copy or ~~and~~ electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

(e) (1) Notwithstanding subdivisions (a), (b), and (c), the board may, upon written request, grant to a licensee a waiver of the requirements that the records described in subdivisions (a), (b), and (c) be kept on the licensed premises.

(2) A waiver granted pursuant to this subdivision shall not affect the board's authority under this section or any other provision of this chapter.

(f) When requested by an authorized officer of the law or by an authorized representative of the board, the owner, corporate officer, or manager of an entity licensed by the board shall provide the board with the requested records within three business days of the time the request was made. The entity may request in writing an extension of this timeframe for a period not to exceed 14 calendar days from the date the records were requested. A request for an extension of time is subject to the approval of the board. An extension shall be deemed approved if the board fails to deny the extension request within two business days of the time the extension request was made directly to the board.

Attachment H-17: Clarification on Pharmacist Prescriptions (New Issue #18)

Proposal to Amend BPC sections 4040 and 4051 as follows:

BPC section 4040

(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, the prescriber's license classification, and the prescriber's federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or issued by a pharmacist licensed in this state as authorized by this Chapter. ~~the pharmacist who issues a drug order pursuant to Section 4052.1, 4052.2, or 4052.6~~.

(2) Issued by a physician, dentist, optometrist, doctor of podiatric medicine, veterinarian, nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or issued by a pharmacist licensed in this state as authorized by this Chapter.~~pursuant to Section 4052.1, 4052.2, or 4052.6 by a pharmacist licensed in this state.~~

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

BPC section 4051

(a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of a prescriber unless he or she is a pharmacist under this chapter.

(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, as authorized by this Chapter ~~pursuant to Section 4052.1, 4052.2, 4052.3, or 4052.6~~, and otherwise provide clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:

(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a patient.

(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.

(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

Attachment H-18: Hormonal Contraception (New Issue #19)

Proposal to Amend BPC section 4052.3 as follows:

(a) (1) Notwithstanding any other law, a pharmacist may furnish prescription-only 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.

Attachment H-19: Ownership Prohibition (New Issue #20)

Proposal to Amend BPC section 4111 as follows:

(a) Except as otherwise provided in subdivision (b), (d), or (e), the board shall not issue or renew a license to conduct a pharmacy to any of the following:

(1) A person or persons authorized to prescribe or write a prescription, as specified in Section 4040, in the State of California.

(2) A person or persons with whom a person or persons specified in paragraph (1) shares a community or other financial interest in the permit sought unless both the person or persons specified in paragraph (1) and the person seeking a license to conduct pharmacy provide statements disavowing any community or financial interest on behalf of the person or persons specified in paragraph (1) and transmute any such community property under the Family Law Codes of the State of California into the separate property of the person seeking a license to conduct pharmacy. In addition, the pharmacy seeking a license with an owner specified in paragraph (1) if such license is granted, shall be prohibited from filling any prescriptions, emergency or otherwise issued or prescribed by the person or persons specified in paragraph (1) or another prescriber at the same place of business as the person specified in paragraph (1) if the prescriber owns a greater than 10% interest in the practice issuing the prescription.

(3) Any corporation that is controlled by, or in which 10 percent or more of the stock is owned by a person or persons prohibited from pharmacy ownership by paragraph (1) or (2).

(b) Subdivision (a) shall not preclude the issuance of a permit for an inpatient hospital pharmacy to the owner of the hospital in which it is located.

(c) The board may require any information the board deems is reasonably necessary for the enforcement of this section.

(d) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a person licensed on or before August 1, 1981, under the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and qualified on or before August 1, 1981, under subsection (d) of Section 1310 of Title XIII of the federal Public Health Service Act, as amended, whose ownership includes persons defined pursuant to paragraphs (1) and (2) of subdivision (a).

(e) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a pharmacist authorized to issue a drug order ~~pursuant to Section 4052.1, 4052.2, or 4052.6~~ under the following conditions:

1. The pharmacist issuing the drug order offers to provide a prescription to the patient that the patient may elect to have filled by a pharmacy of the patient's choice unless prohibited by the collaborative practice agreement.

2. The pharmacist issuing the drug order must provide a full patient consultation prior to issuing the drug order.

Attachment H-20: Retired Pharmacist License (New Issue #21)

Proposal to Amend BPC section 4200.5 as follows:

(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 ~~h~~older 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.~~

Attachment H-21: Changes to Pharmacy Technician Trainee (New Issue #22)

Proposal to Amend BPC sections 4038 and 4115.5 as follows:

BPC section 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 or an accredited employer-based pharmacy technician training program.

BPC section 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.

Attachment I

Automated Drug Delivery Systems Legislative Report

Pursuant to Business and Professions Code Section 4427.8

Attachment I

Automated Drug Delivery Systems

State of California

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Kimberly Kirchmeyer, Director, Department of Consumer Affairs

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Additional Copies of this report can be obtained from
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