

California State Board of Pharmacy

Sunset Review Report 2016

A Report to the Senate Business,
Professions & Economic
Development Committee

Volume 1



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

State of California

Governor Edmund G. Brown Jr.
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California State Board of Pharmacy Executive Staff

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Additional copies of this report can be obtained from www.pharmacy.ca.gov

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Vision

Healthy Californians through safe, quality pharmacists care.

Mission

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

December 1, 2015





California State Board of Pharmacy

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

December 1, 2015

The Honorable Jerry Hill, Chair
Senate Committee on Business,
Economic Development and Professions
State Capitol
Sacramento, CA 95814

The Honorable Susan Bonilla, Chair
Assembly Committee on Business and Professions
State Capitol
Sacramento, CA 95814

Dear Senator Hill and Assemblymember Bonilla:

On behalf of the California State Board of Pharmacy, it is my pleasure to present you and your committees with this Sunset Review Report, highlighting the board's activities during the last four years and responding to issues raised by the committee.

The board is an active consumer protection agency responsible for regulating a dynamic pharmacy health care profession. The board provides regulatory oversight to those who dispense, compound, store and transport prescription drugs and devices, as well as those who provide professional services that are focused on medication management and pharmaceutical care. As a national leader in consumer protection and pharmacy regulation, the board has developed and implemented a number of policies to ensure the quality and safety of medications provided to California's consumers, in addition to monitoring the services provided by its licensees. The following are examples of board actions that highlight this focus:

1. The board has strengthened its regulatory framework for pharmacies that compound sterile drug products. These actions were taken in large part in response to a national public health emergency identified in Massachusetts, that resulted in an impact to patients across the United States. Actions include an increase in the frequency and quality of inspections performed by the board, including annual inspections of out-of-state pharmacies that ship sterile products into California.
2. The board refined patient-centered labeling requirements to improve readability of the standardized prescription label for consumers. Additional actions include development of translated directions for use on labels and a requirement that oral interpreters are available within pharmacies for patients with limited English proficiency. The board's standards have been recognized by three national organizations as standards for prescription label design.
3. The board developed a multi-pronged approach to combat the prescription drug abuse epidemic. These actions include education to consumers and licensees, aggressive enforcement of errant licensees, as well as the designation of a precedential decision involving a pharmacist's corresponding responsibility. The board also created a state protocol for use by pharmacists that allows the dispensing of an antidote (naloxone) without a prescription for use in opioid overdose. The board also has advocated for the much-needed upgrade to California's prescription drug monitoring program (CURES), and widely promoted and facilitated pharmacist access to the CURES system, in order to increase review of a patient history prior to the dispensing of controlled substances prescriptions by a pharmacist.

4. The board created several statewide protocols that permit pharmacists to provide specific consumer healthcare services such as smoking cessation, self-administered hormonal contraception and travel medications. Additionally, the board has developed the framework to license Advanced Practice Pharmacists, an important change in professional scope that will result in improved healthcare access for consumers across the state.
5. The board responded during state wildfire emergencies declared by the Governor to ensure consumer access to pharmaceuticals.
6. The board has collaborated with other state, federal and local agencies in pursuing pharmacy law violations to achieve more complete consumer protection. For example, three county district attorney offices have collected over \$1.5 million in fines from CVS, Rite Aid and Walgreen pharmacies for violations of California's unfair business practices statute for failure to provide patients with oral pharmacist consultation as required by state law.

The board is nationally recognized as a leader and is continually sought for its considerable expertise. In the last four years, board staff testified before Congress in regards to board enforcement actions addressing exorbitant prices being charged to hospitals for sales of drugs in short supply by unethical drug secondary wholesalers. The board has represented California at a 2015 CDC (Centers for Disease Control and Prevention) International Conference on Emerging Infectious Diseases and provided a presentation on medication contamination and counterfeiting. The board participated on a PEW Charitable Trust committee that developed best national practices for sterile compounding pharmacies and outsourcing facilities, recognizing California's national leadership and prominence in this focus area. The board has provided presentations at three FDA national meetings on topics such as sterile compounding and regulation of drug wholesalers/third-party logistics providers. The board's multiple statewide joint educational forums with the DEA on prescription drug abuse and corresponding responsibility are well-attended.

This report details the board's activities and efforts to meet its goals for public protection. With the expansion of the board's enforcement staff over the last two years, the board has had the ability to respond to increasingly complex issues involving drug diversion, fraud and other serious public safety violations, although much work remains.

We appreciate the opportunity to work with the Legislature, the Administration and our stakeholders to further mission-driven actions and improve services provided for the people of California. On behalf of the board's 13 members, I relay the sincere desire to collaborate with your committees to address this review of the board's activities over the last four years, as well as to inform you of our future priorities focused on public protection.

Respectfully,

A handwritten signature in black ink, appearing to read 'Amy Gutierrez', with a long horizontal flourish extending to the right.

Amy Gutierrez, Pharm.D.
Board President
California State Board of Pharmacy

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CALIFORNIA STATE BOARD OF PHARMACY

Section 1

Background and Description of the Board and Regulated Professions

- Brief History and Function
- Makeup and Functions of Each of the Board's Committees
- Achieving a Quorum
- Major Changes
- Board-Sponsored Legislation and Legislation Affecting the Board
- Regulation Changes since the Last Review
- Major Studies

Related Appendices

- Appendix 1- Table 1a Attendance
- Appendix 2 - Table 1b Board Committee Roster
- Appendix 3 - All Meetings



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CALIFORNIA STATE BOARD OF PHARMACY

Brief History and Function

The California State Board of Pharmacy was established 1891 and in the first six years of its existence, the board registered a total of 1,063 pharmacists and 369 pharmacist assistants. Since that time the board and the professions and businesses it regulates has expanded tremendously; however, its consumer protection mandate remains at the forefront of all its activities. Today the board has 23 licensing programs with over 47,436 pharmacists, 6,354 intern pharmacists, and 74,586 pharmacy technicians. The board is licensing and physically inspecting nonresident sterile compounding pharmacies shipping medication into the state. The board is also promulgating regulations to establish the first advanced practice pharmacist licensee category in the country to provide primary care services to patients.

The board has a highly diverse, complex and detailed licensing programming for the individuals and businesses it regulates. This structure reflects the careful and deliberative manner in which the US regulates the manufacturing, distributing and dispensing of prescription drugs and devices. As the practice of pharmacy and the drug distribution system has evolved, the board's regulatory programs have expanded. Likewise, as the complexity of the services provided by pharmacies and drug distributors have grown, so has the board's jurisdiction. The board regulates the businesses and individuals involved in the distribution and dispensing of medications, from the time the product leaves the site of manufacture until it reaches the consumer.

Individual License Type	Authority	Definition
Pharmacist	4200	An individual licensed by the board who has qualified to practice pharmacy on the basis of education, training and minimum competency demonstrated through passing national and state licensure examinations.
Advance Practice Pharmacist	4016.5 4210	An individual licensed by the board authorized to practice advanced practice pharmacy.
Intern Pharmacist	4208	An individual licensed by the board who is training to become a pharmacist and gaining the experience necessary for licensure while under the supervision of a pharmacist.
Pharmacy Technician	4202	An individual licensed by the board who assists a pharmacist in a pharmacy by performing nondiscretionary tasks related to the practice of pharmacy under the direct supervision of a pharmacist.
Designated Representative – <ul style="list-style-type: none"> Wholesaler Veterinary Food-Animal Drug Retailer 	4053	An individual licensed by the board who is responsible for distribution functions performed by a wholesaler or veterinary food-animal drug retailer. (The latter can actually label medication.)
Designated Representative-Third-Party Logistics Provider	4053.1	An individual licensed by the board who is responsible for the handling, storing, warehousing, distributing and shipping of dangerous drugs and devices by a third-party logistics provider.

Business License Type	Authority	Definition
<i>Businesses Located Within California</i>		
Centralized Hospital Packaging	4029 4128	A specialty license that allows a hospital to prepare unit-dose medications for inpatients of a hospital as well as inpatients of hospitals under common ownership.
Clinic <ul style="list-style-type: none"> Community Surgical 	4180 4190	A community, nonprofit, 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.
Exempt Hospital Pharmacy	4056	A pharmacy located within a hospital that contains 100 beds or fewer, and that does not employ a full-time pharmacist.
Hospital Pharmacy	4029	A pharmacy located within a licensed hospital, institution, or establishment to which persons may be admitted for overnight stay.
Hypodermic Needle and Syringe	4205	An entity authorized to sell and furnish hypodermic needles and syringes for animal use, or mercury containing fever monitors that is not otherwise licensed by the board.
Correctional Pharmacy	4110	A pharmacy licensed by the board, located within a correctional facility to provide pharmaceutical care to inmates within the facility.
Pharmacy <ul style="list-style-type: none"> Community Hospital Outpatient Closed Door 	4110	The premises where controlled substances and prescription drugs or devices are stored, possessed, prepared, manufactured, derived, repackaged, furnished, sold or dispensed at retail to patients.
Sterile Compounding Pharmacy	4127.1	A specialty license issued to a pharmacy that compounds sterile drug products.
Surplus Medication Collection and Distribution Intermediary	4169.5	An entity that facilitates the donation of medications to or transfer of medications between participating entities to be dispensed to indigent patients.
Third-Party Logistics Provider	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.

Business License Type	Authority	Definition
<i>Businesses Located Within California</i>		
Wholesaler	4160 4162	A entity 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. Additionally, dialysis patients may receive dialysis prescription drugs and dialysis medical devices from a wholesaler.
Veterinary Food-Animal Drug Retailer	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.
<i>Businesses Located Outside California</i>		
Nonresident Pharmacy	4112	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	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	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 responsible for the overall operations and compliance with pharmacy law for businesses licensed by the board; however a special license is not required.

Responsible Persons	Authority	Definition
Designated Representative-in-Charge	4022.5 4053	An individual licensed as a 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	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)	An individual licensed as a designated representative-3PL responsible for ensuring compliance of 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 is comprised of 13 members: seven pharmacists and six public members. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. The other 11 members (four public members and seven professional members) are appointed by the Governor.

Board Composition	
Name	Type
Amarylis (Amy) Gutierrez, PharmD, President	Professional Member
Deborah Veale, Vice President	Professional Member
Victor Law, Treasurer	Professional Member
Ryan Brooks	Public Member
Lavanza Butler	Professional Member
Ramón Castellblanch, PhD	Public Member
Rosalyn Hackworth	Public Member
Greg Lippe	Public Member
Gregory Murphy	Public Member
Ricardo Sanchez	Public Member
Allen Schaad	Professional Member
Stanley Weisser	Professional Member
Albert Wong, PharmD	Professional Member

Business and Professions Code section 4001 requires that at least five of the seven pharmacist appointees must be actively engaged in the practice of pharmacy. The board must include at least one pharmacist from each of the following practice settings:

- acute care hospital
- independent community pharmacy
- chain community pharmacy
- pharmacist member of a labor union that represents pharmacists
- long-term care or skilled nursing facility

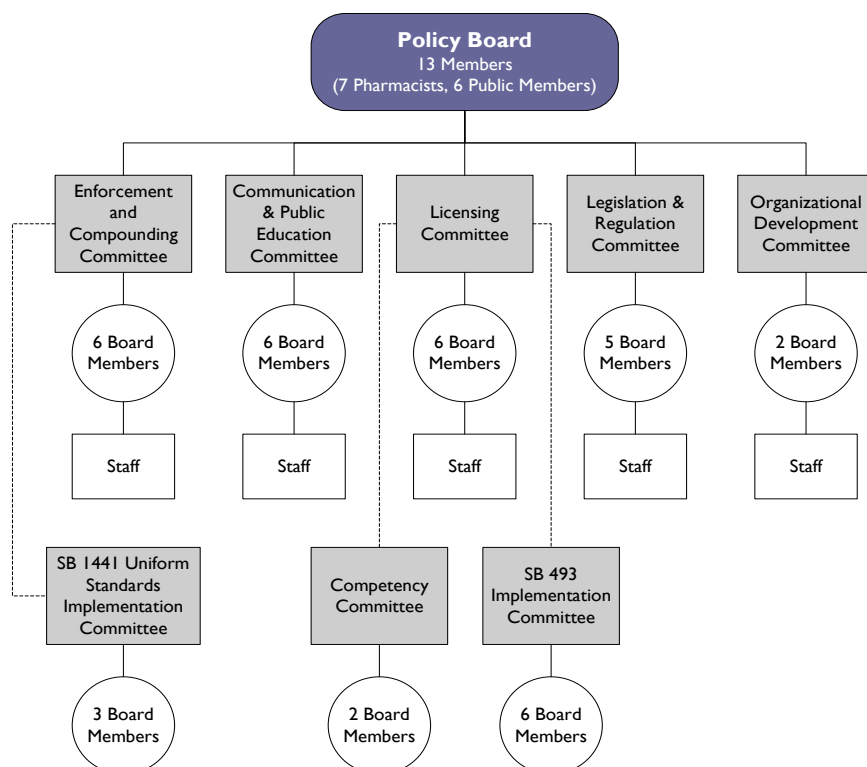
The composition of the professional members of the board required by law helps to ensure knowledge from diverse practice settings when developing board policy for protecting the public. Regardless of background, all board members represent the public and all members fully participate in activities of the board.

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 performs much of its work in committees. These committees develop recommended policies that advance mission-related goals in line with the board's strategic plan. Committee recommendations are then discussed, modified, or acted upon by the board at public board meetings. Some committees are standing committees, others are task force or ad hoc committees formed to examine a specific topic, and then disbanded following completion of the task. The board also has one specialized standing committee with responsibility for the development of the California pharmacist licensing examination (Competency Committee).

The board's strategic plan establishes five standing committees (described below) through which the board establishes its goals and organizes its activities in pursuit of ensuring the public health, safety, and welfare, and provision of quality pharmacists' care. The board manages, plans, and tracks its operations through its strategic plan, which is annually updated and periodically fully reassessed (about every five years). The board will be revising its plan beginning in 2016.



Committee Membership

Each of these committees is comprised of at least five board members with the exception of the Organizational Development Committee. Each committee typically meets quarterly prior to each board meeting and provides a report and meeting summary of the committee meeting during each board meeting.

The board's committees allow board members, staff and the public to discuss and conduct in-depth problem-solving of issues related to the board's jurisdiction. They provide the board with a deliberative process to evaluate policy changes. The committee process encourages public participation.

The board president designates one of the board members assigned to a committee as the committee's chairperson and another member as vice-chair to preside over meetings in the absence of the committee chair. The chairperson coordinates the committee's work, leads the meetings, and ensures progress toward the board's priorities.

After a detailed study of an issue during one or more committee meetings, the committees recommend policy decisions are brought to the full board for a formal decision and vote. During discussions at board meetings, the public is again encouraged to participate and provide comments. Committee decisions do not become board policy until the topic is publicly noticed and discussed at a board meeting and voted upon by the full board.

During public committee meetings, comments from the public are strongly encouraged. The meetings themselves are sometimes public forums on specific issues before a committee. Some committee meetings are webcast.

Licensing Committee

General items under the purview of this committee include ensuring the professional qualifications of licensees entering the practice of pharmacy and establishing the minimum standards for board-licensed facilities. This committee also ensures appropriate practice standards.

Current members are:

Stan Weisser, Chair, Professional Member
 Greg Murphy, Vice-Chair, Public Member
 Albert Wong, Professional Member
 Allen Schaad, Professional Member
 Ricardo Sanchez, Public Member
 Victor Law, Professional Member

Licensing Committee Recommendations and Accomplishments

Fiscal Year 2011/12

Initiated Review of Accreditation Agencies that Perform Surveys of Sterile Injectable Compounding Pharmacies as Alternatives to Licensure with the Board and Developed a Regulation to Identify Criteria for Evaluation.

Required Retroactive Submission of Fingerprints for Pharmacists Where Electronic Prints Were Not on File with the DOJ.

Assisted Office of Statewide Health Planning and Development in Surveying Licensees for the California Healthcare Workforce Clearinghouse by Adding a Survey to the Board's Website

Promulgated Regulations to Update the Pharmacy Technician Application

Required Applicants for a Pharmacy Technician License to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB) with Application

Required Applicants for an Intern Pharmacist License to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB) with Application

Required Applicants for the Pharmacist Examination to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB) with Application

Updated Self-Assessments Forms Used by Pharmacies, Sterile Injectable Compounding Pharmacies, Hospitals and Wholesalers via Regulation

Fiscal Year 2012/13

Implemented the Centralized Hospital Packaging Pharmacy Licensing Program

Implemented Provisions to Waive Renewal Fees and Continuing Education Requirements for Licensees Called to Active Duty

Implemented Expedited Licensure for Spouses of Active Members of the Armed Forces

Implemented Expansion of Clinic Licensure Provisions

Licensing Committee Recommendations and Accomplishments

Fiscal Year 2012/13

Development of Regulations to Require Disclosure of Criminal Convictions as Part of a Renewal Application of Pharmacists, Pharmacy Technicians and Designated Representatives.

Fiscal Year 2013/14

Development of Regulation to Require Site Licenses to Disclose Disciplinary Action Taken by Others at Time of Renewal

Evaluated Intern Pharmacist Experience Requirements Earned by Students in US Schools of Pharmacies

Revised the Board's Emergency Response Plan

Considered Waivers from Hospitals Seeking Licensure as a Centralized Hospital Packaging License from Barcoding Requirements

Amended Regulations for the Protocol Requirements for Pharmacists Who Furnish Emergency Contraceptives

Fiscal Year 2014/15

Implemented New License Categories: Third Party Logistics Providers, Nonresident Third Party Logistics Providers, and Designated Representative -- Third Party Logistics Providers

Updated Criminal Conviction Questions on Pharmacist, Pharmacist Intern and Designated Representative Applications to Reflect Legislative Changes

Implemented Licensing Requirements for Resident and Nonresident Sterile Compounding Pharmacies

Initiated Regulations to Specify That Six Hours of Content-Specific Continuing Education (of the Required 30 Hours) Be Earned by a Pharmacist to Renew a Pharmacist License

Initiated Regulations to Update the Pharmacy Technician Application

Initiated Regulations to Update the Self-Assessment Forms Used by Pharmacies, Hospitals, and Wholesalers

Approved the New Content Outline for the CPJE as Recommended by the Board's Competency Committee

Initiated a Comprehensive Review of the Use of and Training Requirements for Pharmacy Technicians

Under the board's purview, but within the scope of the Licensing Committee, the board formed the SB 493 Implementation Committee that started meeting in the Spring of 2014. Below are some of the major accomplishments completed under this subcommittee.

SB 493 Implementation Committee Accomplishments
<i>Fiscal Year 2014/15</i>
Initiated Regulations for the Protocol Requirements for Pharmacists Who Furnish Nicotine Replacement Products
Promulgated Emergency Regulations To Establish the Protocol Requirements for Pharmacists Who Furnish Naloxone (AB 1535, Chapter 326, Statutes of 2014)
Initiated Non-Emergency Regulations To Establish the Protocol Requirements for Pharmacists Who Furnish Naloxone
Initiated Regulations for the Administration of Vaccinations by a Pharmacist
Initiated Regulations for the Dispensing of Travel Medications
Initiated Regulations for the Dispensing of Hormonal Contraception
Initiated Regulations for the Application Requirements of Advance Practice Pharmacist Licensure

Enforcement and Compounding Committee

This committee exercises oversight of all drug distribution and dispensing activities including compounding sterile and other drug products, protecting the public by preventing violations and enforcing federal and state pharmacy laws when violations occur.

Current members are:

Amy Gutierrez, Chair, Professional Member
Greg Lippe, Vice-Chair, Public Member
Allen Schaad, Professional Member
Greg Murphy, Public Member
Rosalyn Hackworth, Public Member
Stan Weisser, Professional Member

Enforcement and Compounding Committee Recommendations and Accomplishments
<i>Fiscal Year 2011/12</i>
Provided Pharmacist Education on Prescription Drug Abuse Via Joint Conferences with the Drug Enforcement Administration that Were Provided Over the Four Years of the Sunset Review
Reviewed the National Association of Boards of Pharmacy's PARE Exam For Assessment Continuing Competency in Pharmacists
Initiated Regulations Specifying a Unique Identification Number for Prescription Medication and "Grandfathering" Pursuant to California's E-Pedigree Requirements
Worked with the FDA and Other Interested Parties on the Development of Regulations for E-Pedigree Requirements in California
Engaged in Efforts Regarding Counterfeit Avastin Found in Southern California Physician Offices
<i>Fiscal Year 2012/13</i>
Discussed In Depth the Public Health Emergency Caused by Contaminated Medication Compounded by the New England Compounding Center.
Created Subcommittee to Complete Full Review of Compounding Requirements in California, Evaluate Violations Identified in Sterile Injectable Compounding Pharmacies, Identify Changes Necessary in the Board's Current Regulations and Develop Components for Legislative and Regulation Changes
Convened Technology Summit on the Use of Automation to Deliver and Store Prescription Medication
Educated Licensees about Federal E-Prescribing Requirements that Allow the use of E-Prescriptions for Controlled Substances and Developed a Primer for Pharmacists and Physicians on Compliance with the Requirements
Discussed Product Stewardship Programs for the Take Back and Destruction of Prescription Medications in Alameda County
Continued Implementation Efforts on Regulations Necessary to Implement California's E-Pedigree Requirements
Approved Delegation and Acceptance of the Surrender of a License of an Probationer to the Executive Officer
<i>Fiscal Year 2013/14</i>
Provided Comments to the DEA in Support of Hydrocodone being changed from Schedule III to II and to Allow for a Transition Period
Adopted As a Precedential Decision the Parameters for a Pharmacist's Corresponding Responsibility
Joined Efforts to Upgrade California's Prescription Drug Monitoring Program (CURES)
Heard Presentation from Joseph Rannazzisi, US Drug Enforcement Agency on Prescription Drug Abuse and the US Epidemic
Continued Implementation Efforts on Regulations Necessary to Implement California's E-Pedigree Requirements

Fiscal Year 2013/14

Continued To Refine Compounding Requirements Via the Compounding Subcommittee
Heard Presentation from Dr. Perz, CDC on Outbreaks of Infections Associated with Drug Diversion by US Health Care Personnel

Revised Requirements for Warning Labels on Prescription Medication Containers When the Prescribed Medication is Affected by Alcohol

Secured Enforcement of Patient Consultation Requirements Under the Provisions of Unfair Business Practices in California Resulting in \$1.5M in Fines Collected by Three California District Attorney's Offices from Three Large Pharmacy Chains

Fiscal Year 2014/15

Implemented Provisions of SB 294 to Address Nonresident and Resident Sterile Compounding Pharmacies

Provided Public and Licensee Education on the Federal Rescheduling of Hydrocodone Combination Products (HCP) to Schedule II

Initiated Regulations to Revise to Drug Warnings Requirements on Prescription Drug Container Labels

Added "Red Flags" Video on Corresponding Responsibility to the Board's Website

Initiated Regulations for Reconciliation and Inventory Requirements of Controlled Substances to Prevent Large Controlled Substances Losses

Provided Public and Licensee Education on the Federal Rescheduling of Tramadol to a Schedule IV Controlled Substance

Discussed Regulation Changes Needed to Update the Board's *Disciplinary Guidelines* To Facilitate Implementation of SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008)

Initiated Regulations to Strengthen the Board's Requirements for the Compounding of Drug Products, Including Sterile Drug Products, and to Improve the Board's Enforcement

Promoted Pharmacist Registration in the CURES Reporting System to Increase Use of the System to Fulfill a Pharmacist's Corresponding Responsibility

Evaluated DEA Requirements for the Take Back and Disposal of Unused Medications from Consumers as well as Assessment of Various Drug Take Back Programs in California

Communication and Public Education Committee

This committee ensures publication of information to consumers, encouraging the public to discuss their medications with their pharmacists, emphasizing the importance of patients complying with their prescription treatment regimens, and helping consumers become better informed on subjects of importance to their drug therapy and health. The committee also ensures the development of educational materials for licensees describing new laws, policies and emerging issues.

Current members are:

Debbie Veale, Chair, Professional Member
 Ramón Castellblanch, Vice-Chair, Public Member
 Lavanza Butler, Professional Member
 Ricardo Sanchez, Public Member
 Rosalyn Hackwork, Public Member
 Ryan Brooks, Public Member

Communication and Public Education Committee Recommendations and Accomplishments
<i>Fiscal Year 2011/12</i>
Assessed the Board's Public Education Materials Available Online
Published the Board's Newsletter <i>The Script</i> : July 2011 and March 2012
Posted on Board's Website Translated Directions for Use for Patient Medication
Updated and Distributed to Pharmacies the Revised Notice to Consumers Poster
Developed and Implemented a Video Display Format Option for the Notice to Consumers
Developed Notice of Interpreter Availability Requirements and Posting Requirements within a Pharmacy
Sent 200 Dangerous Drug and Device Recall Notices via Subscriber Alert
<i>Fiscal Year 2012/13</i>
Reviewed and Reported on Pharmacy Compliance with Interpreter Availability and Patient-Centered Labeling Requirements
Surveyed Consumers about Patient-Centered Labels and Translations
Published Board's Newsletter <i>The Script</i> : March 2013
Assessed and Updated the Board's Public Education Materials
Convened One-Day Automation Technology Summit to Display Technology in Use or Proposed for Use in Pharmacies, Hospitals and Skilled Nursing Facilities
Co-Sponsored a Two-Day Conference with Medical Board of California on Appropriate Prescribing and Dispensing of Controlled Substances
Sent 277 Dangerous Drug and Device Recall Notices via Subscriber Alert
Initiated Evaluation of Patient-Centered Labeling Requirements

<i>Fiscal Year 2013/14</i>
Published Board's Newsletter <i>The Script</i> : Fall 2013 and Spring 2014
Surveyed Pharmacies that Translate Prescription Labels
Revised Emergency Contraception Protocol Fact Sheet
Adopted a Policy in Support of Eliminating Tobacco and E-cigarette Sales from California Pharmacies
Sent 304 Dangerous Drug and Device Recall Notices via Subscriber Alert
Established Subcommittee on Prescription Drug Abuse
<i>Fiscal Year 2014/15</i>
Published Board's Newsletter <i>The Script</i> : Winter 2015
Produced Public Service Announcements on Prescription Drug Abuse Videos (30- and 60-Second) With Additional Radio and Print Versions
Produced Board's Consumer Education Brochure on Counterfeit Drugs
Held Board Forum Regarding Patient-Centered Prescription Labels for Recommendations to the Board Regarding Prescription Labels and Translations of the Directions for Use
Initiated Regulations to Update Patient-Centered Prescription Drug Container Labels Related to "Generic For" and to Specify Requirements for Translation Services
Sent 280 Dangerous Drug and Device Recall Notices via Subscriber Alert

Legislation and Regulation Committee

This committee ensures that the board advocates legislation and promulgates regulations that advance the board's vision and mission.

Current members are:

Greg Lippe, Chair, Public Member
 Victor Law, Vice Chair, Professional Member
 Albert Wong, Professional Member
 Debbie Veale, Professional Member
 Lavanza Butler, Professional Member
 Ramón Castellblanch, Public Member

Legislation and Regulation Committee Recommendations and Accomplishments
<i>Fiscal Year 2011/12</i>
Promulgated Regulations to Update Duty to Consult Requirements
Promulgated Regulations to Update Notice to Consumers Requirements
Sponsored Legislation (SB 431, Chapter 646, Statutes of 2011) to Improve Board's Enforcement Tools (Licensed Employee, Theft or Impairment)
Sponsored Legislation (SB 943, Chapter 350, Statutes of 2011) for Omnibus Provisions
<i>Fiscal Year 2012/13</i>
Promulgated Regulations for Emergency Contraception Protocol
Secured Continuation of the Board via Completion of Sunset Review in 2012 (SB 1236, Chapter 332, Statutes of 2012)
Sponsored Legislation to Ensure Board Can Discipline After a License is Cancelled, and Modify Intern Hours Requirements (SB 1575, Chapter 799, Statutes of 2012)
<i>Fiscal Year 2013/14</i>
Sponsored Legislation to Strengthen the Board's Regulation of Pharmacies that Compound Sterile Products Located Both Within and Outside of California (SB 294, Chapter 565, Statutes of 2013)
Supported Legislation to Allow the Board to Revoke a Nonresident Pharmacy's License by Operation of Law if its License in its Home State is Suspended or Revoked (AB 1045, Chapter 302, Statutes of 2013)
Promulgated Regulations to Allow Partial Filling of Schedule II Controlled Substance Prescriptions
<i>Fiscal Year 2014/15</i>
Promulgated Regulations to Update Patient-Centered Prescription Drug Containers Label Regulations
Sponsored Legislation to Authorize the Board to Issue a Letter of Admonishment that Wouldn't Warrant License Denial or Issuance of a Probationary License (SB 960, Chapter 247, Statutes of 2014)
Sponsored Legislation to Create a Definition of Correctional Facility, and Specify Minimum Age Requirements for Designated Representatives (18 Years) (SB 1466, Chapter 316, Statutes of 2014)
Sponsored Legislation for Requirements for Third-Party Logistics Providers, Nonresident Third Party Logistics Providers, and Designated Representative for Third Party Logistics Providers (AB 2605, Chapter 507, Statutes of 2014)

Organizational Development Committee

This committee ensures the achievement of the board's mission and goals through organizational support and review. It performs strategic planning, budget management, and staff development activities. For example during all quarterly board meetings, under the auspices of this committee, board expenditures, revenue, and a fund condition are publicly shared and discussed. The membership of this committee, which does not typically meet publicly, is comprised of the president and vice-president of the board.

Current members are:

Amy Gutierrez, President, Professional Member
Debbie Veale, Vice-President, Professional Member

Organizational Development Committee Recommendations and Accomplishments
<i>Fiscal Year 2011/12</i>
Secured 12 Freeze Exemptions to Hire Investigative Staff
Monitored the Development of BreEZe within the DCA in Anticipation of Joining the System in the Future
Developed and Implemented Strategic Plan 2012-2017
<i>Fiscal Year 2012/13</i>
Continued Monitoring the Development of BreEZe within the DCA in Anticipation of Joining the System in the Future
Board Staff Begin Preliminary Transition Activities for BreEZe
<i>Fiscal Year 2013/14</i>
Updated Board Policy to Allow for Board President to Consider Requests for Extension of Time to Submit Arguments to the Board Under the Administrative Procedure Act
Implemented Regulation to Increase Board Fees to Statutory Maximum Levels
<i>Fiscal Year 2014/15</i>
Postponed Board's Efforts to Transition to the BreEZe System
Secured Additional Limited-Term Resources to Establish a Proactive Investigation Team to Combat Prescription Drug Abuse
Secured Additional Limited-Term Resources to Establish an Inspection Team to Regulate Sterile Compounding Pharmacies Located Within and Outside of California
Initiated Audit of the Board's Fee Structure and to Assess the Structural Imbalance in the Board's Budget

Subcommittees

In addition to the five strategic committees, the board occasionally establishes subcommittees to closely study an issue that is complex, innovative, controversial or specialized. The subcommittee structure works well for allowing a very thorough and specific discussion on a topic. The subcommittee also meets in public and encourages public participation in the discussion. This involves the release of an agenda and meeting materials before the meeting. A meeting summary is shared at the next board meeting.

Recent examples of subcommittees formed by the board are:

- SB 1441 Uniform Standards Implementation Committee
- SB 493 Implementation Committee
- Prescription Drug Abuse Subcommittee

Competency Committee

The board's Competency Committee develops and scores the board's pharmacist licensure examination, the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). Membership on this committee is highly selective and represents the breadth of California pharmacy practice; it is professionally challenging and time-consuming. Members meet seven times annually in two-day meetings. These meetings are not public because they deal with licensure examination content and, as such, are explicitly exempt from the Open Meetings Act. However, a Competency Committee report is given at public Licensing Committee Meetings and Board Meetings to describe the general activities of the committee.

The Competency Committee is a stand-alone committee within the auspices of the board's Licensing Committee; typically one or two board member attend committee meetings and provide updates on the status of the board's pharmacist examination during board meetings. Board member(s) serve as the board's liaison to the committee.

Achieving a Quorum

Business and Professions Code section 4002 specifies that seven members of the board must be present to take action. To minimize scheduling conflicts and secure meeting space, the board schedules meetings for the coming year typically during its April or July board meetings. Sometimes the board needs to reschedule a meeting or schedule an additional meeting to meet operational needs and to address emergent issues. Members are polled for their availability to attend a meeting. Over the past several years the board has convened several additional meetings.

Since the board's 2012 Sunset Review the board has convened 25 board meetings, 46 committee meetings, and 17 subcommittee meetings.

Meetings Convened				
	Board Meetings		Committee Meetings	Subcommittee Meetings
	Number	Days		
FY 2011/12	6	10	12	0
FY 2012/13	5	10	10	2
FY 2013/14	7	12	14	6
FY 2014/15	7	13	10	9
Total	25	45	46	17

Provided in Appendix 3 is a full listing of all meetings reported above.

Major Changes in the Board Since the Last Sunset Review

Program Growth

One of the most significant changes to the board in the last five years has been in program growth. This reflects the growing importance of pharmaceuticals in the US and the diversity of entities involved in compounding, storing, shipping and dispensing functions. It also reflects an increasing need for pharmacists in the health care delivery system.

Since the board's last review, the number of board staff has increased 27 percent. (In the last ten years the board has more than doubled in size.) The growth is most pronounced in the number of inspector and supervising inspector staff all of whom are licensed pharmacists. These are the individuals who inspect and investigate board licensees. To respond to emergent issues in sterile compounding and the prescription drug epidemic, the board established additional inspector teams that focus on in state and out of state sterile compounding inspections as well as investigations specifically targeting

prescription drug abuse. In addition, the board secured authority to establish two chief of enforcement positions to address policy expansion, program growth and volume in the critical areas of board operations.

In addition to the expansion in enforcement operations, the board also experienced growth in new licensing programs. Since its last review, the board implemented five new licensing programs:

- Centralized Hospital Packaging
- Third-Party Logistics Providers
- Nonresident Third-Party Logistics Providers
- Designated Representative – 3PL
- Surplus Medication Collection and Distribution Intermediaries

The board is in the final stages of implementing one additional licensing program -- advanced practice pharmacist. Further, the board significantly expanded its regulation over specialty pharmacies that compound sterile products, both within and outside of California.

The board's growth in these areas reflects the dynamic nature of the drug distribution channel as well as the expanding roles of pharmacists in providing patients' healthcare.

Change in Board Leadership

In June 2015, Amarylis (Amy) Gutierrez, PharmD, became president of the board. Stan Weisser previously served in this capacity for five years. Mr. Weisser, along with the full board, has been a strong proponent of pharmacists providing quality care to patients, including providing patient consultation. This theme is continuing under the leadership of Dr. Gutierrez. As the Chief Pharmacy Officer for a large healthcare system, Dr. Gutierrez has a broad background with both hospital and ambulatory care pharmacy practice.

Strategic Plan

In 2012 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 to address these issues in future. As part of its process, the board leveraged its prior strategic plan, analyzed trends in pharmacy practice, consumer needs and demands as well as changes in healthcare. The board's vision statement, "Healthy Californians through safe, quality pharmacist care" remains relevant and reflects how the board establishes its priorities and policies.

Because of the rapid changes in the board's jurisdiction and the expansion in the board's programs, the board will initiate a major revision to its strategic plan in early 2016, one year ahead of the planned revision date.

Board-Sponsored Legislation and Legislation Affecting the Board

Consumer protection involves more than enforcing legal requirements. It includes devising and implementing strategies that also serve to protect consumers, strategies necessary to address the misuse and abuse of prescription drugs and to secure the integrity of the drug supply chain to prevent the introduction of counterfeit drugs. As a regulator of a dynamic profession, it is essential for the board to maintain vigilance to ensure outdated laws are updated or repealed, and new laws – reflecting new practices or responding to emerging issues – are advocated and ideally enacted. Legislation involving licensing and enforcement activities of the board is continually evaluated, and the board works to preserve and secure enforcement tools necessary to effectuate consumer protection as well as advocate for new tools when barriers are identified.

2012 Legislation

Board Sponsored

Senate Bill 1575, Committee on Business, Professions and Economic Development (Chapter 799, Statutes of 2012) contained omnibus provisions to ensure that the board can place discipline of a license on record even after the license is canceled, expired, suspended, voluntarily surrendered, or placed in a retired status. Additional provisions allow certification of pharmacist intern experience hours earned in another state by the licensing agency of that state.

Enacted Legislation with Board Positions

Assembly Bill 377, Solorio (Chapter 687, Statutes of 2012) permits the barcoding of unit-dose medication produced from a centralized pharmacy location for hospitals under common ownership. Barcoded medications can be verified at a patient's bedside as the right medication and dose, thus reducing the risk of medication errors. It also allows hospitals to centralize unit-dose packaging functions in a single, specially licensed premises to provide to other hospitals under common ownership within 75 miles.

Board Position: Support

Assembly Bill 389 (Mitchell, Chapter 75, Statutes of 2012) established the Standards for Service for Providers of Blood Clotting Products for Home Use Act by imposing specified requirements for providers of blood clotting products for home use.

Board Position: Oppose

2012 Legislation*Enacted Legislation with Board Positions*

Assembly Bill 1588 (Atkins, Chapter 742, Statutes of 2012) waives renewal fees and continuing education requirements for a member of the California National Guard or member of the US Armed Forces while on active duty.

Board Position: Support

Assembly Bill 1904 (Block, Chapter 399, Statutes of 2012) authorizes a board to expedite the licensure of an applicant who is a military spouse.

Board Position: Support

Assembly Bill 2570 (Hill, Chapter 561, Statutes of 2012) limits the board's discretion to order restitution as part of a settlement.

Board Position: Oppose Unless Amended

Senate Bill 1095 (Rubio, Chapter 454, Statutes of 2012) expanded the definition of a surgical clinic to include accredited outpatient settings and Medicare-certified ambulatory surgical centers for purposes of board licensure. This law removes an impediment that prohibited physician owned ambulatory surgical centers from becoming licensed with the board has a clinic, thereby prohibiting a single drug supply for all practitioners in the clinic.

Board Position: Support

Senate Bill 1236 (Price, Chapter 332, Statutes of 2012) extended the board's sunset date to January 2017.

Board Position: Support

Senate Bill 1301 (Hernandez, Chapter 455, Statutes of 2012) specifies conditions under which a pharmacist may dispense a 90-day supply of a dangerous drug, without first receiving authorization from the prescriber.

Board Position: Support if Amended

Senate Bill 1329 (Simitian, Chapter 709, Statutes of 2012) expands the conditions under which a county may collect and redistribute previously dispensed medications to indigent patients.

Board Position: Oppose

Senate Bill 1481 (Negrete McLeod, Chapter 874, Statutes of 2012) permits a community pharmacy to provide blood glucose, hemoglobin A1c or cholesterol tests.

Board position: Support

2013 Legislation

Board Sponsored

Senate Bill 294 (Emmerson, Chapter 565, Statutes of 2013) Compounded Sterile Drug Products strengthens the board's regulation of pharmacies that compound sterile drug products for pharmacies located both within and outside of California.

Senate Bill 821 (Senate Committee on Business, Professions and Economic Development, Chapter 473, Statutes of 2013) contains several omnibus provisions for the board including the addition of a definition for "correctional pharmacy," clarifies that experience required for licensure as a designated representative must be earned in a licensed facility and provides authority for the board to issue a license to a centralized hospital packaging pharmacy at the same location as the underlying hospital pharmacy license.

Senate Bill 305 (Lieu, Chapter 516, Statutes of 2013) provides the board with the express authority to receive documents from local or state agencies for the purposes of completing an investigation. The board initially sponsored these provisions to be included in pharmacy law; however the provisions were later included in the general provisions of the Business and Professions Code so other agencies could benefit from them.

Enacted Legislation with Board Positions

Assembly Bill 512 (Rendon, Chapter 111, Statutes of 2013) extends the provisions for an individual to offer or provide health care services through a sponsored community event if appropriately licensed or certified.

Board position: Support

Assembly Bill 1045 (Quirk-Silva, Chapter 302, Statutes of 2013) provides authority for the cancellation by operation of law of a license issued to nonresident pharmacy if the home state permit is canceled, revoked or suspended. The law also establishes recall requirements for sterile compounded drugs.

Board position: Support

Assembly Bill 1136 (Levine, Chapter 304, Statutes of 2013) requires a pharmacist to exercise his or her professional judgment to determine if a drug may impair a person's ability to operate a vehicle or vessel, and provide a written warning on the drug container when such a determination is made.

Board position: Oppose

Senate Bill 669 (Huff, Chapter 725, Statutes of 2013) creates a training program and standards for the safe and proper use of epinephrine auto-injectors.

Board Position: Support if Amended

2013 Legislation*Enacted Legislation with Board Positions*

Senate Bill 809 (De Saulnier, Chapter 400, Statutes of 2013) establishes additional parameters for use of the CURES program within the Department of Justice, including an annual fee to ensure the continued funding of the CURES program, and mandatory registration in the program for dispensers and prescribers.

Board Position: Support

2014 Legislation*Board Sponsored*

Assembly Bill 1466 (Committee on Business, Professions and Economic Development, Chapter 316, Statutes of 2014) contains an omnibus provision for the board establishing a minimum age requirement for an applicant seeking licensure as a designated representative of a wholesaler or veterinary food-animal drug retailer.

Assembly Bill 2605 (Bonilla, Chapter 507, Statutes of 2014) establishes standards and a new licensing programs to regulate third-party logistics providers, and specialized designated representatives located both within and if shipping into California.

Senate Bill 600 (Lieu, Chapter 492, Statutes of 2014) repeals the inoperable e-pedigree provisions of law in response to the passage of federal legislation that preempts California law.

Senate Bill 960 (Morrell, Chapter 247, Statutes of 2014) establishes authority for the board to issue a letter of admonishment to an applicant for licensure who has committed a violation of law that does not merit denial of a license or require a probationary status license.

Enacted Legislation with Board Positions

AB 467 (Stone, Chapter, Statutes of 2014) authorizes the licensure of a surplus medication collection and distribution intermediary to facilitate collection and distribution of surplus drugs.

Board Position: Support

Assembly Bill 1535 (Bloom, Chapter 326, Statutes of 2014) authorizes a pharmacist to furnish naloxone hydrochloride pursuant to a standard protocol developed by the board and the Medical Board of California.

Board Position: Support

Assembly Bill 1727 (Rodriguez, Chapter 155, Statutes of 2014) prohibits the donation of a medication that is the subject of a US FDA managed risk evaluation and mitigation strategy to a county pharmacy for distribution to indigent patients.

Board Position: Support

2014 Legislation*Enacted Legislation with Board Positions*

Assembly Bill 1743 (Ting, Chapter 155, Statutes of 2014) extends provisions allowing a pharmacist or physician to furnish hypodermic needles and syringes without a prescription.

Board Position: Support

Assembly Bill 1841 (Mullin, Chapter 333, Statutes 2014) authorizes a medical assistant that works in a clinic licensed by the board to hand out prepackaged prescription drugs as provided.

Board Position: Oppose

Assembly Bill 2396 (Bonta, Chapter 737, Statutes of 2014) prohibits the board from denying a license based solely on a criminal conviction that has been withdrawn, set aside or dismissed by the court.

Board Position: Oppose

Senate Bill 1039 (Hernandez, Chapter 319, Statutes of 2014) authorized a pharmacy intern and a pharmacy technician to perform various functions in a hospital under the direct supervision of a pharmacy.

Board Position: Support

2015 Legislation*Board Sponsored*

Assembly Bill 1073 (Ting, Chapter 784, Statutes of 2015) requires dispensers, upon the request of a patient, to provide translated directions for use on prescription containers under specified conditions.

Senate Bill 590 (Stone, Chapter 147, Statutes of 2015) streamlines the application process for graduates from a school of pharmacy recognized by the board for purposes of confirming completion of the required pharmacy practice experience requirements.

Senate Bill 619 (Morrell) would have established the regulatory framework for licensure of outsourcing facilities that would compound non-patient specific medications for administration to California patients.

Enacted Legislation with Board Positions

Assembly Bill 486 (Bonilla, Chapter 241, Statutes of 2015) provides an alternative method to maintain certain medication information to be readable at the patient's bedside, either via a barcode scan or human-readable, for unit dose medications prepared in a centralized hospital packaging facility.

Board Position: Support

2015 Legislation

Enacted Legislation with Board Positions

Assembly Bill 1352 (Eggman, Chapter 646, Statutes of 2015) requires a court to allow a defendant who was granted deferred entry of judgment on or after January 1, 1997, to withdraw a prior plea and enter a plea of not guilty if the charged were dismissed after the defendant performed satisfactorily during the program.

Board Position: Oppose

Regulation Changes since the Last Review

In addition to its work on legislation, the board must also remain vigilant in evaluating regulations, working to remove outdated provisions while securing changes necessary to amend existing regulations to strengthen its role as a consumer protection agency or provide additional guidance and clarification to licensees on legal requirements. Since the board's last review, the board has initiated and adopted 11 regulatory proposals; has initiated and withdrawn 4 regulatory proposals, had 1 regulatory proposal denied by the Office of Administrative Law and, as of November 5, 2015, has 14 regulatory proposals in progress.

2011 Regulation Changes

Amend Title 16 Sections 1715, 1735.2 and 1784 – Revised Self-Assessment Forms Used by Pharmacies, Hospitals and Wholesalers

Effective Date: October 19, 2011

Amend Title 16 Section 1793.5 – Revised the Pharmacist Technician Application, and Require Applicants to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB)

Effective: October 1, 2011

2012 Regulation Changes

Add Title 16 Section 1727.2 – Requirements for Interns Pharmacists – To Require Applicants to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB)

Effective Date: July 18, 2012

Amend Title 16 Section 1728 – Requirements for Pharmacist Examination - Amended to Require Applicants to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB)

Effective Date: July 18, 2012

2012 Regulation Changes

Amend Section 1707.2 – Revised and Redesigned the “Notice to Consumers” that is required to be available in California pharmacies.

Effective Date: February 16, 2012

Add Section 1707.6 – Established a means for pharmacies to comply with “Notice to Consumers” requirements in alternate formats.

Effective Date: February 16, 2012

2013 Regulation Changes

Amend Section 1746 – Updated the protocol used by pharmacists to furnish emergency contraception drug therapy under the standardized protocol developed and approved by both the Medical Board of California and the California State Board of Pharmacy.

Effective Date: July 1, 2013

Amend Section 1735.1- Section 1735.3 and Section 1751.2 – Updated the board’s regulations governing the practice of compounding and sterile compounding.

Effective Date: April 1, 2013

Add new Article 5.5 “Pedigree” Beginning with Section 1747 – Withdrew Regulations that had been initiated but not implemented to establish requirements for e-pedigree, such as grandfathering, and specifications for the unique serialized number of each saleable unit. This regulation was disapproved by the Office of Administrative Law in October 2013, around the time the federal law preempting California’s e-pedigree requirements was enacted.

Add Section 1747.2 – Would have established requirements related to e-pedigree and drop shipments. This rulemaking was withdrawn following passage of federal legislation that preempted California’s e-pedigree requirements.

2014 Regulation Changes

Amend Section 1749 – Increased board fees to the statutory maximums.

Effective Date: July 1, 2014

Amend Sections 1745 – Updated to allow a pharmacist to record information in an electronic format or on an original prescription document.

Effective Date: April 1, 2014

Add Section 1762 – Established that specified acts constituted unprofessional conduct including incorporation of a gag clause in a civil suit settlement, failure to provide information requested by the board, failure to comply with a court order of subpoena for records as well any act resulting in the requirement that a licensee or applicant register as a sex offender.

Effective Date: April 1, 2014

2014 Regulation Changes

Amend Section 1769 – Established the authority for the board to request an applicant for licensure to be examined by a physician or psychologist if the applicant appears to be unable to safely practice due to a mental illness or physical illness that affects competency.

Effective Date: April 1, 2014

2015 Regulation Changes

Amend Section 1707.5 – Updated the board’s patient-centered prescription drug labeling requirements to increase the font size for all patient-centered elements to be at least 12-point sans serif typeface, and to limit what information can be placed within the patient-centered area of the label.

Effective Date: April 1, 2015

Add Section 1746.3 – Secured an emergency regulation to establish a state protocol to allow for the furnishing of naloxone hydrochloride to a patient without a doctor’s prescription and pursuant to a specified protocol.

Effective Date: April 10, 2015, and Readopted October 8, 2015

The board currently has 14 regulations in various stages of promulgation:

Amend Section 1707.5 – Additional updates to the board’s patient-centered prescription drug labeling requirements to address “generic for” and to specify requirements related to translation services.

Initial Notice Date: October 23, 2015

Amend Sections 1715 and 1784 – Update of the self-assessment forms used by licensees as a self-inspection tool to assist licensees with compliance with pharmacy law.

Initial Notice Date: March 20, 2015

Amend Section 1715.65 – Add requirements for the reconciliation and inventory reporting of controlled substances.

Initial Notice Date: October 16, 2015

Add Section 1730 and 1730.1 and Amend Section 1749 – Establish specific licensure requirements for advanced practice pharmacists including the application fee.

Initial Notice Date: July 31, 2015

Amend Section 1732.5 – Establish six units of specific types of continuing education that must be earned to renew a pharmacist’s license.

Initial Notice Date: November 13, 2015

Add Section 1744 – Specify requirements for drug warnings that appear on prescription drug containers.

Initial Notice Date: September 25, 2015

2015 Regulation Changes

The board currently has 14 regulations in various stages of promulgation:

Add Section 1746.1 – Establish a state protocol to allow pharmacists to dispense self-administered hormonal contraception.

Initial Notice Date: May 8, 2015

Add Section 1746.2 – Establish a state protocol to allow pharmacists to dispense nicotine replacement products.

Initial Notice Date: May 8, 2015

Add Section 1746.3 – Establish the permanent state protocol to allow for the furnishing of naloxone hydrochloride under a protocol without a doctor's prescription, replacing the protocol adopted under emergency rulemaking provisions.

Initial Notice Date: May 22, 2015

Add Section 1746.4 – Establish provisions for pharmacists who initiate and/or administer vaccinations including reporting administration to an immunization registry and notice to a patient's primary care provider.

Initial Notice Date: July 24, 2015

Add Section 1746.5 – Establish specific provisions for pharmacists who dispense travel medications.

Initial Notice Date: September 25, 2015

Amend Section 1760 – Update the board's *Disciplinary Guidelines* to incorporate changes that have occurred in pharmacy law, to enhance and clarify terms and conditions of probation, to ensure consistent use of terms used throughout the guidelines, and to facilitate implementation of SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) consistent with the legal opinion obtained by the Office of the Attorney General.

Initial Notice Date: September 4, 2015

Amend Section 1793.5 – Update the pharmacy technician application form, which is incorporated by reference, to conform to new statutory requirements as well as provide better guidance to applicants about requirements for licensure.

Initial Notice Date: February 20, 2015

Amend Articles 4.5 & 7 and Add Article 7.5 – Strengthen the board's regulation relating to the compounding of drug products, including sterile drug products, and improving the board's enforcement of such regulations.

Initial Notice Date: May 8, 2015

Major Studies

A Job Analysis Study of California Pharmacists, 2015 – Beginning in 2014, the board conducted a study on the practice of pharmacy as a way to validate the California Pharmacist Licensure Examination (CPJE). This study was done consistent with the provisions of Business and Professions Code section 139. The results of this survey were used to update the content outline for the CPJE for future examinations.

On August 9, 2013, the board voted to create its first precedential decision. This decision involved the revocation of a pharmacist and pharmacy license for excessive dispensing of controlled substances to patients. The decision defines “red flags” that pharmacists and pharmacies should recognize when dispensing controlled substances and after a pharmacist evaluates the prescription to make certain it is valid and legitimate on its face, there is also a duty to evaluate the patient, the prescriber, and the medication therapy.

National Association Memberships

The board is a member of the National Association of Boards of Pharmacy. As a full member, the board has one vote in matters before the association.

The board is also a member of the National Council of Patient Information and Education as well as the National Association of State Controlled Substances Authorities. While a member, the board does not have voting privileges for either of these memberships.

Meetings of National Associations Attended:

- NABP (May 2013) – St. Louis, MO
- NABP (May 2015) – New Orleans, LA

Committees, Workshops and Working Group Involvement

In addition to memberships in national associations, as a recognized leader, the board is also involved in a number of taskforces.

- NABP .PHARMACY Domain Name Committee Meeting (February 2013) – Mount Prospect, IL
- Pew Charitable Trust Committee for Sterile Compounding Requirements (October 2014) – Washington D.C.
- NABP NAPLEX Standard Setting Meeting (March 2015) – Mount Prospect, IL

- NABP .PHARMACY Domain Name Committee Meeting (April 2015) – Mount Prospect, IL
- NABP’s Task Force on Pharmacist Prescriptive Authority (August 2015) – Mount Prospect, IL
- NABP’s Interactive Executive Officer Forum: Strengthening Board of Pharmacy Collaboration (October 2014) – Northbrook, IL

In addition, the board has been invited to speak at several conferences as well as provide congressional testimony.

- Testimony before the Senate Commerce Committee Hearing on Prescription Drug Shortages (July 2012) – Washington D.C.
- FDA Meeting on Compounding Pharmacies (December 2012) – Silver Spring, MA
- FDA Meeting on the Drug Quality and Security Act (March 2014) – Silver Spring, MA
- Health and Human Services Opioid Meeting (July 2014) – Washington D.C.
- FDA’s Intergovernmental Meeting on Pharmacy Compounding (March 2015) – Silver Spring, MA
- DEA State Regulators Meeting on Electronic Prescribing of Controlled Substances (March 2015) – Arlington, VA
- DEA State Regulators Meeting on the Practice of Telemedicine (July 2015) – Arlington, VA
- CDC International Conference on Emerging Infectious Diseases (August 2015) – Atlanta, GA

National Exam Involvement

The board does not have specific representation on the national exam committee, but former members of the competency committee (who develop the California exam) participate in the scoring and analysis of the NAPLEX. The board is otherwise not involved.

Section 2

Performance Measures and Customer Satisfaction Surveys

- Performance Measures
- Customer Satisfaction Survey Results

Related Appendices

- Appendix 4 - Enforcement Performance Measures
- Appendix 5 - Board Consumer Satisfaction



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

Performance Measures and Customer Satisfaction Surveys

Performance Measures

Department of Consumer Affairs provides quarterly and annual performance measures for specified enforcement milestones. These measures were developed by the department and are posted on their website.

Department of Consumer Affairs

California Board of Pharmacy

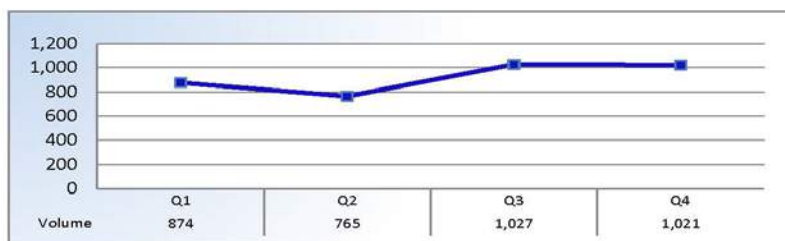
Performance Measures

Annual Report (2014 – 2015 Fiscal Year)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly and annual basis.

PM1 | Volume

Number of complaints and convictions received.



Fiscal Year Total: 3,507

PM2 | Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 20 Days

PM3 | Intake & Investigation

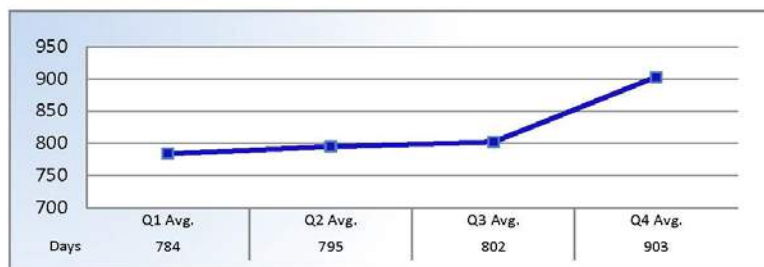
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 210 Days

PM4 | Formal Discipline

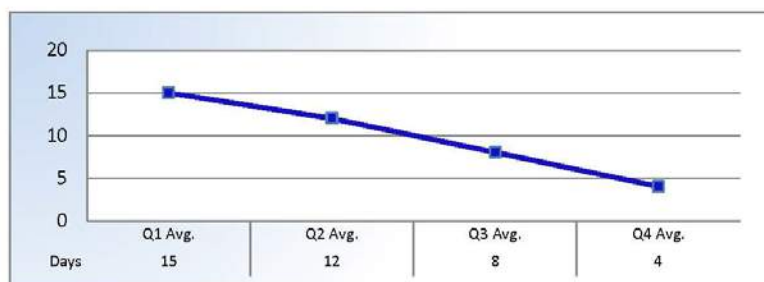
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



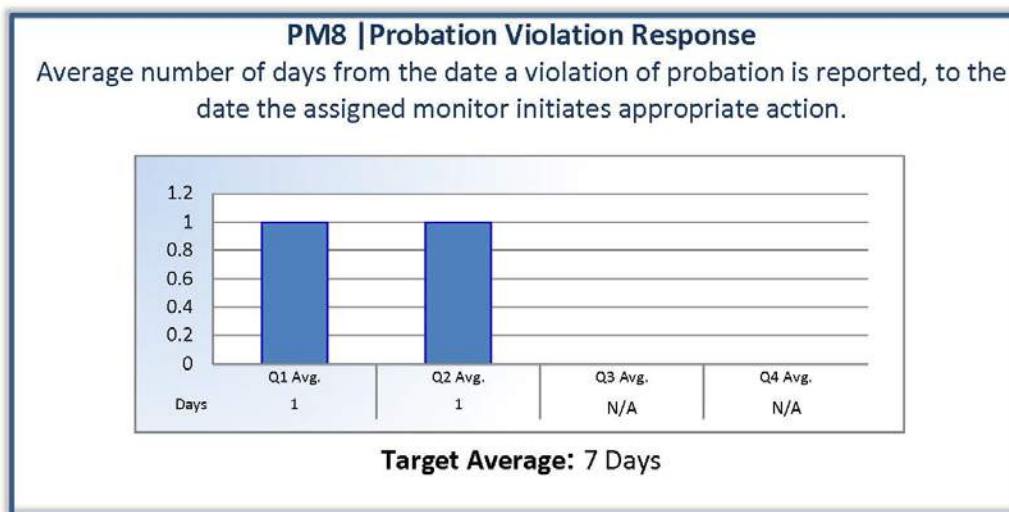
Target Average: 540 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days



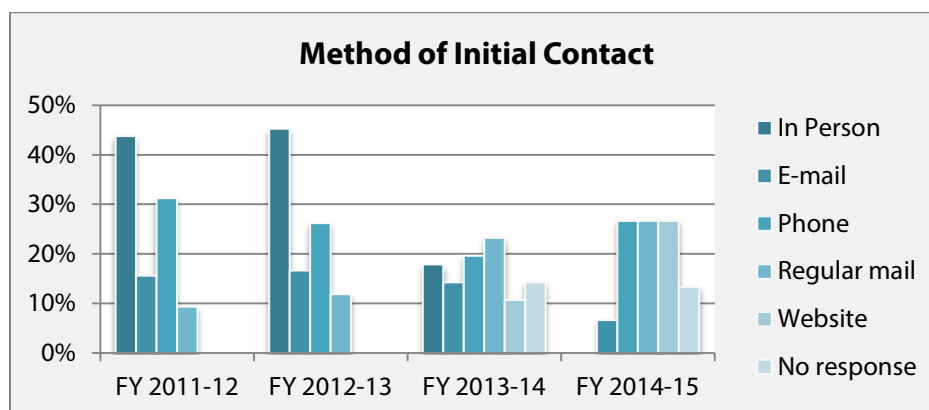
The quarterly and prior annual reports are provided in Appendix 4.

Consumer Satisfaction Survey Results

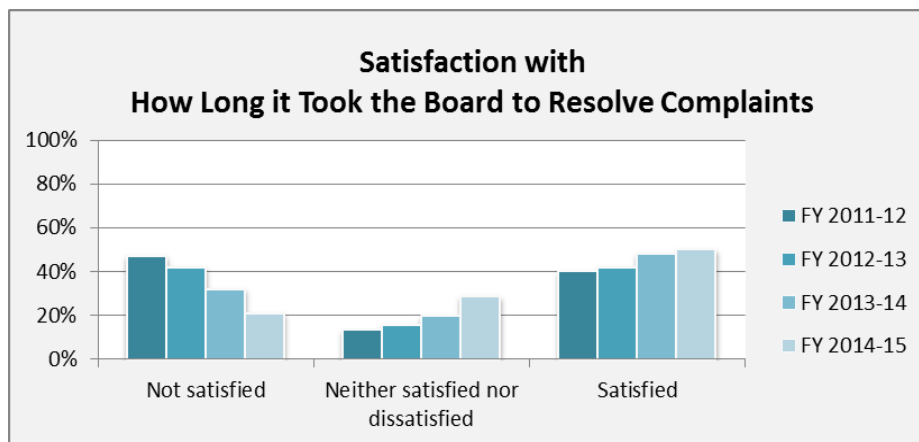
To obtain information on consumer satisfaction, the board attempts to reach complainants through an online survey. The link to the survey is provided in correspondence to complaints at the time the board provides the outcome of the individual's complaint. The board does not receive a large volume of survey responses when considering the number of investigations closed.

In this four-year reporting period, the board received 146 survey responses, while the board completed 11,962 investigations. Further the survey questions changed during the reporting period, making full trend analysis more difficult.

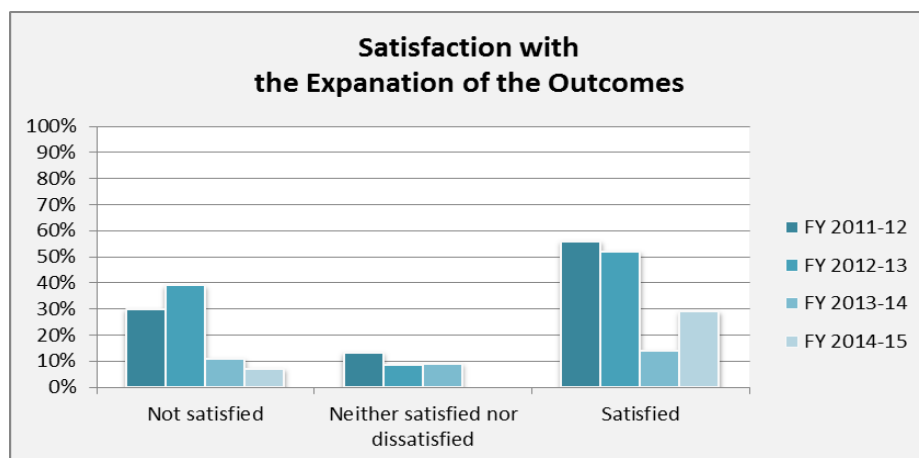
The majority of complainants contact the board in person (44 percent) followed by phone contact which accounts for 31 percent over the reporting period.

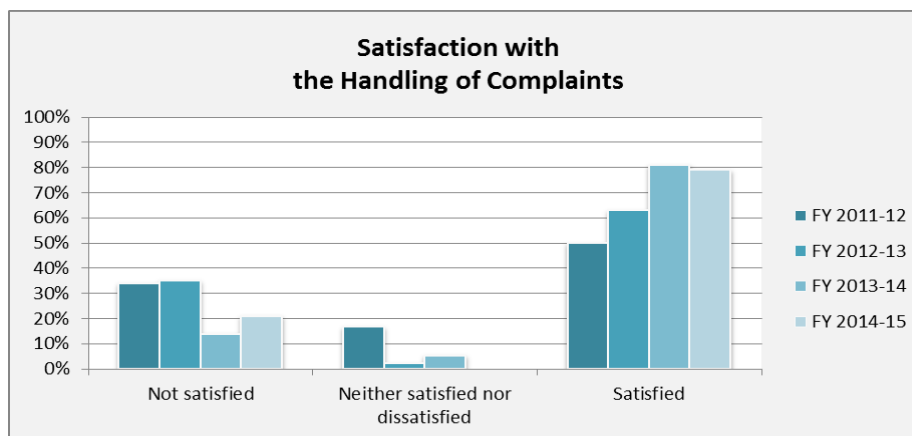


Satisfaction with the board's completion time with completing an investigation improved over the reporting period.

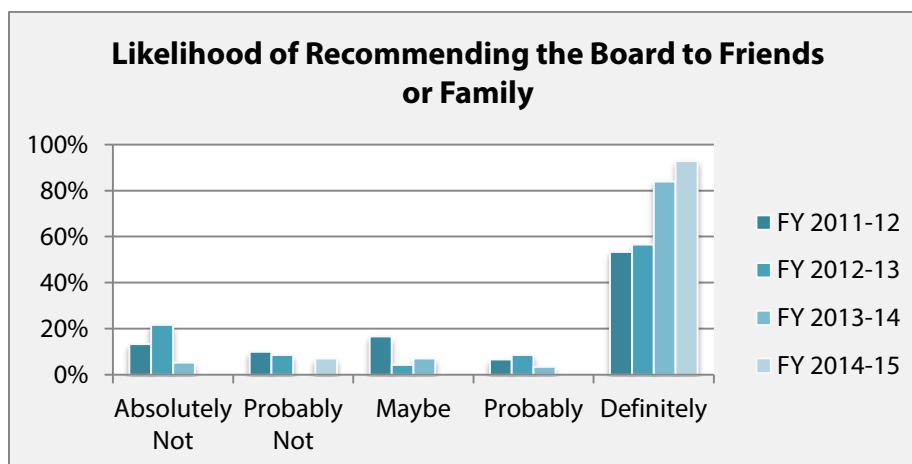
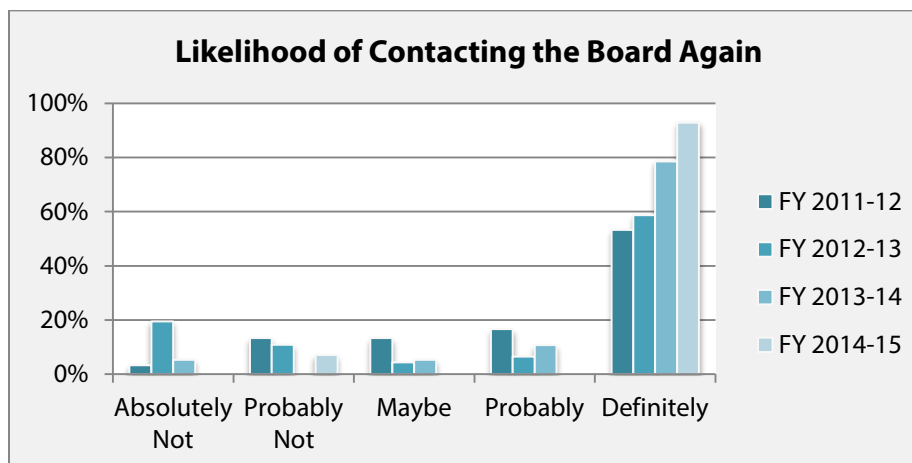


Consumers indicated a high rate of satisfaction with the explanation provided by the board on the outcome of the complaint as well as the board's handling of the complaint.





Further, consumers indicate a strong likelihood of contacting the board again as well as a strong likelihood of recommending the board to friends or family.



The board believes these are strong, but limited indicators that the board is fulfilling its core mandate and meeting or exceeding complainant expectations. Appendix 5 includes the survey questions and responses for each fiscal year.

Section 3

Fiscal Issues

- Fiscal Issues
- Board Staffing Issues

Related Appendices

- Appendix 6 - Table 2 Fund Condition
- Appendix 7 - Table 3 Expenditures By Program
- Appendix 8 - Table 4 Fee Schedule and Revenue
- Appendix 9 - Table 5 Budget Change Proposals



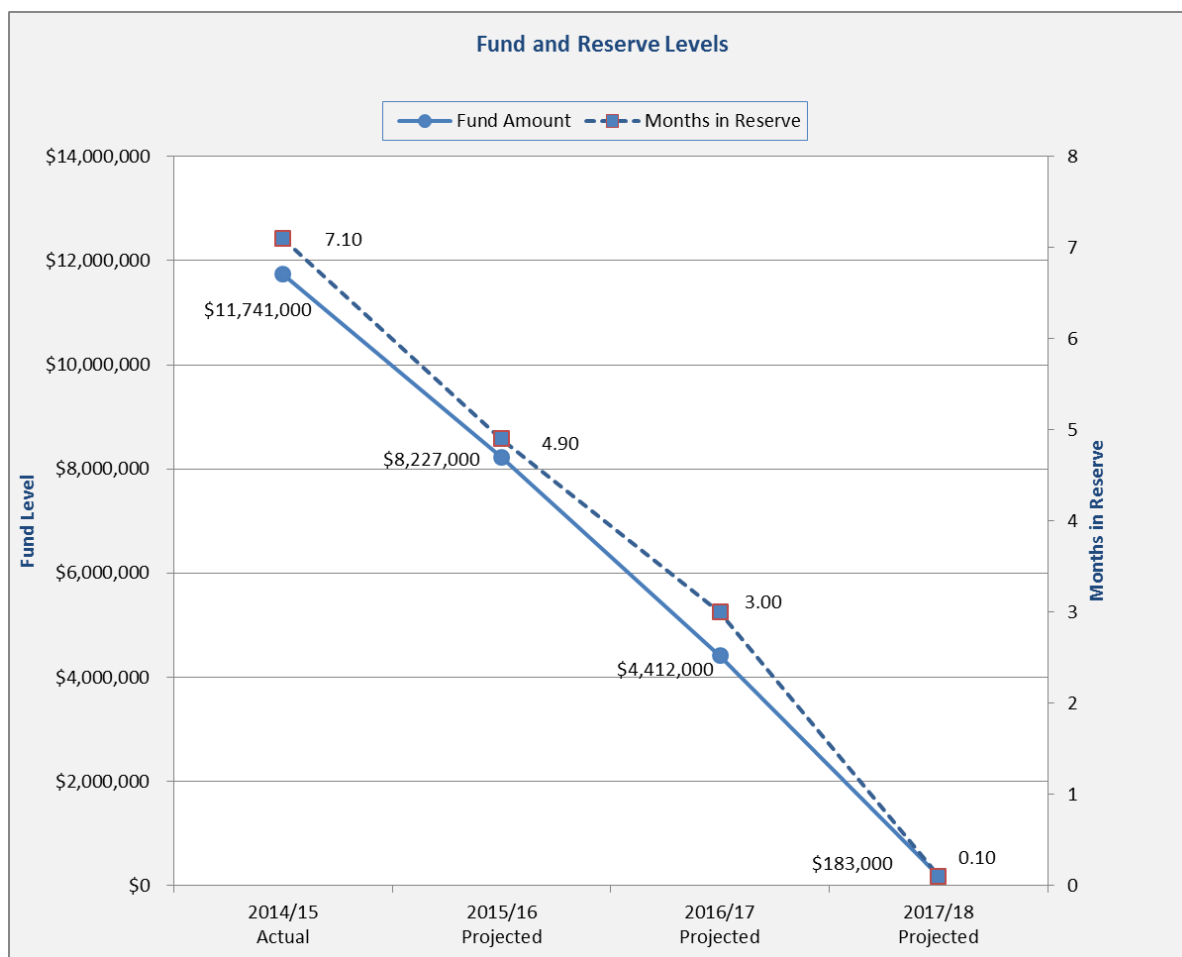
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Fiscal Issues

Fund and Reserve Information

Business and Professions Code Section 4400(p) states that it is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures. The board is currently below this level. At the end of fiscal year 2014/15, the board's reserve level is at 7.1 months which is about \$11.7 million. The board's authorized expenditures for the year is \$19.8 million. Provided below is a summary of the board's fund condition. Information requested in Table 2 is provided in Appendix 6.

Fiscal Year	Fund Amount	Months in Reserve
2014/15	\$11,741,000	7.1 (actual)
2015/16	\$8,227,000	4.9 (projected)
2016/17	\$4,412,000	3.0 (projected)
2017/18*	\$183,000	0.1 (projected)



Future Fee Increases

Since the board's last review, the board has experienced a 51 percent increase in authorized expenditures. This increase is primarily due to enforcement activities and staffing, and related costs. Board revenue however has not kept pace with the increase in expenditures resulting in the board slowly decreasing its fund balance. Based on projections, the board will have nearly depleted its fund sometime during the fiscal year 2017/2018 assuming minimal growth in board programs occurs. The board recognizes it needs to increase fees in the future. In anticipation of the need to increase fees, the board is working with the Department of Consumer Affairs to evaluate its current fee structure as determine the cost to deliver services. It is anticipated that upon completion of this work, changes to the board's current fee structure will need to be pursued. The board anticipates the need to pursue a fee increase during the 2016 legislative year to ensure the new fees are effective no later than July 1, 2017. This will ensure the financial viability of the board.

A full report on the board's work including the Fee Background Information Questionnaire is as a supplement to this report.

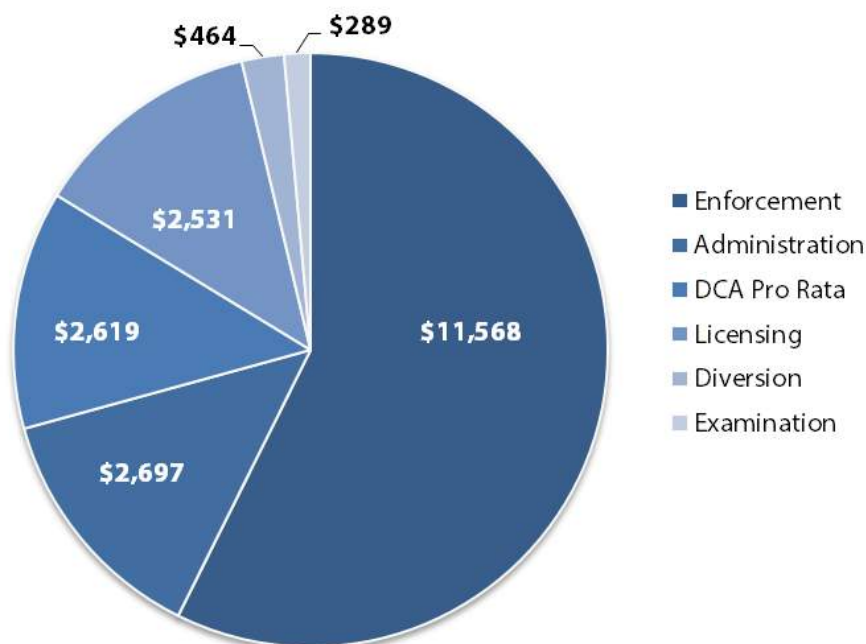
General Fund Loans

During the 2008/09 fiscal year, the board loaned \$1 million to the general fund. The loan was repaid in FY 2013/14.

Program Expenditures

The chart on the following page displays the board's 2014/15 expenditures. The board's enforcement program comprises the largest portion of the board's budget, 57.4 percent. Licensing is the second largest expenditure. Historical data for expenditures since 2011/12 is provided in Appendix 7, Table 3 (Expenditures by Program Component).

FY 2014/15
Expenditures by Program Component
(dollars in thousands)



Renewal Cycles and Fee History

The board has continuous renewal cycles for all of its license categories with one exception, intern licenses, which are not renewable. The renewal cycle is annual for facilities and designated representatives (all three categories). Licenses issued to pharmacists and pharmacy technicians are renewed biennially.

In 2008, the board raised its fees to the statutory maximums via the regulation process. Following that, the board commissioned an independent fee audit to secure recommendations on a new fee schedule that would ensure the financial viability of the board for the next five years. In 2009, the board sponsored legislation to reset the statutory minimum and maximum fee levels according to the recommendations in the report. This was the first time such legislation was needed since 1987.

In 2014, the board increased its fees to the statutory maximums to address a structural imbalance between revenue and expenditures. This was necessitated by an expansion in the board's enforcement program by the Consumer Protection Enforcement Initiative, prescription drug abuse epidemic and need for greater regulation over pharmacies that compound sterile products.

The board's fees schedule is provided in Appendix 8, Table 4 (Fee Schedule and Revenue).

Budget Change Proposals

The board continually evaluates its programs to redirect its resources and redesign its processes to achieve efficiencies and to identify changes that will benefit the board's consumer protection mandate. This has been especially necessary during recent years to respond to emergent issues such as a national epidemic of prescription drug abuse and incidents of contaminated drug products being compounded by pharmacies. The board has been successful in securing augmentations to respond to these emergent issues via budget change proposals.

Appendix 9 contains Table 5 (Budget Change Proposals), listing BCPs.

Recent successful BCPs include staff for the following:

- Adding eight limited-term staff to establish a "Combatting Prescription Drug Abuse" proactive unit to evaluate CURES data and other controlled substances transactions by licensees, and to inspect and investigate licensees who may be inappropriately using their licenses.
- Adding two staff positions in the enforcement unit to coordinate administrative case tracking functions with the Office of the Attorney General as well as ensure the collection of citations and fines and comply with new notification requirements to licensees with arrests and convictions.
- Adding the equivalent of three limited-term staff responsible for implementation of the provisions contained in SB 493 (advanced practice pharmacist).
- Adding seven limited-term positions to oversee the board's expanded regulation of sterile compounding in California and in states shipping sterile products into California. This involves application processing, inspections and investigations.

Board Staffing Issues

Part of regulating a complex, dynamic health care profession is the need to respond to the emerging and changing needs of the industry being regulated and foremost on the needs of the public.

Fundamental to the board's successful enforcement activities is its inspector staff of licensed pharmacists. Because of the inspectors' education and experience in various pharmacy settings, these individuals understand the practice environments. They also know the classification and dosing of generic, brand and compounded drugs to a degree that a non-pharmacist would have difficulty performing. Board inspectors can quickly and thoroughly identify violations and provide technical advice to licensees about compliance issues involving California and federal laws. However, the board only uses pharmacists to perform duties that require the knowledge of a pharmacist. The board uses non-

pharmacist investigators and other staff to perform investigation and other enforcement duties that do not require such specialized knowledge.

Since the last sunset report, DCA has established a continuous recruitment for board inspectors. This change has allowed the board to fill inspector positions far more rapidly than in the past. As the majority of the board's growth has been in this classification, continuous recruitment has been key to filling vacancies timely. Making recruitment more difficult however has been in the filling of the limited-term status of the 10 inspector positions created in FY 2014/15.

To correct an imbalance in the board's supervisory structure, the board has recently secured approval to add two chief of enforcement positions. The duties of these positions are discussed in greater detail in the Enforcement Section of this report.

Since its last review the board added one senior manager to oversee office staff. As growth continued, the board needed to add a second senior manager. This position is currently being recruited for and will be filled on a limited-term basis and reassessed.

The board currently has the following vacancies:

- 1 staff services manager
- 3 inspectors
- 2 chief of enforcement positions
- 1 staff services manager II (limited term)
- 2 inspectors (limited term)

Delays in filling vacancies create a backlog of work, resulting in unavoidable delays in board business activities. As such, the board makes efforts to recruit and fill vacant positions quickly.

Since our last review, the board has lost several longstanding inspectors to retirement who collectively had over 120 years of experience with the board. In addition, the board also lost several key office staff. Had the board not expanded so substantially in the past eight years and had the board not appropriately trained for succession planning purposes, the loss of this staff would have had a substantially greater impact on board operations.

The board continues to value succession planning and continues its efforts in this area. This includes cross-training staff and using departmental training courses to improve the skills of board employees to prepare them for additional duties and career development.

Whenever possible, the board promotes from within when a candidate possesses the qualifications needed to perform the duties of a vacant position.

Staff Development

The board's most important resource is its human resource. Without a well trained staff, the board would be unable to meet its mandate efficiently and effectively. To that end, the board supports and encourages training opportunities to improve or enhance performance as well as training that will encourage learning and development for future career growth -- ideally within the board. During employee performance reviews managers and staff work together to identify training opportunities that will promote desired goals.

The board also relies upon training opportunities outside of the department that serve as a complement to internal training opportunities. One such example is specialized training for all board inspectors and supervising inspectors on sterile compounding techniques, testing, etc. The board uses multiple training modalities including web-based training as well as structured bi-weekly training for all field staff offered by internal staff. Such training reduces costs associated with travel.

Training Summary						
	Department Provided Training		External Vendor Training		Internal Staff Training	
	Number of Courses	Number of Attendees	Number of Courses	Number of Attendees	Number of Courses	Number of Attendees
FY 2011/12	26	33	7	9	3	120
FY 2012/13	17	22	7	9	4	148
FY 2013/14	44	66	15	66	3	132
FY 2014-15	36	52	8	53	19	654

Below is board expenditures related to outside vendor provided training:

Training Expenses (travel costs not included)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Outside Vendor Training Costs	\$1,004	\$4,005	\$51,825	\$40,110

Section 4

Licensing Programs

- [Licensing Programs](#)
- [Performance Targets](#)
- [Licenses Issued/Renewed](#)
- [Examination](#)
- [School Approval](#)
- [Continuing Education/Competency Requirements](#)

Related Appendices

- [Appendix 10 -Table 6 Licensee Population](#)
- [Appendix 11 - Table 7a Licensee Data by Type](#)
- [Appendix 12 - Table 7b Total Licensing Data](#)
- [Appendix 13 - Examination Data Detail](#)



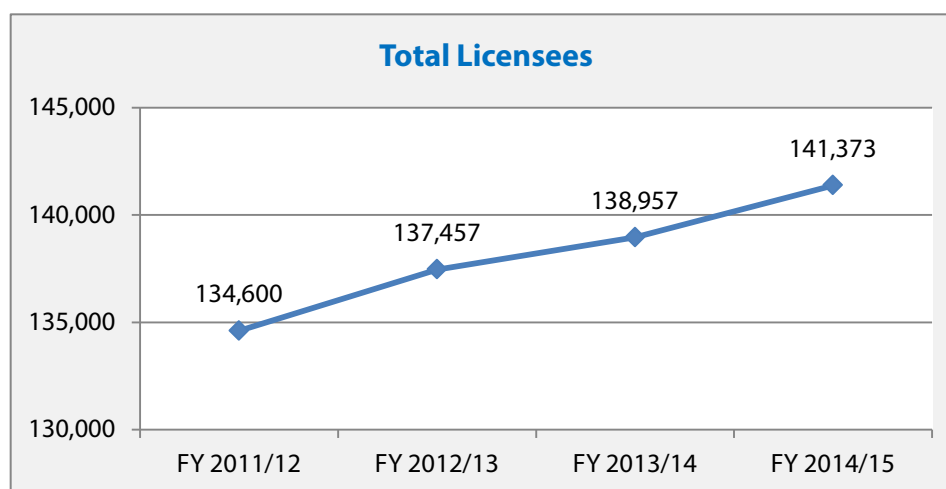
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Licensing Programs

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 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 is changing to assume a more active role due to their significant education (at least eight years post high school) and the fact that they are readily accessible to consumers.

The board has seen consistent growth in its licensee population since its last review, including a 5 percent increase in its overall licensee population.

Total Licensees			
FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
134,600	137,457	138,957	141,373



Additionally, over the past four years the board has:

- Received over 68,000 new applications
- Issued over 52,000 licenses
- Processed over 11,500 change notices
- Renewed over 240,300 licenses

Licensee Population	
License Type	FY 2014/15
Clinic	1,402
Centralized Hospital Packaging	3
Drug Room	38
Designated Representative – Third Party Logistics Provider	11
Designated Representative – Veterinary Food-Animal Drug Retailer	69
Designated Representative – Wholesaler	3,050
Hospital	485
Hypodermic Needle and Syringe	279
Intern Pharmacist	6,354
Correctional Facility	53
Pharmacist	47,436
Pharmacy	6,572
Pharmacy – Nonresident	453
Pharmacy Technician	74,586
Sterile Compounding Pharmacy	936
Sterile Compounding Pharmacy – Nonresident	91
Third Party Logistics Provider	0
Third Party Logistics Provider – Non Resident	2
Veterinary Food-Animal Drug Retailer	24
Wholesaler	639
Wholesaler – Nonresident	824
Total	141,373

Full information on the board's licensee population is provided in Table 6, Appendix 10.

Performance Targets

Historically, the board established its licensing performance targets as part of its strategic plan, as a measurable outcome by which the board could manage performance. The board publicly reports its performance at quarterly board meetings. More recently, the board, as part of a larger effort with DCA, has submitted performance targets that will be reported publicly by DCA. The board has established extremely aggressive performance targets as it remains cognizant of its role to meet its consumer protection mandate, while balancing the need for businesses and individuals to enter 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)*
Clinic	Clinic Permit Application	Complete	30
		Incomplete	65
Centralized Hospital Packaging	Centralized Hospital Packaging Pharmacy License Application	Complete	45
		Incomplete	80
Drug Room	Drug Room Application	Complete	30
		Incomplete	65
Designated Representative – 3PL	Application for Designated Representative – 3PL	Complete	30
		Incomplete	50
Designated Representative – Veterinary Food-Animal Drug Retailer	Designated Representative – Veterinary Food-Animal Drug Retailer Application	Complete	30
		Incomplete	50
Designated Representative - Wholesaler	Application for a Designated Representative License	Complete	30
		Incomplete	50
Hospital	Hospital Pharmacy Permit Application	Complete	30
		Incomplete	65
Hypodermic Needle and Syringe	Application for Hypodermic Needle and Syringe Permit	Complete	30
		Incomplete	50
Intern Pharmacist	Application for Registration as an Intern Pharmacist	Complete	15
		Incomplete	25
Correctional Pharmacy	Correctional Pharmacy	Complete	30
		Incomplete	50
Pharmacist	Application for Pharmacist Examination and Licensure	Complete	15
		Incomplete	25
	Application for Pharmacist Initial License	Complete	5
		Incomplete	7
Pharmacy	Pharmacy Permit Application	Complete	30
		Incomplete	65
Pharmacy - Nonresident	Nonresident Pharmacy Permit Application	Complete	30
		Incomplete	50
Pharmacy Technician	Pharmacy Technician Application	Complete	30
		Incomplete	50
Sterile Compounding Pharmacy	Application for a Sterile Compounding Pharmacy License	Complete	45
		Incomplete	80

Board of Pharmacy Licensing Performance Measures - Target Dates			
License Type	Application Type	Status	Target (In Days)*
Sterile Compounding Pharmacy - Nonresident	Application for a Nonresident Pharmacy Sterile Compounding License	Complete	45
		Incomplete	80
Third-Party Logistics Provider	Application for Third-Party Logistics Provider License	Complete	30
		Incomplete	50
Third-Party Logistics Provider – Non Resident	Application for Nonresident Third-Party Logistics Provider License	Complete	30
		Incomplete	50
Veterinary Food-Animal Drug Retailer	Veterinary Food-Animal Drug Retailer Application	Complete	30
		Incomplete	50
Wholesaler	Application for Wholesaler License	Complete	30
		Incomplete	50
Wholesaler - Nonresident	Application for Nonresident Wholesaler License	Complete	30
		Incomplete	50

*For purposes of this table, the days reflected indicate the number of days within the board's control.

At the end of FY 2014/15, the board was not meeting these aggressive performance standards, but has taken several steps to reduce processing times that will enable the board to achieve these targets. Such steps include working to secure additional resources as well as improving application instructions and educating applicants about the requirements for licensure.

Additional Resources

The board has 23 licensing programs and working on implementation of one additional program. These programs vary in size and complexity. The board currently has the following licensing staff:

- 12 permanent full-time staff
- 3 full time limited-term staff
- 1 permanent intermittent staff

These staff process applications, issue licenses, respond to applicant inquiries, process change notices (e.g., changes in officers, minority ownership, responsible individuals) as well as coordinate renewals for specialty licenses (e.g., sterile compounding, centralized

hospital packaging licenses). In terms of an annual workload, this includes processing almost:

- 19,000 initial applications
- 900 specialty license renewal applications
- 12,400 phone and e-mail inquiries
- 3,800 change notices

Improvement of Application Processes

To improve applicant understanding of licensing requirements, the board has undertaken revision of its application forms and instructions. These are in various stages of implementation, but it is the board's goal to have all revised instructions and applications completed by early 2016. By simplifying and clarifying board instructions and applications, the board's objective is to reduce the number of deficiencies on initial applications, thereby reducing the overall application processing times. Additionally, board staff time spent responding to deficiencies and deficiency-related inquiries may be redirected to processing applications.

Applicant Education

The board has undertaken a modest educational campaign to provide better and more information within its existing resources. Specifically, the board has discussed application requirements during board and committee meetings that are webcast as well as to an audience of pharmacists. During such presentations the board covers application requirements as well as common deficiencies. Additionally, the board does outreach with California schools of pharmacy at the time students are submitting intern and pharmacist examination applications. The board outlines common deficiencies and new requirements to take advantage of the communication system the schools have set up with their students. The board is also working with DCA to develop the first in a series of videos that will also serve to assist applicants through the application process. The board was hopeful that the first in the series of videos would be released in fall 2015; however, because of resource limitations within DCA the release date has been delayed to 2016.

Application Processing Times

The board's Licensing Program is responsible for reviewing and processing all individual and site licensing applications received by the board. As part of the review process, each application with required documentation is evaluated to determine if the applicant has demonstrated to the board his/her/its ability to meet the minimum qualifications as outlined in statute and regulation.

Processing times for the board's diverse applications differ due to the complexity of the application and supporting documentation required. For example, the application processing of a pharmacy technician application is generally very straightforward, whereas the application processing of a pharmacy application (that often includes several layers of ownership) is extremely complex and resource intensive. The supporting documentation for a pharmacy application extends to multiple layers of ownership, officers and members at each level as well as the pharmacist-in-charge and funding sources for the entity.

If an application is deficient, the board notifies the applicant in writing of all outstanding deficiencies. The applicant is required to provide the deficient items within a given period of time as determined by the license type. Failure to satisfy the deficiencies for the application may result in the application being considered abandoned. Once an application is considered abandoned, a new application, fee and supporting documentation are generally required.

Once an applicant provides sufficient documentation to the board demonstrating the applicant meets the minimum qualifications, the application is forwarded to a resource analyst for final review prior to the issuance of a license. When the license is issued, the license number is available from the board's website the following day. The board has a provision in law that specifies that verification from the board's website is proof of licensure.

Several factors impact the board's processing times and the board's processing times over the past four fiscal years have fluctuated with workload demands. Further, the processing times specifically for pharmacy applications have increased, in part because the complexity of ownership structures has been increasing. Thorough investigations of the ownership structure are essential to ensure that the board does not issue a license to an entity that would otherwise be prohibited by law. Such reviews are resource intensive, especially when applicants attempt to thwart the board's review by either providing false information, failing to timely provide information or failing to provide all of the necessary information.

Processing Times for Three Board License Types

Application Processing Times								
Application Type	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Rec'd	Days	Rec'd	Days	Rec'd	Days	Rec'd	Days
Pharmacy Technician	9,491	110	8,741	70	8,211	89	7,151	93
Pharmacist Exam	2,467	35	1,805	32	2,682	38	3,122	46
Pharmacy	333	89	505	95	421	112	1,541	137

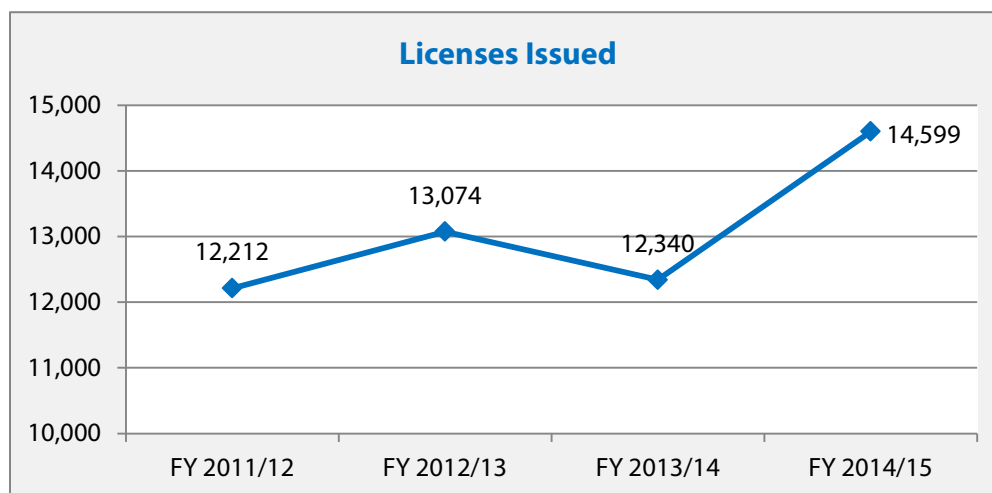
As illustrated above and in Table 7(a) (provided in Appendix 11), there have been fluctuations in processing times in all board licensure programs. For example, in FY 2011/12, the board received almost 9,500 pharmacy technician applications and the overall processing time for those applications was 110 days. In FY 2014/15 the number of pharmacy technician applications received about 25 percent less and the processing time was reduced to 93 days. Fluctuations are due to a number of factors including staff vacancies, implementation of new licensing programs causing redirection of staff resources, sudden surges in workload related to peak cycles times (graduation dates) and large buyouts of chain store pharmacies.

The board is currently focusing on timely processing of applications and recently reinstituted a quarterly review of all of its pending applications. This quarterly review is intended to serve as another opportunity for the board to reach out to applicants and request necessary information before an application would otherwise be withdrawn. As of October 30, 2015, the board had over 2,500 pending applications for initial licensure. While quarterly reviews have not been fully integrated into the board's application processes on a routine basis, the overall goal is to secure resources necessary to perform such reviews quarterly on all pending applications. The board projects, based on recent efforts in this area, that completing this review quarterly will result in deficiencies being remedied more quickly and licenses being issued faster.

Licenses Issued/Renewed

Upon determination that an applicant has satisfied the requirements for licensure, the board will issue a license. The number of licenses issued has fluctuated during this four-year period, with an overall growth of almost 20 percent for the four-year period.

Licenses Issued			
FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
12,212	13,074	12,340	14,599



The significant increase in licenses issued in FY 2014/15 is due in part to the change in ownership/buyout of three pharmacy chains.

To maintain licensure in California, a license must be renewed. Most licenses require annual renewal. Pharmacists and pharmacy technicians are the only licensing groups to renew every two years. Pharmacist interns are issued a nonrenewable license with a term of up to six years.

As the board's licensee population has grown, so has the number of renewals processed by the board each year. In 2014/15, over 62,300 licensees renewed their licenses, an increase of about 7 percent since 2011/12.

Licenses Renewed			
FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
58,364	58,838	62,166	62,327

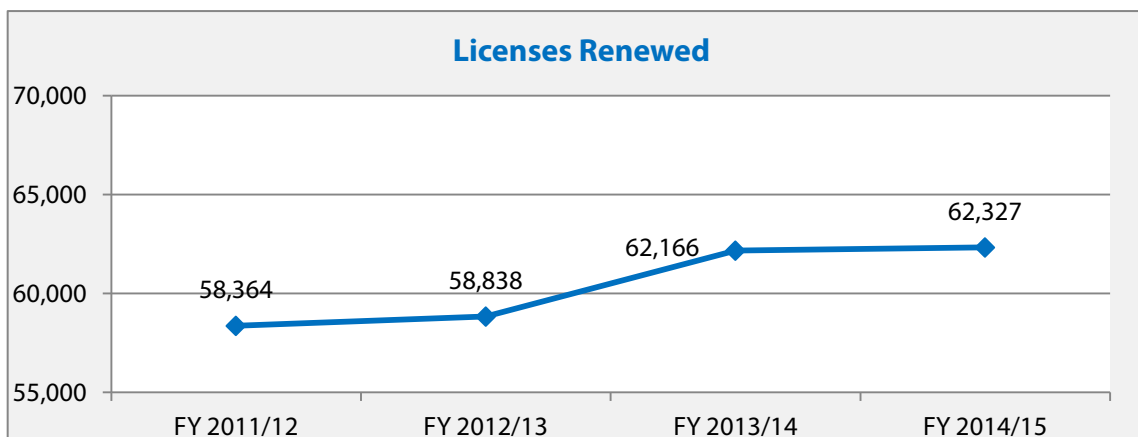


Table 7b is included as Appendix 12 and includes more specific information about the board's licensee population.

Application Information

The board has multiple processes it uses to secure information about applicants to confirm their eligibility for licensure.

The board conducts criminal 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). The board has been fingerprinting pharmacists since the late 1940s. The board conducts a criminal background check on the top five owners and designated managers for all site license applications. Additionally, there are specific questions on all 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. These questions are answered under oath.

Applicants who self-report either a criminal conviction or 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. Failure to self-report such actions is grounds for denial of the application for falsification of an application.

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 requires license verifications from other state licensing entities where applicants identify an out of state license. Such reports identify and confirm prior discipline.

Further, as part of the exam score transfer process for the national pharmacist exam, the pharmacist's licensure status in all states where he or she is already licensed is provided to the board by the National Association of Boards of Pharmacy.

The board also requires all pharmacists, intern pharmacists, and pharmacy technician applicants to provide a "self-query report" from the National Practitioner Data Bank (NPDB) when submitting an application for examination and/or licensure. Such reports are another source for ensuring the board has complete background information on applicants before making a licensing decision as these reports detail any action taken by another regulator that has been reported to this national databank. The board has been interested in pursuing the option of enrolling its licensees in a "continuous query" process with NPDB; however, absent an augment in board funding, this will not be possible as costs cannot be absorbed. The estimated cost of the service would be about \$424,000 annually for the board. However, the benefit of receiving these continuous queries would permit the board to more quickly identify enforcement activities taken by other regulators, protecting the public.

In addition to the criminal and disciplinary background checks, prior to issuing a license, the board verifies information submitted on all applications. The board uses a variety of methods to verify this information according to program requirements. The board uses both primary and secondary source documentation. For example, the board requires primary source documentation including transcripts from a school of pharmacy to be sent directly from the school. In other instances, the board will accept secondary documentation as long as the document is certified from the source of origin. An example of secondary source documentation would be articles of incorporation endorsed by the Secretary of State provided to the applicant, who in turns 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

An applicant must satisfy all requirements specified in law before a license is issued. 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.

In the same vein, out-of-state businesses must also meet all of the same licensure requirements as do entities within California. In such cases, the board will also evaluate any disciplinary action taken against the licensee in the home state. The board has sought legislative changes that serve to protect California consumers irrespective of whether their medications come from within or outside of California. This is most notable in the board's nonresident sterile compounding pharmacy licensing program, where the board has specific statutory authority to inspect such facilities as both a condition of initial licensure as well as renewal.

Military Education

The board has five licensing categories for individuals:

- Pharmacist
- Intern Pharmacist
- Pharmacy Technician
- Designated Representative (including Designated Representative, Veterinary Food-Animal Drug Retailer)
- Designated Representative – 3PL

With the exception of the intern pharmacist license (which does not have an experience component or pathway to license), the board accepts military training and experience for purposes of licensure. Further, the pharmacy technician requirements for licensure specifically establish pharmacy technician training earned in the military as one pathway to licensure. The board is one of DCA's agencies that has not joined the BreZE system, so because of current system limitations, the board is unable to readily identify the number of applicants who have used military experience and/or training to satisfy application requirements. The board is hopeful that once it transitions to a new computer system, better tracking will be available.

The board is working towards implementation of new applications that will allow the board to identify and track applicants who are veterans. The board will be using an interim solution to track this information until the board transitions to a new computer system. The board expects to have the interim tracking in place by January 1, 2016, consistent with the statutory mandate.

The board waives renewal fees and continuing education requirements in compliance with Business and Professions Code section 114.3, but does not receive a significant number of requests to do so. The board has waived the fee for seven individuals in the past two fiscal years.

The board currently expedites the processing of applications when applicants provide supporting military documentation. The board has expedited the processing of 66 applications in the past three fiscal years.

No Longer Interested

The board resumed sending “No Longer Interested” notifications to the Department of Justice on former licensees who have fingerprints on file. These notifications cannot be done electronically, which would greatly simplify the task. The board is working to address a backlog of notifications and anticipates that it will be current by the end of 2015.

Examination

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.

The pass rates for the pharmacist exams are provided below. As the information provided in Table 8 displays, the passing rate for the NAPLEX exam is about 10 percent higher than the passing rate for the CPJE.

Table 8. Examination Data

<i>California Examination:</i>		
License Type		Pharmacist
Exam Title		California Practice Standards and Jurisprudence Examination (CPJE)
FY 2011/12	# of 1 st Time Candidates	1,654
	Pass %	1,443 or 87.2%
FY 2012/13	# of 1 st Time Candidates	1,790
	Pass %	1,521 or 85.0%
FY 2013/14	# of 1 st time Candidates	1,840
	Pass %	1,609 or 87.4%
FY 2014/15	# of 1 st time Candidates	2,125
	Pass %	1,755 or 82.6%
Date of Last OA		FY 2013/14
Name of OA Developer		Applied Measurement Professionals (AMP)
Target OA Date		FY 2017/18
<i>National Examination:</i>		
License Type		Pharmacist
Exam Title		North American Pharmacist Licensure Examination (NAPLEX)
FY 2011/12	# of 1 st Time Candidates	1,346
	Pass %	1276 or 94.8%
FY 2012/13	# of 1 st Time Candidates	1,273
	Pass %	1201 or 94.3%
FY 2013/14	# of 1 st time Candidates	1,425
	Pass %	1,318 or 92.5%
FY 2014/15	# of 1 st time Candidates	1520
	Pass %	1,410 or 92.8%
Date of Last OA		FY 2013/14
Name of OA Developer		National Association of Boards of Pharmacy (NABP)
Target OA Date		FY 2017/18

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 13 is a comprehensive report detailing exam performance for the past four fiscal years.

Computer-Based Testing

Both the NAPLEX and CPJE are administered only via computer-based testing. Both tests are available at testing locations nationwide and are offered on a continuous basis. 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 use the following California testing sites: Anaheim, Carson, El Monte, Fresno, Hayward, Riverside, Sacramento, San Francisco, San Diego, Santa Rosa, Santa Clara, Ventura, Visalia and Walnut Creek. Testing sites are also available throughout the contiguous United States and include Albuquerque, NM; Atlanta, GA; Boston, MA; Charlotte, NC; Cherry Hill, NJ; Chicago, IL; Cranberry Township, PA; Dallas, TX; Glendale (Queens), NY; Houston, TX; Las Vegas, NV; Milford, CT; Nashville, TN; North Orem (Provo); UT, North Salt Lake City, UT; Phoenix, AZ; Portland, OR; Richmond, VA; Southfield (Detroit Area) Examination Center, MI; West Des Moines, IA; West Hartford, CT; and Woodbury, MN.

The NAPLEX is available at approximately 252 sites throughout the United States, with 22 in California.

Removing Statutory Barriers

The board routinely evaluates its licensing and application processes to identify efficiencies. Most recently, at the recommendation of the board's Licensing Committee, the board successfully sponsored legislation to streamline the reporting of intern hour experience for pharmacist applicants (Stone, Chapter 147, Statutes of 2015).

Additionally, the board has updated its application for the pharmacy technician license via regulation as the application form is incorporated by reference in board regulation. In general the requirements themselves are not changing; however, the board is hoping with additional guidance to applicants as well as changes in the layout of the application form, applicants will have a better understanding of the requirements which will result in fewer deficiencies and more effective processing of the applications.

School Approval

The board does not approve schools of pharmacy, rather pharmacy law establishes “recognized school of pharmacy” as a school of pharmacy accredited, or granted candidate status, by the Accreditation Council for Pharmacy Education (ACPE). The ACPE is the sole accrediting body for pharmacist education in the U.S. 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 accreditation status when they occur.

The ACPE does not convey full accreditation upon a new school of pharmacy until the school graduates its first class of pharmacists which generally takes four years. The board has used its statutory authority to approve schools of pharmacy for the limited purpose of issuing intern licenses to applicants from schools undergoing -- and on track to receive -- full accreditation by ACPE. The board could remove its recognition of a school of pharmacy if the situation was deemed necessary; however, this has never occurred.

There are currently eight schools of pharmacy within California that are fully accredited:

- California Northstate University College of Pharmacy, Elk Grove, CA
- Loma Linda University School of Pharmacy, Loma Linda, 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 School of Pharmacy, Los Angeles, CA
- University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences, Stockton, CA
- Western University of Health Sciences College of Pharmacy, Pomona, CA

In addition there are two schools that have received candidate status by the ACPE:

- Keck Graduate Institute (KGI) School of Pharmacy, Claremont, CA
- West Coast University School of Pharmacy, Los Angeles, CA

There are two additional schools that are currently in pre-candidate status:

- California Health Sciences University College of Pharmacy, Clovis, CA
- Chapman University School of Pharmacy, Irvine, CA

The Bureau for Private Postsecondary Education has no role in the approval of pharmacy schools or training. The board has no legal requirements regarding the approval of international schools.

Continuing Education/Competency Requirements

Pharmacists are the only board's licensee category that is required to earn continuing education (CE) as a condition of renewal; 30 units of CE are required every two years. The pharmacist renewal application requires a pharmacist to self-certify under penalty of perjury the number of CE hours completed during the renewal period.

The board is currently working on implementation of the requirements for advanced practice pharmacists. Once licensed, such individuals will be required to earn an additional 10 units of CE every two years at renewal.

Auditing for Compliance

To ensure that pharmacists fulfill their CE requirements, the board randomly audits renewal applications. Pharmacists are required to retain their CE completion certificates for four years. If a pharmacist is selected for audit, he or she is notified in writing and must submit copies of CE completion certificates to the board. During an audit, the board reviews all of the certificates provided to confirm compliance with legal requirements.

Where an audit of a pharmacist reveals a deficiency in CE completion or documentation, the board's typical process is to instruct the licensee to secure compliance with the deficient CE units and then to cite and fine the pharmacist for misrepresenting completion of CE on the renewal form. In the event the pharmacist does not come into compliance, the board converts the active pharmacist license to an inactive license as authorized in statute, and the pharmacist can no longer work. To reactivate a license, a pharmacist must repay the renewal fee and submit satisfactory proof of completing 30 hours of CE.

Continuing Education Audits					
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Total
Audits Performed	210	262	502	438	1,410
Passed	169	219	430	381	1,199
Failed	41	43	72	57	213
Percentage Passed	80.5%	83.6%	85.7%	87.0%	85.0%

The board conducted 1,410 CE audits in the prior four fiscal years, with 213 pharmacists failing the audit because they could not provide full evidence of completing 30 units of CE. As a result, the board completed investigations on 203 pharmacists and issued 170 citation and fines.

Accreditation Agencies

Board regulations designate two primary accreditation agencies to approve continuing education providers and courses -- the Accreditation Council for Pharmacy Education and the California Pharmacists Association (formerly known as the Pharmacy Foundation of California). The board awards continuing education for some of the training it provides as well as joint training it conducts generally with the Drug Enforcement Administration. In such cases, the board takes formal action during a board meeting to award the credit. Individuals attending such training receive a certificate documenting completion of the course.

The board itself does not approve course providers; however, by law, the board does accept CE approved by other healing arts boards if it meets standards of relevance to pharmacy practice.

A pharmacist may also petition the board for the approval of CE courses offered by non-recognized providers, so long as the course meets the course content standards specified in law. The board reviews such applications. Since the last sunset review, the board has reviewed two courses for approval and approved one.

The board does not audit CE providers.

Continuing Competency

The National Association of Boards of Pharmacy developed a mechanism to measure pharmacist competency, the PARE (Pharmacist Assessment for Remediation and Evaluation). The PARE is a computer-based assessment that consists of 210 multiple choice questions focusing on three main content areas -- Medication Safety and the Practice of Pharmacy, Professional Ethics/Professional Judgement and Clinical Pharmacy Practice. Although the exam is computer-based, it is currently administered in a two-week testing window approximately four times per calendar year. The board does not currently require the PARE, but it is an option for the board when evaluating licensees for whom the board seeks information on continuing competency.

The board has also discussed dedicated CE as a way to ensure all pharmacists obtain knowledge in a specific, crosscutting area, for example in emergency response or drug abuse. The board is promulgating a regulation change currently to effectuate these requirements.

In a pending regulatory action, the board has also established a provision that a pharmacist may receive three hours of CE for successfully passing the examination

administered by the Commission for Certification in Geriatric Pharmacy. In the future, the board will consider specialty certification in other pharmacist areas of specialty as a means to fulfill CE requirements.

Section 5

Enforcement Programs

- Enforcement Programs Overview
- Board Performance Targets/Expectations
- Citation and Fine
- Cost Recovery and Restitution

Related Appendices

- Appendix 14 - Table 9a, 9b, 9c Enforcement Statistics
- Appendix 15 - Table 10 Enforcement Aging
- Appendix 16 - Table 11 Cost Recovery
- Appendix 17 - Table 12 Restitution



BE AWARE AND TAKE CARE:
Talk to your pharmacist!

CALIFORNIA STATE BOARD OF PHARMACY

Enforcement Program

The board's enforcement activities are the core of its consumer protection mandate. Enforcement investigations must be completed in a timely manner. Investigations need to be thorough and must identify violations with supporting evidence and reports prepared that document all of the findings. Failure to do so compromises this basic tenet of the board's mandate.

From 2011/12 through 2014/15, the board:

- Closed investigations on 11,962 licensees
- Referred 1,707 licensees and applicants for formal discipline
- Issued 8,359 citations
- Collected \$7,486,177 in citation and fine revenue
- Revoked or accepted surrender of 831 licenses
- Placed 339 licensees on probation

One of the board's principal enforcement objectives is to prevent events that could result in patient harm, or ensure that there are consequences to deter these events from occurring in other pharmacies. For example, the following are examples of violations investigated by the board:

- A pharmacy has numerous medication containers that are overfilled with medication, some of which contain pills other than those of the manufacturer on the label. In this case the pharmacy had obtained medications from unauthorized sources. The board secured an interim suspension order against the licensees involved and ultimately the licenses were revoked.
- A pharmacist unlawfully accessed confidential health information hundreds of times on coworkers. The board secured an interim suspension order against this pharmacist and ultimately secured a disciplinary surrender.
- A pharmacy was dispensing pain medication to large numbers of patients where neighbors of the pharmacy reported observing drug deals occurring the parking lot. The pharmacy and pharmacist licenses were both revoked.
- A pharmacy located out of state, shipped contaminated eye medication to physicians in California and patients were seriously injured. The board issued a cease and desist order to prevent the shipping of additional medication into the state and ultimately secured a disciplinary surrender of the license.

In addition to regulating the practice of pharmacy, the board ensures the safety of the drug products dispensed to patients. The board also regulates those who handle, store and ship the product from the manufacturer, through the supply chain, to the pharmacy and ultimately to the patient.

Prescription drugs are life-saving compounds that can become potent poisons when inappropriately dispensed or administered. And some prescription medications have addictive characteristics that when prescribed and dispensed too liberally can addict a patient.

To provide efficacious, safe and consistent drug therapy, prescription drugs must be manufactured or compounded to exact specifications, stored and shipped appropriately, and not dispensed past the expiration date. Unlike sour milk that smells, tastes bad, and looks different, no expert can tell simply by looking at a drug to identify whether it:

- contains the right ingredients in the right composition,
- has been subjected to extreme temperatures or other conditions that would damage its integrity, or
- is past its expiration or beyond use date.

Perhaps the board's foremost tool in performing the broad range of investigations and inspections required to regulate such a diverse licensing population is the board's licensed pharmacist inspectors. These investigators work from home offices throughout the state. Board inspectors ensure the board's ability to fulfill its mandate by performing inspections to detect violations, investigating complaints, monitoring licensees on probation, educating licensees about pharmacy law requirements, serving as expert witnesses in disciplinary hearings, and identifying violations and issues that non-pharmacists would find difficult to identify.

The board's enforcement program also has non-pharmacist staff that perform desk investigations and duties that do not require the knowledge of a pharmacist.

The board's enforcement program elements are strong and are supported by the majority of the board's staff and resources. As a leader in the nation, the board has adopted innovative programs and partnered with other law enforcement agencies on investigations that may involve criminal elements.

Appendix 14 includes Enforcement Tables requested by the Sunset Review Committee, Tables 9a, 9b and 9c.

Board Performance Targets/Expectations

Performance Measures: Investigations

The board performance objectives for its investigation activities are:

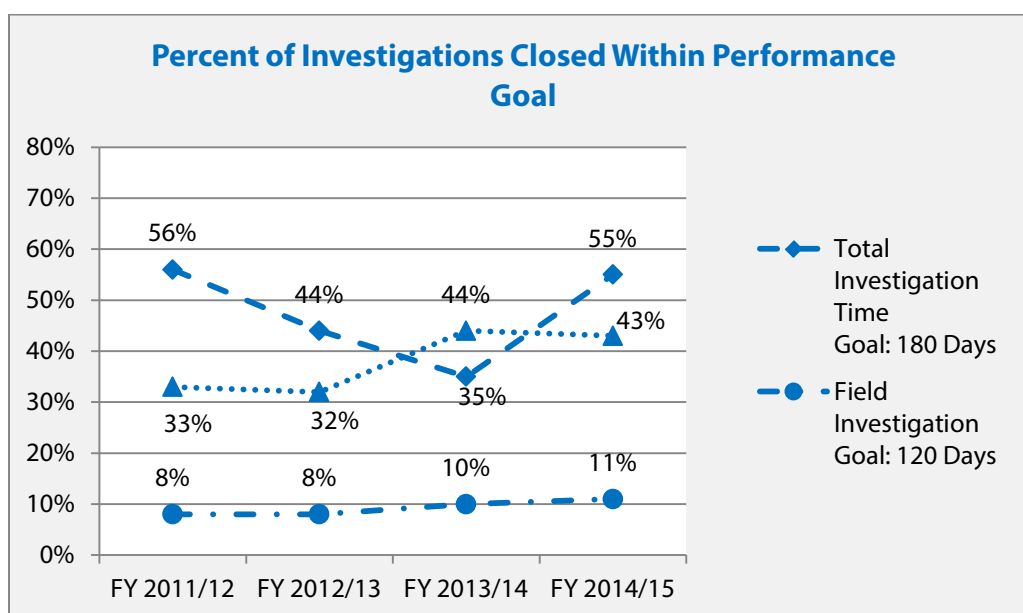
- Complete all desk investigations within 90 days
- Complete all field investigations within 120 days
- Close all investigations within 180 days

At the conclusion of the 2014/15 fiscal year, the board was:

- Completing 43 percent of its desk investigations within 90 days
- Completing 11 percent of its field investigations within 120 days
- Closing 55 percent of all investigations with 180 days

Provided below is a display of the board's ability to meet its performance standard for the reporting period.

Investigation Closed within Performance Standards					
Percentage of Cases Completed within Performance Standard					
	Performance Standard	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Desk Investigations	90 days	33	32	44	43
Field Investigation	120 days	8	8	10	11
Total Investigation Time Including Supervisor's Review	180 days	56	44	35	55



The board has experienced a 23 percent growth in the past two years in its enforcement staff, primarily in the number of field staff. As such, the board is and has been in a training mode with respect to new inspectors. It is essential to ensure new inspector staff are appropriately trained because of the autonomous nature of their positions and the consequences if elements of an inspection or investigation are missed. This training is a principal reason the board has been unable to fully meet its aggressive performance standard. The board expects that as field staff become more experienced, case closure times will improve.

The board also experiences delays in completing investigations sometimes because it does not receive requested information in a timely manner from board licensees. Pharmacy law requires licensees to provide data within 30 (and in some cases 14) days. Sometimes the board still does not receive data within this timeframe in part because in large corporate structures, the corporate office requires its review of all information before it is sent to the board. The board attempts to work with licensees to gain the data we have requested. However in cases of long delay, the board may charge the respondent with impeding the board's investigation.

In the case of an investigation resulting from a criminal conviction, the board continues to have difficulty in obtaining arrest and court documentation from some law enforcement agencies and state and federal courts. In the past, documentation (such as certified court and arrest records, confirmation of criminal probation status, and any outstanding arrest warrants) was readily provided to the board upon request. Many arresting agencies and courts now require a fee to release criminal records, which requires a state-issued requisition. In addition, some agencies take weeks and sometimes months to respond to the board's requests, regardless of whether they charge a fee. The fees and the delays in receiving records hamper the board's ability to complete such investigations in a more timely manner. The board uses online court information when available; however, many times the information contained on the website does not provide the necessary detail to complete the investigation nor does it provide sufficient evidence.

Coordination and consistency among the board's 46 inspectors and supervisors is an ongoing issue for the board. The board has established weekly supervising inspector calls to coordinate major investigations and policy issues, bi-monthly telephone training sessions with field staff, monthly assessment of aging case status data as well as quarterly aggregate data on enforcement workload by investigator. We believe that in the coming year, these efforts will also aid the board in reducing case closures.

The complexity of the cases the board investigates has increased as errant licensees and individuals seem to be more aggressively violating pharmacy law. In the coming months, the board will continue its ongoing efforts to work on joint investigations with the

Department of Health Care Services, Department of Public Health, Food and Drug Administration, FBI, DEA, and other local, state and federal law enforcement agencies.

In the three years prior to our last Sunset Review, the board received 7,340 complaints. In the three years prior to this review, the board received 10,399 complaints, a 42 percent increase. To respond to the growing workload, the board has restructured its organization to include two individuals at the CEA level to oversee the eight supervising inspectors and 38 field inspectors who perform board investigations. These individuals will serve as the Chief of Enforcement over their respective areas of enforcement activities and will be responsible for management as well as policy recommendations and implementation. The board believes that these two senior managers will provide much needed coordination among all investigation and other enforcement activities also with the benefit of reduced case closure time coupled with more consistent work products and resolutions.

Enforcement Trends: Investigations

The board has experienced a slight but steady increase in the number of complaints received. Between 2011/12 and 2014/15, the board referred 20 percent more cases for investigation. The board's overall assignment times dropped during the reporting period. There has been a downward trend in the criminal conviction notifications received, about a 29 percent decrease. This could be in part due to a decrease in the number of pharmacy technician applications received.

A review of the allegations for complaints received does not provide any significant increases or decreases with the exception of unprofessional conduct that continues to increase as an allegation.

Disciplinary Actions

The most egregious violations of Pharmacy Law are referred to the Office of the Attorney General to pursue administrative discipline. The range of outcomes for such discipline includes a public letter of reproof to revocation of the license.

Subject to judicial review, the board has the final authority over the disposition of its cases. The board has *Disciplinary Guidelines* that are referenced in reaching a decision on a disciplinary action. These guidelines are used by board staff, board members, deputy attorneys general, administrative law judges, and attorneys to set penalties in disciplinary cases for various categories of violations. The guidelines also ensure that consistent

penalty language is incorporated, and that appropriate terms and conditions of probation are included in all decisions. The board is currently revising its guidelines through the administrative rulemaking process specifically to include components of the Uniform Standards and to strengthen disciplinary orders for licensees.

Performance Measures: Administrative Cases

The board has established the following performance objectives for its administrative case activities:

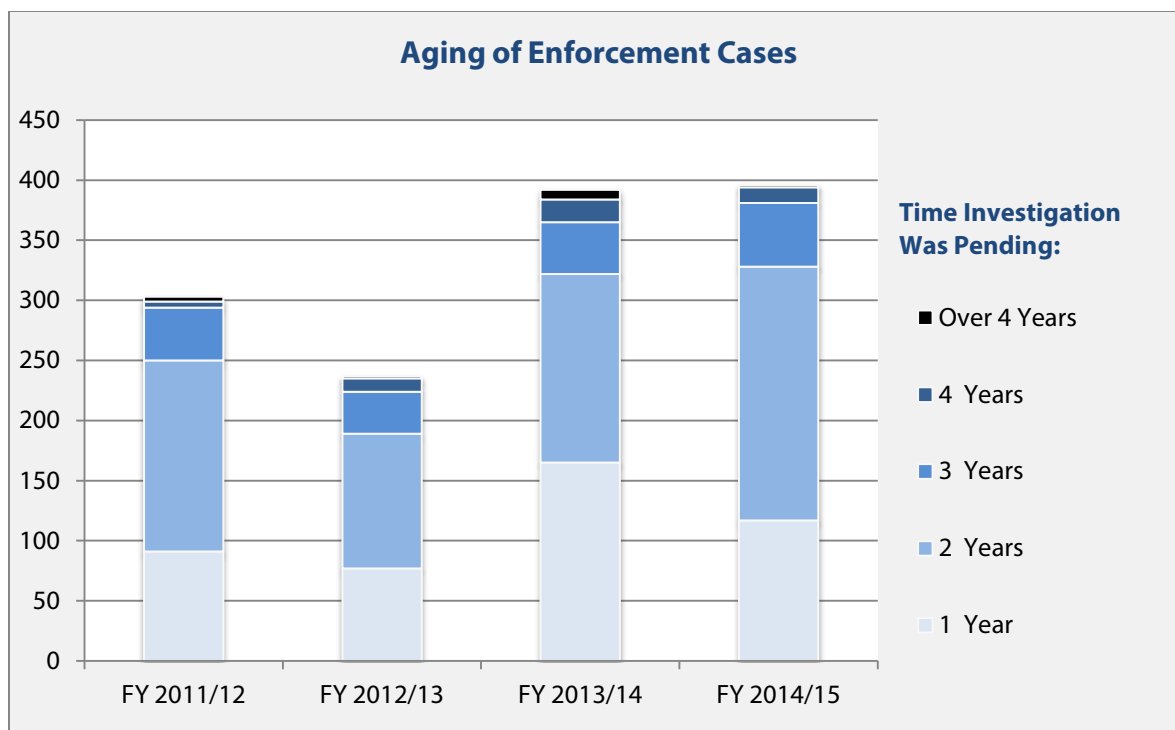
- Submit petitions to revoke probation within 30 days once non-compliance with terms of probation is substantiated,
- Achieve 100 percent of case closures on administrative cases within one year (excluding board investigation time).

At the conclusion of the 2014/15 fiscal year the board was:

- Submitting 13 percent of all petitions to revoke probation within 30 days once non-compliance with terms of probation has been substantiated;
- Closing 30 percent of its cases at the Office of the Attorney General within one year.

Provided below is a multi-year comparison of closure times for cases referred for action to the Office of the Attorney General. When compared to our prior Sunset Review where 39 percent of all AG cases were closed within the first two years, over the last four years, 82 percent of all cases were closed within the first two years. This is a significant improvement.

Enforcement Aging						
Attorney General Cases (Average %)						
Closed Within:	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Cases Closed	Average %
1 Year	91	77	165	117	450	34%
2 Years	159	112	157	211	639	48%
3 Years	44	35	43	53	175	13%
4 Years	5	11	19	13	48	4%
Over 4 Years	4	2	8	2	16	1%
Total Cases Closed	303	237	392	396	1328	100%



Included in Appendix 15 is Table 10 in its entirety as requested by the Sunset Review Committee.

There has been a significant increase in the number of disciplinary cases referred to the Office of the Attorney General (AG) since the last Sunset Review. In the three years prior to our last Sunset Review, the board referred 907 cases to the AG's Office. In the three years prior to this review, the board referred 1,144 cases, a 26 percent increase.

The board also notes growth in the number of pleadings filed: 701 accusations and statements of issues reported during its last review with discipline completed against 492 respondents. In the three years prior to our current review, the board has filed 954 pleadings and secured discipline against 918 licensees, a 36 percent increase in the number of pleading and a 87 percent increase in the number of disciplinary actions secured against respondents.

Case Prioritization

As part of all complaint investigation assignments, a case priority is established by a supervising inspector. The board uses a case prioritization system tailored to meet the diversity of individual licensees and practice settings that the board regulates. Complaints categorized as priority 1 and 2 investigations are the most serious and pose

the highest risk to the health and safety of the public. Examples of priority 1 and 2 investigations include reports of an impaired licensee on duty, prescription drug theft by a licensee, a pharmacy operating without a pharmacist on duty, large controlled substances losses, sterile compounding violations, and unauthorized furnishing of prescription drugs and/or controlled drugs. Priority 1 and 2 complaints are those complaints that generally will be referred to the Office of the Attorney General for formal disciplinary action. Accusations are filed in these serious cases and the board vigorously pursues the appropriate disciplinary penalty, either through the administrative hearing process or through a stipulated settlement.

Priority 3 and 4 complaints are less serious and pose a lower risk to the health and safety of the general public, they are nevertheless important. Examples of priority 3 and 4 investigations include reports of failure to provide patient consultation, prescription errors that do not result in patient harm, working on an expired license and general noncompliance issues. Priority 3 and 4 complaints typically could result in the issuance of a citation, citation and fine or letter of admonishment. Priority 3 and 4 complaints, while lesser in priority, are nevertheless very important to the consumer who files the complaint.

The board has reviewed the priorities of the department and believes the board's priorities are generally consistent with these parameters.

Mandatory Reporting

In addition to consumer complaints and criminal arrest and conviction notices, there are also reporting mandates to inform the board about possible matters for investigation:

- *Business and Professions Code Section 801(a)*- Requires every insurer who provides liability insurance to a Board of Pharmacy licensee to report to the board any settlement or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice or for unauthorized professional services. A report, written and signed by all parties, must be submitted to the board within 30 days after service of the arbitration award on all parties.
- *Business and Professions Code Section 802* – Board licensees or their legal representatives are required to report every settlement 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." The board receives notification of these settlements from the insurance company settling the claim or from a licensee's counsel.
- *Business and Professions Code Section 803* – This section requires the clerk of a court that renders a judgment that a 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, must report that judgment to the board within 10 days after the judgment is entered.
- *Business and Professions Code Section 4104 (c)* – Mandates that every pharmacy report to the board within 14 days of the receipt or development of information that a licensed individual employed by or with the pharmacy has made or has received: (1) any admission by a licensed individual of chemical, mental, or physical impairment to the extent it affects his or her ability to practice pharmacy; or (2) any admission of theft, diversion, or self-use of dangerous drugs; or (3) any video or documentary evidence demonstrating chemical, mental, or physical impairment to the extent it affects his or her ability to practice pharmacy; or (4) any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs; or (5) any termination based on theft, diversion, or self-use of dangerous drugs.
 - *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.
 - *Federal Drug Quality Security Act of 2013* – Requires a manufacturer, wholesaler or pharmacy to report to the board if there is reasonable cause to believe that a manufacturer, wholesaler, or pharmacy has a dangerous drug in, or having been in, its possession is counterfeit or the subject of a fraudulent transaction.
 - *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 any controlled substance, including their amounts and strengths.

The board has done significant outreach and education to its licensees about mandatory reporting requirements to the board. These education efforts have resulted in increased reporting to the board. For example, regarding "section 800 reports," over the last four years, the board has received 674 reports. The board received 737 reports of drug losses involving controlled substances and/or employee impairment.

However, the board has more work to do in this area because we do not believe that we receive all reports pursuant to the requirements listed above. During board presentations to licensee groups and in the board's newsletter, the board continues to advise licensees of their obligation to report under the code sections listed above. Further, as part of the board's inspections, mandatory reporting obligations are generally discussed and inspectors ensure policies are in place in a pharmacy for reporting in compliance with Business and Professions Code section 4104.

Statute of Limitations

Although the board does not have a statute of limitations, it recognizes public protection as its highest priority and therefore strives to investigate each complaint as quickly as possible and uses performance measures to monitor its performance.

Unlicensed Activity and the Underground Economy

The board continues to aggressively investigate unlicensed activity. The table below details the number of investigations initiated involving allegations of unlicensed activity. The number of such investigations is relatively low when compared to the total number of investigations initiated over the same period.

Unlicensed Activity Investigations					
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>	<i>Total Initiated</i>
Investigations	69	99	178	138	484

Examples of unlicensed activity range from an individual or business operating without a license, providing services to Californians from outside the state without being licensed and consumers buying drugs online from unlicensed vendors.

Included in Section 10 is additional information regarding unlicensed activity and the underground economy.

Citation and Fine

The board uses its authority to issue citations, citations with fines and letters of admonition to deal with important violations that warrant the licensee's attention, thought and correction, but do not rise to a level where license sanctions such as probation, suspension or revocation are appropriate. 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 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Letters of Admonishment	143	159	260	147
Citations with No fine	156	199	390	208
Citation with Fine	842	1,287	1,595	972
Fines Assessed	\$116,424,525	\$16,043,600	\$13,011,000	\$1,694,080
Fines Collected	\$1,298,536	\$2,360,413	\$2,174,490	\$1,606,120

The board has not had any significant changes to its citation and fine program since the early 2000s.

The board has authority to issue citations, citations with fines and letters of admonishment for any violation of pharmacy law. Under board regulations, the board may issue citations of up to \$5,000 for:

1. Any violation of the Pharmacy Law (Business and Professions Code 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 56 et seq.).
4. Defaulting on a United States Department of Health and Human Services education loan (capped at \$2,500).
5. A violation of other statutes or regulations for which the board may issue a citation.

For most violations, the board is capped at issuing fines of \$5,000 to each licensee investigated in a specific investigation. This means that the board could issue fines of up to \$5,000 to a pharmacy, pharmacist, and pharmacist-in-charge involved in the same violations of pharmacy law.

The board generally assesses the highest fines for the most serious violations. When assessing fines pharmacy law details the factors that must be considered when assessing fines. Such factors include:

- 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 also has specific statutory authority to issue higher fines for specific violations. The board can issue fines of \$25,000 per prescription 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, California Business and Professions Code 4127.4 allows the board to issue fines of up to \$2,500 per occurrence for violations involving sterile injectable compounding.

The table below shows the number of citations issued and the average fine amounts in each of the last four fiscal years.

Citation and Fines Average Fine Amounts Assess Pre Appeal				
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
General Authority Average Fine Amount	\$1,426 (N=940)	\$1,247 (N=1443)	\$1,202 (N=1971)	\$1,271 (N=1166)
B&PC 4067 Average Fine Amount	\$21,043,800 (N=5)	\$30,000 (N=3)	\$3,705,000 (N=2)	0
B&PC 4126.5 Average Fine Amount	\$15,665 (N=39)	\$19,945 (N=21)	\$5,500 (N=2)	0
B&PC 4169 Average Fine Amount	\$660,979 (N=14)	\$48,711 (N=19)	0	\$15,054 (N=14)
Fines Collected	\$1,269,242	\$2,303,599	\$2,270,299	\$1,643,107

The table below shows the post appeal outcomes.

Citation and Fines Average Fine Amounts Assess Post Appeal				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
General Authority Average Fine Amount	\$2,136 (N=164)	\$1,759 (N=133)	\$2,392 (N=184)	\$2,191 (N=179)
B&PC 4067 Average Fine Amount	\$11,627,154 (N=23)	\$20,053,833 (N=15)	\$9,287,385 (N=13)	\$2,470,833 (N=3)
B&PC 4126.5 Average Fine Amount	\$22,650 (N=1)	\$6,068 (N=14)	\$13,834 (N=11)	\$9,369 (N=4)
B&PC 4169 Average Fine Amount	\$645,217 (N=15)	\$155,979 (N=12)	\$114,900 (N=25)	\$16,864 (N=11)

* Post appeal amounts may include appeals from citations issued in a previous fiscal year.

Appeal Process

Following the issuance of a citation with or without a fine or letter of admonishment, the licensee may request an informal office conference. An informal office conference allows the licensee the opportunity to present additional information or mitigation to the board's executive officer or designee and a supervising inspector. Upon conclusion of the office conference, staff may affirm, modify or dismiss the original citation with or without a fine or affirm or dismiss the letter of admonishment.

In addition to an office conference, a licensee who was issued a citation has the right to contest a citation by submitting a formal appeal to the board within 30 days of the issuance of the citation. Appeals are conducted pursuant to the Administrative Procedure Act wherein an administrative law judge renders a decision, which is then presented to the board for vote and adoption or rejection. According to pharmacy law, letters of admonishment are not subject to the provisions of the Administrative Procedures Act.

In the last four fiscal years, the board issued 5,649 citations and fines. The board held 1,226 informal office conferences for citation and fine cases. As a result of the office conferences, 373 were affirmed, 214 were either dismissed or reduced to a letter of admonishment and the remaining 334 were modified in some way. Note: some cases are still pending.

The board issued 698 letters of admonishment during the last four fiscal years. During that time, 177 were contested at an informal office conference.

During the last four fiscal years, the board referred 652 citation and fine appeals cases to the Office of the Attorney General to proceed with a request for hearing on the matter. By year the data is:

- 2011/12 - 193
- 2012/13 - 156
- 2013/14 - 197
- 2014/15 - 106

Five Most Common Violations

The most frequent violations for which citations and fines were issued by year are:

2011/12

- Medication Errors (The patient does not receive the appropriate medication.)
- Conviction of a Crime (The licensee is convicted of a crime substantially related to the duties or functions of the license.)
- Self-use (The licensee uses alcohol or other drugs inappropriately but not to the level where formal discipline is warranted, e.g. DUI)
- Inappropriate Distribution of Drugs (Distributing prescription drugs in a manner that violates pharmacy law.)
- Failure to Provide Patient Consultation (A patient receives medication without being provided required information from a pharmacist.)

2012/13

- Conviction of a Crime (The licensee is convicted of a crime substantially related to the duties or functions of the license.)
- Self-use (The licensee uses alcohol or other drugs inappropriately but not to the level where formal discipline is warranted, e.g. DUI)
- Medication Errors (The patient does not receive the appropriate medication.)
- Moral Turpitude/Fraud/ Dishonesty (Licensee commits violations that are unprofessional and fraudulent.)
- Falsifying Documents (Licensee provides the board with fraudulent information.)

2013/14

- Medication Errors (The patient does not receive the appropriate medication.)
- Self-Use (The licensee uses alcohol or other drugs inappropriately but not to the level where formal discipline is warranted, e.g. DUI.)
- Conviction of a Crime (The licensee is convicted of a crime substantially related to the duties or functions of the license.)

- Operation Standards and Security (The licensee fails to appropriate secure the license premises, the medication or the records.)
- Quality Assurance Programs (The pharmacy fails to perform quality assurance review within two days following a medication error.)

2014/15

- Self-Use (The licensee uses alcohol or other drugs inappropriately but not to the level where formal discipline is warranted, e.g. DUI.)
- Medication Errors (The patient does not receive the appropriate medication.)
- Conviction of a Crime (The licensee is convicted of a crime substantially related to the duties or functions of the license.)
- Operational Standards and Security (The licensee fails to appropriate secure the license premises, the medication or the records.)
- Falsifying Documents (Licensee provides the board with fraudulent information.)

Franchise Tax Board

The Franchise Tax Board intercepts the tax refunds of those Californians who owe delinquent money to state and local agencies. Once intercepted, the money is redirected to the agencies to which the debts are owed (Government Code section 12419.5). The program cannot intercept corporation or partnership funds, but can intercept funds in cases of sole ownership of a business.

The board makes an effort to collect the fines it has assessed. Consistent with the board's statutory authority, the board places holds on the renewal of licenses until a fine is paid. Where this is unsuccessful, the board uses the Franchise Tax Board's (FTB) Intercept Program. The board is advised by FTB if a payment is received, at which time the board updates the licensee's record.

When money is received by FTB, the money owed the board is deposited into the board's fund. The data below details the board's efforts in this area.

Franchise Tax Board Intercept Program				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Accounts Opened	86	39	47	219
Accounts Closed	10	13	11	39
Money Received by the Board	\$21,614	\$6,633	\$20,917	\$34,734

Cost Recovery and Restitution

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 cost recovery is authorized. Reimbursement of board costs is a standard term of probation listed in the board's *Disciplinary Guidelines*. The board seeks the award of costs when settling cases with a stipulation, as well as with decisions provided through an administrative hearing.

Costs are a component in stipulations for surrender of a license; however, costs are typically not required to be paid until or unless the licensee reappplies for licensure. Costs are also a component in decisions or stipulations for a revocation of a license but are not required to be paid until or unless the licensee applies for reinstatement. Costs must be paid in full prior to reinstatement or relicensure.

It is important to note that administrative law judges will not always award the board costs or full costs in a decision pursuant to an administrative hearing.

Over the last four fiscal years, the board has been awarded \$4,202,378 in costs for all decision and orders, and has collected \$1,977,988. On the right is a general breakdown.

Money Awarded	
Revoked Licenses	\$532,933
Surrendered Licenses	\$1,385,838
Licenses on probation	\$2,205,334
Public Reprimand	\$78,273
Total awarded:	\$4,202,378

Typically, most costs awarded to the board in probation cases are paid in installments, so money awarded as costs in one year may not be fully collected until the end of the probation period, perhaps in three to five years.

In general the board does not believe it will recover the costs for the majority of those with either a revoked or surrendered license.

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).

The board has the ability to collect unpaid cost recovery with the use of the Franchise Tax Board Intercept Program. The board has not used the Intercept Program to collect unpaid cost recovery owed. Rather, when a licensee on probation fails to submit cost recovery payments as directed, generally the board will pursue further administrative discipline as such failure constitutes a violation of probation.

Included in Appendix 16 is Table 11 providing cost recovery information requested by the Sunset Review Committee.

The board has no legal authority to order restitution. Instead in many settlement negotiations involving board licensees, the component of community service is included as a way to pay back the community for violations of pharmacy law.

Appendix 17 contains Table 12 Restitution, which has no data because the board lacks this authority.

Inspection Program

The board does inspections of licensees and premises. It also must inspect sterile compounding pharmacies before issuing a license or annual renewal.

As part of the training for new inspectors, significant time is dedicated to completing inspections. As such in FY 2011/12 as part of the onboarding for new inspector staff acquired as part of the Consumer Protection Enforcement Initiative, the board completed a significant number of inspections of facilities. As these staff gained the necessary knowledge to work more independently, much of their work transitioned to investigations, which generally includes an inspection, however the inspection is not the primary work product. It is for this reason that there is a decrease in the number of pharmacy inspections completed over the reporting period.

With the expansion of the board's regulation of sterile compounding pharmacies, inspections of these facilities significantly increased. Such inspections are more resource intensive and complex, and are substantially longer to perform. This is necessary to minimize the inherent risks of sterile compounding.

Section 6

Public Information Policies



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Public Access Via Internet

The internet is the primary means by which the board educates and informs the public and licensees in general about board activities, and methods to participate in board activities. Whereas letters, calls, emails, in-person discussions and public presentations do compose a proportion of staff workdays, we reach more individuals through our email blasts, and through the information placed online than via any other method.

Over the past four fiscal years, the board received over 2.8 million hits to its website. The board works hard to ensure its website is relevant to consumers, applicants, and licensees alike. The board is currently in the process of redesigning its website to improve ease of use for licensees and consumers alike.

Internet Hits			
FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
586,147	629,277	799,697	787,839

The board posts meeting agendas online at least 10 days before a public meeting, and sends a subscriber alert advisory when the agenda is posted. Usually about five days before a meeting the board, the board posts meeting materials online.

The board has online meeting agendas and minutes from March 1999 to March 2003. Additionally, the board has meeting agendas, minutes, and meeting materials from April 2003 to present. The board has webcasts of board meetings posted online from July 2012 to present.

The board posts minutes from prior meetings online. Board meeting minutes are posted under the “minutes” column on the board’s website after they have been reviewed and approved by the board. Action to review and approve the prior meeting’s minutes is agenized at board meetings. Draft copies of the board meeting minutes that will be acted upon during a board meeting are provided as drafts in the meeting materials. The approved minutes are posted following the meeting.

For committee meetings, meeting summaries are provided at the back of each committee report segment in a board packet. Following a board meeting, the committee summaries are posted on the board’s website in the column for committee meeting agendas, meeting materials and summaries to allow for easy reference. The committee meeting summaries are provided for reference. They are not specifically approved by the committee or board.

It can sometimes be difficult to locate new information on a website. The board has a listserve that alerts interested parties when new materials are added to the website. All licensed locations are mandated to subscribe to the board's listserve (Business and Professions Code section 4013), and the board encourages all licensees, individuals and health care facilities to subscribe. The board also uses the listserve as a quick and efficient way to disseminate important notices and alerts to subscribers. The purpose is to ensure that pharmacies and wholesalers and other interested parties receive notice immediately of recalls of prescription medication and devices where the recall directs the removal of the product from dispensers or from patients – essentially removing the product from the market. Recalls are not issued routinely by drug manufacturers and pharmacies; these are significant events we believe warrant this attention and emphasis. Over the four year reporting period the board has released 1,061 recall notices at the pharmacy or patient level. Additionally, the recall notices are posted to the board's website for future reference and access.

Webcasting

The board routinely webcasts its board meetings. The board relies upon the staff of the Department of Consumer Affairs to provide the webcast services, and is grateful for this support.

The board has provided webcasts of committee meetings when there is likely to be broad interest in the subjects discussed. For example, while the board was working on e-pedigree implementation, E-Pedigree Committee Meetings were webcast once webcast services were available. The most recent SB 493 Implementation Committee meeting was webcast, given that there was much interest in board and public discussion around this issue. Webcasting is done on an "as available" basis when DCA staff are available to provide such services.

At this time webcasted meetings are available online. This is still relatively new and as such the board does not have a formal retention policy for this specific function in its approved records retention policy.

Annual Meeting Schedule

The board creates its board meeting schedule and approves it during the April or July Board Meetings for the following calendar year. The board meeting schedule through 2016 is available online. Periodically the board needs to schedule additional meetings in

response to an emergent issue; these additional meetings are posted online as soon as the dates are established. (The board sends out a subscriber alert to ensure interested parties are provided with such changes to the board's schedule.)

Committee meetings typically occur once per quarter, between board meetings. Committee meeting dates are posted once the dates are established. The board also sends out a subscriber alert once a committee meeting date is set so interested parties can reserve the date if they are interested in attending.

Complaint Disclosure Policy

The board's complaint disclosure policy follows the DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*.

The board uses its website to post a number of important materials of public interest. The board posts accusations and disciplinary actions online. It also posts interim suspension orders, Penal Code section 23 orders, and suspension for incarceration orders. For sterile injectable compounding pharmacies, cease and desist orders are also posted. Such information is posted under a single tab section to identify licensees and facilities that have restricted or bars from practicing. These orders are also specifically linked to the online license verification function of the board, so that when someone accesses license verification for any licensee, any restrictions on the license are visible as well.

License History and Status Information

The availability of license status information ensures that consumers have ready access to information about their care providers, and allows employers, other government agencies and other licensees to quickly access license status information about any licensee. The board's "verify a license" feature is a valuable tool to reduce unlicensed activity and provides consumers with status information about their community pharmacy and pharmacist. License verification is routinely used by drug wholesalers to ensure that facilities that wholesalers ship to are licensed and in good standing. Years ago the board sponsored legislation to specify that verification of licensure from the board's website is proof of licensure.

Further, for pharmacists, pharmacy technicians and designated representatives, the board provides name, type of license, license number, status of license, expiration date and issue data of license, and address of record. The website provides the same information for pharmacist interns except there is no address of record listed for these licensees.

For licensed sites, the same information is provided, and where a responsible individual must be linked to the facility (e.g., pharmacist-in-charge for a pharmacy), there is a cross link to the individual's license.

Any formal discipline taken against the individual or facility will be listed, along with a link to the public documents.

To supplement the information available on the website, the board also responds to requests for information in writing. Such public information includes what is available on our website, but also includes some information that is not posted on the website.

The board does not provide additional personal information about licensees regarding their education, degree, etc.

Consumer Outreach

The board reaches consumers in various ways. We rely on our website as a primary means to communicate with the public, but also use in-person presentations and telephone services to assist with inquiries in our jurisdiction. The board also uses press releases and the department's social media to deliver information to consumers.

The board's website contains materials for consumers, in both written and video forms. In the last two years, in response to the opioid epidemic, the board also has developed a specific webpage for the public with links to informational materials and resources for those seeking information about prescription drug abuse.

A new consumer safeguard for those who use the internet to purchase drugs is the .pharmacy (called dot pharmacy) suffix, which is a top level domain that has been recently introduced so that the public can readily identify legitimate from illegal websites involving pharmacy and drug sales. The board is an early adopter of this concept and possesses the www.CAboard.pharmacy website name that currently links directly to the board's website at www.pharmacy.ca.gov. About half of the US boards of pharmacy have a similar link to their websites, and pharmacies and pharmaceutical companies are among others who possess .pharmacy websites. The board is partnering with the National Association of Boards of Pharmacy to educate the public about this new form of internet safety.

Pharmacy law is complex with components scattered in numerous federal and state codes. Thus, researching answers is sometimes difficult. To assist the public, licensees and others in finding answers to their questions, the board now redirects one pharmacist inspector to assist these individuals. On Tuesdays and Thursdays, one board inspector is

available to respond to telephone inquiries, and the inspector responds to written, emailed and faxed questions on the other days. The inspector does not provide legal advice or research, but does provide referral to specific laws or provides problem resolution where possible. All inspectors perform this function for one week. The board also has office staff available to provide general guidance and direction to individuals who call the board. Since August 2015 the board has assisted 356 callers.

Upon request, the board's inspectors or staff will provide information to the public on prescription drug abuse, information about the board including filing a complaint, preventing medication errors or buying drugs online. This is information that will aid patients in becoming more knowledgeable about the importance of appropriate drug therapy and adherence.

Section 7

Online Practice Issues



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Online Practice Issues

In any pharmacy setting, the practice of pharmacy involves far more than just dispensing medications to the patient. Recognizing this, pharmacists by law are authorized to perform drug therapy management, drug utilization reviews and other evaluative services via computer from outside a licensed pharmacy. In the next year as the board begins to license advanced practice pharmacists, these highly trained practitioners will be able to perform these services from within and outside a pharmacy.

There are two primary categories of online unlicensed practice in the board's jurisdiction. The first major form of unlicensed activity is by patients buying prescription drugs online from unlicensed sellers often without a prescription. The second major form of unlicensed activity is by practitioners who may be licensed in one state that ship prescription products or perform prescription order verification into California without being appropriately licensed to do business here.

Patients Buying Drugs Online

Individuals with email accounts are periodically (and fairly routinely) solicited by spam email to purchase prescription medications via the Internet. Other individuals deliberately seek out such websites. While buying from the Internet can be done safely, it also can be very dangerous. The vast majority of these spam solicitations originate from web operations that violate California and US law. But identifying who is really behind the website operations is difficult and may involve individuals doing business from well outside the US, where the board has no authority to enforce sanctions.

California pharmacy law prohibits pharmacies from dispensing prescription medication unless there is an underlying relationship between the patient and a prescriber via an appropriate exam (thus a doctor/patient relationship). Some individuals want to purchase prescription drugs without prescriber authorization or review, especially those seeking pain medication and lifestyle drugs (e.g., hair loss, erectile dysfunction, weight loss). As such, website operators offer such sales without the required doctor/patient relationship or via an online questionnaire that results in an "online physician" writing a prescription without an examination.

According to the National Association of Boards of Pharmacy, of well over 10,000 websites they have investigated, 97 percent of these websites are illegitimate, many offer counterfeit drugs, and about half do not require prescriptions to obtain prescription medication. This includes "pharmacies" that sell medications for pets as well as for humans. And unless something goes wrong with the transaction, no complaint is ever

filed with the board because the consumers believe they are obtaining the medication they seek without the medical review required.

The board is unable to investigate many complaints involving the internet. Many involve locations that are difficult to identify what they are, who is operating them and where they are located principally because many are located off shore where the board cannot readily investigate them. Because they are not licensed appropriately, it is questionable about what legitimate sources of drugs would sell drugs to these entities, which means substandard, outdated, counterfeited or gray-market drugs may be dispensed. Often the board will refer these complaints to the FDA and to the National Association of Boards of Pharmacy for investigation.

To address this issue, the board is partnering with the National Association of Boards of Pharmacy on the implementation of a dedicated top-level domain for pharmacies operating over the internet. When fully implemented, a consumer will have assurances that purchasing drugs from pharmacies that include the .pharmacy suffix, are legitimate businesses that are appropriately regulated and license. Section six of this report includes more information about this program which has been operation on a limited scale for about one year. The NABP is working towards broader recognition of the program.

The board periodically finds California-licensed pharmacies filling internet prescriptions for website operators during inspections. In these cases a legitimate prescription is not part of the transaction. Website operators are not pharmacists or pharmacies, just “entrepreneurs.” They establish a website offering to sell prescription medication without a prescription or after a consumer completes an online questionnaire, which is then purportedly reviewed by a prescriber in one state, and often shipped to a pharmacy in another state for filling, without an “appropriate examination” by a physician to initiate the physician/patient relationship. In these cases, consumers are receiving medication from an appropriately licensed pharmacy but without the medical supervision required for prescription medication.

California law allows the board to cite and fine such pharmacies up to \$25,000 per prescription. In the last four years, the board has assessed significant fines for such violations; however, many times the board does not collect the full amount assessed. The board has issued 10 citations for such violations in the past four years. Specific information is available in the citation and fine section in the Enforcement Program chapter of this report.

Unlicensed Activity

The other major form of unlicensed activity in the board's jurisdiction involves the provision of services to Californians from a business or individual located out of state, that may be licensed to do business in that state, but is not licensed as a nonresident pharmacy, wholesaler or if performing pharmacist services outside a pharmacy, without being licensed in California. This type of unlicensed activity is difficult to identify. Periodically, the board identifies brokers who make prescription drug transactions without licensure. For example, a wholesaler broker offers to sell to a pharmacy prescription drugs however the broker is not licensed in California as required.

The board believes it would be beneficial for the board to issue a cease and desist order stopping any business not appropriately licensed from operating until they come into compliance, online or otherwise, yet currently does not have the authority to issue such an order.

Section 8

Workforce Development and Job Creation



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Workforce Development and Job Creation

As the Affordable Care Act continues to be implemented nationally, California as a national leader has secured legislative changes to expand patient access to health care professionals. Pharmacists are well placed in communities to provide medication therapy management services as well as to provide other patient care services for patients that already have diagnoses. In the last two years, the board has spent considerable time and effort working to define the conditions under which pharmacists may provide these expanded services to the benefit of patients, many of these services were included in Senate Bill 493 (Hernandez, Chapter 467, Statutes of 2013). The education and training that pharmacists possess well positions them to provide these increased services. Pharmacists also serve as referral points for patients with more serious conditions that warrant medical care from other practitioners.

As the role of pharmacists change, the board is initiating an evaluation of the role that pharmacy technicians will play in this emerging practice environment. The board started this evaluation in the fall of 2015, with the goal of identifying optimal practice standards for multiple pharmacy personnel. The board's licensing committee is conducting this evaluation which will continue in 2016.

Other Aspects of Workforce Development

Another aspect of workforce development undertaken by the board includes implementation of educational programs that are provided to pharmacists to educate them about problem areas in pharmacy practice. This enables to the board to directly influence desired directions in the practice of pharmacy and respond to trends. Specifically the board has developed:

1. A six-hour CE program for those who attend a joint Drug Enforcement Administration/Board of Pharmacy prescription drug abuse seminar including such topics as, preventing drug thefts, using CURES, exercising a pharmacist's corresponding responsibility, and identifying red flags when dispensing controlled substances.
2. One to two hour CE programs for board presentations regarding components of new pharmacy laws.
3. One to two hour CE programs on being prepared for a board inspection or duties of a pharmacist-in-charge.

Further, to ensure that the board's licensees gain knowledge in key evolving areas or areas of importance to the board, the board also has noticed a proposed regulation establishing requirements that at least six hours of the 30 hours of continuing education required to renew a pharmacist's license every two years be obtained from one or more of the following areas:

- Emergency/Disaster Response
- Patient Consultation
- Maintaining Control of a Pharmacy's Drug Inventory
- Ethics
- Substance Abuse, Including Indications of Red Flags and a Pharmacist's Corresponding Responsibility
- Compounding

If the rulemaking is completed as currently structured, these requirements would take effect for pharmacists renewing their licenses on or after July 1, 2018.

Self Assessments Required

Several years ago the board established a self assessment process to be completed by the pharmacist-in-charge of any pharmacy biennially or whenever there is a new pharmacist-in-charge. This requires a periodic professional assessment by the responsible pharmacist of every pharmacy to assess the operations of a pharmacy for compliance with pharmacy law. The self-assessment form is a very lengthy and detailed survey instrument.

This assessment also serves as a competency assessment for any pharmacist who compiles the survey as it lists and provides a refresher about a number of pharmacy requirements and the related code sections establishing the provisions. This self-evaluation process keeps pharmacists knowledgeable about pharmacy law, and improves compliance. There is an additional specific assessment survey which deals with compounding including a component for sterile injectable compounding processes.

Completion of a separate self assessment survey is required of the designated representatives-in-charge for wholesalers, which again must be completed whenever there is a new designated representative-in-charge or in July of every odd-numbered year. This document provides major laws and requirements for the operations of wholesalers.

Impact of Licensing Delays

The board has an obligation under its public protection mandate to perform application reviews accurately, timely and consistently. The board's failure to issue a license to an individual or entity prevents that individual or business from working. In cases where the board delays making a licensing decision, for example, while investigating a criminal background of an applicant, the job intended for an applicant may be given to another individual. As a result, the board's delay in licensing, although necessary, has a direct impact on the individual.

The board's goal for licensing is to issue a permit as quickly as possible once the applicant has been determined to be qualified for licensure. Additional information on licensing performance is provided in Section 4 of this report.

The board works with applications from businesses that must be licensed by the board, and strives to ensure that they can open on the date they desire, even when they turn applications in very close to the desired opening date. Many times this can be accomplished. However, there are a number of components that must be completed before an applicant can receive a new pharmacy or wholesaler license. The board has the ability to issue temporary licenses to pharmacies and wholesalers if a certain number of requirements are fulfilled. This permits the new business to begin, and the board can then finalize review of the licensing documents within the next 180 days.

Outreach to Schools

There are currently 12 schools of pharmacy with various stages of accreditation in California. This is a substantial increase from the eight schools in California in the last four years.

The board is periodically asked to provide lectures at California pharmacy schools on pharmacy law, the role of the board, its licensing program, enforcement program, duties of a pharmacist-in-charge and other topics. These presentations are intended to ensure that new licensees understand the board's role and activities. For example during presentations about the board's enforcement programs, the board highlights the difference between formal discipline where revocation or restriction of a license is the goal versus citations and fines where compliance is the goal. One of its more well-received presentations is "How to 'survive' a board inspection," which is intended to reduce licensees' anxiety during an inspection.

Board staff meets several times annually with the deans of California's pharmacy schools to discuss a variety of issues including those impacting licensing requirements and board processing of applications. This enables the board to educate the schools of pharmacy about application and documentation requirements for pharmacist intern licenses and pharmacist licensure examination applications. By working with the schools, the board has developed streamlined application processes for attendees and graduates of the California schools of pharmacy.

Workforce Development and Shortages

In the early 2000s a critical shortage of pharmacists exists in California. The general consensus of the profession is that there is an adequate supply of pharmacists now and in the future. Further, research on the demand for pharmacists in the employment sector confirms that as recently as mid-2014, there continues to be a general availability of pharmacists to fill vacant pharmacist positions throughout most states, including California. Of course, in regional areas the supply of pharmacists may be limited.

However, as pharmacists perform more primary patient care functions as now authorized by law, demand for pharmacists could increase. The board notes that the number of pharmacy schools in California has increased 50 percent in the last four years.

Successful Training Programs

The board does not have any data available on successful training programs other than the board presentations mentioned above.

Section 9

Current Issues

- Current Issues
 - Uniform Standards for Substance Abusing Licensees
 - Consumer Protection Enforcement Initiative
 - BreeEZe



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Current Issues

Uniform Standards for Substance Abusing Licensees

Since the SB 1441 standards were finalized, the board has worked in a thoughtful and deliberate manner to implement the standards. This is essential for the regulator of businesses and individuals who have immediate proximity to dangerous drugs and controlled substances.

The standards establish 16 categorical requirements and provide instruction for the board, contractors and licensees to follow. As such, to achieve implementation, the board needed to take action in several areas including:

- Educate members about the requirements,
- Incorporate changes to the existing and future contracts with the administrator of the Pharmacists Recovery Program (PRP),
- Develop expanded statistical reporting,
- Make changes to policies and procedures,
- Update the board's *Disciplinary Guidelines*.

Beginning in 2011, the board heard presentations on the standards as well as initiated a rulemaking to update its *Disciplinary Guidelines* to incorporate the SB 1441 uniform standards. While the board was working to update its *Disciplinary Guidelines*, the board received opinions from various sources on what was required to implement the uniform standards, including an opinion from the Legislative Counsel Bureau, an executive summary issued by the Office of the Attorney General as well as an implementation memo from the Deputy Director of Legal Affairs, Department of Consumer Affairs. Regrettably these opinions did not provide consistent guidance. As a result, the board stopped its rulemaking efforts to update its *Disciplinary Guidelines* and requested a formal legal opinion from the Office of the Attorney General, which was done in January 2013.

While awaiting the legal opinion, the board continued its implementation efforts in other areas. For example, beginning in FY 2011/12 the board began publishing the statistics required pursuant to standard 16. The statistics are provided on a quarterly basis to the board and are posted publicly on the board's website as part of the meeting materials. A review of these statistics confirm the board has implemented several of the standards that were guidance or direction to the board. For example, reviewing the total number of probationers in a given quarter as well as the number of drug tests ordered provides insight into the approximate drug testing frequency for licensees subject to such a requirement.

The integration of the SB 1441 standards also required amendments to contracts. Over the prior few years, the board has worked with DCA to secure the necessary contract changes with the administrator of the PRP.

In April 2015 the board received the Attorney General's Opinion. The board subsequently reestablished its SB 1441 Uniform Standards Implementation Committee to resume efforts to update the board's *Disciplinary Guidelines*. On September 4, 2015, the notice of proposed action along with the proposed text was published by the Office of Administrative Law for the required 45-day comment period, (which ended October 19, 2015). During its October Board Meeting, the board voted to pursue a 15-day comment period and expects, absent any negative comments submitted, to submit the rulemaking to the various control agencies to review by early 2016.

Consumer Protection Enforcement Initiative

Beginning in July 2009, the Department of Consumer Affairs worked with health care boards to improve their capabilities to investigate and discipline errant licensees to better protect the public from harm. These results yielded the Consumer Protection Enforcement Initiative (CPEI). The CPEI was comprised of a three-pronged solution designed to ensure that investigations were completed and final action taken against a licensee occurred within 12 – 18 months. The solution included legislative changes designed to remove barriers to investigations, a new computer system that would meet the boards' needs to collect information and monitor performance, and additional staff resources.

Many of the legislative changes identified by the department were incorporated in SB 1111 (Negrete McLeod, 2010). Unfortunately this bill failed passage early in the year during its first policy committee. Subsequent to that, the department identified provisions in the bill that could be implemented through regulations and encouraged boards to develop language and initiate the rulemaking process.

In addition to working with the department on a department-wide solution, the board also identified statutory changes that would specifically address pharmacy-related issues.

Beginning in 2010 the board held several discussions on these proposals. This issue was initially vetted through the board's Enforcement Committee with updates and action taken during board meetings. As a result, the board pursued regulation changes to

facilitate implementation of several of the recommended regulations. This included the addition of Title 16, CCR section 1762 to specify specific acts that constitute unprofessional conduct. Such acts included:

- Inclusion of gag clauses in a civil suit settlement
- Failure to provide information requested by the board during an investigation
- Failure to comply with a court order or subpoena for records

In addition, this section provided the board with the authority to revoke a license or deny an application for an act requiring an individual to register as a sex offender.

In addition, the board also added section 1769 which established the authority for the board to require an applicant to be examined if it appears that the applicant may be unable to safely practice due to mental illness or physical illness affecting competency.

These provisions took effect April 1, 2014.

In addition to these new regulations, the board sponsored legislation to ensure it receives arrest and court documents. The board also responds to legislative proposals introduced by others that could impede or enhance the board's ability to meet its mandate.

BreEZe

For a number of years the department has worked to replace and/or enhance its legacy licensing and enforcement tracking systems used by most DCA agencies. The system selected was a commercial off-the-shelf product (COTS) that was intended to streamline processes, provide better access for consumers and licensees, and help programs within the department gain better reporting tools.

As the board began the steps towards transition to the new system, two board staff were assigned as the primary subject matter experts (SME). These staff spent a considerable amount of time working on the preliminary configuration for the board's conversion into the COTS system.

It was initially anticipated that the board would transition to the new BreEZe system with the second scheduled release of the system. However as the configuration progressed, board staff identified key functionality absent from the system that is critically needed by the board. Consistent with the change management process established to oversee

implementation of BreEZe, the board was removed from the second release. To date the board has contributed \$1.5 million towards this upgraded system.

The board's executive officer has been a member of the Change Control Board for BreEZe since its inception.

Section 10

Board Action and Response to Prior Sunset Issues

- Issue 1 - Quorum Problems
- Issue 2 - Budgetary Problems
- Issue 3 - Need for Statutory Reporting Requirements
- Issue 4 - Proof of Intern Hours Earned
- Issue 5 - Unlicensed Activity and the Underground Economy
- Issue 6 - Effectiveness of the Board's Substance Abuse Recovery Program
- Issue 7 - Drug Diversion and Prescription Drug Monitoring Program
- Issue 8 - Workforce Development Efforts
- Issue 9 - Implementation of California's Electronic Pedigree Law
- Issue 10 - Implementation of a Prescription Label Standard
- Issue 11 - Implementation of Drug Take-Back and Reuse Programs
- Issue 12 - Continued Regulation by Board of Pharmacy



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Board Action and Response to Prior Sunset Issues

Issue 1 - Quorum Problems

During the last Sunset Review, it was noted that the board had vacancies that could result in an inability to conduct business due to a lack of quorum. The committee asked the board to discuss the impact, if any, of the change in board composition from 11 to 13 members.

Sunset Review Committee Recommendation: The committee asked the board to explain whether it believed that quorum problems for the board will continue to exist and if the Department of Consumer Affairs and Business, Consumer Services and Housing Agency had been informed of the effect of vacancies that then existed on the board. The committee asked the board to explain whether the change in the composition of the board since the last Sunset Review had improved the overall operation of the board.

Action Taken by the Board: As one of many boards which at the time had vacancies, the board did express concern. However, appointment to the board is the Governor's prerogative.

Recommendation for the Future: There are currently no vacancies on the board and the board has had a full complement of members for several years.

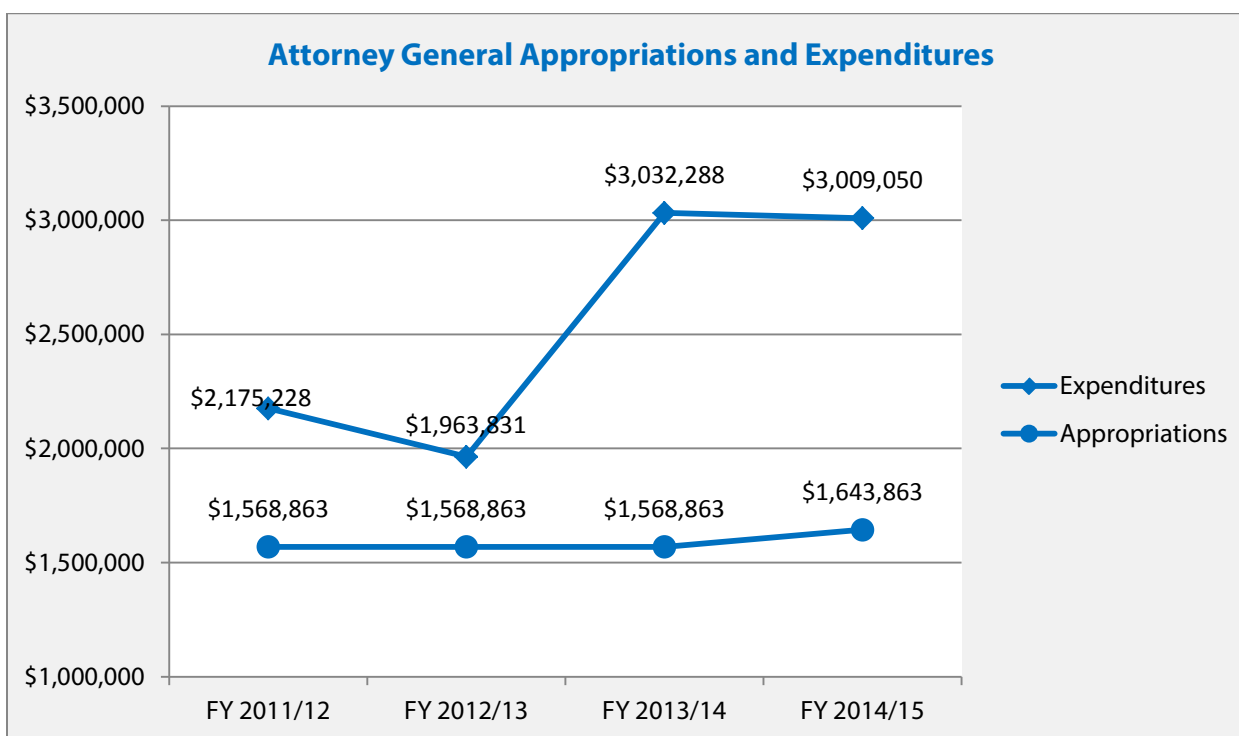
Issue 2 - Budgetary Problems

During the last Sunset Review, it was noted that the board consistently overspends on its AG budget. The committee questioned if the board had the resources and revenue needed to conduct its business and meet its statutory mandates.

Sunset Review Committee Recommendation: The committee asked the board to outline its plans to address budgetary challenges.

Action Taken by the Board: Effective July 2014, the board increased its fees to the statutory maximum levels to address an ongoing structural imbalance in the board's budget where expenditures exceeded annual revenue.

Recommendation for the Future: The board continues to closely monitor its budget. With the significant growth that has occurred in board operations and authorized expenditures, the board's revenues are not always sufficient to offset costs. Further, the board's budget authorization specifically for the Office of the Attorney General and other enforcement-related costs has been significantly less than the actual annual expenditures for all four fiscal years covered in this reporting period.



The board has redirected funding from other line items when possible and for the past few years has used budget bill language that allows for a midyear augment of the board's budget to cover enforcement-related costs. The board recognizes that this is a temporary solution, but has used it nonetheless to ensure the continuation of enforcement-related activities until a permanent solution is achieved.

In 2013/14 the board received its loan repayment from the general fund (\$1,000,000). This fulfilled all loan repayments due to the board.

The board is working with the Department of Consumer Affairs to perform an analysis of the board's fee structure and intends to pursue legislation in 2016 to correct the ongoing structural imbalance in the board's budget. Once this is addressed the board should be well positioned to achieve a permanent solution to the AG funding issue.

Issue 3 - Need for Statutory Reporting Requirements

During the last Sunset Review, the committee asked if the board is receiving important information about its licensee population.

Sunset Review Committee Recommendation: The committee asked the board to provide an update on its receipt of reports about its licensees and how an influx of “Section 800” reports would be absorbed by its enforcement staff.

Action Taken by the Board: The board believes the Section 800 reporting is important to its public protection mandate. These reporting requirements are more fully described in the Enforcement Program section of this report. The board periodically reminds its licensee population about these mandatory reporting requirements. As a result of its efforts, the board has experienced an increase in the number of such reports received and investigations have been completed on such reports. The chart below details the outcomes of investigations for each of the fiscal years.

Section 800 Cases Close, By Outcome				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Insufficient Evidence	1	7	23	16
No Jurisdiction	0	1	0	1
No Violations	0	2	2	2
Closed No Further Action	0	2	6	5
Closed Other (Consolidated into Existing Case)	0	3	13	11
Subject Educated	0	0	1	1
Letter of Admonishment	0	2	11	1
Citation (with or without fine)	12	84	239	131
Referral to Attorney General’s Office	0	1	1	4
Total	13	102	296	172
Grand Total	583			

Overall the board took action in 83 percent of the incidents provided in these reports. (In some cases the board could not take action because evidence no longer existed to substantiate a violation because of the time that had elapsed since the incident occurred.) Specifically, the board issued 14 letter of admonishment, 466 citations, including citations with fines, as well as referred six cases to the Office of the Attorney General for administrative action.

In addition to receiving notification of settlement agreements, the board also has requirements for the mandatory reporting of drug losses as well as mandatory reporting of employee impairment or termination for theft, diversion or self-use of dangerous drugs. As the data below reflects, 188 citations, including citations with fines, and 207

respondents were referred to the Office of the Attorney General for disciplinary action based on investigations initiated by such reports.

Mandatory Reports of Drug Losses and Employee Impairment Investigations By Outcome				
	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Insufficient Evidence	4	7	8	10
No Jurisdiction	2	0	0	0
No Violations	1	1	3	5
Closed No Further Action	34	54	70	13
Closed Other (Consolidated into Existing Case)	1	5	5	9
Referral to PRP	0	0	0	1
Subject Educated	0	1	3	0
Letter of Admonishment	13	20	29	8
Citation (with or without fine)	33	40	78	32
Referral to Attorney General's Office	27	51	91	38
Total	115	179	287	116
Grand Total	697			

Recommendation for the Future: Addressing these matters is an important part of the board's public protection mandate. The board continues to remind licensees of their obligation to report settlements under the provisions of Section 800. The board continues to evaluate and identify barriers to enforcement and the board's ability to meet its consumer protection mandate. At its core, the board needs to have access to and the ability to consider all relevant information about its licensees.

Issue 4 - Proof of Intern Hours Earned

During its last review the committee inquired if it would be more efficient for the board to receive out-of-state intern hour verifications directly from the state license board, rather than rely on board staff to verify hours.

Sunset Review Committee Recommendation: The committee asked the board to explain how other states verify intern hours for out-of-state licensees. The committee considered if it should grant the board the statutory authority to accept transfer of intern hours if they have been verified by another state, directly from a state board of pharmacy.

Action Taken by the Board: In 2012 the board sponsored legislation to amend Business and Professions Code section 4209 to allow the board to accept intern hours transferred by another state board of pharmacy. This change was included in SB 1575 (Senate Business, Professions and Economic Development Committee, Chapter 799, Statutes of 2012). More recently, in 2015, the board sponsored legislation that allows the board to accept graduation from recognized schools of pharmacy on or after January 1, 2016, as proof of intern experience. This change was in recognition that US accredited school of pharmacy programs require a minimum of 1740 hours of intern experience as part of the educational requirements for graduation. These provisions were included in SB 590 (Stone, Chapter 147, Statutes of 2015). The board will be working to implement these additional changes that take effect January 1, 2016.

Recommendation for the Future: The board does not have any additional recommendation on this issue.

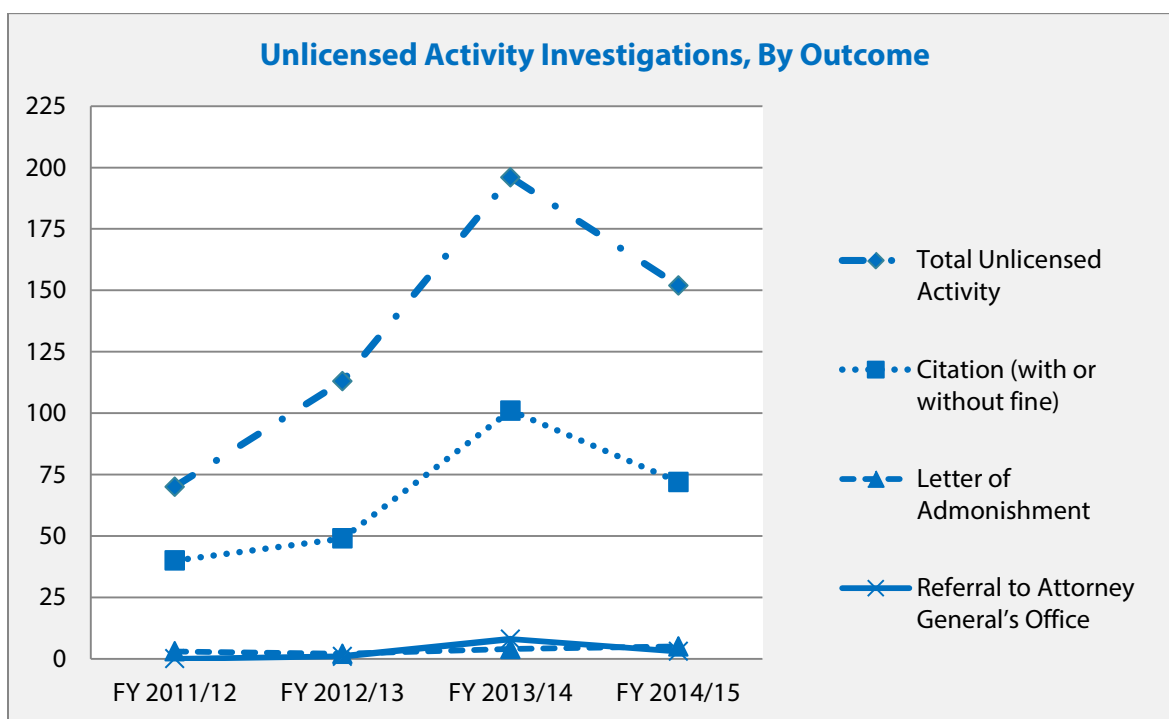
Issue 5 - Unlicensed Activity and the Underground Economy

During its last review the committee asked what the board could do to curb unlicensed activity and ensure the quality of prescription drugs received by California patients. The committee also sought information on the impact drug shortages have on such behavior.

Sunset Review Committee Recommendation: The committee asked the board to describe its public education and enforcement efforts to combat unlicensed activity and other challenges. Further the committee asked the board to address how unlicensed activity is impacting enforcement workload.

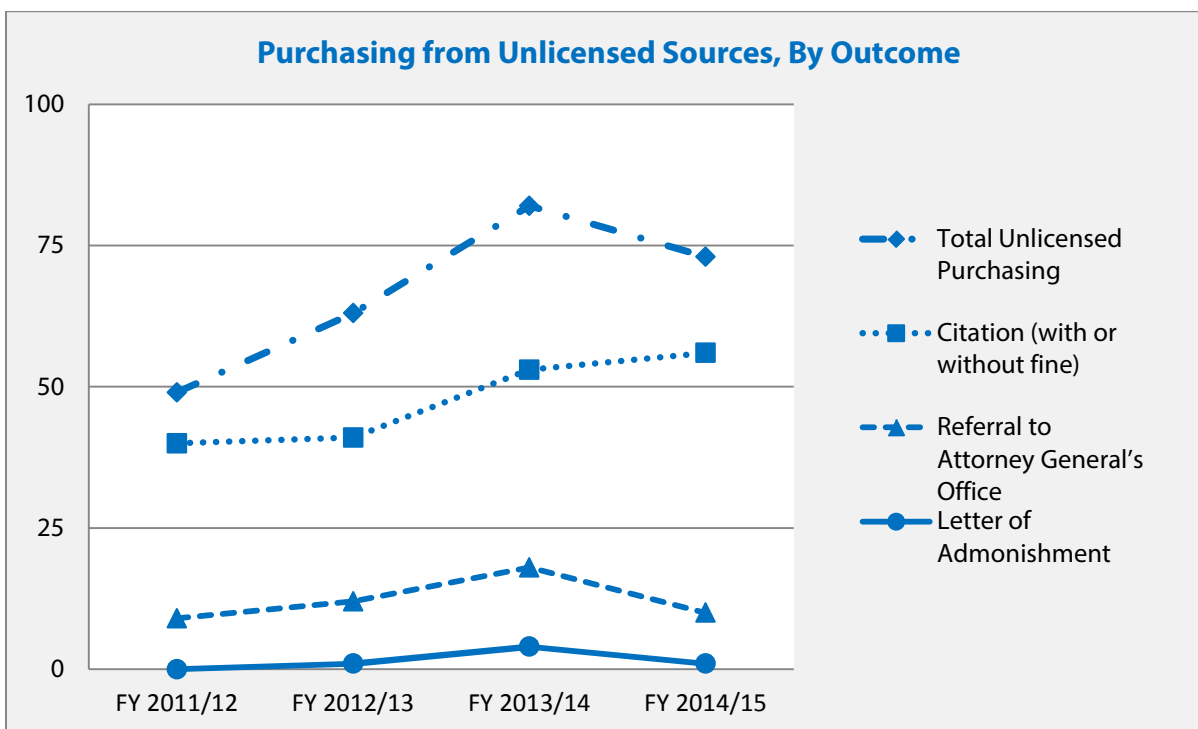
Action Taken by the Board: The board continues to aggressively investigate unlicensed activity as well as investigate unprofessional conduct that results from drug shortages. The table below details investigations involving allegations of unlicensed activity. As the result of the investigations, the board took action in 53 percent of the cases, including issuing 12 letters of admonishment, 262 citations, including citations and fines, and referring 12 cases to the Office of the Attorney General for administrative action.

Unlicensed Activity Investigations, By Outcome				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Insufficient Evidence	5	34	26	30
No Jurisdiction	6	5	6	0
No Violations	8	14	24	29
Closed No Further Action	5	4	21	5
Closed Other (Consolidated into Existing Case)	3	3	3	4
Subject Educated	0	1	3	4
Letter of Admonishment	3	2	4	5
Citation (with or without fine)	40	49	101	72
Referral to Attorney General's Office	0	1	8	3
Total	70	113	196	152
Grand Total	531			



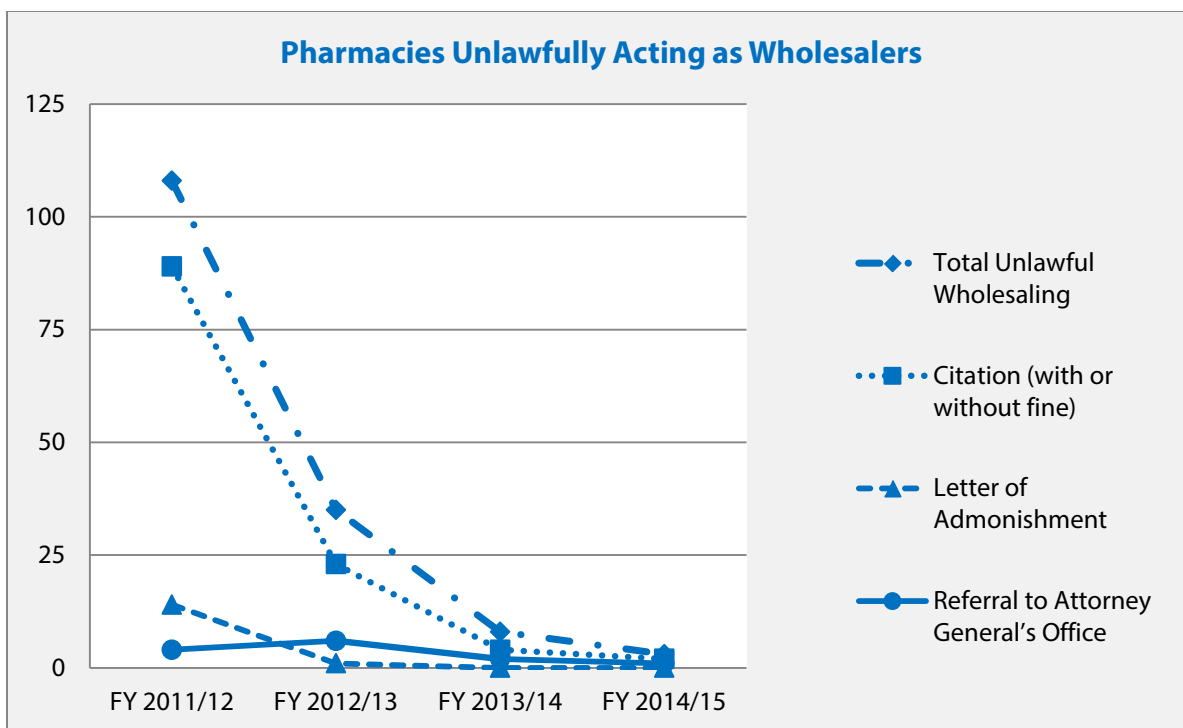
In addition to traditional unlicensed activity, where either an individual or business sells or performs duties without appropriate licensure, the board also investigates the purchasing of drugs from unlicensed entities, a violation of Business and Professions Code section 4169. Over the past four years, the board has issued 150 citations, including citations with fines, referred 49 cases to the Office of the Attorney General for administrative action, and issued 5 letters of admonishment for such violations.

Purchasing from Unlicensed Sources, By Outcome				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Insufficient Evidence	0	7	5	5
No Jurisdiction	0	0	0	0
No Violations	0	0	1	1
Closed No Further Action	0	2	1	0
Closed Other (Consolidated into Existing Case)	0	0	0	0
Subject Educated	0	0	0	0
Letter of Admonishment	0	1	4	1
Citation (with or without fine)	40	41	53	56
Referral to Attorney General's Office	9	12	18	10
Total	49	63	82	73
Grand Total	267			



The board also investigates allegations of unauthorized activity by pharmacies and wholesalers. The board has been recognized for its leadership in enforcement actions taken in 2012 in addressing exorbitant prices being charged to hospitals for sales of drugs in short supply by unethical drug secondary wholesalers who had enticed community pharmacies to order these drugs for the secondary wholesalers. This permitted the secondary wholesalers to secure larger supplies of these medications than they could directly obtain on their own because of quota systems set up to prevent market manipulation such as this. Without this action by the board, hospitals and patients would have had a harder time obtaining drugs in short supply and when they did receive the medication, they would have paid substantially more (up to 6,000 percent increases were charged by these secondary wholesalers). As the table below demonstrates, the board issued 118 citations, including citations with fines, referred 13 cases to the Office of the Attorney General and issued 8 letters of admonishment for such violations.

Pharmacies Unlawfully Acting as Wholesalers, Investigations By Outcome				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Insufficient Evidence	1	4	2	0
No Jurisdiction	0	0	0	0
No Violations	0	1	0	0
Closed No Further Action	0	0	0	0
Closed Other (Consolidated into Existing Case)	0	0	0	0
Subject Educated	0	0	0	0
Letter of Admonishment	14	1	0	0
Citation (with or without fine)	89	23	4	2
Referral to Attorney General's Office	4	6	2	1
Total	108	35	8	3
Grand Total	155			

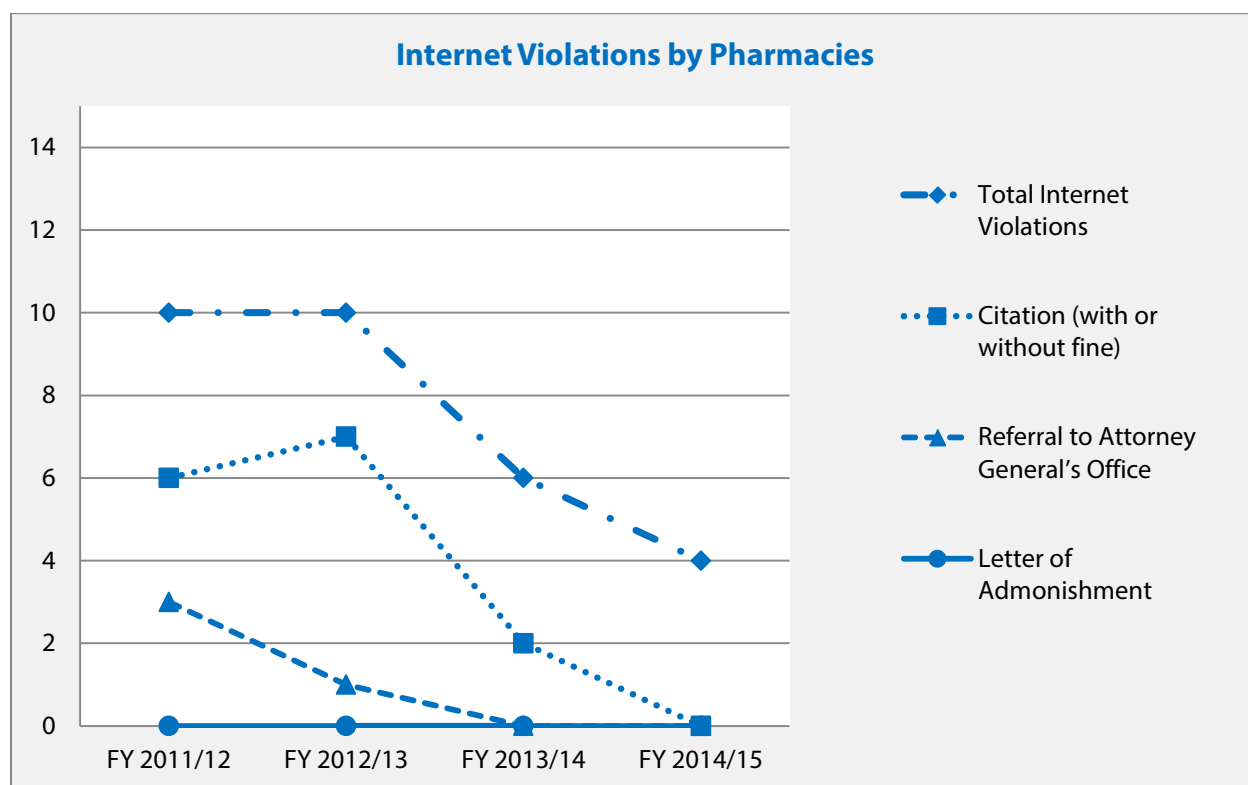


In subsequent years the board suspects that its efforts in this area served as deterrents to stop future activity.

Further, the board has taken steps to educate consumers about the dangers of purchasing drugs from the internet and is currently working with the National Association of Boards of Pharmacy to implement a .pharmacy domain that consumers can use to purchase medications online in a safe manner. This is discussed in greater detail in Section 7 of this report.

Provided on the following page is data on investigations related to internet allegations. As a result of the board's efforts in this area the board has issued 15 citations, including citations and fines, and referred four cases to the Office of the Attorney General for administrative action.

Internet Violations by Pharmacies, Investigations By Outcome				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Insufficient Evidence	0	2	3	2
No Jurisdiction	1	0	0	0
No Violations	0	0	0	1
Closed No Further Action	0	0	1	1
Closed Other (Consolidated into Existing Case)	0	0	0	0
Subject Educated	0	0	0	0
Letter of Admonishment	0	0	0	0
Citation (with or without fine)	6	7	2	0
Referral to Attorney General's Office	3	1	0	0
Total	10	10	6	4
Grand Total	30			



Recommendation for the Future: The board does not currently have the authority to issue a cease and desist order to businesses involved in unlicensed activity. A statutory change to allow for this would greatly benefit the board in protecting consumers. Simply citing and fining an unlicensed business is often an insufficient consequence to stop unlicensed activity because frequently the business continues to do the act.

Issue 6 - Effectiveness of the Board's Substance Abuse Recovery Program

During its last review the committee inquired about the effectiveness of the board's "Pharmacist Recovery Program" (PRP) and whether the "Uniform Standards" had been adopted. The committee asked if the PRP should be audited as well as if the board should continue to maintain and operate its own diversion program.

Sunset Review Committee Recommendation: The committee requested the board to provide justification for continuing to provide the PRP noting a low completion rate for the program and the increased cost of providing the program. The committee requested an audit be performed of the PRP and requested an update on implementation of the "Uniform Substance Abuse Standards."

Action Taken by the Board: During the prior Sunset Review, the board provided considerable information about the importance of the PRP as an enforcement tool. Pharmacists and pharmacist interns work in pharmacies and direct the activities in those pharmacies placing all drugs in a pharmacy within reach. This environment is a "candy store" to a substance abuser who can readily divert drugs some times for considerable periods without detection. As such professionals identified with substance abuse problems need to be closely monitored for sobriety or prevented from exercising the privileges of a Board of Pharmacy license.

The board is one of few agencies that has a mandatory requirement that pharmacies report:

- any admission of chemical, mental or physical impairment affecting an individual's ability to practice safely,
- any admission or evidence demonstrating such conditions, and
- any termination of a licensee based on theft, diversion or self-use.

The board also requires pharmacies to provide documentary evidence of these acts. Additionally, California law requires pharmacies to report any controlled substances losses to the board within 30 days. Such reporting requirements help ensure that the board is advised about drug diversion and substance abuse involving board licensees.

A significant benefit of the PRP program is early monitoring for those under investigation by the board while the board is still conducting the investigation, and well before discipline has been secured. This monitoring continues throughout the investigation and prosecution phases. When a licensee is subsequently placed on probation, PRP participation becomes a mandated component and completion of the PRP satisfactorily becomes a required element of probation. This is significant consumer protection and unachievable without a pre-discipline monitoring program. During this four-year

reporting period, 84 participants entered the program, 37 participants successfully completed the program and 21 participants were terminated and 32 were terminated and deemed a risk to the public. During this reporting period there were 11,569 drug tests ordered. Overall participation in the program averaged 66 participants at any given time.

It is important to note that under the contract with the PRP, participants are subject to all Uniform Standards. Also, DCA at the request of the board has initiated an audit of the PRP contracted vendor as required by the standards.

Recommendation for the Future: The board believes that the PRP program should continue.

Issue 7 - Drug Diversion and Prescription Drug Monitoring Program

Prescription drug abuse is a rising national problem, with pharmacies on the front line of access to drugs. What role does the board play in addressing this issue? How do board enforcement priorities attempt to combat this problem? What is the status of the CURES program?

Sunset Review Committee Recommendation: The board should discuss its drug diversion enforcement efforts and the role of CURES. The board should provide recommendations for future success and viability of this program, including efforts to increase utilization and suggestions for stable funding and location.

Action Taken by the Board: Since the last Sunset Review, the board has been heavily involved in the area of addressing prescription drug abuse. In 2011/12, four federal agencies -- Drug Enforcement Administration, Food and Drug Administration, Centers of Disease Control and the Office of National Drug Control Policy declared prescription drug abuse to be an epidemic in the US. This was the initiation of a widespread effort to reduce the seemingly indiscriminate prescribing of controlled substances for patients. Among other projects the board:

- Co-sponsored with the Medical Board of California in February 2012 a two-day conference for prescribers and dispensers on Appropriate Prescribing and Dispensing, in an effort get physicians and pharmacists to work together about this topic, for physicians to understand pharmacist corresponding responsibility and to educate these health care providers about prescription drug abuse. National policy experts spoke at this well-attended conference.
- Formed a subcommittee on Prescription Drug Abuse that met seven times between October 2013 and March 2015. Work products of this committee

- included creation of a board webpage listing resources on prescription drug abuse prevention, promotion of CURES, development of two public service announcements on teen drug abuse by accessing medication supplies in the home, and educational topics from individuals and agencies knowledgeable about this topic.
- Declared as a precedential decision and promoted a board disciplinary decision revoking licenses of both a pharmacy and pharmacist for failure to exercise corresponding responsibility when dispensing controlled drugs. The board developed a brochure on red flags for pharmacists on this topic, and placed a red flags video online as educational resources.
 - Educated board licensees and others about prescription drug abuse, the use of CURES and a pharmacist's corresponding responsibility by providing 10 joint Board of Pharmacy/Drug Enforcement Agency seminars throughout California on prescription drug abuse, a pharmacist's corresponding responsibility and prescription drug abuse for which six hours of continuing education credit is provided to attendees.
 - Provided 15 presentations to community groups on a pharmacist's corresponding responsibility.
 - Participated and spoke at numerous forums on prescription drug abuse and use of CURES to educate licensees and others about this topic. This has also recently included a state policy-setting committee formed by the director of the California Department of Public Health.
 - Implemented a state protocol for pharmacists to provide naloxone to patients without a prescription (naloxone blocks and reverses overdoses caused by opioids) as authorized by AB 1525 (Bloom, Chapter 326, Statutes of 2014).
 - Facilitated registration of hundreds of pharmacists to access CURES at meetings, presentations and at the board's office.
 - Initiated a rulemaking to require focused on more frequent inventory tracking requirements of controlled drugs by all pharmacies to identify internal drug diversion in a more timely manner.

Regarding California's prescription drug monitoring program -- CURES, the board continues to support, use as a disciplinary tool, and advocate for pharmacists to use the data of this program. The board supported the development and funding of CURES 2.0, which was achieved through SB 809 (DeSaulnier, Chapter 400, Statutes of 2013) and trailer bills to the 2013/14 budget, and has worked to ensure that the new system will continue meet the needs of the state's pharmacists.

Finally, in order to better respond to prescription drug abuse issues, the board received a budget augmentation for limited-term inspector staff to initiate and investigate matters in this area, in part by using CURES data. The board's proactive research and monitoring activities (via data mining) have resulted in the opening of 47 investigations of suspect licensees in the six months following implementation. Based on the information obtained, the board investigators have also identified trends which will guide more thorough investigations. Out of 90 inspections conducted by the RX Drug Abuse team, 62 sites had a total of 201 violations of law which resulted in 25 violation notices and 62 corrections ordered.

Prescription drug abuse is a continuing problem. The board is currently working on regulations to permit pharmacies to take back prescription medications, to get unwanted medications out of homes. It is also worked on a regulation to require better auditing and periodic inventory counts of controlled substances in pharmacies. This was in response to increasing losses of controlled substances by pharmacies. In FY 2014/15 the board received reports of over 1 million dosage units of controlled substances lost by pharmacies.

Recommendation for the Future: This issue area is integral to the board's jurisdiction and the board needs to continue its efforts in this area.

Issue 8 - Workforce Development Efforts

Is California facing a pharmacist shortage? What is the impact of the federal Patient Protection and Affordable Care Act on pharmacist workforce and health care delivery? How have delays in licensing process times impacted the pharmacy workforce in California?

Sunset Review Committee Recommendation: The board should explain its rationale in determining that California does not have a pharmacist shortage. The board should outline efforts it has undertaken to ensure greater utilization of the profession in the midst of new demand for health care professionals

Action Taken by the Board: At the time of the last Sunset Review, the board did not believe there was a pharmacist shortage, and because of the increase in the number of schools of pharmacy in California from eight to 12 and with several additional schools in the planning phases, the board believes that there was considerable ability to increase California's production of pharmacists.

The enactment of SB 493 (Hernandez, Chapter 469) in 2013 created new opportunities for pharmacists to provide direct consumer services they have been trained to perform, but

for which prior law offered limited opportunity. According to recent studies, there has been a shift in the type of duties pharmacists perform. A review of a 2014 workforce study identified the following:

- Pharmacists are performing more patient care activities in a variety of healthcare settings, and spending less time in the traditional dispensing role.
- 60 percent of pharmacists provided medication therapy management and 53 percent performed immunizations in 2014, compared to only 13 and 15 percent, respectively, in 2004.
- The percentage of time that full-time pharmacists spent on services associated with medication dispensing decreased from 55 percent in 2009 to 49 percent in 2014.
- Recent pharmacy graduates can expect more career opportunities in the future as the older pharmacist workforce continues to enter retirement age.

Using another survey: the aggregate demand index for pharmacists in California dropped to 3.25 in July 2015 (the scale is that 4 indicates moderate demand: some difficulty filling open positions, and 3 indicates demand in balance with supply). The experts who develop and create these indices state there is little indication of difficulty in filling pharmacist positions in California currently.

According to the American Society of Health System Pharmacists, pharmacists are no longer among the health care professions where a shortage of workers is projected between 2010 and 2020 based on aging workforce data projections.

However, the board has spent most of the last two years implementing the multiple components authorizing additional activities for pharmacists to perform under provisions in SB 493 and the naloxone protocol provisions contained in AB 1535 (Bloom, Chapter 326, Statutes of 2014). The board will closely monitor the impact of pharmacists providing these additional services under the auspices of the Licensing Committee.

Recommendation for the Future: The board needs to complete its efforts to implement the provisions in SB 493 and monitor the implementation of these new duties for pharmacist and the impact they have on patient care and on workforce availability. The board supports possible additional state protocols that would permit pharmacists to provide additional services to the public because of their accessible position in the community. For example, the ability to provide epinephrine self-injectors (EpiPens) may be implemented pursuant to a state protocol.

Issue 9 - Implementation of California's electronic pedigree law

Will the board meet the deadline for implementation? What challenges does the board face in implementing the law? What has been the response to implementation?

Sunset Review Committee Recommendation: The board should provide the committee with an update on the status of e-pedigree implementation, including timelines. Board activity, potential impediments and manufacturer and industry efforts and response.

Action Taken by the Board: In November 2013 federal legislation was enacted to preempt California's e-pedigree law. This federal legislation was in part propelled by the sterile compounding failure and patient harm caused by the New England Compounding Center's contaminated medication in 2012 as well as the pharmaceutical supply chain's concern with its ability to meet the January 2015 implementation date of e-pedigree requirements in California. As a result, federal legislation was enacted. Following this federal action, California legislation was enacted in 2014 (Lieu, Chapter 492) to repeal from the Business and Professions Code the provisions of the preempted e-pedigree law.

At the time of the enactment of the federal provisions, the board had begun to promulgate the regulations needed to implement California's provisions. These rulemakings were suspended or withdrawn.

Recommendation for the Future: Because pharmacy and wholesalers often operate across state lines, work to ensure full implementation of federal regulations at the state level and continue ongoing proactive work to identify breaches in the supply chain. Regulate compounding by pharmacies and by outsourcing facilities.

Issue 10 - Implementation of a Prescription Label Standard

What has the board done to implement California's label standard for prescription containers? What public outreach efforts did the board take to ensure robust participation in the regulatory process? What additional changes to the law or issues does the board anticipate?

Sunset Review Committee Recommendation: The board should provide a status update on the creation of a patient-centered label for all prescriptions dispensed in California. The board should describe what additional public outreach it will undertake to ensure compliance. The board should explain impediments in compliance, industry feedback or pushback, if any and anticipated changes that may be made to the law or regulations.

Action Taken by the Board: The board completed its initial work on the first iteration of the patient-centered prescription container labels in June 2010, and the regulation took effect in January 2011 as required by statute. However, there were several contentious issues that arose during the development of these requirements, and the board agreed to establish a review date for the requirements by December 2013. This regulation review did take place and the board addressed one of the most contentious components -- the size of the typeface -- to require an increase to 12-point font for all elements in the patient-centered portion of the label (from the initial "10-point sans serif typeface or, if requested by the consumer, at least a 12-point typeface"). This change took effect in January 2015.

JOHNSON, JUDITH		Rx# 06197 1234567
VERAPAMIL ER 240 MG tablet		DATE FILLED: 08/31/2010
Manufacturer: Ivax Pharmaceutical		ORIG RX DATE: 02/24/2010
Take 1 tablet in the morning, and take 1 tablet in the evening		RPH: KPT
Treats high blood pressure		Store DEA# BT5555555
Prescriber: Roger Brown MD		Judith Johnson
Quantity: 60		5873 EVERGREEN AVE
Oblong ivory tablet 73 00 logo		DAVIS, CA 95615
Refills remaining: 3		(555) 555-7889
Expires: 05/30/2011		CAUTION: Federal law PROHIBITS the transfer of this drug to any person other than the patient for whom it was prescribed.
		Victor's Pharmacy
		1625 N. Market Blvd., Sacramento, CA 95834
		(555) 555-9810

The board also proposed changes to the regulations that are currently being pursued in a rulemaking:

- To remove the manufacturer's name from the patient-centered area of the label to area outside this designated space, and
- To require that when a generic drug is dispensed, to also place on label in the patient-centered area the phrase "generic for ____" and insert the brand name so that patients do not mistakenly concurrently take both a brand name and the same generic-named drug.

As part of the initial regulation, the board required that all pharmacies be able to provide oral interpretation services in 12 languages in pharmacies. In 2015, the board sponsored legislation to promote the use of translated standardized directions for use that had been vetted in five non-English speaking communities that were made available on the board's website (Ting, AB 1073, Chapter 784). This law ensures that the written translations also help address the needs of limited-English speaking patients.

Meanwhile, since 2011, the patient-centered requirements developed by the board have been picked up as standards for prescription container labels by the US Pharmacopeia,

the Institute for Safe Medication Practices, and the National Association of Boards of Pharmacy.

Recommendation for the Future: The board should monitor implementation and the benefits to patients of these changes.

Issue 11 - Implementation of Drug Take-Back and Reuse Programs

Is it clear what role the board has in the implementation of drug take back programs and redistribution and reuse programs?

Sunset Review Committee Recommendation: The board should explain the status of implementation of drug take-back programs in California and what barriers exist to successful implementation of these programs. What role does the board play in establishing safe, secure methods for consumers to properly dispose of medication? What steps has the board taken to promote and create take-back programs? What should be the role, if any of board-licensed reverse distributors in the drug take-back process? What role does the board play in drug redistribution and reuse programs, whereby unused medication that has not been dispensed can be donated to community clinics and organizations that can in turn provide medication to vulnerable populations? What are the barriers to successful redistribution and reuse programs?

Action Taken by the Board: In September 2014, the Drug Enforcement Administration produced its final rules for the take-back of controlled substances by pharmacies to aid the public in the disposing of unwanted dispensed medication. It is important to note that patients do not always know whether any of their prescription medication are controlled substances; accordingly, the board's focus has been for pharmacies that desire to establish take back programs do so without the pharmacist sorting the medication, and treat all unwanted drugs as controlled substances. Pharmacies that mishandle controlled substances can be disciplined by the DEA for such failure, which could result in the removal of a pharmacy's controlled substances permit or substantial fines.

Since January 2015, board has been developing its proposed drug-take back requirements for pharmacies that voluntarily desire to provide drug-take back services. The core of the board's requirements comes from the DEA's requirements. At the October 2015 Board Meeting, the board moved the proposed regulations to initiate the 45-day public comment period. The board hopes to finalize these requirements as soon as possible. Under the regulation's requirements, reverse distributors, licensed as either wholesalers or third-party logistics providers, that become registered with the DEA may under specified conditions receive drugs collected in take back services for destruction.

In 2014, California enacted SB 467 (Stone, Chapter 10) which establishes a specialized licensing program – surplus medication collection and distribution intermediary -- to perform drug redistribution and reuse program services, whereby unused medication that has been dispensed can be donated to community clinics and organizations, that can in turn provide medication to medically indigent patients.

Recommendation for the Future: The board should implement its drug take-back requirements and educate pharmacists and consumers concerning their options.

Issue 12 - Continued Regulation by Board of Pharmacy

Should the licensing and regulation of pharmacies and pharmacists be continued and be regulated by the current board membership?

Sunset Review Committee Recommendation: Recommend that the pharmacist profession and pharmacies continue to be regulated by the current board membership in order to protect the interests of the public and be reviewed once again in four years.

Action Taken by the Board: The board has continued to operate with principally the same membership as in 2011/12 when the board last underwent Sunset Review. We are grateful for the support of our activities and efforts to protect public health and safety with respect to pharmaceutical care and provision of medication therapy services to consumers and practitioners.

Recommendation for the Future: The board recommends continuation of the board in its current composition.

Section 11

New Issues Identified by the Board

- Issue 1 - Statutory Fee Increase
- Issue 2 - Regulation of Outsourcing Facilities
- Issue 3 - Registration of Automated Delivery Devices



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

Issue 1: Statutory Fee Increase

Outcome Desired

Legislative changes to establish new fee schedules for the board to correct a structural imbalance in board's budget which has resulted in expenditures exceed revenue for the last several years.

Background and Justification for Change

As our fund condition reflects, at current expenditure the board will need to pursue a fee increase to sustain future operations.

Fiscal Year	Fund Amount	Months in Reserve
2014/15	\$11,741,000	7.1 (actual)
2015/16	\$8,227,000	4.9 (projected)
2016/17	\$4,412,000	3.0 (projected)
2017/18*	\$183,000	0.1 (projected)

*This assumes the ongoing funding of the limited-term positions.

At the request of the board, DCA's budget office completed an independent assessment of the board's fees including the cost to provide services. As part of their assessment, DCA's budget office concluded that a fee increase is necessary.

Included in Section 3 of this report is additional information surrounding the need for this change as well as the justification for the realignment of fees. Further, the supplemental Fee Background Information Questionnaire which is provided as a supplement to this report.

Issue 2: Regulation of Outsourcing Facilities

Outcome Desired

Pursue legislative change to establish licensing programs for outsourcing facilities located within and outside of California.

Background

In 2012, medication contaminated by fungal material that was compounded by a Massachusetts pharmacy killed 65 and injured approximately 700 individuals in various states. In response, the California Board of Pharmacy initiated a review of its then sterile

injectable compounding requirements that had been enacted in 2001. Among other actions, the board sponsored legislation in 2013 to increase licensure requirements for sterile compounding pharmacies (SB 294, Chapter 565, Emmerson). The legislation expanded the definition of sterile compounding to include injectable medications, inhalation products and medication applied in the eyes. The law also eliminated accreditation by outside agencies as an alternative to licensure with annual board inspections, and the board began a massive upgrading of its sterile compounding regulations, a process that is nearing completion in late 2015.

The November 2013 enactment of the federal Drug Quality and Security Act responded to the 2012 compounding tragedy in a new way: this legislation created a new type of entity authorized to compound medications – the outsourcing facility. These generally large-scale production facilities are authorized to compound large quantities of medications for use by other entities, whereas a pharmacy generally compounds pursuant to a patient-specific prescription. Medications prepared by outsourcing facilities must be done under current good manufacturing practices (or cGMPs), which are more stringent than compounding requirements for sterile compounding pharmacies, since many patients in multiple locations can receive these medications that are not usually linked to patient-specific prescriptions.

Currently California is licensing as sterile compounding pharmacies federally licensed outsourcing facilities located within or shipping medication into California. This is increasingly losing its viability as a regulatory solution. First, it does not recognize the federal outsourcing requirements that permit large scale compounding. Second multiple states are moving to establish regulatory frameworks to license outsourcing facilities as separate entities, and some bar licensure of these facilities in their home states as sterile compounding pharmacies. This is currently an issue in Mississippi, will and be an issue in July in New Jersey. Several other states have pending legislation in this area as well.

In 2015, the board sponsored legislation (SB 619, Morrell) to license outsourcing facilities as separate entities both within and outside California to ship into the state. This bill was held in suspense by the Senate Appropriations Committee. In 2016, the board seeks to resume pursuing regulation of outsourcing facilities as separate entities.

Justification For Change

California's regulatory scheme should be compatible with federal requirements as this practice occurs across state lines. Enactment of this proposal would result in the recognition of three levels of entities to produce medication for the public:

1. Manufacturers who are regulated by the FDA, and for facilities located in a specific state, often by a unit of the state's Department of Health (as occurs in CA). Drug manufacturers are required to perform extensive drug testing trials before receiving authorization to market any drug. Their physical plants are inspected by the FDA and their facilities must comply with rigorous cGMPs.
2. Outsourcing facilities are regulated more like drug manufacturers and are regulated under cGMPs, but outsourcing facilities are exempted from performing drug approval testing like manufacturers must do for their products. In the future, the FDA has stated it plans on developing specific cGMP requirements for outsourcing facilities, but these specialized requirements are not yet available. Unless a medication is in short supply, outsourcing facilities are not authorized to duplicate a commercially available medication.
3. Pharmacies, which are authorized to compound pursuant to a patient-specific prescription, are regulated by state boards of pharmacy. Pharmacists are authorized to compound medication pursuant to a patient-specific prescription without performing new drug testing as is required of manufacturers. Because pharmacies generally do not compound drugs in quantities the size of those produced by outsourcing facilities or manufacturers, pharmacies are regulated under lesser standards. Sterile compounding pharmacies, however, are generally regulated at a level closer to that of manufacturers and outsourcers because of heightened concerns about sterility, integrity, potency and quality of the compounded medication.

California law authorizes limited anticipatory pharmacy compounding for prescriber office use or to meet customary demand for a compounded medication. For a number of years, the board and other federal and state regulatory agencies have grappled with the issue of at what point does a pharmacy compounding medications in large quantities in anticipation of receiving a prescription actually become a manufacturer. Similar discussions have gone on in other states and federally.

With the licensing of outsourcing facilities, the issue is simplified:

1. An outsourcing facility (aka a 503B facility -- referencing the federal code section where these provisions reside) is licensed at the federal level by the FDA, functions under the supervision of a pharmacist and operates according to cGMPs, to

produce compounded drug products for multiple entities without a prescription. Each state is addressing its own way to regulate these entities.

2. A pharmacy (aka a 503A facility, again referencing the federal code section) may compound a medication pursuant to patient-specific prescription order or in very limited quantities based on normal dispensing patterns in anticipation of a prescription, and dispenses pursuant to a patient-specific prescription.
3. A specially licensed sterile compounding pharmacy may compound a sterile medication pursuant to a patient-specific prescription or in limited quantities based on normal dispensing patterns in anticipation of a patient-specific prescription, but dispense pursuant to a patient-specific prescription.
4. A pharmacy may compound medication or sterile medication for administration in a physician's office (but after implementation of California's new compounding requirements, not for dispensing to patient in 72-hour quantities).

The board's addition of a regulatory program to license outsourcing facilities both within and outside California would ensure the state's hospitals and practitioners have access to high quality, carefully compounded sterile medication obtained from these specialized facilities.

Issue 3: Registration of Automated Delivery Devices

Outcome Desired

Pursue legislation to establish a registration requirement to link automated delivery device systems to the pharmacy that owns and is responsible for the medications stored and released from the delivery device. As part of the registration, the board needs to be provided with the policies and procedures that demonstrate appropriate security of the device, how patient consultation is being provided. Further, a reporting requirement is needed to ensure reporting of drug losses from these delivery devices.

Background

Pharmacies are able to operate automated delivery devices in various settings away from a licensed pharmacy or within a licensed facility. This includes in:

- Skilled nursing homes and other specified health care facilities licensed under Health and Safety Code section 1250 (c), (d) or (k).
- Clinics licensed under section 4180 of the Business and Professions Code.
- Hospitals for drug storage and access outside of the pharmacy.

California law currently permits use of automated delivery devices which are mechanical systems controlled by a pharmacist or other specified health care providers to provide storage, dispensing and distribution of dangerous drugs and devices. Use of these delivery devices promotes control and the ability to maintain all transaction information, to accurately track the movement of drugs into and out of the device, for security, accuracy and accountability while providing for quality, potency and purity of the medications. Under some provisions the pharmacist must authorize the release of medication.

The board has no idea how many of these delivery devices are in use, where they are in use, or which pharmacy is responsible for specific delivery devices.

The demand for additional use of these delivery devices is growing. A pilot study is currently underway that if proven valuable, would allow patients to pick up medication from a delivery device that is not specifically located in a pharmacy so long as patient consultation is first provided.

A registration is sought for pharmacies that operate each of these delivery devices that identify their locations. This would be a beneficial step in board oversight and enforcement. The list could be updated as needed via form submission to the board by a pharmacy adding, moving or removing a machine. This registration could operate much like the off-site storage waivers for records waivers. Then at annual renewal of the pharmacy, the pharmacy could update or confirm the list of machines it operates and where each is located.

Appendices

- Appendix 1- Table 1a Attendance
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BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

Table 1a. Attendance**Badlani, Anil Hiro - Date Appointed: 12/20/2010****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	7/20/2011	Sacramento	No
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Compounding Regulation Subcommittee	8/22/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Compounding Regulation Subcommittee	1/4/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Enforcement and Compounding Committee	3/21/2012	Burlingame	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Enforcement and Compounding Committee	6/12/2012	San Diego	Yes
FY 2011-12 Attendance Percentage			93%

Table 1a. Attendance**Badlani, Anil Hiro - Date Appointed: 12/20/2010****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance**Brooks, Ryan - Date Appointed: 10/28/2008; 6/6/2012****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Licensing Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	No
Public Board Meeting (Day 2)	10/19/2011	San Diego	No
Licensing Committee	12/4/2011	Sacramento	No
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Communication and Public Education Committee	1/19/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	Yes
Licensing Committee	4/17/2012	Sacramento	No
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	No
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	No
FY 2011-12 Attendance Percentage			63%

Table 1a. Attendance**Brooks, Ryan - Date Appointed: 10/28/2008; 6/6/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Communication and Public Education Committee	8/29/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	No
Public Board Meeting (Day 1)	2/5/2013	Sacramento	No
Public Board Meeting (Day 2)	2/6/2013	Sacramento	No
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			67%

Table 1a. Attendance**Brooks, Ryan - Date Appointed: 10/28/2008; 6/6/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/16/2013	Sacramento	Yes
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	No
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	No
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	No
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	No
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	No
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	No
FY 2013-14 Attendance Percentage			53%

Table 1a. Attendance**Brooks, Ryan - Date Appointed: 10/28/2008; 6/6/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	No
Public Board Meeting (Day 2)	7/31/2014	Sacramento	No
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	No
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			56%

Table 1a. Attendance

Butler, Lavanza - Date Appointed: 2/1/2013; 7/2/2013			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Licensing Committee	5/28/2013	Sacramento	No
FY 2012-13 Attendance Percentage			80%

Table 1a. Attendance

Butler, Lavanza - Date Appointed: 2/1/2013; 7/2/2013			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/16/2013	Sacramento	Yes
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Licensing Committee	12/11/2013	Sacramento	Yes
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Licensing Committee	3/19/2014	Sacramento	Yes
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Licensing Committee	6/18/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			100%

Table 1a. Attendance

Butler, Lavanza - Date Appointed: 2/1/2013; 7/2/2013			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	8/26/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Prescription Medication Abuse Subcommittee	11/12/2014	Oakland	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Prescription Medication Abuse Subcommittee	3/19/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			93%

Table 1a. Attendance**Castellblanch, Ramón - Date Appointed: 4/22/2009; 6/1/2012****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	No
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	No
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	No
Communication and Public Education Committee	1/19/2012	Sacramento	No
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	Yes
Legislation and Regulation Committee	4/24/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	No
Legislation and Regulation Committee	6/25/2012	Sacramento	Yes
FY 2011-12 Attendance Percentage			67%

Table 1a. Attendance**Castellblanch, Ramón - Date Appointed: 4/22/2009; 6/1/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	No
Public Board Meeting (Day 2)	10/26/2012	Sacramento	No
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes

FY 2013-14 Attendance Percentage 83%**Table 1a. Attendance****Castellblanch, Ramón - Date Appointed: 4/22/2009; 6/1/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/16/2013	Sacramento	Yes
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	12/4/2013	Los Angeles	Yes
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Legislation and Regulation Committee	1/29/2014	Sacramento	No
Public Board Meeting (Day 1)	1/29/2014	Sacramento	No
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	2/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	No

Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	5/28/2014	San Diego	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			76%

Table 1a. Attendance**Castellblanch, Ramón - Date Appointed: 4/22/2009; 6/1/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	8/26/2014	Sacramento	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	No
Public Board Meeting (Day 2)	10/29/2014	Anaheim	No
Prescription Medication Abuse Subcommittee	11/12/2014	Oakland	Yes
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	No
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Prescription Medication Abuse Subcommittee	3/19/2015	Sacramento	Yes
Communication and Public Education Committee	3/23/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	No
Public Board Meeting (Day 1)	6/3/2015	Irvine	No
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			67%

Table 1a. Attendance**Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Compounding Subcommittee	3/19/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			93%

Table 1a. Attendance**Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	No
Prescription Medication Abuse Subcommittee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	12/4/2013	Los Angeles	Yes
Enforcement and Compounding Committee	1/10/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	2/18/2014	Sacramento	Yes

Table 1a. Attendance**Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Enforcement and Compounding Committee	3/27/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	5/28/2014	San Diego	Yes
SB 493 Implementation Committee	6/4/2014	Downey	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			86%

Table 1a. Attendance**Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
SB 493 Implementation Committee	8/6/2014	Los Angeles	Yes
Enforcement and Compounding Committee	9/16/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
SB 493 Implementation Committee	11/5/2014	Sacramento	Yes
SB 493 Implementation Committee	12/16/2014	Los Angeles	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
SB 493 Implementation Committee	2/25/2015	Los Angeles	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Enforcement and Compounding Committee	3/26/2015	Sacramento	Yes
SB 493 Implementation Committee	4/13/2015	Irvine	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
SB 1441 Uniform Standards Implementation Committee	6/19/2015	Irvine	Yes

Table 1a. Attendance			
Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			100%

Table 1a. Attendance**Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	No
Public Board Meeting (Day 2)	7/27/2011	Sacramento	No
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	No
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Licensing Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	No
Licensing Committee	12/4/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Communication and Public Education Committee	1/19/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	Yes
Licensing Committee	4/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
FY 2011-12 Attendance Percentage			75%

Table 1a. Attendance**Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	No
Public Board Meeting (Day 2)	10/26/2012	Sacramento	No
Enforcement and Compounding Committee	12/4/2012	Los Angeles	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	No
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Communication and Public Education Committee	4/12/2013	Sacramento	Yes

Table 1a. Attendance**Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			81%

Table 1a. Attendance**Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	No
Public Board Meeting (Day 2)	7/31/2013	Sacramento	No
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	No
Prescription Medication Abuse Subcommittee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	12/4/2013	Los Angeles	No
Enforcement and Compounding Committee	1/10/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	No
Public Board Meeting (Day 2)	1/30/2014	Sacramento	No
Prescription Medication Abuse Subcommittee	2/18/2014	Sacramento	No
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Enforcement and Compounding Committee	3/27/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	5/28/2014	San Diego	No
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			57%

Table 1a. Attendance**Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	8/26/2014	Sacramento	No
Enforcement and Compounding Committee	9/16/2014	Sacramento	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	No
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Prescription Medication Abuse Subcommittee	11/12/2014	Oakland	No
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	No
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Prescription Medication Abuse Subcommittee	3/19/2015	Sacramento	Yes
Communication and Public Education Committee	3/23/2015	Sacramento	No
Enforcement and Compounding Committee	3/26/2015	Sacramento	No
Public Board Meeting (Day 1)	4/21/2015	Sacramento	No
Public Board Meeting (Day 2)	4/22/2015	Sacramento	No
Public Board Meeting (Day 1)	6/3/2015	Irvine	No
Public Board Meeting (Day 2)	6/4/2015	Irvine	No
Enforcement and Compounding Committee	6/24/2015	Sacramento	No
FY 2014-15			45%

Table 1a. Attendance**Kajioka, Randy - Date Appointed: 12/17/2008; 12/22/2011****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	7/20/2011	Sacramento	Yes
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Compounding Regulation Subcommittee	8/22/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Compounding Regulation Subcommittee	1/4/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Enforcement and Compounding Committee	3/21/2012	Burlingame	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Enforcement and Compounding Committee	6/12/2012	San Diego	Yes
FY 2011-12 Attendance Percentage			100%

Table 1a. Attendance**Kajioka, Randy - Date Appointed: 12/17/2008; 12/22/2011****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Enforcement and Compounding Committee	12/4/2012	Los Angeles	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Compounding Subcommittee	3/19/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes

Table 1a. Attendance**Kajioka, Randy - Date Appointed: 12/17/2008; 12/22/2011****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance**Kajioka, Randy - Date Appointed: 12/17/2008; 12/22/2011****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	No
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	No
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	No
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
FY 2013-14 Attendance Percentage			57%

Table 1a. Attendance**Law, Victor - Date Appointed: 8/29/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Licensing Committee	5/28/2013	Sacramento	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance**Law, Victor - Date Appointed: 8/29/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Licensing Committee	12/11/2013	Sacramento	Yes
Enforcement and Compounding Committee	1/10/2014	Sacramento	No
Legislation and Regulation Committee	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Licensing Committee	3/19/2014	Sacramento	Yes
Enforcement and Compounding Committee	3/27/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes

Table 1a. Attendance**Law, Victor - Date Appointed: 8/29/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
SB 493 Implementation Committee	6/4/2014	Downey	No
Licensing Committee	6/18/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			90%

Table 1a. Attendance**Law, Victor - Date Appointed: 8/29/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
SB 493 Implementation Committee	8/6/2014	Los Angeles	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
SB 493 Implementation Committee	11/5/2014	Sacramento	Yes
SB 493 Implementation Committee	12/16/2014	Los Angeles	No
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
SB 493 Implementation Committee	2/25/2015	Los Angeles	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
SB 493 Implementation Committee	4/13/2015	Irvine	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
SB 1441 Uniform Standards Implementation Committee	6/19/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			94%

Table 1a. Attendance**Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	7/20/2011	Sacramento	Yes
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Licensing Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Licensing Committee	12/4/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Enforcement and Compounding Committee	3/21/2012	Burlingame	Yes
Licensing Committee	4/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	No
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	No
Enforcement and Compounding Committee	6/12/2012	San Diego	Yes
FY 2011-12 Attendance Percentage			88%

Table 1a. Attendance**Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance**Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Enforcement and Compounding Committee	1/10/2014	Sacramento	Yes
Legislation and Regulation Committee	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Enforcement and Compounding Committee	3/27/2014	Sacramento	No
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			94%

Table 1a. Attendance**Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Enforcement and Compounding Committee	9/16/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Enforcement and Compounding Committee	3/26/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes

Table 1a. Attendance**Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			100%

Table 1a. Attendance**Murphy, Gregory - Date Appointed: 12/3/2013****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Licensing Committee	3/19/2014	Sacramento	No
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			67%

Table 1a. Attendance**Murphy, Gregory - Date Appointed: 12/3/2013****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	8/26/2014	Sacramento	No
Enforcement and Compounding Committee	9/16/2014	Sacramento	No
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Prescription Medication Abuse Subcommittee	11/12/2014	Oakland	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	No
Public Board Meeting (Day 2)	1/28/2015	Sacramento	No
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Prescription Medication Abuse Subcommittee	3/19/2015	Sacramento	No
Enforcement and Compounding Committee	3/26/2015	Sacramento	No
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	No
Public Board Meeting (Day 2)	6/4/2015	Irvine	No
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			56%

Table 1a. Attendance**Sanchez, Ricardo - Date Appointed: 11/12/2014****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
SB 1441 Uniform Standards Implementation Committee	6/19/2015	Irvine	No
FY 2014-15 Attendance Percentage			89%

Table 1a. Attendance

Schaad, Allen - Date Appointed: 1/8/2014			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Enforcement and Compounding Committee	3/27/2014	Sacramento	Yes
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			100%

Table 1a. Attendance

Schaad, Allen - Date Appointed: 1/8/2014			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Enforcement and Compounding Committee	9/16/2014	Sacramento	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Communication and Public Education Committee	3/23/2015	Sacramento	Yes
Enforcement and Compounding Committee	3/26/2015	Sacramento	No
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	No
Public Board Meeting (Day 2)	6/4/2015	Irvine	No

Table 1a. Attendance

Schaad, Allen - Date Appointed: 1/8/2014			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			84%

Table 1a. Attendance**Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Licensing Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Licensing Committee	12/4/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Communication and Public Education Committee	1/19/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	Yes
Licensing Committee	4/17/2012	Sacramento	Yes
Legislation and Regulation Committee	4/24/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Legislation and Regulation Committee	6/25/2012	Sacramento	Yes
FY 2011-12 Attendance Percentage			100%

Table 1a. Attendance**Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Communication and Public Education Committee	8/29/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Communication and Public Education Committee	4/12/2013	Sacramento	Yes

Table 1a. Attendance**Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Licensing Committee	5/28/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			93%

Table 1a. Attendance**Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Licensing Committee	12/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Licensing Committee	3/19/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
SB 493 Implementation Committee	6/4/2014	Downey	Yes
Licensing Committee	6/18/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	No
FY 2013-14 Attendance Percentage			94%

Table 1a. Attendance**Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
SB 493 Implementation Committee	8/6/2014	Los Angeles	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
SB 493 Implementation Committee	11/5/2014	Sacramento	No
SB 493 Implementation Committee	12/16/2014	Los Angeles	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
SB 493 Implementation Committee	2/25/2015	Los Angeles	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Licensing Committee	4/7/2015	Sacramento	Yes
SB 493 Implementation Committee	4/13/2015	Irvine	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			88%

Table 1a. Attendance**Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Compounding Regulation Subcommittee	8/22/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
FY 2011-12 Attendance Percentage			100%

Table 1a. Attendance**Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Communication and Public Education Committee	8/29/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
E-Pedigree Committee	6/24/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance**Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	12/4/2013	Los Angeles	Yes
Licensing Committee	12/11/2013	Sacramento	Yes
Enforcement and Compounding Committee	1/10/2014	Sacramento	Yes
Legislation and Regulation Committee	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	5/28/2014	San Diego	Yes
SB 493 Implementation Committee	6/4/2014	Downey	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			100%

Table 1a. Attendance**Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
SB 493 Implementation Committee	8/6/2014	Los Angeles	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
SB 493 Implementation Committee	11/5/2014	Sacramento	Yes
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
SB 493 Implementation Committee	12/16/2014	Los Angeles	Yes

Table 1a. Attendance**Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
SB 493 Implementation Committee	2/25/2015	Los Angeles	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
SB 493 Implementation Committee	4/13/2015	Irvine	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
SB 1441 Uniform Standards Implementation Committee	6/19/2015	Irvine	Yes
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			100%

Table 1a. Attendance**Wheat, Shirley - Date Appointed: 1/14/2007; 12/20/2014****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	No
Public Board Meeting (Day 2)	10/19/2011	San Diego	No
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	No
Communication and Public Education Committee	1/19/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	No
Legislation and Regulation Committee	4/24/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Legislation and Regulation Committee	6/25/2012	Sacramento	Yes
FY 2011-12 Attendance Percentage			73%

Table 1a. Attendance**Wheat, Shirley - Date Appointed: 1/14/2007; 12/20/2014****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Enforcement and Compounding Committee	12/4/2012	Los Angeles	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	No

Table 1a. Attendance**Wheat, Shirley - Date Appointed: 1/14/2007; 12/20/2014****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 2)	4/26/2013	San Diego	No
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			80%

Table 1a. Attendance**Wheat, Shirley - Date Appointed: 1/14/2007; 12/20/2014****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	No
Public Board Meeting (Day 2)	7/31/2013	Sacramento	No
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	No
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	No
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	No
Public Board Meeting (Day 2)	1/30/2014	Sacramento	No
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Communication and Public Education Committee	4/1/2014	Sacramento	No
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			40%

Table 1a. Attendance**Wong, Albert - Date Appointed: 6/12/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Communication and Public Education Committee	8/29/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	No
Public Board Meeting (Day 2)	2/6/2013	Sacramento	No
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Licensing Committee	5/28/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			85%

Table 1a. Attendance**Wong, Albert - Date Appointed: 6/12/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Licensing Committee	12/11/2013	Sacramento	No
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Legislation and Regulation Committee	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Licensing Committee	3/19/2014	Sacramento	Yes

Table 1a. Attendance**Wong, Albert - Date Appointed: 6/12/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Licensing Committee	6/18/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			95%

Table 1a. Attendance**Wong, Albert - Date Appointed: 6/12/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Communication and Public Education Committee	3/23/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	No
Public Board Meeting (Day 2)	4/22/2015	Sacramento	No
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			81%

Table 1a. Attendance**Zee, Tappan - Date Appointed: 1/13/2010****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	7/20/2011	Sacramento	Yes
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	No
Public Board Meeting (Day 2)	2/1/2012	Burlingame	No
Enforcement and Compounding Committee	3/21/2012	Burlingame	Yes
Legislation and Regulation Committee	4/24/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Enforcement and Compounding Committee	6/12/2012	San Diego	Yes
Legislation and Regulation Committee	6/25/2012	Sacramento	No
FY 2011-12 Attendance Percentage			80%

Table 1a. Attendance**Zee, Tappan - Date Appointed: 1/13/2010****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	No
Public Board Meeting (Day 2)	10/26/2012	Sacramento	No
Enforcement and Compounding Committee	12/4/2012	Los Angeles	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes

Table 1a. Attendance**Zee, Tappan - Date Appointed: 1/13/2010****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			80%

Table 1a. Attendance**Zee, Tappan - Date Appointed: 1/13/2010****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Enforcement and Compounding Committee	9/10/2013	Sacramento	No
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	No
FY 2013-14 Attendance Percentage			67%

Table 1b. Board/Committee Member Roster

<i>Member Name (Include Vacancies)</i>	<i>Date First Appointed</i>	<i>Date Re-appointed</i>	<i>Date Term Expires</i>	<i>Grace Period</i>	<i>Appointing Authority</i>	<i>Type (public or professional)</i>
Registered Pharmacist 1						
Kajioka, Randy	12/17/2008	12/22/2011	1/2/2014		Governor	Professional
Schaad, Allen	1/8/2014		6/1/2015		Governor	Professional
Registered Pharmacist 2						
Weisser, Stanley	11/1/2007	12/22/2012	6/1/2015		Governor	Professional
Registered Pharmacist Labor Union						
Vacant						
Butler, Lavanza	2/1/2013	7/2/2013	6/1/2017		Governor	Professional
Registered Pharmacist Long-Term Care/Skilled Nursing						
Vacant						
Wong, Albert	6/12/2012		6/1/2016		Governor	Professional
Registered Pharmacist Chain Community Pharmacy						
Veale, Deborah	1/12/2010	6/21/2013	6/1/2017		Governor	Professional
Registered Pharmacist Independent Community Pharmacy						
Badlani, Anil Hiro	12/20/2010		6/1/2012		Governor	Professional
Law, Victor	8/29/2012		6/1/2016		Governor	Professional
Registered Pharmacist Acute Care						
Vacant						
Gutierrez, Amarylis	6/12/2012	6/1/2014	6/1/2018		Governor	Professional
Public Member 1						
Zee, Tappan	1/13/2010		6/1/2013	6/1/2014	Governor	Public
Murphy, Gregory	12/3/2013		6/1/2017		Governor	Public
Public Member 2						
Lippe, Gregory	2/26/2009	6/6/2012	6/1/2016		Governor	Public
Public Member 3						
Brooks, Ryan	10/28/2008	6/6/2012	6/1/2016		Governor	Public
Public Member 4						
Wheat, Shirley	1/14/2007	12/20/2010	6/1/2014		Governor	Public
Sanchez, Ricardo	11/12/2014		6/1/2018		Governor	Public
Public Member 5						
Castellblanch, Ramón	4/22/2009	6/1/2012	6/1/2016		Senate Rules	Public
Public Member 6						
Hackworth, Rosalyn	7/15/2009	6/2/2012	6/1/2016		Speaker of Assembly	Public

Meeting Type	Location	Date
Public Board Meeting	Sacramento	July 26-27, 2011
Public Board Meeting	Los Angeles	September 7, 2011
Public Board Meeting	San Diego	October 18-19, 2011
Public Board Meeting	Sacramento	December 6, 2011
Public Board Meeting	Burlingame	January 31-February 1, 2012
Public Board Meeting	Loma Linda	May 1-2, 2012
Public Board Meeting	Sacramento	July 17-18, 2012
Public Board Meeting	Sacramento	October 24-26, 2012
Public Board Meeting	Sacramento	December 13, 2013
Public Board Meeting	Sacramento	February 5-6, 2013
Public Board Meeting	San Diego	April 24-25, 2013
Public Board Meeting	Sacramento	July 30-31, 2013
Public Board Meeting	Garden Grove	October 29-30, 2013
Public Board Meeting	Sacramento	November 14, 2013
Public Board Meeting	Sacramento	January 29-30, 2014
Public Board Meeting	Sacramento	March 17-18, 2014
Public Board Meeting	Sacramento	April 23-24, 2014
Public Board Meeting	Sacramento	June 26, 2014
Public Board Meeting	Sacramento	July 30-31, 2014
Public Board Meeting	Anaheim	October 28-29, 2014
Public Board Meeting	Sacramento	December 17, 2014
Public Board Meeting	Sacramento	January 27-29, 2015
Public Board Meeting	Sacramento	March 9, 2015
Public Board Meeting	Sacramento	April 21-22, 2015
Public Board Meeting	Irvine	June 3-4, 2015

Meeting Type	Location	Date
Enforcement and Compounding Committee	Sacramento	July 25, 2011
Enforcement and Compounding Committee	Burlingame	March 21, 2012
Enforcement and Compounding Committee	San Diego	June 12, 2012
Enforcement and Compounding Committee	Burlingame	September 11, 2012
Enforcement and Compounding Committee	Los Angeles	December 4, 2012
Enforcement and Compounding Committee	Garden Grove	March 14, 2013
Enforcement and Compounding Committee	Sacramento	June 4, 2013
Enforcement and Compounding Committee	Sacramento	September 10, 2013
Enforcement and Compounding Committee	Sacramento	January 10, 2014
Enforcement and Compounding Committee	Sacramento	March 27, 2014
Enforcement and Compounding Committee	Sacramento	September 16, 2014
Enforcement and Compounding Committee	Sacramento	December 14, 2014
Enforcement and Compounding Committee	Sacramento	March 26, 2015
Enforcement and Compounding Committee	Sacramento	June 24, 2015

Meeting Type	Location	Date
Licensing Committee	Sacramento	September 26, 2011
Licensing Committee	Sacramento	December 14, 2011
Licensing Committee	Sacramento	January 4, 2012
Licensing Committee	Sacramento	April 17, 2012
Licensing Committee	Sacramento	April 12, 2013
Licensing Committee	Sacramento	May 28, 2013
Licensing Committee	Sacramento	December 11, 2013
Licensing Committee	Sacramento	February 12, 2014
Licensing Committee	Sacramento	March 19, 2014
Licensing Committee	Sacramento	June 18, 2014
Licensing Committee	Sacramento	April 7, 2015

Meeting Type	Location	Date
Legislation/Regulation Committee	Sacramento	April 24, 2012
Legislation/Regulation Committee	Sacramento	June 25, 2012
Legislation/Regulation Committee	Sacramento	April 11, 2013
Legislation/Regulation Committee	Sacramento	July 30, 2013
Legislation/Regulation Committee	Sacramento	January 29, 2014
Legislation/Regulation Committee	Sacramento	April 23, 2014
Legislation/Regulation Committee	Sacramento	April 21, 2015

Meeting Type	Location	Date
Communication and Public Education Committee	Sacramento	September 26, 2011
Communication and Public Education Committee	Sacramento	January 19, 2012
Communication and Public Education Committee	Sacramento	March 27, 2012
Communication and Public Education Committee	Sacramento	July 17, 2012
Communication and Public Education Committee	Sacramento	August 29, 2012
Communication and Public Education Committee	Sacramento	April 12, 2013
Communication and Public Education Committee	Sacramento	July 16, 2013
Communication and Public Education Committee	Sacramento	October 7, 2013
Communication and Public Education Committee	Sacramento	January 6, 2014
Communication and Public Education Committee	Sacramento	April 1, 2014
Communication and Public Education Committee	Sacramento	September 18, 2014
Communication and Public Education Committee	Sacramento	December 10, 2014
Communication and Public Education Committee	Sacramento	January 13, 2015
Communication and Public Education Committee	Sacramento	March 23, 2015

Meeting Type	Location	Date
SB 493 Implementation Committee	Downey	June 4, 2014
SB 493 Implementation Committee	Los Angeles	August 6, 2014
SB 493 Implementation Committee	Sacramento	November 5, 2014
SB 493 Implementation Committee	Los Angeles	December 16, 2014
SB 493 Implementation Committee	Los Angeles	February 25, 2015
SB 493 Implementation Committee	Irvine	April 13, 2015

Meeting Type	Location	Date
SB 1441 Uniform Standards Implementation Committee	Irvine	June 19, 2015

Meeting Type	Location	Date
Compounding Subcommittee	Sacramento	March 19, 2013

Meeting Type	Location	Date
E-Pedigree Committee	Sacramento	June 24, 2013
E-Pedigree Committee	El Segundo	September 26, 2013

Meeting Type	Location	Date
Prescription Drug Abuse Subcommittee	Sacramento	October 7, 2013
Prescription Drug Abuse Subcommittee	Los Angeles	December 4, 2013
Prescription Drug Abuse Subcommittee	Sacramento	February 18, 2014
Prescription Drug Abuse Subcommittee	San Diego	May 28, 2014
Prescription Drug Abuse Subcommittee	Sacramento	August 26, 2014
Prescription Drug Abuse Subcommittee	Oakland	November 12, 2014
Prescription Drug Abuse Subcommittee	Sacramento	March 19, 2015

Department of Consumer
Affairs
**California State
Board of Pharmacy**

Performance Measures

Annual Report (2011 – 2012 Fiscal Year)

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the four quarters worth of data.

Volume

Number of complaints and convictions received.

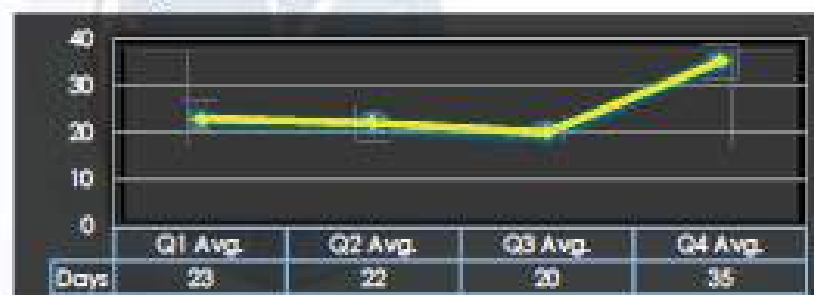
The Board had an annual total of 3,929 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

The Board has set a target of 20 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

The Board has set a target of 210 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

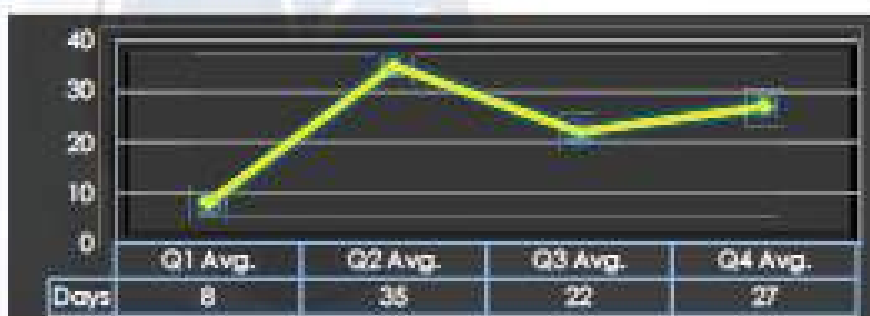
The Board has set a target of 540 days for this measure.



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board has set a target of 30 days for this measure.



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 7 days for this measure.



Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q1 Report (July - September 2011)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

Volume

Number of complaints and convictions received.

Q1 Total: 834

Complaints: 397 Convictions: 437

Q1 Monthly Average: 278



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q1 Average: 24 Days

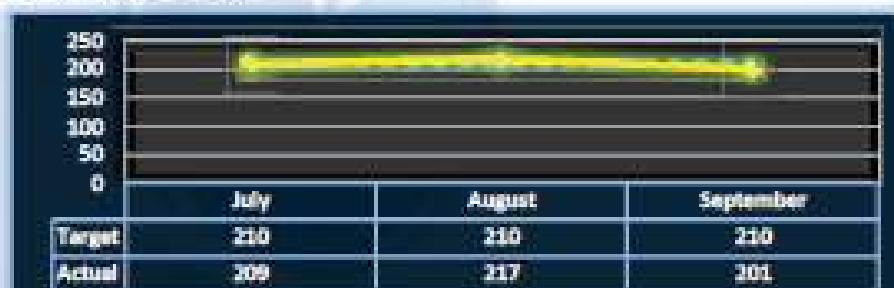


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q1 Average: 216 Days



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q1 Average: 909 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q1 Average: 8 Days





Note: Due to the budget crisis, Board of Pharmacy currently has 24 enforcement unit vacancies which cannot be filled. This has adversely affected enforcement cycle times.

Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q2 Report (October - December 2011)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

Volume

Number of complaints and convictions received.

Q2 Total: 988

Complaints: 393 Convictions: 595

Q2 Monthly Average: 329



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q2 Average: 22 Days



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q2 Average: 192 Days

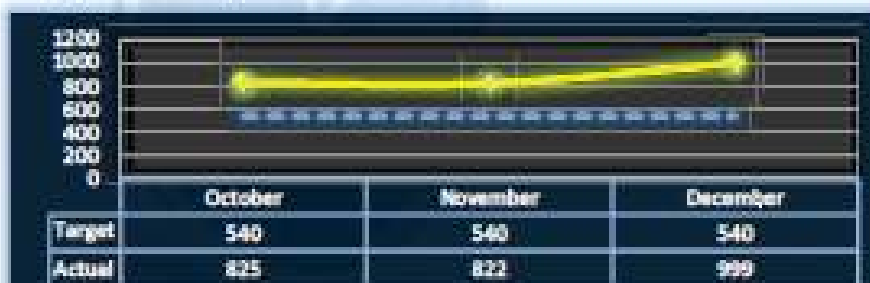


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 862 Days

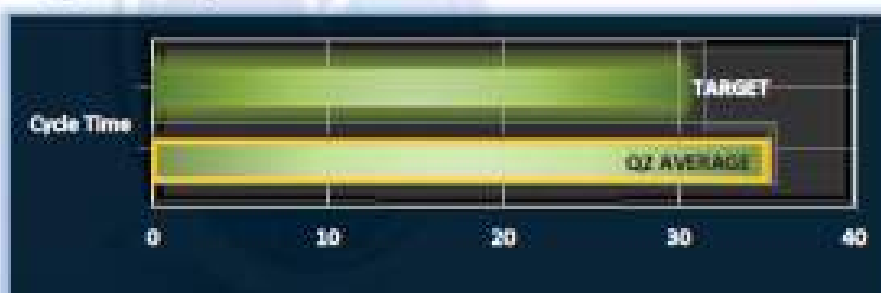


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q2 Average: 35 Days

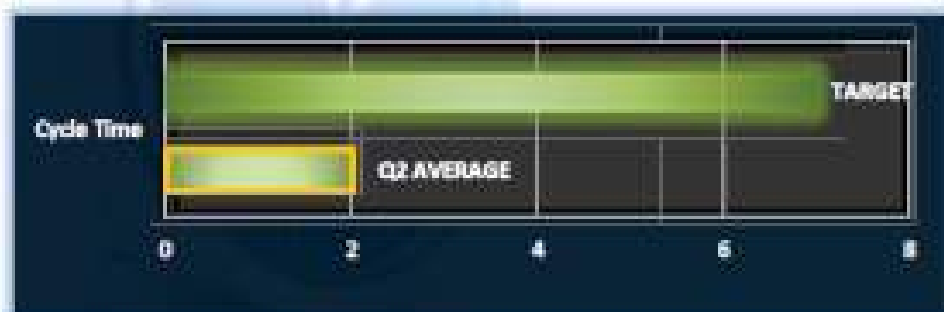


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q2 Average: 2 Days



Note: Due to the budget crisis, Board of Pharmacy currently has 34 enforcement unit vacancies which cannot be filled. This has adversely affected enforcement cycle times.

Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q3 Report (January - March 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

Volume

Number of complaints and convictions received.

Q3 Total: 921

Complaints: 379 Convictions: 542

Q3 Monthly Average: 307

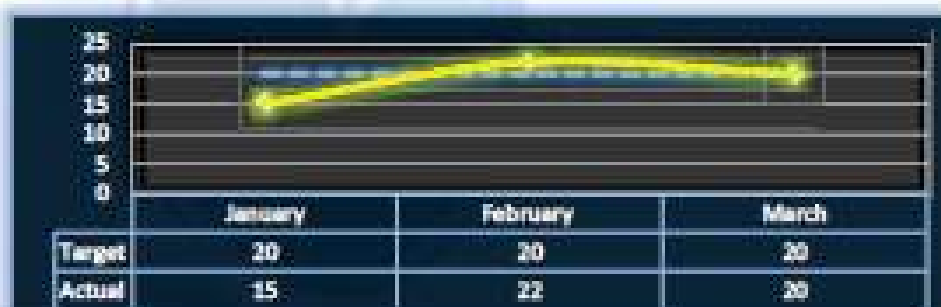


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q3 Average: 20 Days

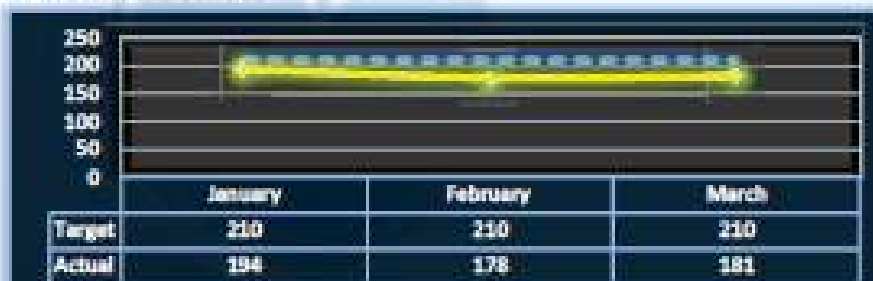


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q3 Average: 184 Days

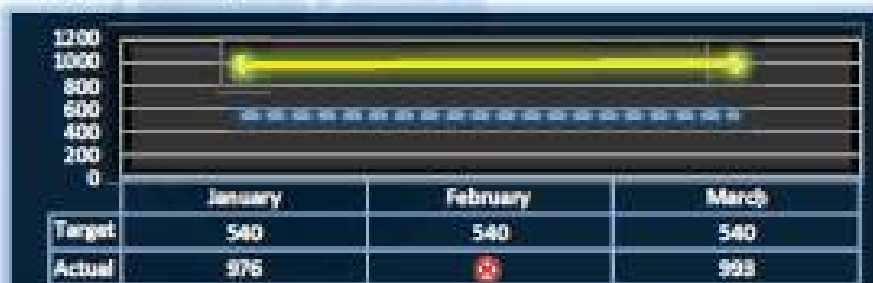


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 862 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q3 Average: 22 Days

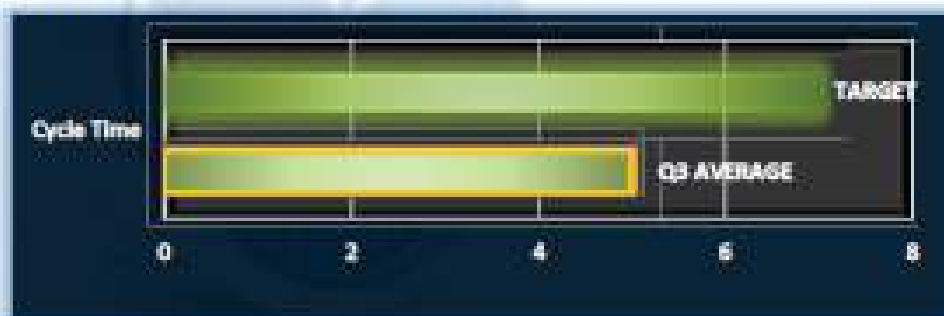


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q3 Average: 4 Days



Note: Due to the budget crisis, Board of Pharmacy currently has 24 enforcement unit vacancies which cannot be filled. This has adversely affected enforcement cycle times.

Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q4 Report (April - June 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

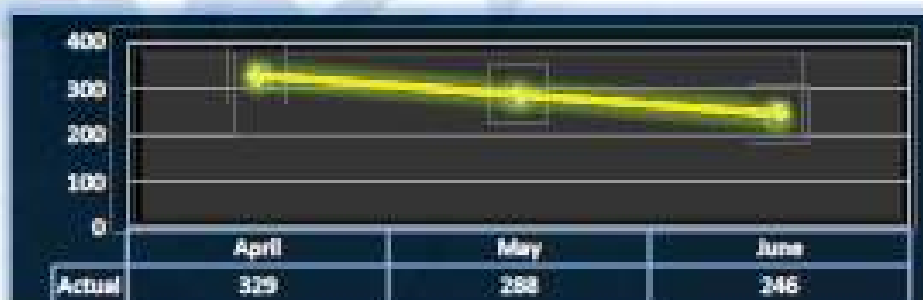
Volume

Number of complaints and convictions received.

Q4 Total: 863

Complaints: 416 Convictions: 447

Q4 Monthly Average: 288

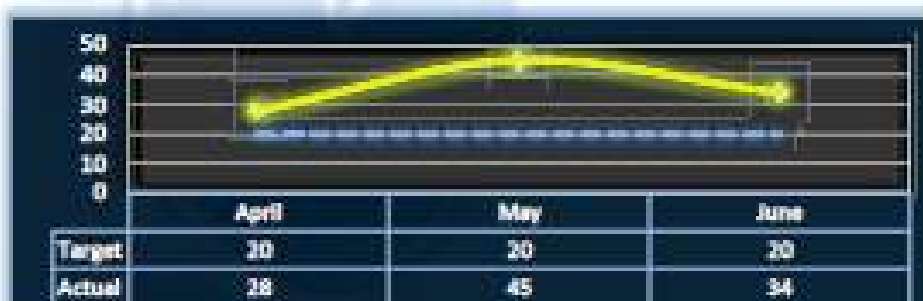


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q4 Average: 35 Days



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q4 Average: 267 Days



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 976 Days

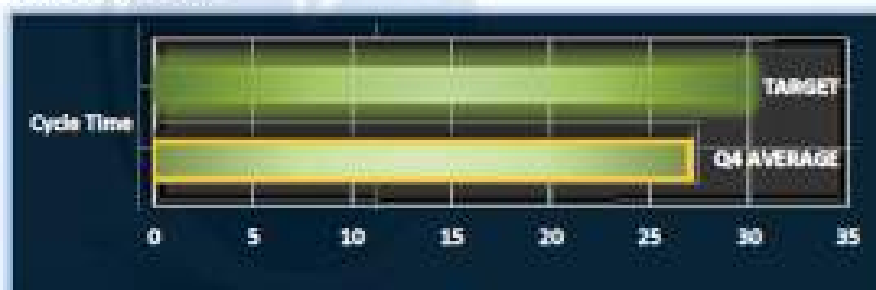


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q4 Average: 27 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q4 Average: 3 Days



Department of Consumer
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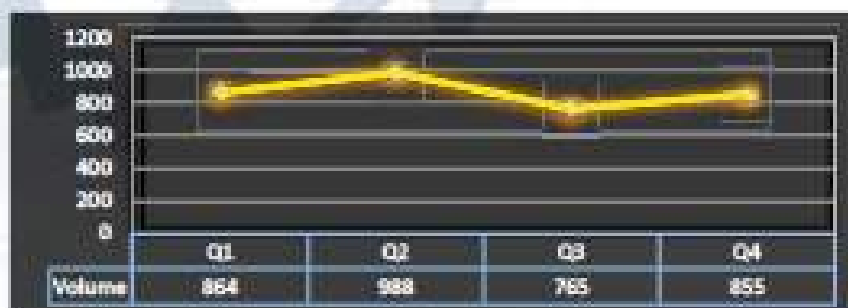
Performance Measures Annual Report (2012 – 2013 Fiscal Year)

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

Volume

Number of complaints and convictions received.

The Board had an annual total of 3,472 this fiscal year.



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

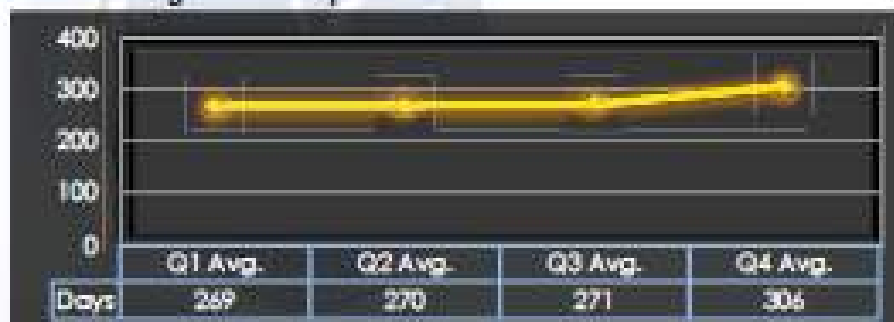
The Board has set a target of 20 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

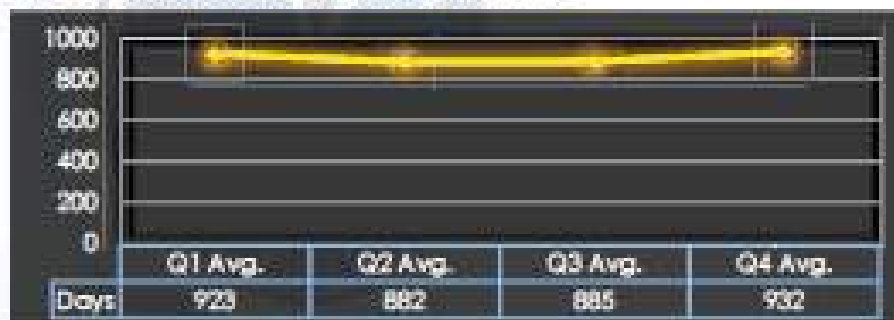
The Board has set a target of 210 days for this measure.



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

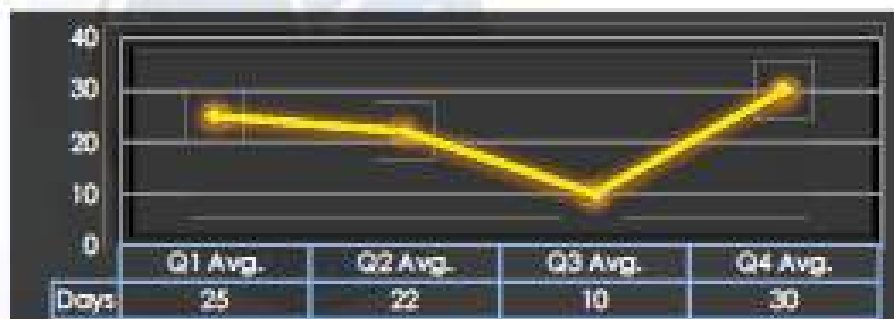
The Board has set a target of 540 days for this measure.



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

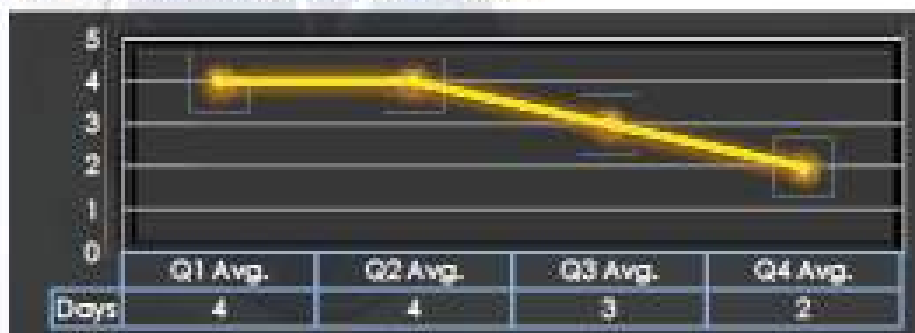
The Board has set a target of 30 days for this measure.



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 7 days for this measure.



Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q1 Report (July - September 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

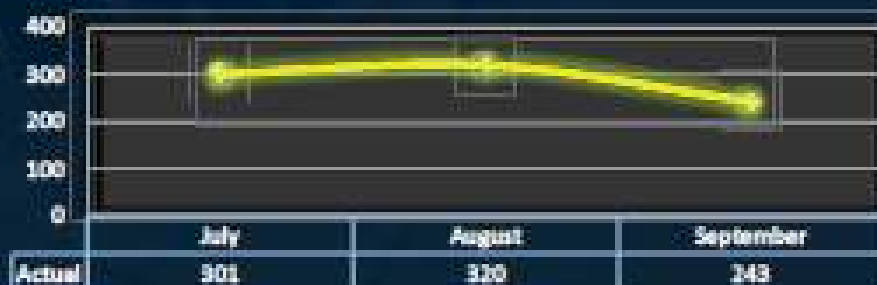
Volume

Number of complaints and convictions received.

Q1 Total: 864

Complaints: 411 Convictions: 453

Q1 Monthly Average: 288



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q1 Average: 17 Days

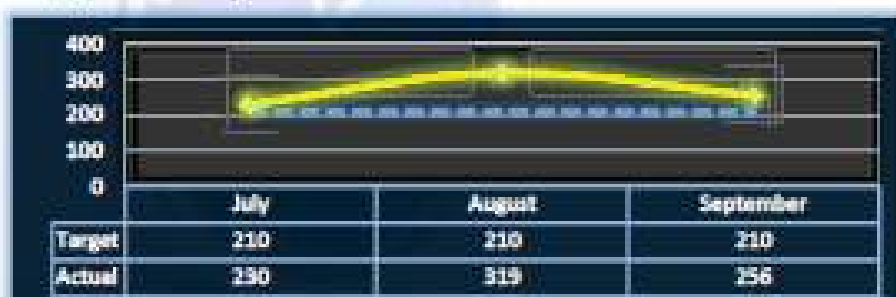


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q1 Average: 269 Days

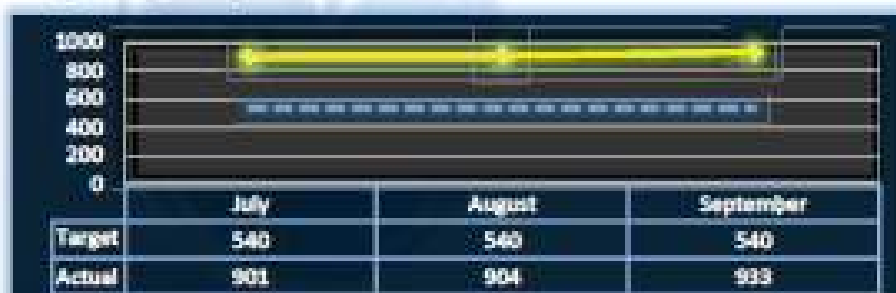


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q1 Average: 923 Days

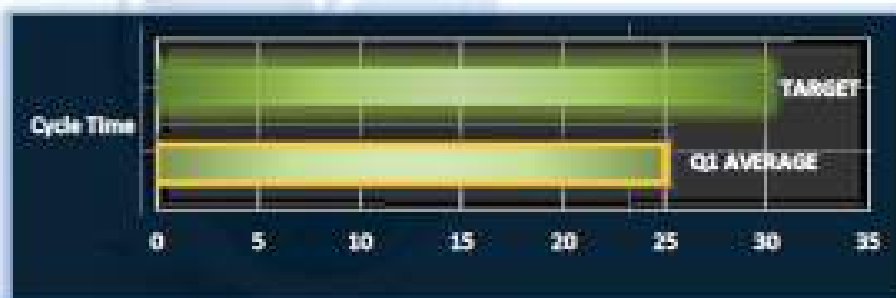


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q1 Average: 25 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q1 Average: 4 Days



Note: Due to the budget crisis, Board of Pharmacy currently has 24 enforcement unit vacancies which cannot be filled. This has adversely affected enforcement cycle times.

Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q2 Report (October - December 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

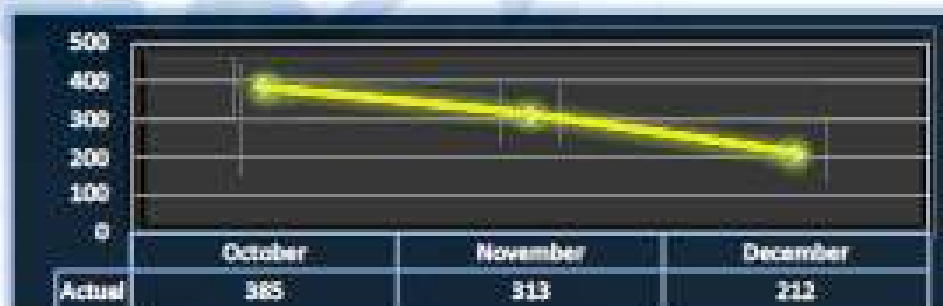
Volume

Number of complaints and convictions received.

Q2 Total: 988

Complaints: 487 Convictions: 423

Q2 Monthly Average: 303

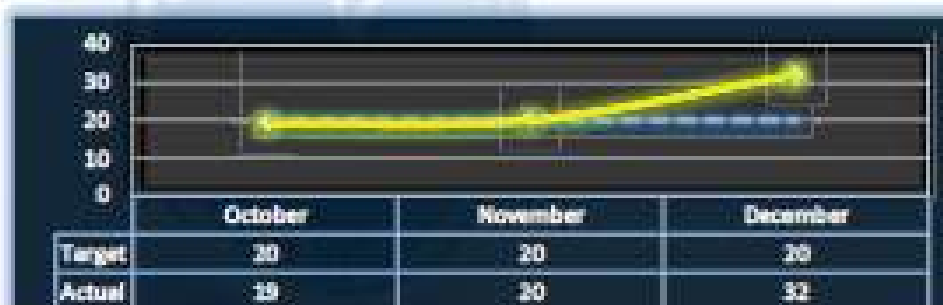


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q2 Average: 22 Days



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q2 Average: 270 Days

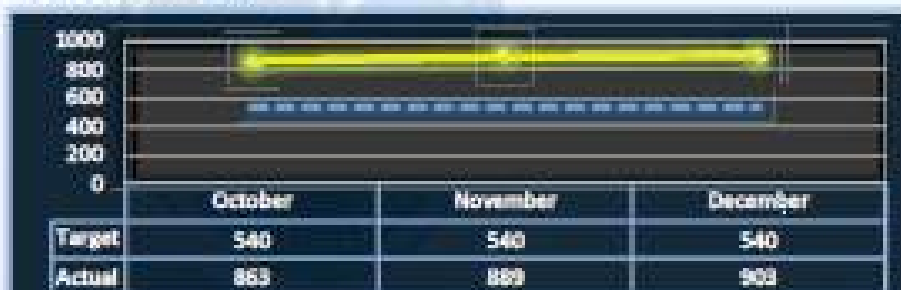


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 882 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q2 Average: 22 Days

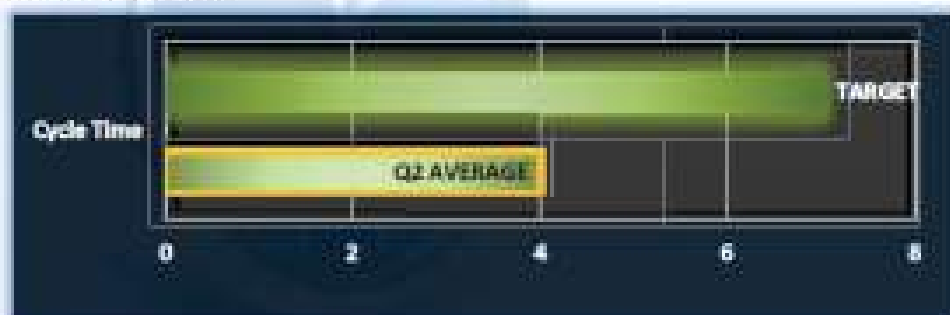


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q2 Average: 4 Days



Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q3 Report (January - March 2013)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

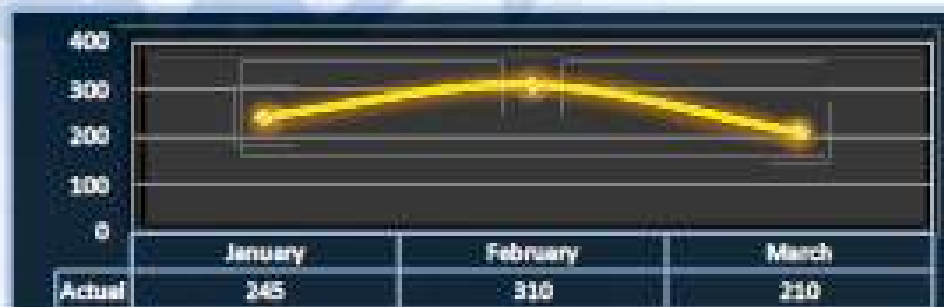
Volume

Number of complaints and convictions received.

Q3 Total: 765

Complaints: 372 Convictions: 393

Q3 Monthly Average: 255



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q3 Average: 25 Days



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q3 Average: 271 Days

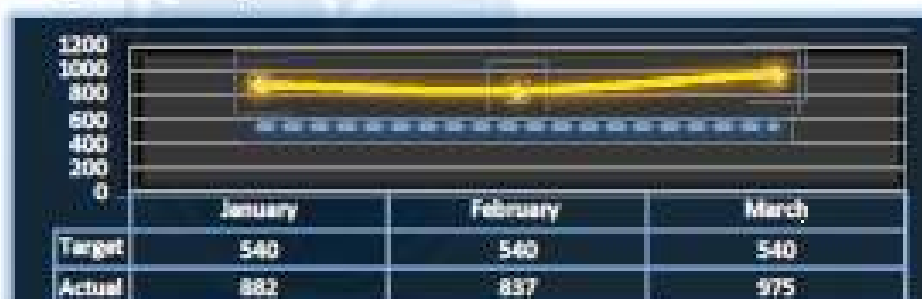


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 885 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q3 Average: 10 Days

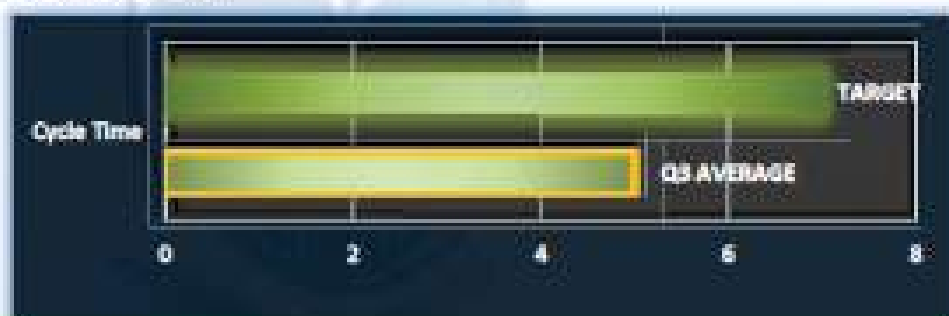


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q3 Average: 3 Days



Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q4 Report (April - June 2013)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

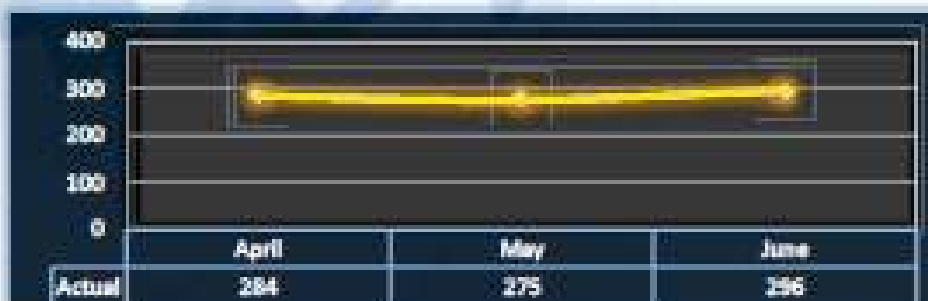
Volume

Number of complaints and convictions received.

Q4 Total: 855

Complaints: 474 Convictions: 381

Q4 Monthly Average: 285



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q4 Average: 20 Days



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q4 Average: 306 Days



Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 932 Days

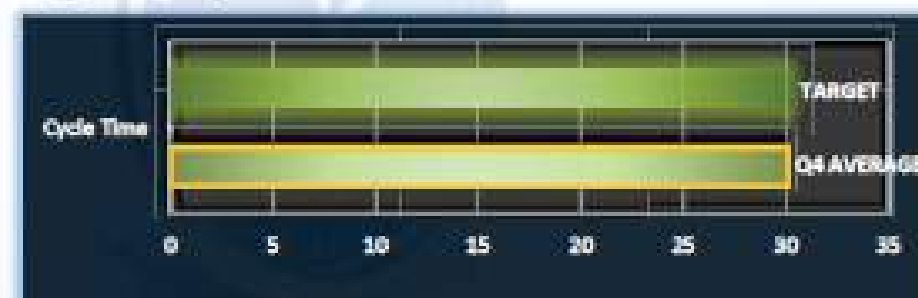


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q4 Average: 30 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q4 Average: 2 Days



Department of Consumer Affairs

California Board of Pharmacy

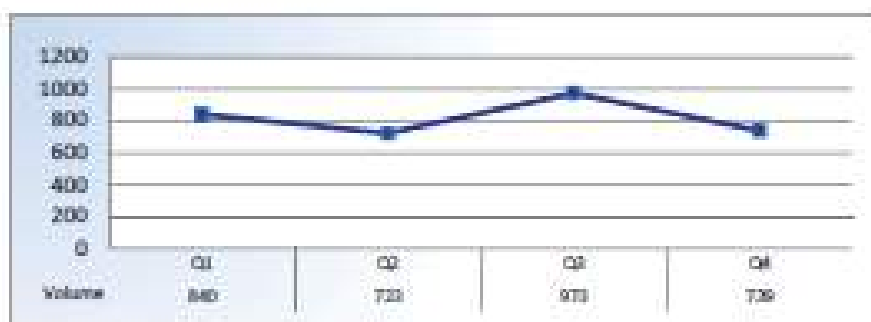
Performance Measures

Annual Report (2013 – 2014 Fiscal Year)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly and annual basis.

PM1 | Volume

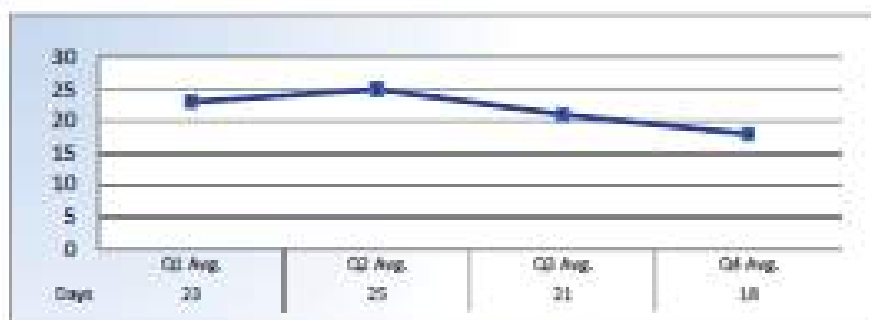
Number of complaints and convictions received.



Fiscal Year Total: 3,275

PM2 | Intake

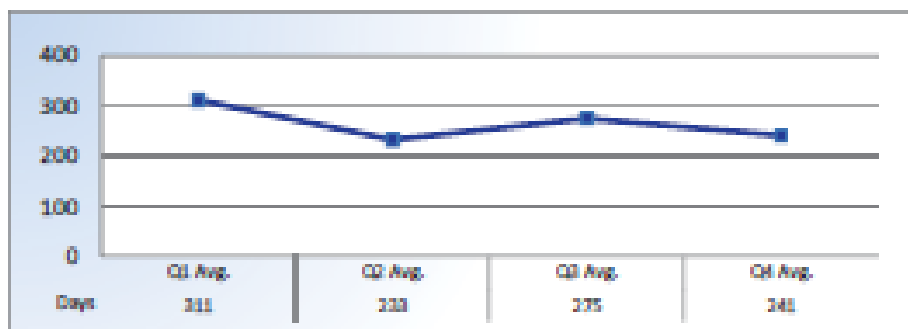
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 20 Days

PM3 | Intake & Investigation

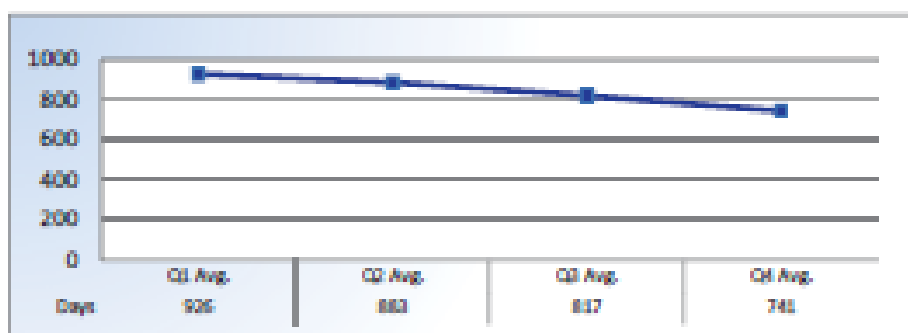
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 210 Days

PM4 | Formal Discipline

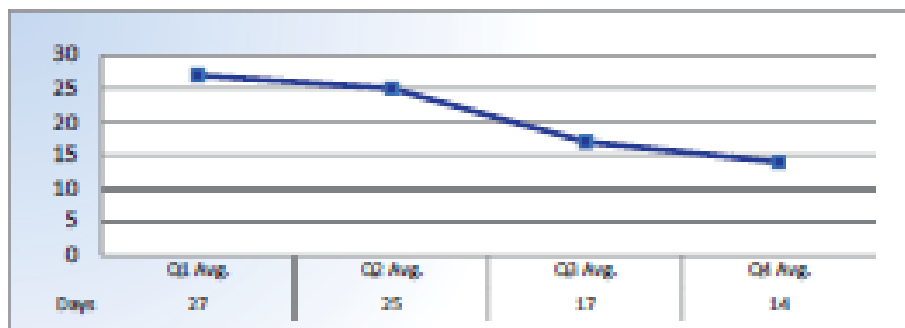
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days

PM7 | Probation Intake

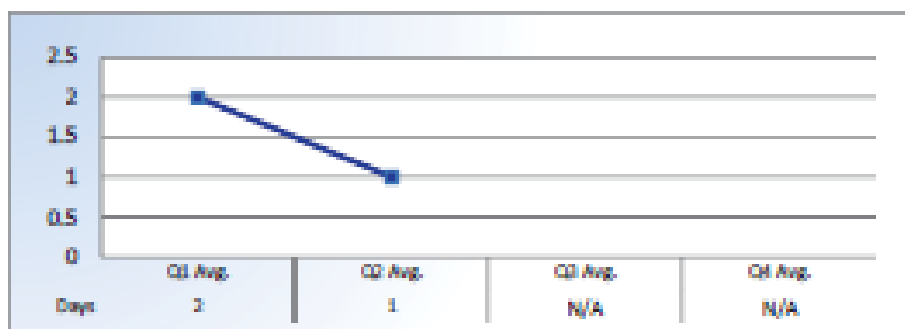
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



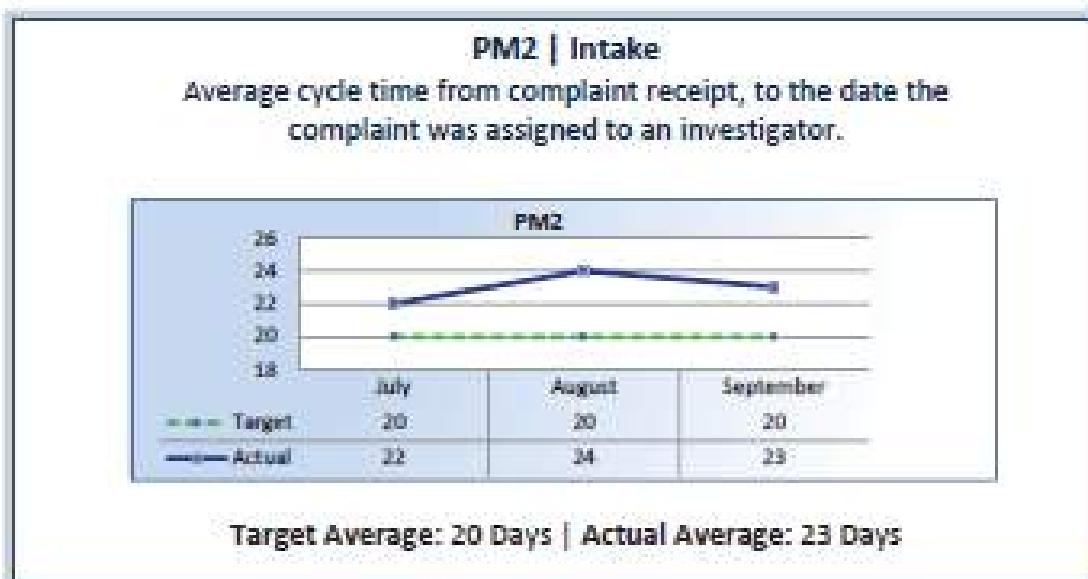
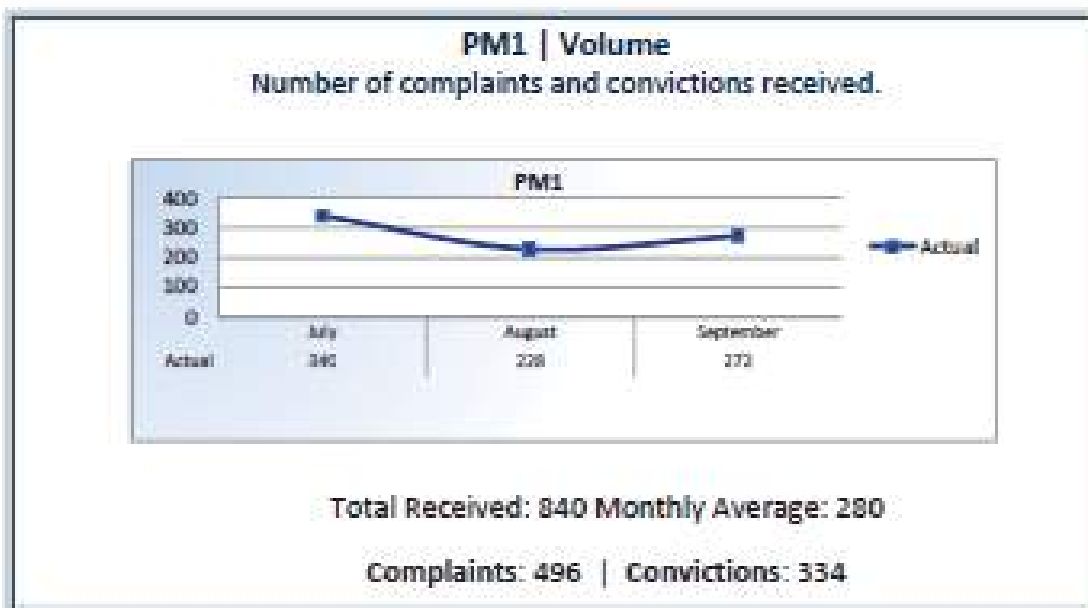
Target Average: 7 Days

Department of Consumer Affairs
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Performance Measures

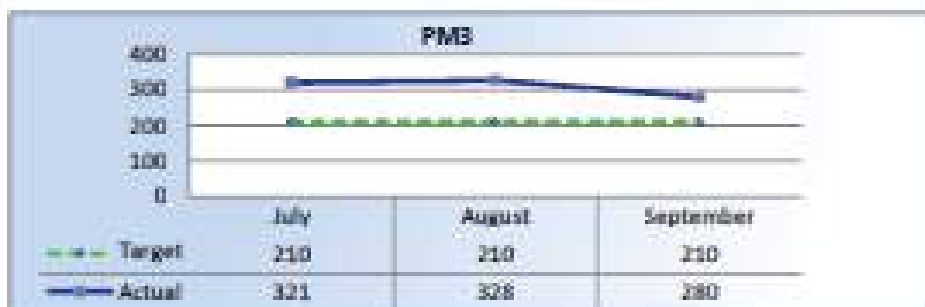
Q1 Report (July - September 2013)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.



PM3 | Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 210 Days | Actual Average: 311 Days

PM4 | Formal Discipline

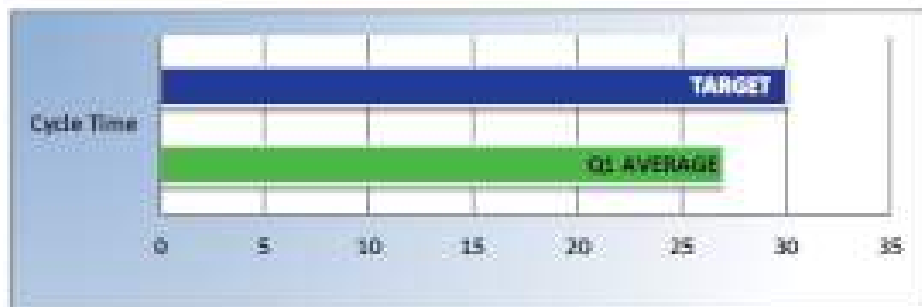
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 926 Days

PM7 | Probation Intake

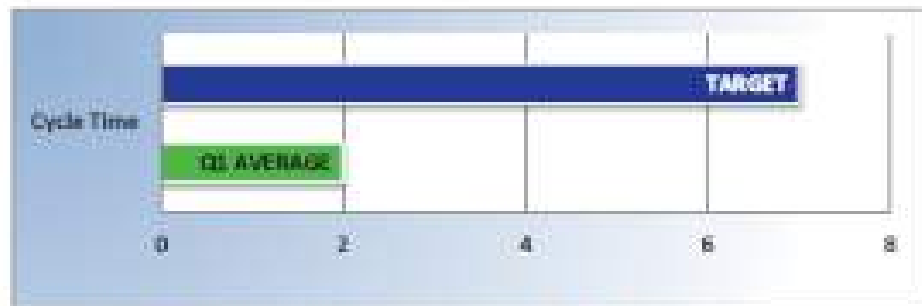
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days | Actual Average: 27 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 7 Days | Actual Average: 2 Days

Department of Consumer Affairs
California State Board
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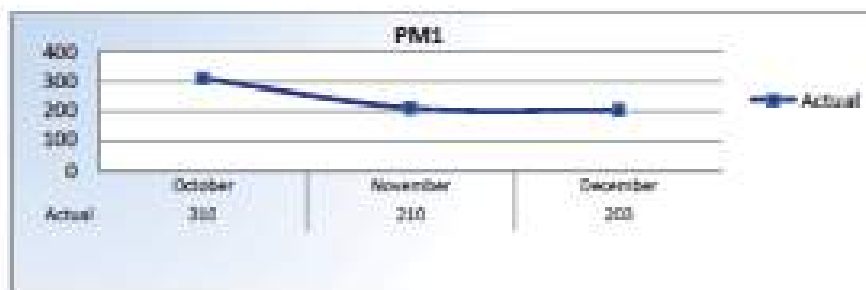
Performance Measures

Q2 Report (October - December 2013)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.



Total Received: 723 Monthly Average: 241

Complaints: 438 | Convictions: 285

PM2 | Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 20 Days | Actual Average: 25 Days

PM3 | Intake & Investigation

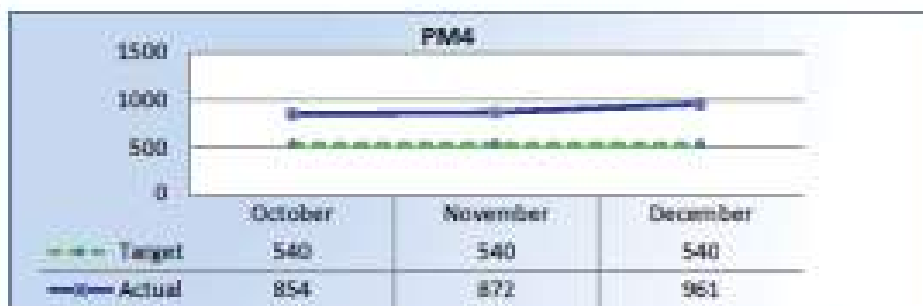
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 210 Days | Actual Average: 233 Days

PM4 | Formal Discipline

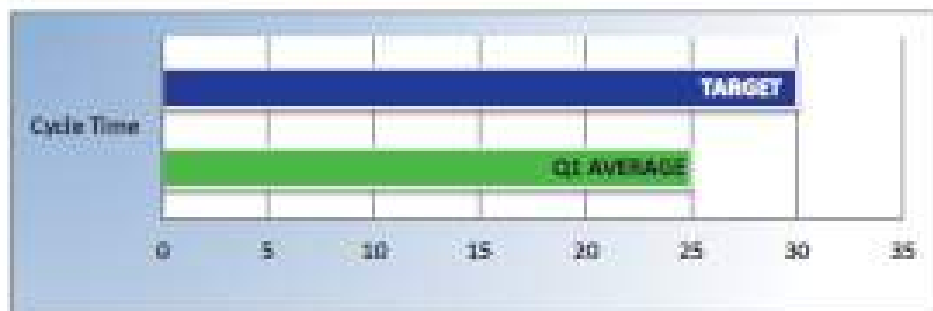
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 883 Days

PM7 | Probation Intake

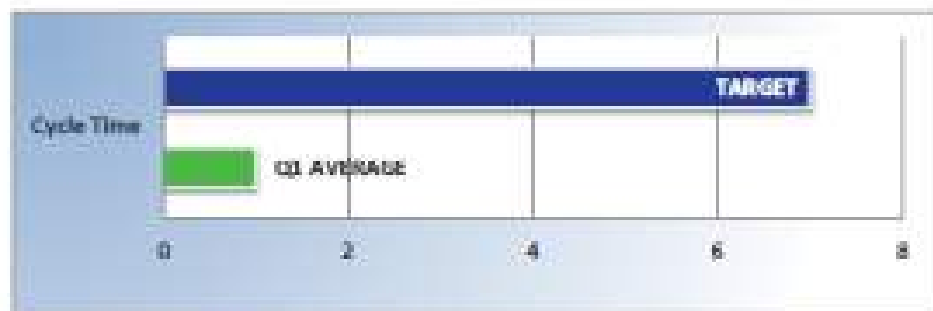
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days | Actual Average: 25 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



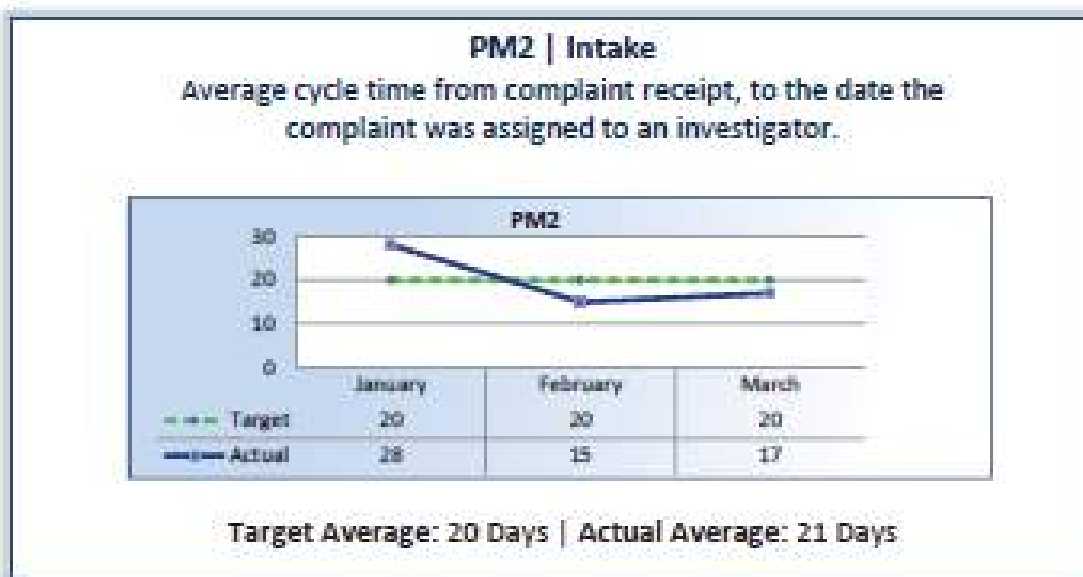
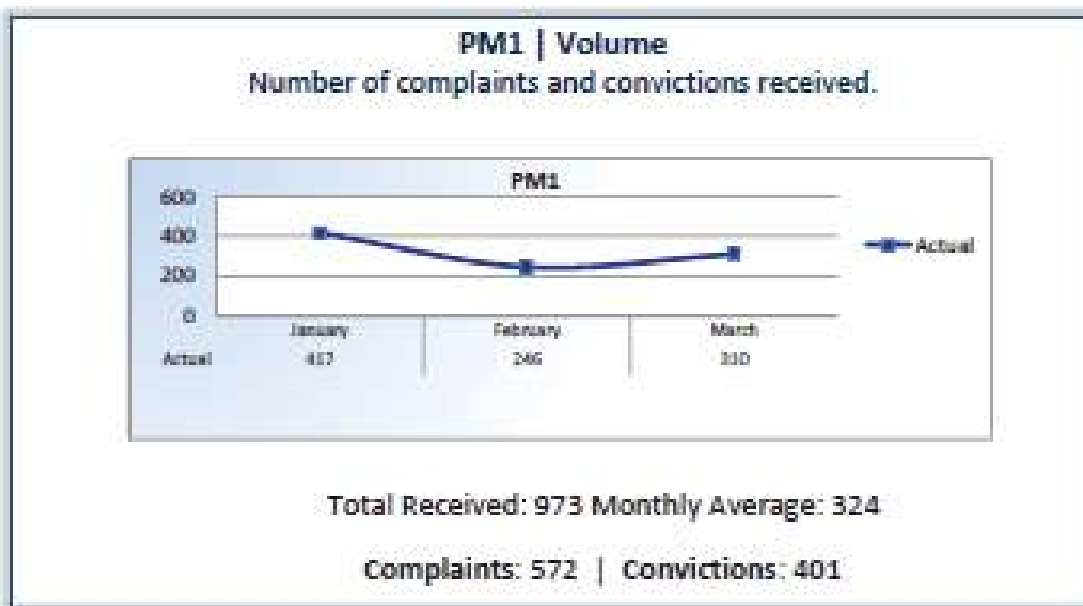
Target Average: 7 Days | Actual Average: 1 Day

Department of Consumer Affairs
**California State Board
 of Pharmacy**

Performance Measures

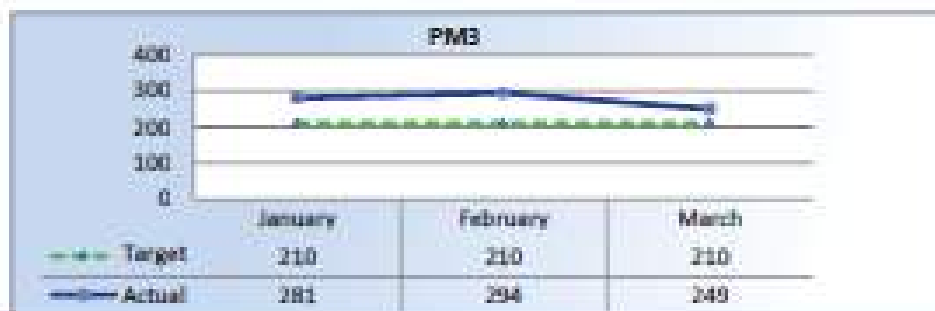
Q3 Report (January - March 2014)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.



PM3 | Intake & Investigation

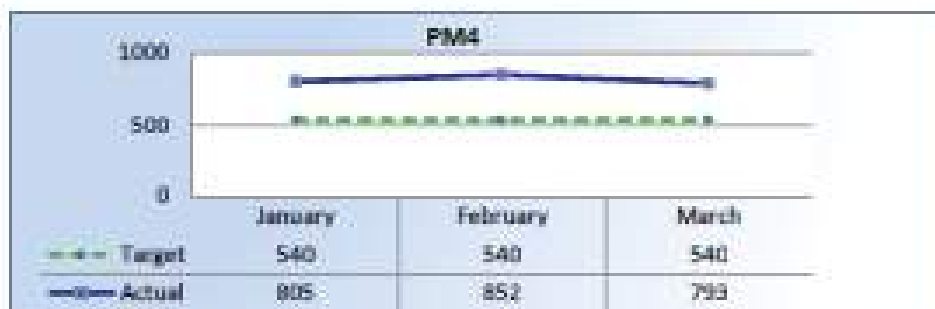
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 210 Days | Actual Average: 275 Days

PM4 | Formal Discipline

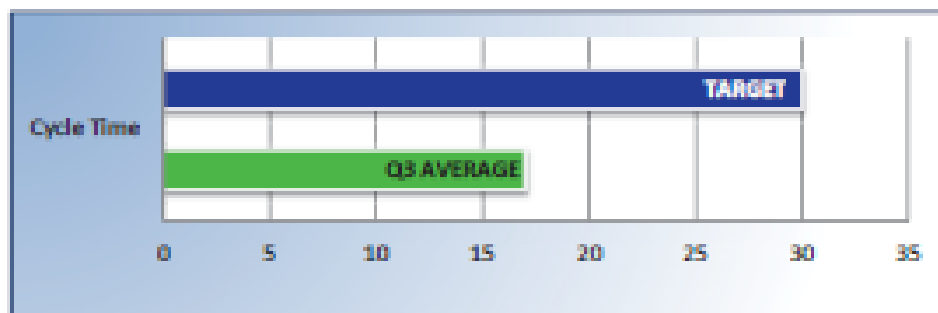
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 871 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days | Actual Average: 17 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not report any probation violations this quarter.

Target Average: 7 Days | Actual Average: N/A

Department of Consumer Affairs
**California State Board
 of Pharmacy**

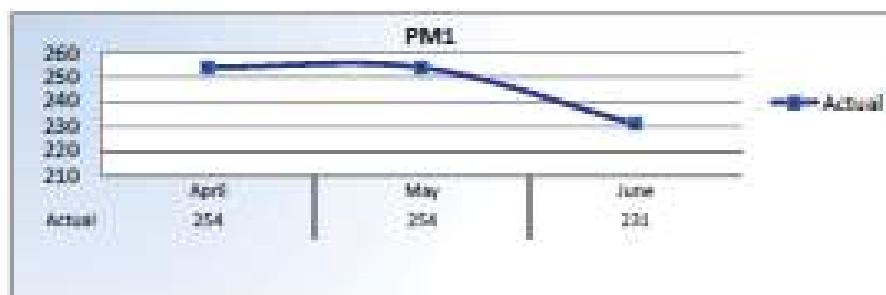
Performance Measures

Q4 Report (April - June 2014)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.



Total Received: 739 Monthly Average: 246

Complaints: 457 | Convictions: 282

PM2 | Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 20 Days | Actual Average: 18 Days

PM3 | Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 210 Days | Actual Average: 241 Days

PM4 | Formal Discipline

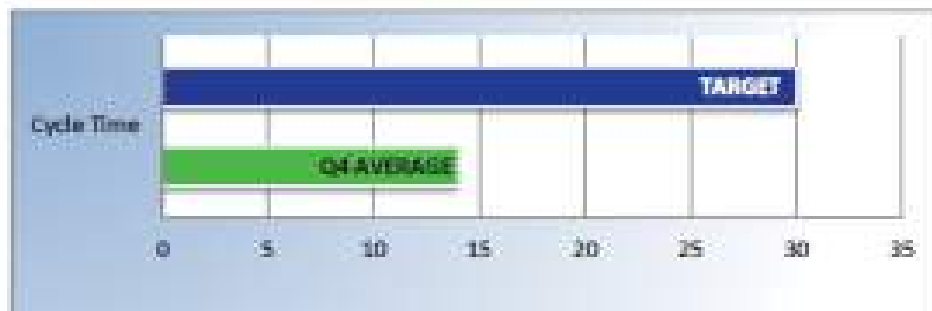
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 741 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days | Actual Average: 14 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not report any probation violations this quarter.

Target Average: 7 Days | Actual Average: N/A

Department of Consumer Affairs

California Board of Pharmacy

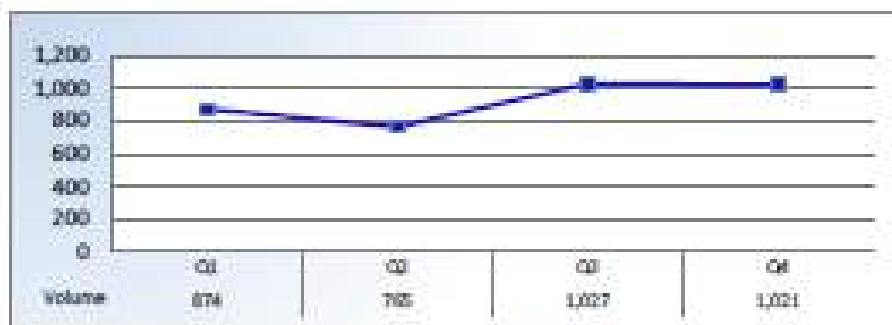
Performance Measures

Annual Report (2014 – 2015 Fiscal Year)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly and annual basis.

PM1 | Volume

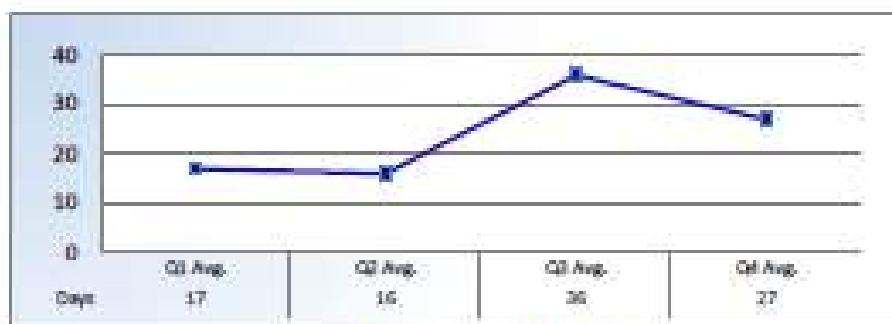
Number of complaints and convictions received.



Fiscal Year Total: 3,507

PM2 | Intake

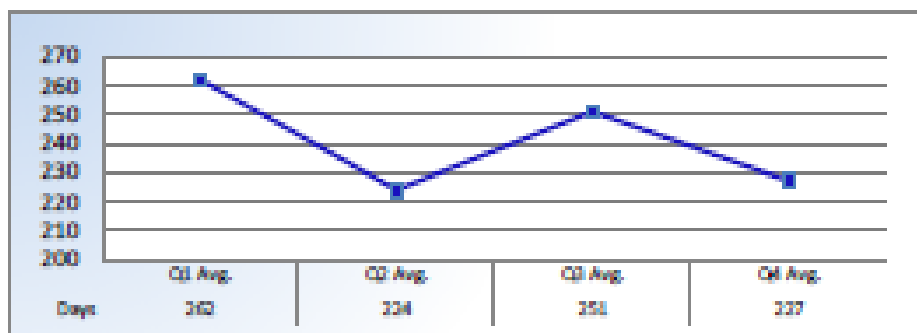
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 20 Days

PM3 | Intake & Investigation

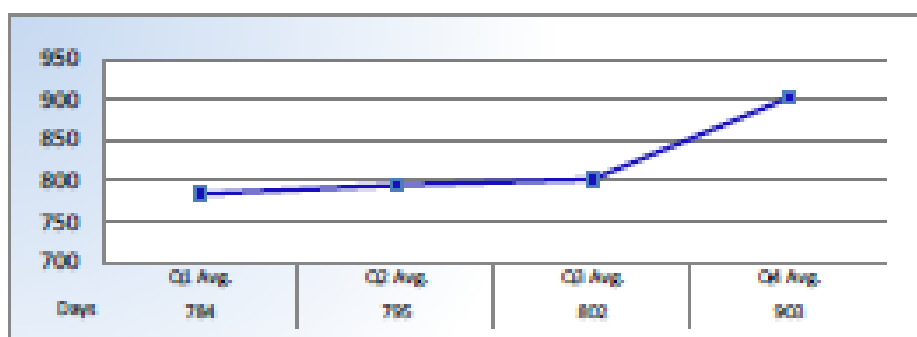
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 210 Days

PM4 | Formal Discipline

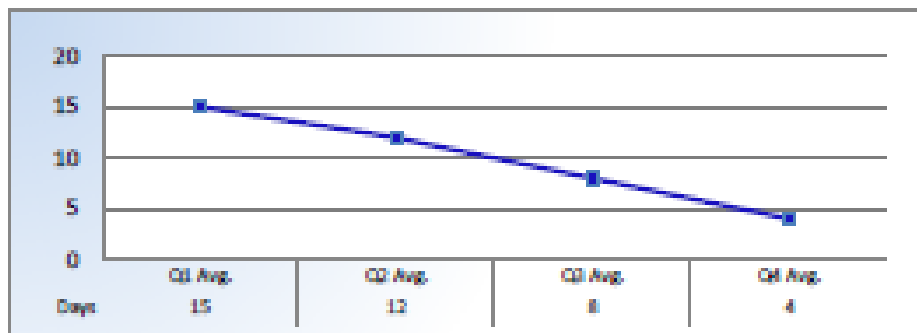
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days

PM7 | Probation Intake

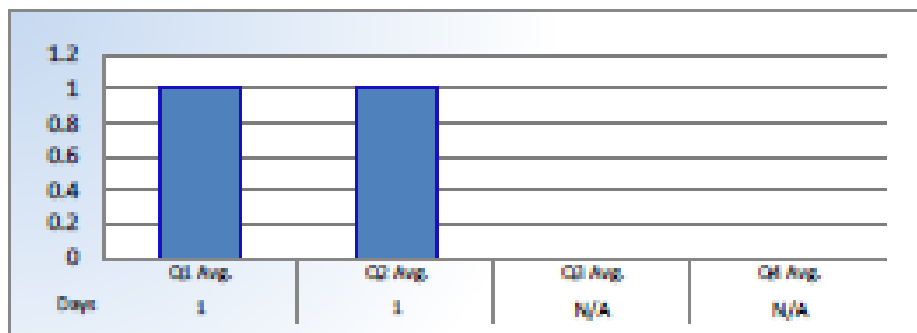
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 7 Days

Department of Consumer Affairs
**California State Board
 of Pharmacy**

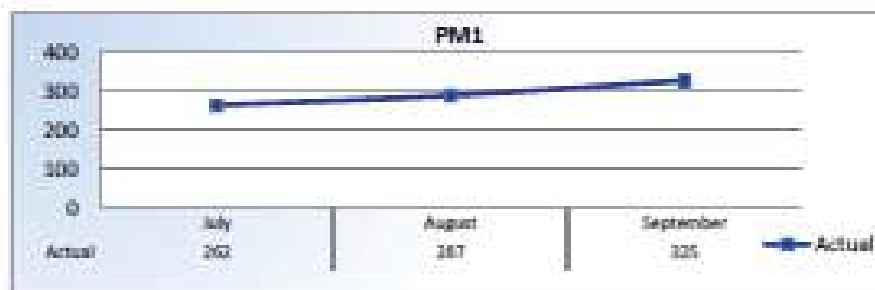
Performance Measures

Q1 Report (July - September 2014)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

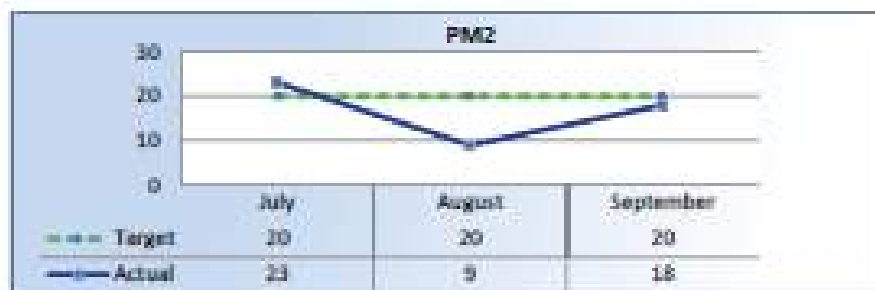


Total Received: 874 Monthly Average: 291

Complaints: 451 | Convictions: 423

PM2 | Intake

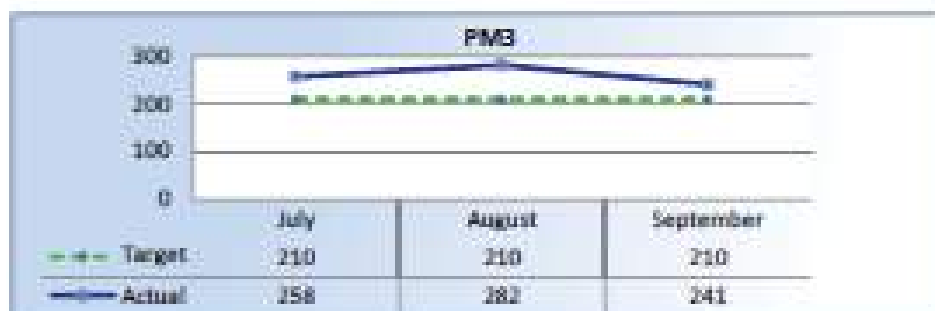
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 20 Days | Actual Average: 17 Days

PM3 | Intake & Investigation

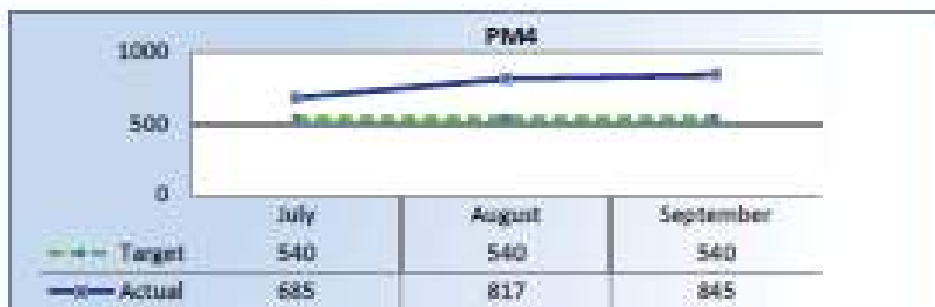
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 210 Days | Actual Average: 262 Days

PM4 | Formal Discipline

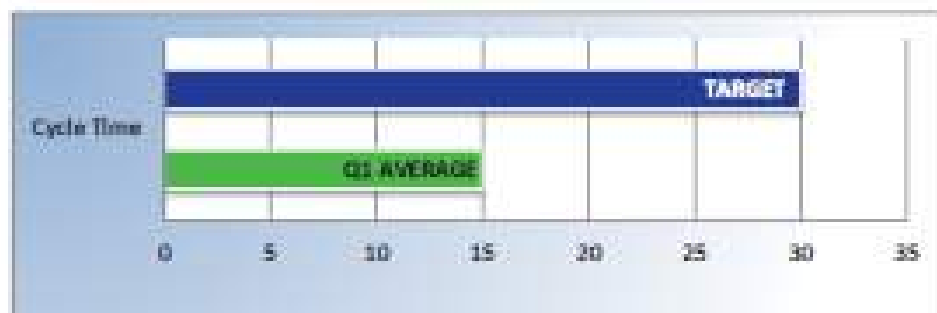
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 784 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days | Actual Average: 15 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



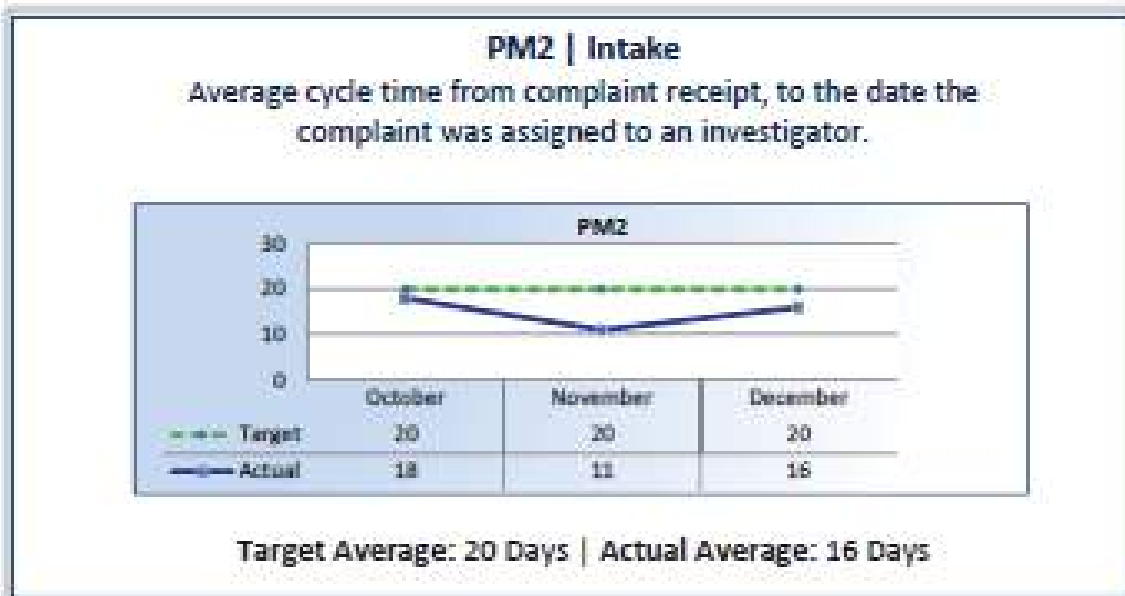
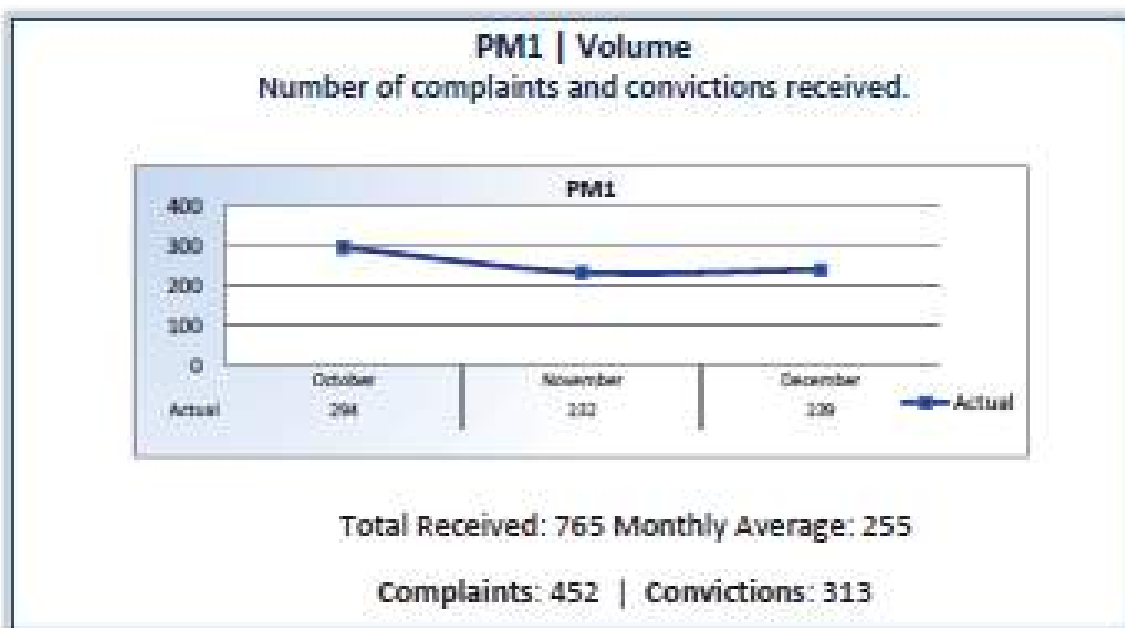
Target Average: 7 Days | Actual Average: 1 Day

Department of Consumer Affairs
**California State Board
 of Pharmacy**

Performance Measures

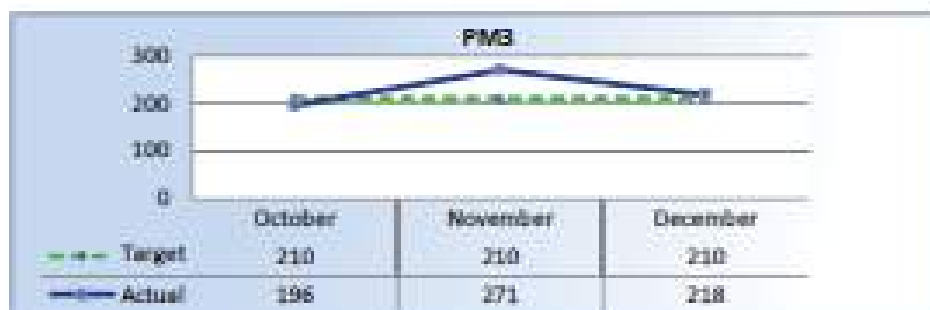
Q2 Report (October - December 2014)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.



PM3 | Intake & Investigation

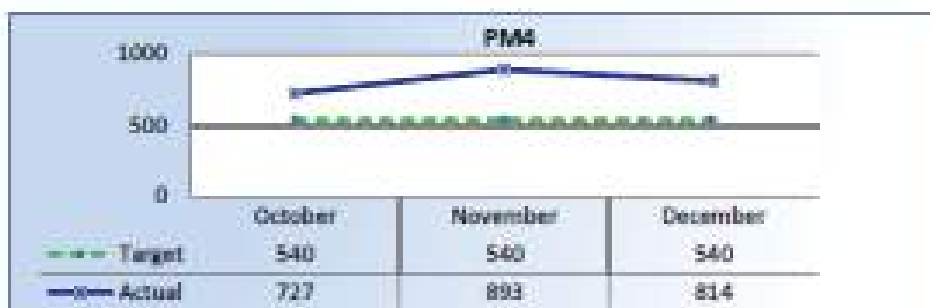
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 210 Days | Actual Average: 224 Days

PM4 | Formal Discipline

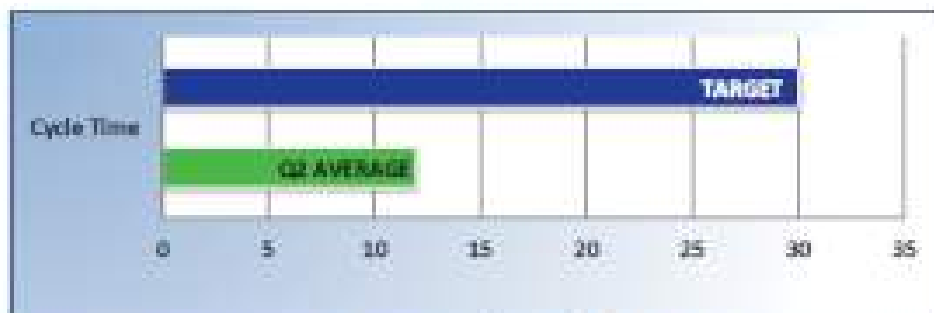
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 795 Days

PM7 | Probation Intake

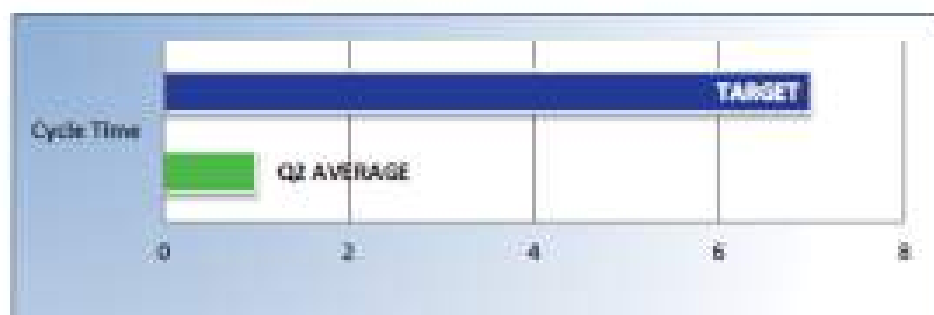
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days | Actual Average: 12 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 7 Days | Actual Average: 1 Day

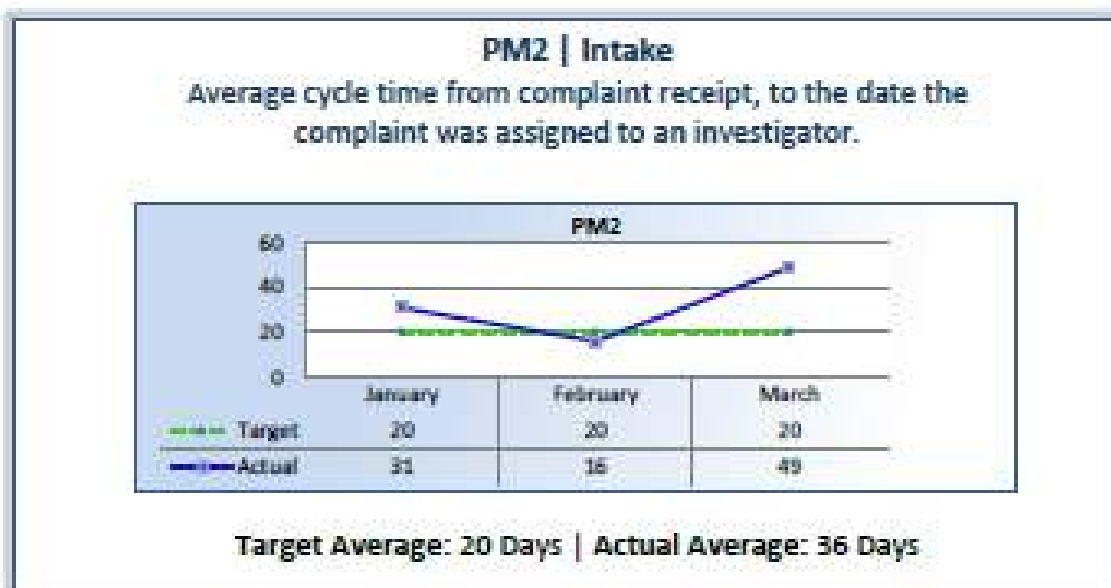
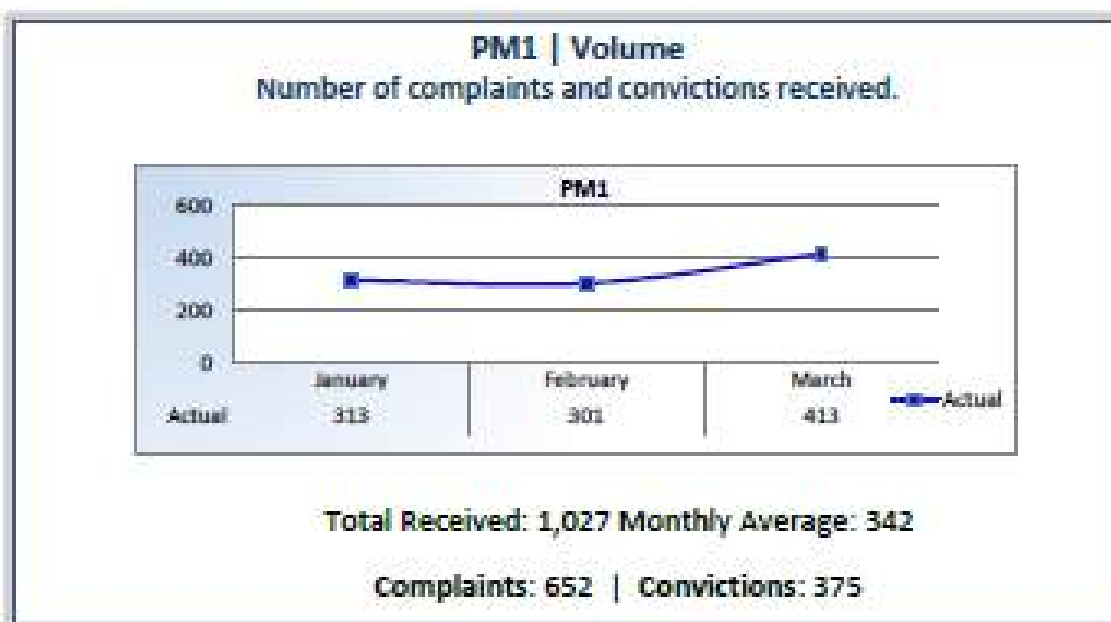
Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

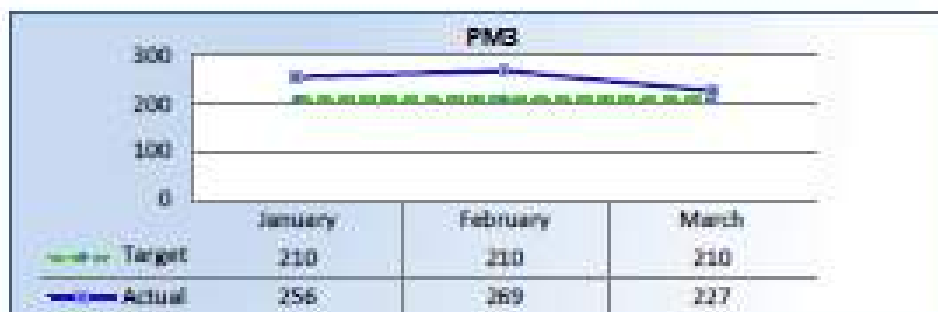
Q3 Report (January - March 2015)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.



PM3 | Intake & Investigation

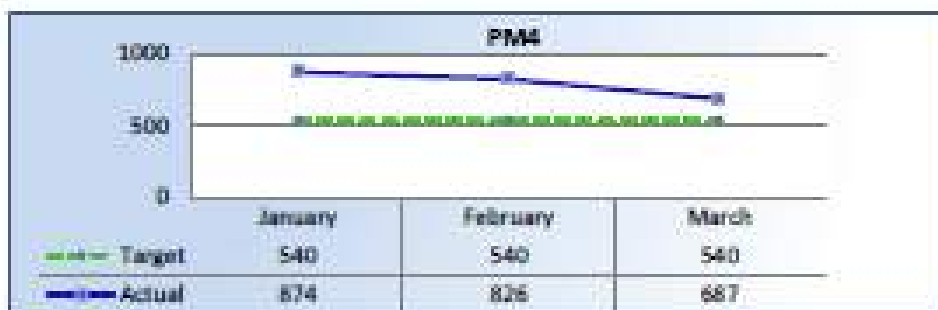
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 210 Days | Actual Average: 251 Days

PM4 | Formal Discipline

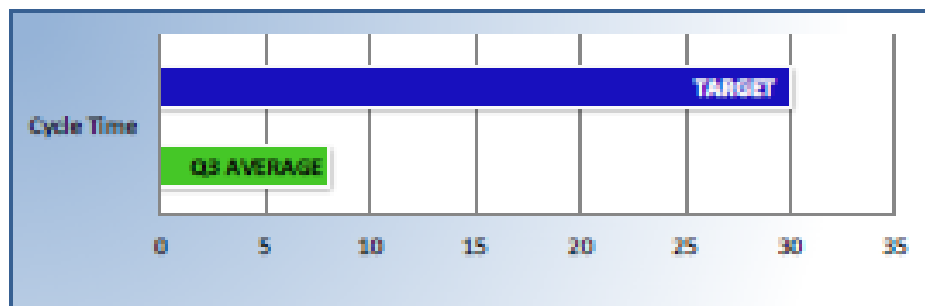
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 802 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days | Actual Average: 8 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any new probation violations this quarter.

Target Average: 7 Days | Actual Average: N/A

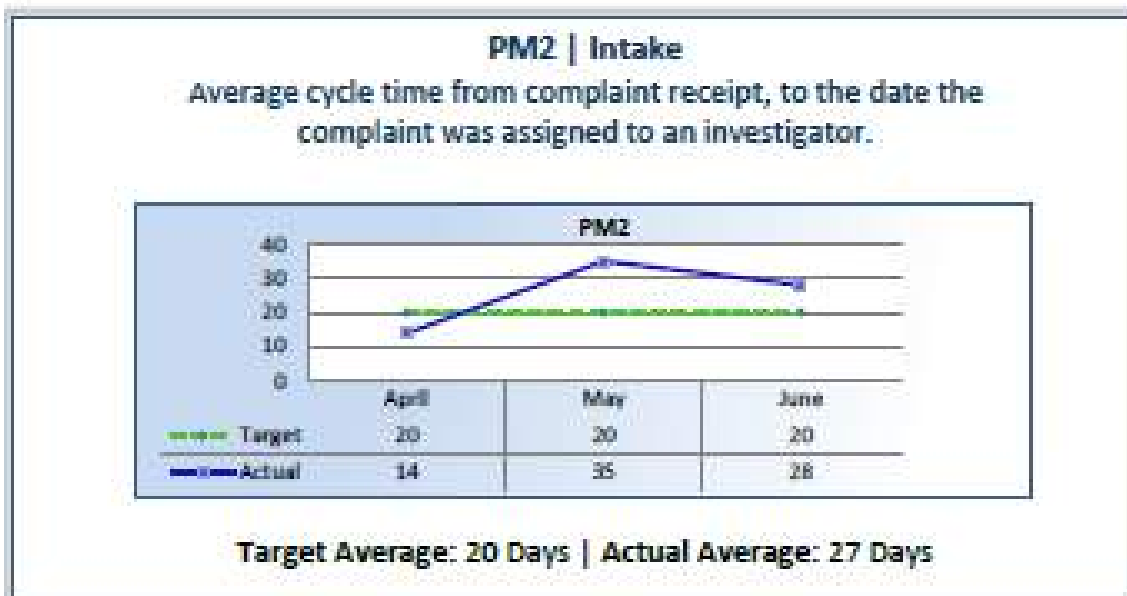
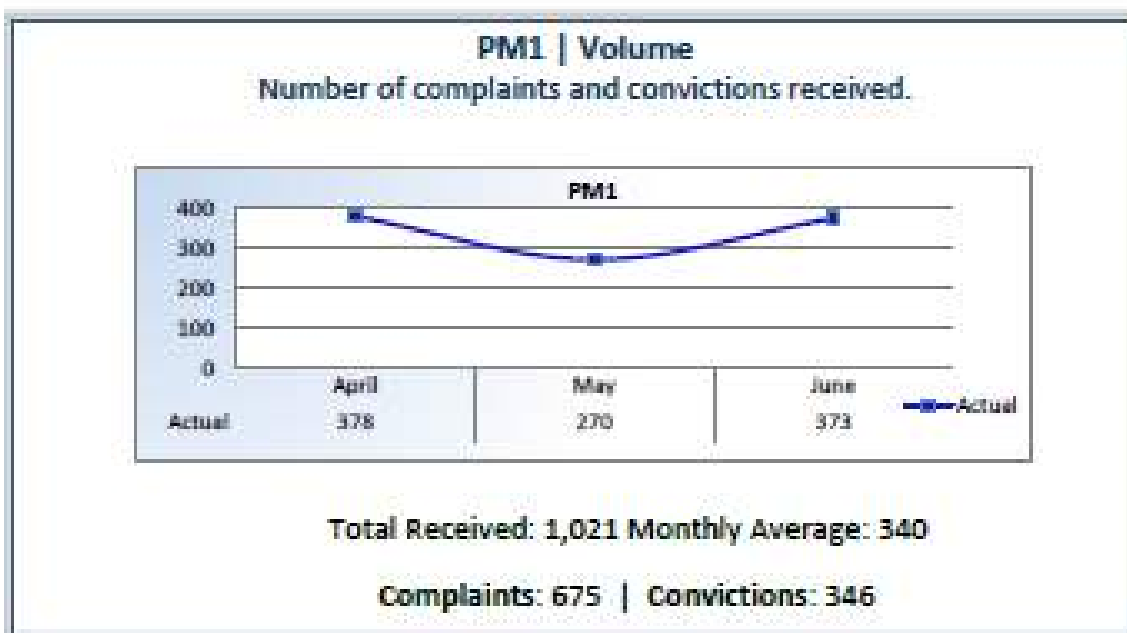
Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

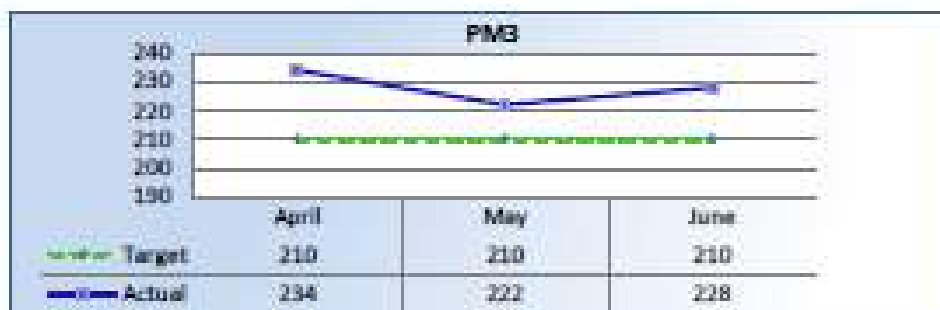
Q4 Report (April - June 2015)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.



PM3 | Intake & Investigation

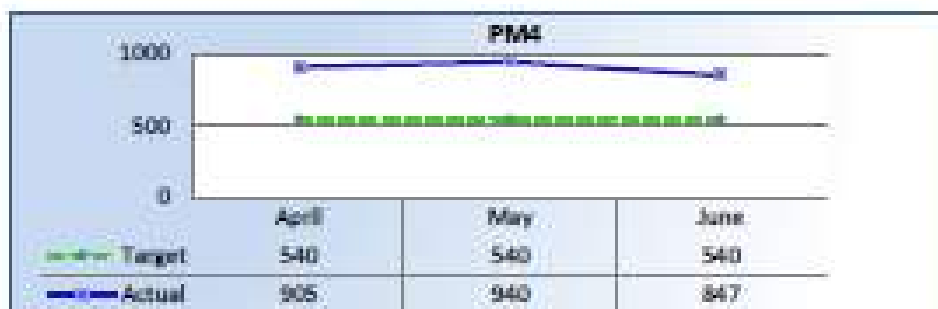
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 210 Days | Actual Average: 227 Days

PM4 | Formal Discipline

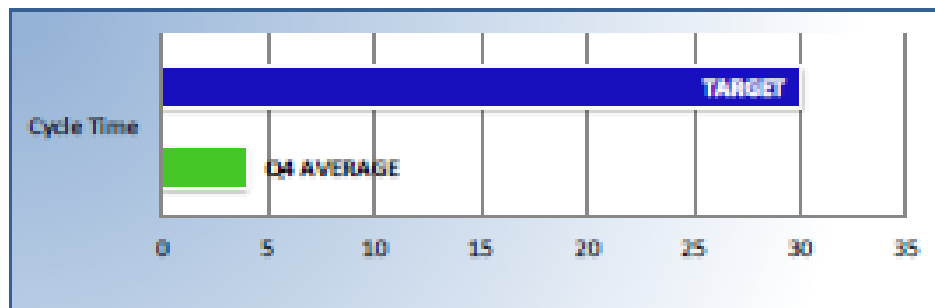
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | Actual Average: 903 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 30 Days | Actual Average: 4 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board did not have any new probation violations this quarter.

Target Average: 7 Days | Actual Average: N/A

Board's Consumer Satisfaction Survey				
1. How did you contact our Board/Bureau?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
In Person	14	19	10	0
E-mail	5	7	8	1
Phone	10	11	11	4
Regular mail	3	5	13	4
Website			6	4
No response			8	2
Total	32	42	56	15
2. How satisfied were you with the format and navigation of our website?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Very dissatisfied	0	0	0	
Somewhat dissatisfied	0	0	0	
Neither satisfied nor dissatisfied	2	0	0	
Somewhat satisfied	2	0	0	
Very satisfied	1	2	2	
Total	5	2	2	
3. How satisfied were you with information pertaining to your complaint available on our website?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Very dissatisfied	2	0	0	
Somewhat dissatisfied	1	0	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	2	0	2	
Very satisfied	0	2	0	
Total	5	2	2	
4. How satisfied were you with the time it took to respond to your initial correspondence?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Very dissatisfied	0	0	0	
Somewhat dissatisfied	0	1	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	0	0	0	
Very satisfied	1	1	1	
Total	1	2	1	

Board's Consumer Satisfaction Survey				
5. How satisfied were you with our response to your initial correspondence?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Very dissatisfied	0	1	0	
Somewhat dissatisfied	0	0	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	1	0	0	
Very satisfied	1	1	1	
Total	2	2	1	

6. How satisfied were you with the time it took to speak to a representative of our Board/Bureau?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Very dissatisfied	0	0	0	
Somewhat dissatisfied	0	0	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	0	0	0	
Very satisfied	1	0	0	
Total	1	0	0	

7. How satisfied were you with our representative's ability to address your complaint?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Very dissatisfied	0	0	0	
Somewhat dissatisfied	0	0	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	0	0	0	
Very satisfied	1	0	0	
Total	1	0	0	

8. How satisfied were you with the time it took for us to resolve your complaint?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Very dissatisfied	5	11	6	2
Somewhat dissatisfied	9	8	12	1
Neither satisfied nor dissatisfied	4	7	11	4
Somewhat satisfied	3	5	10	5
Very satisfied	9	14	17	2
Total	30	45	56	14

Board's Consumer Satisfaction Survey				
9. How satisfied were you with the explanation you were provided regarding the outcome of your complaint?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Very dissatisfied	6	13	4	0
Somewhat dissatisfied	3	5	2	1
Neither satisfied nor dissatisfied	4	4	5	0
Somewhat satisfied	7	5	3	4
Very satisfied	10	19	41	9
Total	30	46	55	14
10. Overall, how satisfied were you with the way in which we handled your complaint?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Very dissatisfied	8	12	5	2
Somewhat dissatisfied	2	4	3	1
Neither satisfied nor dissatisfied	5	1	3	0
Somewhat satisfied	4	5	10	5
Very satisfied	11	24	35	6
Total	30	46	56	14
11. Would you contact us again for a similar situation?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Absolutely Not	1	9	3	0
Probably Not	4	5	0	1
Maybe	4	2	3	0
Probably	5	3	6	0
Definitely	16	27	44	13
Total	30	46	56	14
12. Would you recommend us to a friend or family member experiencing a similar situation?	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Absolutely Not	4	10	3	0
Probably Not	3	4	0	1
Maybe	5	2	4	0
Probably	2	4	2	0
Definitely	16	26	47	13
Total	30	46	56	14

Table 2. Fund Condition						
<i>(Dollars in Thousands)</i>	<i>FY</i> <i>2011/12</i>	<i>FY</i> <i>2012/13</i>	<i>FY</i> <i>2013/14</i>	<i>FY</i> <i>2014/15</i>	<i>FY</i> <i>2015/16¹</i>	<i>FY</i> <i>2016/17²</i>
Beginning Balance	\$13,825	\$13,597	\$13,885	\$12,878	\$11,741	\$8,227
Revenues and Transfers ³	\$12,703	\$13,933	\$14,522	\$18,227	\$16,291	\$16,279
Total Revenue	\$26,528	\$27,530	\$28,407	\$31,105	\$28,032	\$24,506
Budget Authority	\$14,270	\$14,806	\$17,904	\$20,599	\$19,770	\$20,094
Expenditures ⁴	\$12,971	\$13,935	\$16,789	\$19,364	\$19,805	\$20,094
Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$152	\$0	\$0	\$0
Loans Repaid From General Fund	\$0	\$0	\$1,000	\$0	\$0	\$0
Fund Balance	\$13,557	\$13,595	\$12,770	\$11,741	\$8,227	\$4,412
Months in Reserve	11.7	9.7	7.9	7.1	4.9	3.0

¹ FY 2015/16 Expenditures and Revenue are Estimated

² FY 2016/17 Expenditures and Revenue are Estimated

³ Includes Prior Year Adjustments

⁴ Includes Direct Draws from Fi\$cal

Table 3. Expenditures by Program Component
(list dollars in thousands)

	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	4,582	2,527	6,177	2,281	6,244	3,348	7,891	3,677
Examination	106	186	106	207	106	206	106	183
Licensing	1,630	1,058	824	901	1,192	939	1,544	987
Administration ¹	719	498	990	530	1,357	939	1,710	987
DCA Pro Rata		1,881		2,179		2,693		2,619
Diversion	150	274	150	267	150	294	150	314
TOTALS	\$7,187	\$6,424	\$8,247	\$6,365	\$9,049	\$8,419	\$11,401	\$8,767

¹ Administration includes costs for executive staff, board, administrative support, and fiscal services.

Table 4. Fee Schedule and Revenue - revenue listed in thousands

Fee	**Fee Amount	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	Fee Increase Effective 7/2014 Fee Amount**	FY 2014/15 Revenue	% of Total Revenue*
Centralized Hospital Packaging	n/a	n/a	n/a	4	\$800	3	0.02%
Clinic Permit	\$400	23	40	28	\$520	48	0.29%
Designated Representative Certificate - Wholesalers	\$255	126	125	135	\$330	141	0.86%
Designated Representative Certificate - Veterinary Food-Animal Drug Retailers	\$255	2	3	1	\$330	3	0.02%
Designated Representative Certificate - Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$330	28	0.17%
Hypodermic Needle and Syringe	\$125	2	3	2	\$165	5	0.03%
Intern Pharmacist	\$90	178	178	197	\$115	268	1.63%
Non-Resident Pharmacy	\$400	46	40	58	\$520	76	0.46%
Non-Resident Sterile Compounding	\$600	8	11	10	\$780	14	0.09%
Non-Resident Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$780	43	0.26%
Non-Resident Wholesaler	\$600	68	65	53	\$780	73	0.45%
Pharmacist Initial License Fee	\$150	242	270	267	\$195	404	2.47%
Pharmacist Licensure Exam	\$200	491	491	548	\$260	770	4.71%
Pharmacy	\$400	123	194	166	\$520	770	4.71%
Pharmacy Technician	\$80	742	695	675	\$105	713	4.36%
Sterile Compounding	\$600	32	35	375	\$780	108	0.66%
Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$780	9	0.06%
Veterinary Food-Animal Drug Retailer	\$405	3	\$0.00	trace	\$425	trace	0%
Wholesale Drug	\$600	64	50	55	\$780	67	0.41%

Table 4. Fee Schedule and Revenue - revenue listed in thousands

Fee	**Fee Amount	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	Fee Increase Effective 7/2014 Fee Amount**	FY 2014/15 Revenue	% of Total Revenue*
Centralized Hospital Packaging Renewal	n/a	n/a	n/a	0	\$800	1	0.01%
Clinic Renewal	\$250	230	233	235	\$325*	310	1.89%
Designated Representative – Veterinary Food-Animal Drug Retailers Renewal	\$150	9	9	8	\$195	11	0.07%
Designated Representative – Wholesalers Renewal	\$150	382	396	390	\$195	509	3.10%
Designated Representative Certificate – Third Party Logistics Provider Renewal	n/a	n/a	n/a	n/a	\$195	0	0%
Hypodermic Needle and Syringe Renewal	\$125	31	31	32	\$165	42	0.26%
Non-Resident Pharmacy Renewal	\$250	83	80	92	\$325	128	0.78%
Non-Resident Sterile Compounding Renewal	\$600	45	45	43	\$780	59	0.36%
Non-Resident Third Party Logistics Provider Renewal	n/a	n/a	n/a	n/a	\$780	0	0%
Non-Resident Wholesaler Renewal	\$600	329	347	376	\$780	532	3.24%
Pharmacist Renewal	\$150	2,685	2,698	2,859	\$195**	3,608	22.01%
Pharmacy Renewal	\$250	1,589	1,564	1,617	\$325*	1,809	11.03%
Pharmacy Technician Renewal	\$100	2,861	2,929	3,079	\$130	3,839	23.42%
Sterile Compounding Renewal	\$600	136	134	137	\$780	548	3.34%
Third Party Logistics Provider Renewal	n/a	n/a	n/a	n/a	\$780	\$0.00	0%
Veterinary Food-Animal Drug Retailer Renewal	\$250	6	4	10	\$325	8	0.05%
Wholesale Drug Renewal	\$600	274	271	283	\$780*	369	2.25%

Table 4. Fee Schedule and Revenue - revenue listed in thousands

Fee	**Fee Amount	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	Fee Increase Effective 7/2014 Fee Amount**	FY 2014/15 Revenue	% of Total Revenue*
Centralized Hospital Packaging Delinquent Fee	n/a	n/a	n/a	0	\$150	0	0%
Clinic Delinquent Fee	\$125	6	8	6	\$150	9	0.05%
Designated Representative – 3PL Delinquent	n/a	n/a	n/a	n/a	\$97.50	0	0%
Designated Representative – Wholesalers Delinquent Fee	\$75	11	10	11	\$97.50	17	0.10%
Designated Representative -Veterinary Food-Animal Drug Retailers Delinquent	\$75	trace	trace	trace	\$125	trace	0%
Hypodermic Needle and Syringe Delinquent Fee	\$62.50	1	1	1	\$82.50	2	0.01%
Non-Resident Pharmacy Delinquent Fee	\$125	1	2	1	\$150	2	0.01%
Non-Resident Sterile Compounding Delinquent Fee	\$150	0	1	0	\$150	trace	0%
Non-Resident Third Party Logistics Provider Delinquent Fee	n/a	n/a	n/a	n/a	\$150	0	0%
Non-Resident Wholesaler Delinquent Fee	\$150	0	5	4	\$150	4	0.02%
Pharmacist Delinquent Fee	\$75	22	20	24	\$97.50	27	0.16%
Pharmacy Delinquent Fee	\$125	3	3	2	\$150	3	0.02%
Pharmacy Technician Delinquent Fee	\$50	95	98	99	\$65	116	0.71%
Sterile Compounding Delinquent Fee	\$150	trace	trace	trace	\$150	0	0%
Third Party Logistics Provider Delinquent Fee	n/a	n/a	n/a	n/a	\$150	0	0%
Veterinary Food-Animal Drug Retailer Delinquent Fee	\$125	Trace	0	0	\$125	0	0%
Wholesale Drug Delinquent Fee	\$150	2	3	2	\$150	3	0.02%

Table 4. Fee Schedule and Revenue - revenue listed in thousands

Fee	**Fee Amount	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	Fee Increase Effective 7/2014 Fee Amount**	FY 2014/15 Revenue	% of Total Revenue*
Change of Designated Representative in Charge	\$100	13	18	16	\$100	14	0.09%
Change of Permit	\$100	75	89	93	\$100	130	0.79%
Change of Permit - Tradestyle/Address	\$35	7	3	3	\$35	4	0.02%
Change of Pharmacist in Charge	\$100	150	158	172	\$100	192	1.17%
Change of Responsible Manager	n/a	n/a	n/a	n/a	\$130	trace	0%
Duplicate/Replacement License	\$35	36	43	42	\$35	44	0.27%
Evaluation of Continuing Education	\$40	trace	trace	0	\$40 per hour	trace	0%
Regrade of Pharmacist Licensure Exam	\$90	1	1	1	\$115	1	0.01%
Retired Pharmacist	\$35	2	2	2	\$45	5	0.03%
Temporary Non-Resident Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$715	0	0%
Temporary Permit Non-Resident Wholesaler	\$550	7	0	7	\$550	5	0.03%
Temporary Permit Non-Resident Pharmacy	\$250	13	5	7	\$325	9	0.05%
Temporary Permit Non-Resident Sterile Compounding	\$550	3	1	1	\$550.00	2	0.01%
Temporary Permit Sterile Compounding	\$550	7	6	5	\$550	28	0.17%
Temporary Pharmacy Permit	\$250	26	57	35	\$325	368	2.24%
Temporary Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$715	0	0%
Temporary Veterinary Food-Animal Drug Retailer	\$250	0	0	0	\$250	0	0%
Temporary Wholesale Permit	\$550	17	15	7	\$550	4	0.02%
Transfer of Intern Hours/License Verification	\$25	26	25	39	\$30	41	0.25%

*Calculated based on FY 2014/15 revenue.

**All fees are at the statutory limit.

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1110-04L	13/14	Position authority and funding for one Inspector to inspect licensed clinics (prior to licensure and each subsequent year) pursuant to the provisions in SB 1095.	Inspector: 1	Inspector: 1	\$156,000	\$156,000	\$8,000	\$8,000
1110-27	14/15	Funding and position authority to create a Prescription Drug Abuse Unit.	<u>3-year limited term</u> Supervising Inspectors: 1 Inspectors: 5 Research Specialist: 1 Associate Governmental Program Analyst: 1	<u>3-year limited term</u> Supervising Inspector: 1 Inspectors: 5 Research Specialist: 1 Associate Governmental Program Analyst: 1	\$1,168,000	\$1,168,000	Initial: \$132,000 Ongoing: \$93,000	Initial: \$132,000 Ongoing: \$93,000
1110-28	14/15	Funding and position authority to create expand the Enforcement Unit in response to program growth.	Associate Governmental Program Analyst: 1 Staff Services Analyst: 1	Associate Governmental Program Analyst: 1 Staff Services Analyst: 1	\$159,000	\$159,000	Initial: \$26,000 Ongoing: \$10,000	Initial: \$26,000 Ongoing: \$10,000
1110-04L	14/15	Funding and position authority to complete the licensing and enforcement workload associated with the provisions of SB 493.	<u>3-year limited term</u> Inspector: 1 Associate Governmental Program Analyst: 1 Staff Services Analyst: 0.5 Office Technician: 0.5	<u>3-year limited term</u> Inspector: 1 Associate Governmental Program Analyst: 1 Staff Services Analyst: 0.5 Office Technician: 0.5	\$320,000	\$320,000	Initial: \$70,000 Ongoing: \$18,000	Initial: \$70,000 Ongoing: \$18,000
1110-07L	14/15	Funding and position authority to complete the licensing and enforcement workload associated with the provisions of SB 294.	<u>3-year limited term</u> Inspector: 4 Associate Governmental Program Analyst: 1 Staff Services Analyst: 1 Office Technician: 1	<u>3-year limited term</u> Inspector: 4 Associate Governmental Program Analyst: 1 Staff Services Analyst: 1 Office Technician: 1	\$883,000	\$883,000	Initial: \$381,000 Ongoing: \$325,000	Initial: \$381,000 Ongoing: \$325,000

Table 6. Licensee Population

<i>License Type</i>	<i>Status</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Clinic	Active	1,179	1,238	1,219	1,229
	Delinquent	118	133	167	173
Centralized Hospital Packaging	Active	n/a	n/a	1	3
	Delinquent	n/a	n/a	0	0
Drug Room	Active	44	43	37	37
	Delinquent	0	0	2	1
Designated Representative – Third Party Logistics Provider	Active	n/a	n/a	n/a	11
	Delinquent	n/a	n/a	n/a	0
Designated Representative – Veterinary Food-Animal Drug Retailer	Active	66	64	70	67
	Delinquent	26	18	8	2
Designated Representative - Wholesaler	Active	3,047	2,998	2,979	2,896
	Delinquent	1,434	922	519	154
Hospital	Active	484	488	488	480
	Delinquent	5	5	6	5
Hypodermic Needle and Syringe	Active	274	273	261	270
	Delinquent	67	75	82	9
Intern Pharmacist	Active	5,926	5,926	6,012	6,354
	Delinquent	n/a	n/a	n/a	n/a
Correctional Pharmacy	Active	51	53	53	53
	Delinquent	0	0	0	0
Pharmacist	Active	37,163	38,242	39,386	40,587
	Delinquent	1,363	1,550	1,790	1,934
	Inactive	2,537	2,725	2,858	2,981
Pharmacy	Active	6,182	6,279	6,376	6,477
	Delinquent	92	112	106	95
Pharmacy - Nonresident	Active	372	410	423	440
	Delinquent	84	82	94	13
Pharmacy Technician	Active	70,426	72,208	71,716	72,702
	Delinquent	1,912	1,786	1,842	1,884
Sterile Compounding Pharmacy	Active	276	263	899	935
	Delinquent	2	4	2	1
Sterile Compounding Pharmacy - Nonresident	Active	86	89	86	88
	Delinquent	7	5	2	3
Third Party Logistics Provider	Active	n/a	n/a	n/a	0
	Delinquent	n/a	n/a	n/a	0

Table 6. Licensee Population

<i>License Type</i>	<i>Status</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Third Party Logistics Provider – Non Resident	Active	n/a	n/a	n/a	2
	Delinquent	n/a	n/a	n/a	0
Veterinary Food-Animal Drug Retailer	Active	25	23	23	21
	Delinquent	3	4	2	3
Wholesaler	Active	535	546	530	536
	Delinquent	67	84	95	103
Wholesaler - Nonresident	Active	645	704	705	702
	Delinquent	102	105	118	122

Tables 7a. Application Processing FY 2011/2012

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Clinic (License)	70	13	48	26	84	27
Clinic (Renewals)	n/a	n/a	1,076	n/a	n/a	n/a
Correctional Pharmacy (License)	0	0	1	0	85	n/a
Correctional Pharmacy (Renewals)	n/a	n/a	50	n/a	n/a	n/a
Designated Representative - Veterinary Food-Animal Drug Retailer License)	7	3	6	4	129	26
Designated Representative - Veterinary Food-Animal Drug Retailer (Renewals)	n/a	n/a	63	n/a	n/a	n/a
Designated Representative - Wholesaler (License)	501	63	494	162	124	57
Designated Representative - Wholesaler (Renewals)	n/a	n/a	2,559	n/a	n/a	n/a
Drug Room (License)	1	0	2	1	84	59
Drug Room (Renewals)	n/a	n/a	40	n/a	n/a	n/a
Hospital (License)	8	0	5	5	121	11
Hospital (Renewals)	n/a	n/a	474	n/a	n/a	n/a
Hypodermic Needle and Syringe Permit (License)	20	2	13	16	67	43
Hypodermic Needle and Syringe Permit (Renewals)	n/a	n/a	249	n/a	n/a	n/a
Intern Pharmacist (License)	1,997	35	1,904	97	64	14
Intern Pharmacist (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacist (Exam)	2,467	305	2,920	n/a	58	22
Pharmacist (License)	1,611	n/a	1,609	1,609	36	9
Pharmacist License (Renewals)	n/a	n/a	18,205	18,205	n/a	n/a
Pharmacy (License)	333	36	239	239	122	56
Pharmacy (Renewals)	n/a	n/a	5,982	5,982	n/a	n/a
Pharmacy – Non Resident (License)	120	11	47	47	223	117
Pharmacy - Non Resident (Renewals)	n/a	n/a	323	323	n/a	n/a

Tables 7a. Application Processing FY 2011/2012

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Pharmacy Technicians (License)	9,491	840	10,120	10,120	145	76
Pharmacy Technician (Renewals)	n/a	n/a	28,635	28,635	n/a	n/a
Sterile Compounding Pharmacy (License)	55	7	32	32	88	99
Sterile Compounding Pharmacy (Renewals)	n/a	n/a	243	243	n/a	n/a
Sterile Compounding Pharmacy -Non Resident (License)	13	2	15	15	268	221
Sterile Compounding Pharmacy -Non Resident (Renewals)	n/a	n/a	73	73	n/a	n/a
Veterinary Food-Animal Drug Retailer (License)	8	0	2	2	120	49
Veterinary Food-Animal Drug Retailer (Renewals)	n/a	n/a	23	23	n/a	n/a
Wholesaler (License)	112	21	70	70	282	54
Wholesaler (Renewals)	n/a	n/a	444	444	n/a	n/a
Wholesaler – Non Resident (License)	119	22	78	78	212	115
Wholesaler Non Resident (Renewals)	n/a	n/a	534	534	n/a	n/a

* Cycle times are based on calendar days

Tables 7a. Application Processing FY 2012/2013

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Centralized Hospital Packaging (License)	5	0	0	5	n/a	n/a
Centralized Hospital Packaging (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Clinic (License)	134	1	99	57	89	38
Clinic (Renewals)	n/a	n/a	1,104	n/a	n/a	n/a
Correctional Pharmacy (License)	2	0	2	0	16	1
Correctional Pharmacy (Renewals)	n/a	n/a	50	n/a	n/a	n/a
Designated Representative - Veterinary Food-Animal Drug Retailer (License)	10	2	3	9	34	20
Designated Representative - Veterinary Food-Animal Drug Retailer (Renewals)	n/a	n/a	55	n/a	n/a	n/a
Designated Representative - Wholesaler (License)	487	97	376	172	94	40
Designated Representative - Wholesaler (Renewals)	n/a	n/a	2,622	n/a	n/a	n/a
Drug Room (License)	2	0	3	0	693	21
Drug Room (Renewals)	n/a	n/a	37	n/a	n/a	n/a
Hospital (License)	26	0	17	11	120	15
Hospital (Renewals)	n/a	n/a	478	n/a	n/a	n/a
Hypodermic Needle and Syringe Permit (License)	21	2	16	19	49	19
Hypodermic Needle and Syringe Permit (Renewals)	n/a	n/a	252	n/a	n/a	n/a
Intern Pharmacist (License)	2,004	40	1,772	204	62	15
Intern Pharmacist (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacist (Exam)	2,487	126	2,285	748	56	14
Pharmacist (License)	1,805	n/a	1,733	n/a	23	8
Pharmacist License (Renewals)	n/a	n/a	17,545	n/a	n/a	n/a
Pharmacy (License)	505	28	445	167	152	51
Pharmacy (Renewals)	n/a	n/a	5,945	n/a	n/a	n/a

Tables 7a. Application Processing FY 2012/2013

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Pharmacy – Non Resident (License)	100	7	113	96	202	223
Pharmacy - Non Resident (Renewals)	n/a	n/a	345	n/a	n/a	n/a
Pharmacy Technicians (License)	8,741	506	8,241	2,395	99	45
Pharmacy Technician (Renewals)	n/a	n/a	29,062	n/a	n/a	n/a
Sterile Compounding Pharmacy (License)	63	3	38	31	237	114
Sterile Compounding Pharmacy (Renewals)	n/a	n/a	238	n/a	n/a	n/a
Sterile Compounding Pharmacy -Non Resident (License)	19	2	17	21	228	143
Sterile Compounding Pharmacy -Non Resident (Renewals)	n/a	n/a	63	n/a	n/a	n/a
Veterinary Food-Animal Drug Retailer (License)	0	0	6	2	n/a	3
Veterinary Food-Animal Drug Retailer (Renewals)	n/a	n/a	15	n/a	n/a	n/a
Wholesaler (License)	88	14	81	81	197	118
Wholesaler (Renewals)	n/a	n/a	449	n/a	n/a	n/a

* Cycle times are based on calendar days

Tables 7a. Application Processing FY 2013/2014

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Centralized Hospital Packaging (License)	9	0	1	13	380	n/a
Centralized Hospital Packaging (Renewals)	1	n/a	1	n/a	n/a	n/a
Clinic (License)	115	9	90	76	113	66
Clinic (Renewals)	1,114	n/a	1,123	n/a	n/a	n/a
Correctional Pharmacy (License)	1	0	1	0	n/a	42
Correctional Pharmacy (Renewals)	51	n/a	51	n/a	n/a	n/a
Designated Representative - Veterinary Food-Animal Drug Retailer (License)	5	0	13	0	93	43
Designated Representative - Veterinary Food-Animal Drug Retailer (Renewals)	61	n/a	69	n/a	n/a	n/a
Designated Representative - Wholesaler (License)	532	63	387	213	86	41
Designated Representative - Wholesaler (Renewals)	2,572	n/a	2,595	n/a	n/a	n/a
Drug Room (License)	2	0	1	1	41	n/a
Drug Room (Renewals)	36	n/a	33	n/a	n/a	n/a
Hospital (License)	30	0	24	7	170	81
Hospital (Renewals)	42	n/a	41	n/a	n/a	n/a
Hypodermic Needle and Syringe Permit (License)	15	8	11	10	94	32
Hypodermic Needle and Syringe Permit (Renewals)	245	n/a	244	n/a	n/a	n/a
Intern Pharmacist (License)	2,187	34	1,913	307	59	11
Intern Pharmacist (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacist (Exam)	2,682	235	2,355	697	61	24
Pharmacist (License)	1,789	n/a	1,838	n/a	45	8
Pharmacist License (Renewals)	19,122	n/a	19,044	n/a	n/a	n/a
Pharmacy (License)	421	30	350	197	138	80
Pharmacy (Renewals)	6,132	n/a	6,169	n/a	n/a	n/a

Tables 7a. Application Processing FY 2013/2014

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Pharmacy – Non Resident (License)	150	12	87	141	203	115
Pharmacy - Non Resident (Renewals)	347	n/a	341	n/a	n/a	n/a
Pharmacy Technicians (License)	8,211	828	6,818	2,512	115	54
Pharmacy Technician (Renewals)	30,831	n/a	30,561	n/a	n/a	n/a
Sterile Compounding Pharmacy (License)	771	6	664	61	159	41
Sterile Compounding Pharmacy (Renewals)	262	n/a	260	n/a	n/a	n/a
Sterile Compounding Pharmacy -Non Resident (License)	16	1	16	30	385	143
Sterile Compounding Pharmacy -Non Resident (Renewals)	68	n/a	71	n/a	n/a	n/a
Veterinary Food-Animal Drug Retailer (License)	1	1	0	2	n/a	n/a
Veterinary Food-Animal Drug Retailer (Renewals)	20	n/a	21	n/a	n/a	n/a
Wholesaler (License)	92	39	45	77	204	128
Wholesaler (Renewals)	476	n/a	482	n/a	n/a	n/a

* Cycle times are based on calendar days

Tables 7a. Application Processing FY 2014/2015

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Centralized Hospital Packaging (License)	5	1	2	16	382	n/a
Centralized Hospital Packaging (Renewals)	1	n/a	1	n/a	n/a	n/a
Clinic (License)	117	36	75	78	234	122
Clinic (Renewals)	1,137	n/a	1,186	n/a	n/a	n/a
Correctional Pharmacy (License)	0	0	0	0	0	0
Correctional Pharmacy (Renewals)	52	n/a	52	n/a	n/a	n/a
Designated Representative - Third Party Logistics Provider	85	0	11	140	n/a	50
Designated Representative - Third Party Logistics Provider Renewals	n/a	n/a	n/a	n/a	n/a	n/a
Designated Representative - Veterinary Food-Animal Drug Retailer	9	0	5	3	67	69
Designated Representative - Veterinary Food-Animal Drug Retailer Renewals	53	n/a	54	n/a	n/a	n/a
Designated Representative - Wholesaler	446	99	301	226	140	85
Designated Representative - Wholesaler Renewals	2,539	n/a	2,645	n/a	n/a	n/a
Drug Room (License)	1	0	2	2	n/a	33
Drug Room (Renewals)	23	n/a	22	n/a	n/a	n/a
Hospital (License)	39	7	16	28	126	92
Hospital (Renewals)	471	n/a	474	n/a	n/a	n/a
Hypodermic Needle and Syringe Permit (License)	32	1	18	17	167	117
Hypodermic Needle and Syringe Permit (Renewals)	250	n/a	260	n/a	n/a	n/a
Intern Pharmacist (License)	2,329	11	2,389	161	60	19
Intern Pharmacist (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacist (Exam)	3,122	72	3,251	1,046	66	32

Tables 7a. Application Processing FY 2014/2015

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Pharmacist (License)	2,093	n/a	2,021	n/a	23	6
Pharmacist License (Renewals)	18,512	n/a	19,103	n/a	n/a	n/a
Pharmacy (License)	1,541	65	1,438	231	195	54
Pharmacy (Renewals)	5,261	n/a	5,331	n/a	n/a	n/a
Pharmacy – Non Resident (License)	146	3	68	219	295	86
Pharmacy - Non Resident (Renewals)	381	n/a	398	n/a	n/a	n/a
Pharmacy Technicians (License)	7,151	429	8,028	1,467	127	58
Pharmacy Technician (Renewals)	30,170	n/a	30,718	n/a	n/a	n/a
Sterile Compounding Pharmacy (License)	167	22	116	49	139	85
Sterile Compounding Pharmacy (Renewals)	872	n/a	824	n/a	n/a	n/a
Sterile Compounding Pharmacy -Non Resident (License)	22	2	15	37	62	167
Sterile Compounding Pharmacy -Non Resident (Renewals)	78	n/a	79	n/a	n/a	n/a
Third Party Logistics Provider (License)	11	1	0	13	n/a	n/a
Third Party Logistics Provider (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Third Party Logistics Provider - Nonresident (License)	57	0	2	57	34	n/a
Third Party Logistics Provider - Nonresident (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Veterinary Food-Animal Drug Retailer (License)	1	0	0	1	n/a	n/a
Veterinary Food-Animal Drug Retailer (Renewals)	19	n/a	18	n/a	n/a	n/a
Wholesaler (License)	86	30	53	53	267	130
Wholesaler (Renewals)	465	n/a	497	n/a	n/a	n/a

Tables 7a. Application Processing FY 2014/2015

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Wholesaler – Non Resident (License)	112	43	39	73	190	192
Wholesaler Non Resident (Renewals)	646	n/a	666	n/a	n/a	n/a

* Cycle times are based on calendar days

Table 7b. Licensing Summary

<i>Initial Licensing Data:</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Initial License/Initial Exam Applications Received	16,933	16,608	78,498	77,856
Initial License/Initial Exam Applications Approved *add exam approved	2,920	2,285	2,355	3,251
Initial License/Initial Exam Applications Closed/Withdrawn	1,360	858	1,305	822
License Issued	73,124	71,334	73,446	76,261
<i>Initial License/Initial Exam Pending Application Data:</i>				
Pending Applications (total at close of FY)	3,989	4,111	4,418	3,917
Pending Applications (outside of board control)*	n/a	n/a	n/a	358
Pending Applications (within the board control)*	n/a	n/a	n/a	242
<i>Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):</i>				
Average Days to Application Approval (All - Complete/Incomplete)	101	91	110	115
Average Days to Application Approval (incomplete applications)*	128	150	147	143
Average Days to Application Approval (complete applications)*	62	55	66	78

Table 7b. Licensing Summary

<i>License Renewal Data:</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Clinics	1,076	1,104	1,123	1,186
Centralized Hospital Packaging	n/a	n/a	1	1
Correctional Pharmacy	50	50	51	52
Designated Representatives - Veterinary Food-Animal Drug Retailer	63	55	69	54
Designated Representatives - Wholesalers	2,559	2,622	2,595	2,645
Drug Rooms	40	37	33	22
Hospital	474	478	481	474
Hypodermic Needle and Syringe Permits	249	252	244	260
Pharmacies	5,982	5,945	6,169	5,331
Pharmacies – Non Resident	323	345	341	398
Pharmacists	18,205	17,545	19,044	19,103
Pharmacy Technicians	26,635	29,062	30,561	30,718
Sterile Compounding	243	238	260	824
Sterile Compounding -Non Resident	73	63	71	79
Veterinary Food-Animal Drug Retailers	23	15	21	18
Wholesalers	444	449	482	497
Wholesalers – Non Resident	534	578	621	666
Total Licenses Renewed	56,973	58,838	62,167	62,328

Keeping Licensing Information Current - Applications Processed

Change of Pharmacist-in-Charge	1,567	1,462	1,501	1,963
Change of Designated Representative-in-Charge	126	181	161	142
Change of Permit	823	861	905	922
Change of Name/Address	n/a	12,072	11,395	12,249
Discontinuance of Business	188	242	259	294
Change of Responsible Managing Employee	n/a	n/a	n/a	n/a

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

Includes Any NAPLEX Scores Associated with Candidates Taking the CPJE

Overall Pass/Fail Results – All Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	408	19.6
Pass	1677	80.4
Total	2085	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	56	2.7
Pass	1983	97.3
Total	2039	100.0

Overall Pass/Fail Results – First Time Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	211	12.8
Pass	1443	87.2
Total	1654	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	40	2.5
Pass	1584	97.5
Total	1624	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12**Overall Pass/Fail Results – Repeat Candidates**

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	197	45.7
Pass	234	54.3
Total	431	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	16	3.9
Pass	399	96.1
Total	415	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by School Classification				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
California	Count	88	893	981
	% within school	9.0%	91.0%	100.0%
Other US	Count	223	632	855
	% within school	26.1%	73.9%	100.0%
Foreign	Count	97	151	248
	% within school	39.1%	60.9%	100.0%
Unclassified	Count	0	1	1
	% within school	0.0%	100.0%	100.0%
Total	Count	408	1677	2085
	% within school	19.6%	80.4%	100.0%

NAPLEX Pass/Fail Results by School Classification				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
California	Count	7	969	976
	% within school	0.7%	99.3%	100.0%
Other US	Count	17	803	820
	% within school	2.1%	97.9%	100.0%
Foreign	Count	32	210	242
	% within school	13.2%	86.8%	100.0%
Unclassified	Count	0	1	1
	% within school	0.0%	100.0%	100.0%
Total	Count	56	1983	2039
	% within school	2.7%	97.3%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by Gender				
		<i>Fail</i>	<i>Pass</i>	Total
Female	Count	252	1133	1385
	% within gender	18.2%	81.8%	100.0%
Male	Count	156	544	700
	% within gender	22.3%	77.7%	100.0%
Total	Count	408	1677	2085
	% within gender	19.6%	80.4%	100.0%

NAPLEX Pass/Fail Results by Gender				
		<i>Fail</i>	<i>Pass</i>	Total
Female	Count	43	1314	1357
	% within gender	3.2%	96.8%	100.0%
Male	Count	13	669	682
	% within gender	1.9%	98.1%	100.0%
Total	Count	56	1983	2039
	% within gender	2.7%	97.3%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by CA School				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
UCSF	Count	18	134	152
	% within school	11.8%	88.2%	100.0%
UOP	Count	31	227	258
	% within school	12.0%	88.0%	100.0%
USC	Count	9	182	191
	% within school	4.7%	95.3%	100.0%
Western	Count	12	139	151
	% within school	7.9%	92.1%	100.0%
Loma Linda	Count	10	56	66
	% within school	15.2%	84.8%	100.0%
UCSD	Count	1	59	60
	% within school	1.7%	98.3%	100.0%
Touro U	Count	7	91	98
	% within school	7.1%	92.9%	100.0%
Cal Northstate	Count	0	5	5
	% within school	0.0%	100.0%	100.0%
Total	Count	88	893	981
	% within school	9.0%	91.0%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

NAPLEX Pass/Fail Results by CA School				
		<i>Fail</i>	<i>Pass</i>	Total
UCSF	Count	1	149	150
	% within school	0.7%	99.3%	100.0%
UOP	Count	2	254	256
	% within school	0.8%	99.2%	100.0%
USC	Count	1	190	191
	% within school	0.5%	99.5%	100.0%
Western	Count	2	148	150
	% within school	1.3%	98.7%	100.0%
Loma Linda	Count	0	66	66
	% within school	0.0%	100.0%	100.0%
UCSD	Count	0	60	60
	% within school	0.0%	100.0%	100.0%
Touro U	Count	1	97	98
	% within school	1.0%	99.0%	100.0%
Cal Northstate	Count	0	5	5
	% within school	0.0%	100.0%	100.0%
Total	Count	7	969	976
	% within school	0.7%	99.3%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by School			
	<i>Fail</i>	<i>Pass</i>	Total
Auburn	0	1	1
Samford	3	2	5
U of AZ	5	9	14
U of AR	1	2	3
UCSF	18	134	152
U of Pacific	31	227	258
USC	9	182	191
U of CO	4	18	22
U of Conn	3	6	9
Howard DC	7	6	13
FL A&M	0	1	1
U of FL	1	9	10
Mercer	1	0	1
U of GA	1	3	4
Idaho SU	1	1	2
U of IL Chi	10	19	29
Butler U	0	2	2
Purdue	3	11	14
Drake	3	4	7
U of IA	1	2	3
U of KS	1	7	8
U of KY	0	4	4
NE LA U	2	1	3
Xavier	3	1	4
U of MD	7	14	21
MA Col Pharm	15	30	45
NE-MA	6	15	21
Ferris	3	3	6
U of MI	1	14	15
Wayne SU	4	6	10
U of MN	0	4	4
St. Louis Col of PH	2	8	10
UMKC	2	1	3
U of MT	3	3	6
Creighton	5	10	15
U of NE	2	3	5
Rutgers	5	7	12

CPJE Pass/Fail Results by School			
	<i>Fail</i>	<i>Pass</i>	Total
U of NM	2	7	9
Western	12	139	151
Midwestern U Chicago	6	12	18
A&M Schwartz	4	5	9
St. Johns	9	7	16
SUNY-Buff	5	5	10
Union U	4	16	20
UNC	1	3	4
ND SU	0	4	4
OH Nrthrn U	3	2	5
OH State U	1	5	6
U of Cinn	2	6	8
U of Toledo	2	4	6
SW OK State	0	3	3
U of OK	2	5	7
OR State U	6	8	14
Duquesne	0	5	5
PhI C of Pharm	4	9	13
Temple	6	6	12
U of RI	4	2	6
Med U of SC	0	3	3
U of SC	2	3	5
U of TN	1	2	3
TX SO U	2	1	3
U of Hous	1	5	6
U of TX	2	5	7
U of UT	0	7	7
Med C of VA	1	2	3
U of WA	1	13	14
WA State U	3	10	13
WV U	0	1	1
U of WI-Mad	0	2	2
U of WY	2	6	8
Campbell U	0	2	2
Nova Southeastern	2	15	17
Wilkes University	0	5	5
Texas Tech	0	1	1
Bernard J Dunn	0	9	9
Midwestern AZ	9	45	54

CPJE Pass/Fail Results by School			
	<i>Fail</i>	<i>Pass</i>	Total
Nevada College of Pharm	8	71	79
Loma Linda U	10	56	66
UCSD	1	59	60
MA School of Pharm - Worcester	0	7	7
Palm Beach Atlantic University	6	4	10
Lake Erie Col	5	8	13
Touro U	7	91	98
U of Charleston	3	5	8
U of Appalachia	0	2	2
South U School of Pharm	0	1	1
Hampton U (VA)	1	2	3
Pac U of Or	1	15	16
Wingate U	0	4	4
U of Incarnate Word	2	2	4
Sullivan U	2	13	15
Cal Northstate	0	5	5
Unclassified	0	1	1
Other/FG	97	151	248
U of HI - Hilo	1	12	13
NE Ohio Universities	1	3	4
Thomas Jefferson U	0	1	1
Appalachian College of Pharm	1	2	3
Chicago St U	0	1	1
Regis University	0	1	1
Total	408	1677	2085

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by Country			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Armenia	1	1	2
Argentina	0	1	1
Brazil	2	0	2
Canada	1	5	6
China	1	1	2
Columbia	1	0	1
E&W Germany	3	1	4
Egypt	19	33	52
Ethiopia	0	1	1
United Kingdom	1	5	6
Guatemala	0	1	1
Honduras	0	1	1
Hungary	1	1	2
India	24	26	50
Iraq	0	5	5
Iran	0	5	5
Japan	0	1	1
Jordan	6	2	8
N. Korea	1	0	1
S. Korea	0	5	5
Lebanon	0	1	1
Nigeria/New Guinea	3	10	13
Netherlands	0	1	1
Nepal	0	1	1
Peru	1	1	2
Philippines	29	27	56
Pakistan	0	1	1
Sweden	0	2	2
Senegal	0	1	1
Serbia	1	1	2
Syria	0	1	1
Thailand	0	1	1
Turkey	0	1	1
Taiwan	0	3	3
Ukrainian	1	0	1
USA	311	1525	1836
South Africa	1	5	6
Total	408	1677	2085

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13

Includes Any NAPLEX Scores Associated with Candidates Taking the CPJE

Overall Pass/Fail Results – All Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	466	21.5
Pass	1702	78.5
Total	2168	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	78	3.8
Pass	1988	96.2
Total	2066	100.0

Overall Pass/Fail Results – FT Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	269	15.0
Pass	1521	85.0
Total	1790	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	58	3.4
Pass	1649	96.6
Total	1707	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13**Overall Pass/Fail Results – Repeat Candidates**

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	197	52.1
Pass	181	47.9
Total	378	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	20	5.6
Pass	339	94.4
Total	359	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13**Pass/Fail Results by School Classification**

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
California	Count	74	865	939
	% within school	7.9%	92.1%	100.0%
Other US	Count	284	701	985
	% within school	28.8%	71.2%	100.0%
Foreign	Count	107	136	243
	% within school	44.0%	56.0%	100.0%
Unclassified	Count	1	0	1
	% within school	100.0%	0.0%	100.0%
Total	Count	466	1702	2168
	% within school	21.5%	78.5%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
California	Count	13	917	930
	% within school	1.4%	98.6%	100.0%
Other US	Count	33	875	908
	% within school	3.6%	96.4%	100.0%
Foreign	Count	32	195	227
	% within school	14.1%	85.9%	100.0%
Unclassified	Count	0	1	1
	% within school	0.0%	100.0%	100.0%
Total	Count	78	1988	2066
	% within school	3.8%	96.2%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13**Pass/Fail Results by Gender**

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	270	1106	1376
	% within gender	19.6%	80.4%	100.0%
Male	Count	196	596	792
	% within gender	24.7%	75.3%	100.0%
Total	Count	466	1702	2168
	% within gender	21.5%	78.5%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	45	1267	1312
	% within gender	3.4%	96.6%	100.0%
Male	Count	33	721	754
	% within gender	4.4%	95.6%	100.0%
Total	Count	78	1988	2066
	% within gender	3.8%	96.2%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13**Pass/Fail Results by CA School**

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
UCSF	Count	9	103	112
	% within school	8.0%	92.0%	100.0%
UOP	Count	24	164	188
	% within school	12.8%	87.2%	100.0%
USC	Count	4	175	179
	% within school	2.2%	97.8%	100.0%
Western	Count	7	127	134
	% within school	5.2%	94.8%	100.0%
Loma Linda	Count	14	69	83
	% within school	16.9%	83.1%	100.0%
UCSD	Count	3	58	61
	% within school	4.9%	95.1%	100.0%
Touro U	Count	8	97	105
	% within school	7.6%	92.4%	100.0%
Cal Northstate	Count	5	72	77
	% within school	6.5%	93.5%	100.0%
Total	Count	74	865	939
	% within school	7.9%	92.1%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13

Pass/Fail Results by CA School (continued)

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
UCSF	Count	0	111	111
	% within school	0.0%	100.0%	100.0%
UOP	Count	4	181	185
	% within school	2.2%	97.8%	100.0%
USC	Count	1	176	177
	% within school	0.6%	99.4%	100.0%
Western	Count	3	130	133
	% within school	2.3%	97.7%	100.0%
Loma Linda	Count	2	81	83
	% within school	2.4%	97.6%	100.0%
UCSD	Count	0	61	61
	% within school	0.0%	100.0%	100.0%
Touro U	Count	2	101	103
	% within school	1.9%	98.1%	100.0%
Cal Northstate	Count	1	76	77
	% within school	1.3%	98.7%	100.0%
Total	Count	13	917	930
	% within school	1.4%	98.6%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13**CPJE Pass/Fail Results by School**

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Auburn	0	7	7
Samford	2	1	3
U of AZ	3	6	9
U of AR	2	3	5
UCSF	9	103	112
U of Pacific	24	164	188
USC	4	175	179
U of CO	5	21	26
U of Conn	0	3	3
Howard DC	3	9	12
U of FL	6	5	11
Mercer	5	5	10
U of GA	1	3	4
Idaho SU	1	7	8
U of IL Chi	3	13	16
Butler U	0	2	2
Purdue	4	10	14
Drake	1	5	6
U of IA	6	8	14
U of KS	1	1	2
U of KY	0	4	4
NE LA U	1	1	2
Xavier	2	3	5
U of MD	10	25	35
MA Col Pharm	14	56	70
NE-MA	5	11	16
Ferris	4	4	8
U of MI	5	8	13
Wayne SU	3	2	5
U of MN	3	6	9
U of MS	1	0	1
St. Louis Col of PH	3	4	7
UMKC	0	1	1

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
U of MT	0	4	4
Creighton	3	9	12
U of NE	1	2	3
Rutgers	4	9	13
U of NM	4	6	10
Western	7	127	134
Midwestern U Chicago	1	24	25
A&M Schwartz	7	7	14
St. Johns	2	7	9
SUNY-Buff	0	8	8
Union U	2	4	6
UNC	1	2	3
OH Nrthrn U	4	5	9
OH State U	2	8	10
U of Cinn	2	4	6
U of Toledo	0	4	4
SW OK State	2	1	3
U of OK	1	11	12
OR State U	1	9	10
Duquesne	5	8	13
Phl C of Pharm	6	5	11
Temple	6	13	19
U of Pitt	1	1	2
U of RI	0	5	5
Med U of SC	0	1	1
U of SC	2	3	5
U of TN	7	1	8
TX SO U	2	2	4
U of Hous	0	1	1
U of TX	2	8	10
U of UT	3	1	4
Med C of VA	3	6	9
U of WA	6	11	17
WA State U	6	18	24
WV U	2	3	5
U of WI-Mad	0	4	4

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
U of WY	0	5	5
Nova Southeastern	9	10	19
Wilkes University	2	2	4
Texas Tech	3	5	8
Bernard J Dunn	3	12	15
Midwestern AZ	15	28	43
Nevada College of Pharm	14	58	72
Loma Linda U	14	69	83
UCSD	3	58	61
MA School of Pharm - Worcester	0	5	5
Palm Beach Atlantic University	0	5	5
Lake Erie Col	1	14	15
Touro U	8	97	105
U of Charleston	3	4	7
U of Appalachia	1	1	2
South U School of Pharm	4	2	6
Hampton U (VA)	0	1	1
Pac U of Or	6	29	35
Wingate U	1	2	3
U of Findlay	4	2	6
U of Incarnate Word	1	5	6
Sullivan U	11	11	22
Cal Northstate	5	72	77
Unclassified	1	0	1
Other/FG	107	136	243
U of HI - Hilo	14	28	42
NE Ohio Universities	3	0	3
Texas A&M	2	1	3
Thomas Jefferson U	1	15	16
Harding U	1	1	2
Appalachian College of Pharm	1	1	2
Lipscomb U	0	1	1
Chicago St U	2	2	4
East Tennessee State U	0	1	1
St. John Fisher	0	1	1
Total	466	1702	2168

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13**CPJE Pass/Fail Results by Country**

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Armenia	2	2	4
Australia/Ashmore/Coral Sea Is/Cartier Is	1	1	2
Brazil	1	2	3
Bahamas	1	0	1
Byelorussian SSR	1	0	1
Canada	4	2	6
Switzerland	1	1	2
China	1	0	1
Columbia	0	1	1
E&W Germany	1	4	5
Egypt	18	25	43
Ethiopia	0	1	1
France	0	3	3
United Kingdom	3	6	9
India	24	27	51
Iraq	0	3	3
Iran	2	6	8
Italy	2	1	3
Japan	0	1	1
Jordan	6	5	11
Kenya	0	1	1
S. Korea	1	2	3
Lebanon	1	0	1
Nigeria/New Guinea	1	3	4
Peru	1	1	2
Philippines	30	28	58
Pakistan	1	0	1
Romania	0	1	1
Russia	0	2	2
Sweden	2	0	2
Serbia	1	0	1
Syria	0	2	2
Thailand	0	1	1

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Taiwan	1	1	2
Ukraine	0	1	1
USA	358	1566	1924
South Africa	1	2	3
Total	466	1702	2168

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14

Includes Any NAPLEX Scores Associated with Candidates Taking the CPJE

Overall Pass/Fail Results – All Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	434	19.1
Pass	1842	80.9
Total	2276	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	79	3.6
Pass	2102	96.4
Total	2181	100.0

Overall Pass/Fail Results – First Time Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	231	12.6
Pass	1609	87.4
Total	1840	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	54	3.0
Pass	1719	97.0
Total	1773	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14**Overall Pass/Fail Results – Repeat Candidates**

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	203	46.6
Pass	233	53.4
Total	436	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	25	6.1
Pass	383	93.9

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14**Pass/Fail Results by School Classification**

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
California	Count	111	923	1034
	% within school	10.7%	89.3%	100.0%
Other US	Count	248	791	1039
	% within school	23.9%	76.1%	100.0%
Foreign	Count	73	128	201
	% within school	36.3%	63.7%	100.0%
Unclassified	Count	2	0	2
	% within school	100.0%	0.0%	100.0%
Total	Count	434	1842	2276
	% within school	19.1%	80.9%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
California	Count	21	1008	1029
	% within school	2.0%	98.0%	100.0%
Other US	Count	14	941	955
	% within school	1.5%	98.5%	100.0%
Foreign	Count	44	151	195
	% within school	22.6%	77.4%	100.0%
Unclassified	Count	0	2	2
	% within school	0.0%	100.0%	100.0%
Total	Count	79	2102	2181
	% within school	3.6%	96.4%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14**Pass/Fail Results by Gender**

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	233	1176	1409
	% within gender	16.5%	83.5%	100.0%
Male	Count	201	666	867
	% within gender	23.2%	76.8%	100.0%
Total	Count	434	1842	2276
	% within gender	19.1%	80.9%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	47	1295	1342
	% within gender	3.5%	96.5%	100.0%
Male	Count	32	807	839
	% within gender	3.8%	96.2%	100.0%
Total	Count	79	2102	2181
	% within gender	3.6%	96.4%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14**Pass/Fail Results by CA School**

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
UCSF	Count	4	95	99
	% within school	4.0%	96.0%	100.0%
UOP	Count	38	208	246
	% within school	15.4%	84.6%	100.0%
USC	Count	13	176	189
	% within school	6.9%	93.1%	100.0%
Western	Count	9	132	141
	% within school	6.4%	93.6%	100.0%
Loma Linda	Count	18	63	81
	% within school	22.2%	77.8%	100.0%
UCSD	Count	6	51	57
	% within school	10.5%	89.5%	100.0%
Touro U	Count	7	109	116
	% within school	6.0%	94.0%	100.0%
Cal Northstate	Count	16	89	105
	% within school	15.2%	84.8%	100.0%
Total	Count	111	923	1034
	% within school	10.7%	89.3%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14

Pass/Fail Results by CA School (continued)

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
UCSF	Count	1	97	98
	% within school	1.0%	99.0%	100.0%
UOP	Count	8	238	246
	% within school	3.3%	96.7%	100.0%
USC	Count	1	188	189
	% within school	0.5%	99.5%	100.0%
Western	Count	1	140	141
	% within school	0.7%	99.3%	100.0%
Loma Linda	Count	3	76	79
	% within school	3.8%	96.2%	100.0%
UCSD	Count	0	57	57
	% within school	0.0%	100.0%	100.0%
Touro U	Count	1	115	116
	% within school	0.9%	99.1%	100.0%
Cal Northstate	Count	6	97	103
	% within school	5.8%	94.2%	100.0%
Total	Count	21	1008	1029
	% within school	2.0%	98.0%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14**CPJE Pass/Fail Results by School**

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Auburn	0	2	2
Samford	0	4	4
U of AZ	1	15	16
U of AR	1	2	3
UCSF	4	95	99
U of Pacific	38	208	246
USC	13	176	189
U of CO	4	31	35
U of Conn	1	2	3
Howard DC	2	2	4
FL A&M	2	1	3
U of FL	1	8	9
Mercer	3	5	8
U of GA	0	1	1
Idaho SU	3	6	9
U of IL Chi	3	4	7
Butler U	0	6	6
Purdue	1	9	10
Drake	1	7	8
U of IA	1	5	6
U of KS	1	6	7
U of KY	0	5	5
NE LA U	0	2	2
Xavier	1	6	7
U of MD	9	16	25
MA Col Pharm	14	38	52
NE-MA	4	16	20
Ferris	3	4	7
U of MI	3	14	17
Wayne SU	1	3	4
U of MN	4	10	14
U of MS	2	1	3
St. Louis Col of PH	3	6	9
UMKC	1	7	8
U of MT	1	3	4
Creighton	6	15	21

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Rutgers	7	14	21
U of NM	1	5	6
Western	9	132	141
Midwestern U Chicago	10	32	42
A&M Schwartz	2	8	10
St. Johns	5	11	16
SUNY-Buff	3	15	18
Union U	5	12	17
UNC	1	8	9
ND SU	0	2	2
OH Nrthrn U	0	8	8
OH State U	2	11	13
U of Cinn	2	3	5
U of Toledo	1	5	6
SW OK State	3	0	3
U of OK	7	4	11
OR State U	4	12	16
Duquesne	1	3	4
Phl C of Pharm	2	6	8
Temple	6	12	18
U of Pitt	1	4	5
U of RI	0	1	1
Med U of SC	4	4	8
U of SC	3	4	7
U of TN	0	2	2
TX SO U	1	3	4
U of Hous	2	5	7
U of TX	2	11	13
U of UT	1	4	5
Med C of VA	4	7	11
U of WA	3	16	19
WA State U	1	22	23
U of WI-Mad	0	5	5
U of WY	1	1	2
Campbell U	1	6	7
Nova Southeastern	4	12	16
Texas Tech	4	7	11
Bernard J Dunn	4	3	7
Midwestern AZ	15	39	54

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Nevada College of Pharm	9	45	54
Loma Linda U	18	63	81
UCSD	6	51	57
MA School of Pharm - Worcester	6	27	33
Palm Beach Atlantic University	1	5	6
Lake Erie Col	1	10	11
Touro U	7	109	116
U of Charleston	1	3	4
South U School of Pharm	1	4	5
Hampton U (VA)	1	1	2
Pac U of Or	9	20	29
Wingate U	2	2	4
U of Incarnate Word	3	4	7
Sullivan U	5	10	15
Cal Northstate	16	89	105
Unclassified	2	0	2
Other/FG	73	128	201
U of HI - Hilo	8	21	29
Texas A&M	0	2	2
Thomas Jefferson U	0	15	15
Belmont U	0	1	1
Harding U	4	4	8
Husson U	0	2	2
Appalachian College of Pharm	1	5	6
Chicago St U	1	0	1
U of New England	1	6	7
Regis University	2	4	6
Notre Dame of MD	0	2	2
Union U	1	0	1
St. John Fisher	0	1	1
Touro New York	1	7	8
SIUE	0	1	1
Total	434	1842	2276

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14**CPJE Pass/Fail Results by Country**

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Armenia	0	2	2
Brazil	2	2	4
Bahamas	0	1	1
Canada	0	2	2
Switzerland	1	0	1
Chile	0	1	1
China	0	3	3
Columbia	1	0	1
Czech	0	1	1
Egypt	17	30	47
Ethiopia	0	1	1
United Kingdom	0	5	5
India	9	27	36
Iraq	0	4	4
Iran	0	5	5
Italy	0	2	2
Japan	0	1	1
Jordan	6	7	13
Kenya	2	0	2
N. Korea	0	1	1
S. Korea	1	1	2
Lebanon	4	1	5
Nigeria/New Guinea	4	3	7
New Zealand	0	1	1
Philippines	22	17	39
Pakistan	1	0	1
Romania	1	0	1
Russia	0	1	1
Sweden	0	3	3
Serbia	1	0	1
Syria	3	1	4
Thailand	0	1	1

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
USA	359	1714	2073
Vietnam	0	1	1
South Africa	0	3	3
Total	434	1842	2276

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

Includes Any NAPLEX Scores Associated with Candidates Taking the CPJE

Overall Pass/Fail Results – All Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	549	21.2
Pass	2041	78.8
Total	2590	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	101	4.1
Pass	2376	95.9
Total	2477	100.0

Overall Pass/Fail Results – First Time Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	370	17.4
Pass	1755	82.6
Total	2125	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	72	3.6
Pass	1949	96.4
Total	2021	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15**Overall Pass/Fail Results – Repeat Candidates**

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	179	38.5
Pass	286	61.5
Total	465	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	29	6.4
Pass	427	93.6
Total	456	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

Pass/Fail Results by School Classification

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
California	Count	128	951	1079
	% within school	11.9%	88.1%	100.0%
Other US	Count	351	948	1299
	% within school	27.0%	73.0%	100.0%
Foreign	Count	70	136	206
	% within school	34.0%	66.0%	100.0%
Unclassified	Count	0	6	6
	% within school	0.0%	100.0%	100.0%
Total	Count	549	2041	2590
	% within school	21.2%	78.8%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
California	Count	31	1032	1063
	% within school	2.9%	97.1%	100.0%
Other US	Count	30	1179	1209
	% within school	2.5%	97.5%	100.0%
Foreign	Count	40	159	199
	% within school	20.1%	79.9%	100.0%
Unclassified	Count	0	6	6
	% within school	0.0%	100.0%	100.0%
Total	Count	101	2376	2477
	% within school	4.1%	95.9%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15**Pass/Fail Results by Gender**

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	336	1288	1624
	% within gender	20.7%	79.3%	100.0%
Male	Count	213	753	966
	% within gender	22.0%	78.0%	100.0%
Total	Count	549	2041	2590
	% within gender	21.2%	78.8%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	57	1498	1555
	% within gender	3.7%	96.3%	100.0%
Male	Count	44	878	922
	% within gender	4.8%	95.2%	100.0%
Total	Count	101	2376	2477
	% within gender	4.1%	95.9%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15**Pass/Fail Results by CA School**

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
UCSF	Count	16	123	139
	% within school	11.5%	88.5%	100.0%
UOP	Count	35	203	238
	% within school	14.7%	85.3%	100.0%
USC	Count	14	172	186
	% within school	7.5%	92.5%	100.0%
Western	Count	17	128	145
	% within school	11.7%	88.3%	100.0%
Loma Linda	Count	15	81	96
	% within school	15.6%	84.4%	100.0%
UCSD	Count	2	65	67
	% within school	3.0%	97.0%	100.0%
Touro U	Count	17	97	114
	% within school	14.9%	85.1%	100.0%
Cal Northstate	Count	12	82	94
	% within school	12.8%	87.2%	100.0%
Total	Count	128	951	1079
	% within school	11.9%	88.1%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

Pass/Fail Results by CA School (continued)

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
UCSF	Count	0	137	137
	% within school	0.0%	100.0%	100.0%
UOP	Count	5	232	237
	% within school	2.1%	97.9%	100.0%
USC	Count	2	184	186
	% within school	1.1%	98.9%	100.0%
Western	Count	7	133	140
	% within school	5.0%	95.0%	100.0%
Loma Linda	Count	1	93	94
	% within school	1.1%	98.9%	100.0%
UCSD	Count	1	65	66
	% within school	1.5%	98.5%	100.0%
Touro U	Count	4	108	112
	% within school	3.6%	96.4%	100.0%
Cal Northstate	Count	11	80	91
	% within school	12.1%	87.9%	100.0%
Total	Count	31	1032	1063
	% within school	2.9%	97.1%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15**CPJE Pass/Fail Results by School**

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Auburn	1	3	4
Samford	0	3	3
U of AZ	2	14	16
U of AR	0	4	4
UCSF	16	123	139
U of Pacific	35	203	238
USC	14	172	186
U of CO	13	34	47
U of Conn	1	3	4
Howard DC	9	8	17
FL A&M	2	2	4
U of FL	3	15	18
Mercer	3	5	8
U of GA	1	5	6
Idaho SU	3	3	6
U of IL Chi	8	19	27
Butler U	0	5	5
Purdue	5	10	15
Drake	0	2	2
U of IA	2	9	11
U of KS	0	6	6
U of KY	0	1	1
NE LA U	3	2	5
Xavier	1	3	4
U of MD	14	23	37
MA Col Pharm	21	49	70
NE-MA	6	20	26
Ferris	2	2	4
U of MI	8	18	26
Wayne SU	0	2	2
U of MN	2	12	14
U of MS	1	1	2

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
St. Louis Col of PH	6	11	17
UMKC	3	2	5
U of MT	1	1	2
Creighton	6	27	33
U of NE	0	2	2
Rutgers	7	12	19
U of NM	6	7	13
Western	17	128	145
Midwestern U Chicago	11	28	39
A&M Schwartz	2	5	7
St. Johns	4	10	14
SUNY-Buff	1	8	9
Union U	4	17	21
UNC	1	3	4
ND SU	0	2	2
OH Nrthrn U	0	5	5
OH State U	0	18	18
U of Cinn	2	4	6
U of Toledo	2	2	4
SW OK State	2	1	3
U of OK	3	4	7
OR State U	4	6	10
Duquesne	0	7	7
Phl C of Pharm	11	11	22
Temple	3	16	19
U of Pitt	2	4	6
U of PR	0	1	1
U of RI	0	3	3
Med U of SC	1	3	4
U of SC	1	5	6
SD SU	1	1	2
U of TN	3	4	7
TX SO U	4	0	4
U of Hous	2	8	10
U of TX	0	6	6
U of UT	3	6	9

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Med C of VA	2	3	5
U of WA	1	15	16
WA State U	4	22	26
WV U	2	2	4
U of WI-Mad	3	4	7
U of WY	0	3	3
Campbell U	1	4	5
Nova Southeastern	5	11	16
Wilkes University	1	3	4
Texas Tech	1	1	2
Bernard J Dunn	3	8	11
Midwestern AZ	16	58	74
Nevada College of Pharm	28	68	96
Loma Linda U	15	81	96
UCSD	2	65	67
MA School of Pharm - Worcester	11	17	28
Palm Beach Atlantic University	3	2	5
Lake Erie Col	4	18	22
Touro U	17	97	114
U of Charleston	0	1	1
U of Appalachia	0	1	1
South U School of Pharm	2	5	7
Hampton U (VA)	1	2	3
Pac U of Or	8	30	38
Wingate U	1	1	2
U of Findlay	0	2	2
U of Incarnate Word	0	3	3
Sullivan U	4	9	13
Cal Northstate	12	82	94
Unclassified	0	6	6
Other/FG	70	136	206
U of HI - Hilo	13	21	34
NE Ohio Universities	2	3	5
Texas A&M	0	2	2
Thomas Jefferson U	3	19	22
Belmont U	3	1	4

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Harding U	6	8	14
Husson U	0	5	5
Appalachian College of Pharm	0	4	4
Lipscomb U	0	2	2
Chicago St U	2	7	9
U of New England	3	6	9
Regis University	4	13	17
Notre Dame of MD	0	8	8
Union U	1	2	3
Rosalind Franklin U	0	1	1
U of Saint Joseph	2	7	9
Roosevelt U	0	1	1
D'Youville	0	3	3
Touro New York	3	8	11
SIUE	0	1	1
U of the Sciences	1	0	1
Total	549	2041	2590

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15**CPJE Pass/Fail Results by Country**

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Argentina	0	1	1
Belgium	0	1	1
Brazil	0	1	1
Byelorussian SSR	0	1	1
Canada	1	3	4
China	1	1	2
Columbia	1	0	1
Egypt	17	52	69
Fiji	0	1	1
France	1	0	1
United Kingdom	0	1	1
India	16	13	29
Iraq	2	1	3
Iran	1	9	10
Iceland	0	1	1
Jordan	4	13	17
Kenya	0	1	1
N. Korea	2	0	2
S. Korea	0	1	1
Lebanon	0	7	7
Nigeria/New Guinea	1	3	4
Philippines	16	21	37
Russia	2	0	2
Saudi Arabia	1	0	1
Sweden	1	2	3
Serbia	1	1	2
Suriname	1	0	1
Syria	0	1	1
Thailand	0	1	1
Ukraine	0	1	1
UK	0	2	2
USA	479	1899	2378

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Uzbekistan	1	0	1
South Africa	0	1	1
Zimbabwe	0	1	1
Total	549	2041	2590

Table 9a., 9b., 9c. Enforcement Statistics

<i>COMPLAINT</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
INTAKE				
Received	1,649	1,920	1,924	2,029
Closed Without Investigation/ Non-Jurisdictional *	196	300	459	403
Referred for Investigation *	1,357	1,575	1,578	1,631
Average Time to Close/Refer	54	66	42	43
Pending Review (<i>close of Fiscal Year</i>)	124	227	206	311
SOURCE OF COMPLAINT				
Public	725	933	899	1,025
Licensee/Professional Groups	150	191	226	230
Governmental Agencies **	701	712	718	695
Other	73	84	81	79
CONVICTION / ARREST				
Conviction/Arrest Received	2,077	1,707	1,337	1,482
Conviction Arrest Closed Without Investigation *	92	82	71	95
Conviction/Arrest Referred for Investigation *	1,935	1,732	1,282	1,470
Average Time to Close/Refer	40	44	33	32
Conviction/Arrest Pending Review (<i>close of Fiscal Year</i>)	22	1	39	13

* Referred for Investigation and Closed Without Investigation may include cases received in a previous fiscal year but were referred or closed in the applicable fiscal year shown.

** Government Agencies includes internally initiated complaints.

Table 9a., 9b., 9c. Enforcement Statistics

LICENSE DENIAL	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
License Applications Denied	16	24	32	23
Statement of Issues Filed	62	59	59	33
Statement of Issues Withdrawn	13	12	21	11
Statement of Issues Dismissed	0	0	0	0
Statement of Issues Declined	0	0	0	0
Average Days Statement of Issues	431	389	370	339
ACCUSATIONS				
Accusations Filed	162	159	415	229
Accusations Withdrawn	23	13	16	10
Accusations Dismissed	1	0	4	0
Accusations Declined	0	0	1	0
Average Days Accusations	625	599	579	603
DISCIPLINARY ACTIONS				
Proposed/Default Decisions	118	97	237	208
Stipulations	112	65	108	120
Average Days to Complete	932	885	828	817
Attorney General Cases Initiated	246	494	378	272
Attorney General Cases Pending (close of Fiscal Year)	380	637	625	501
DISCIPLINARY OUTCOMES				
Revocation	115	103	195	199
Voluntary Surrender	49	39	58	73
Suspension	0	0	0	0
Probation with Suspension	20	9	16	21
Probation	60	27	52	69
Probationary License Issued	8	20	14	19
Other	0	0	1	3

Table 9a., 9b., 9c. Enforcement Statistics

ALL INVESTIGATIONS	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
First Assigned	3,258	3,243	2,812	3,101
Closed	2,759	3,435	3,243	2,525
Average Days to Close	206	254	240	205
Pending (<i>close of Fiscal Year</i>)	2,132	1,966	1,614	1,916
DESK INVESTIGATIONS				
Closed	1,851	2,160	1,481	1,375
Average Days to Close	162	189	138	129
Pending (<i>close of Fiscal Year</i>)	1,007	607	518	702
NON-SWORN INVESTIGATIONS				
Closed	908	1,274	1,762	1,146
Average Days to Close	295	364	326	296
Pending (<i>close of Fiscal Year</i>)	1,122	1,357	1,094	1,210
SWORN INVESTIGATORS				
Closed	2	1	3	4
Average Days to Close	41	501	869	741
Pending (<i>close of Fiscal Year</i>)	3	2	1	4
COMPLIANCE ACTION				
Interim Suspension Order & Temporary Restraining Orders Issued	3	0	5	7
Penal Code 23 Orders Requested	0	12	17	14
Suspensions per Business & Professions Code section 4311	9	3	5	5
Public Letter of Reprimand	2	1	11	9
Cease & Desist/Warning	2	6	2	1
Referred for Diversion	2	0	0	2
Compel Examination	0	0	2	3
CITATION AND FINE				
Citations Issued	998	1,486	1,985	1,180
Average Days	306	379	347	325
Amount of Fines Assessed	\$116,424,525	\$16,043,600	\$13,011,000	\$1,694,080
Amount Reduced, Withdrawn, Dismissed	\$277,475,780	\$328,558,150	\$124,200,800	\$11,730,150
Amount Collected	\$1,269,242	\$2,303,599	\$2,270,229	\$1,643,107
CRIMINAL ACTION				
Referred for Criminal Prosecution	n/a	n/a	n/a	n/a

Table 10. Enforcement Aging

<i>Attorney General Cases (Average %)</i>						
<i>Closed Within:</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>	<i>Total Closed</i>	<i>Average %</i>
1 Year	91	77	165	117	450	33.9%
2 Years	159	112	157	211	639	48.1%
3 Years	44	35	43	53	175	13.2%
4 Years	5	11	19	13	48	3.6%
Over 4 Years	4	2	8	2	16	1.2%
Total Cases Closed	303	237	392	396	1,328	
<i>Investigations (Average %)</i>						
90 Days	684	766	784	657	2,891	24.2%
180 Days	868	740	703	721	3,032	25.3%
1 Year	802	1,108	1,149	785	3,844	32.1%
2 Years	377	723	481	322	1,903	15.9%
3 Years	19	85	111	34	249	2.1%
Over 3 Years	9	13	15	6	43	0.4%
Total Cases Closed	2,759	3,435	3,243	2,525	11,962	

Table 11. Cost Recovery				
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Total Enforcement Expenditures	\$2,280,696	\$2,527,288	\$3,347,738	\$3,676,595
Potential Cases for Recovery *	64	48	61	81
Cases Recovery Ordered	137	82	122	167
Amount of Cost Recovery Ordered	\$1,340,648	\$792,062	\$1,038,042	\$1,031,627
Amount Collected	\$399,201	\$632,975	\$525,437	\$420,375

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

The board has no legal authority to order restitution.

Table 12. Restitution				
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Amount Ordered				
Amount Collected				

California State Board of Pharmacy

Sunset Review Report 2016

A Report to the Senate Business,
Professions & Economic
Development Committee

Volume 2



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

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BE AWARE AND TAKE CARE:
Talk to your pharmacist!

CALIFORNIA STATE BOARD OF PHARMACY

Attachment A

Board Member Procedure Manual



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY



CALIFORNIA BOARD OF PHARMACY

BOARD MEMBER PROCEDURE MANUAL



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, and a long-term health care or skilled nursing facility. 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 fill non-salaried positions but are paid \$100 per day for each meeting day (or 8-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 with 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 will coordinate an orientation session with each new board member upon his or her appointment, to assist the new member in learning processes and procedures.

Any questions board members may have, at anytime, can be addressed to the executive officer.

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. The board's strategic plan directs four meetings annually. Full board meetings are generally two full days and are held in northern and southern California on an alternating basis when possible. Additionally the board may meet once per quarter to hear petitions for modification of probation and license reinstatement.

Board Member Attendance at Board Meetings

(Board Policy)

Board members shall attend each meeting of the board. If a member is unable to attend, he or she must contact the board president or 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 Governor has the power to remove from office at any time any member of any board appointed by him/her 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. This 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 Office. Updates to the Open Meetings Act are provided periodically by the department. Such updates will be provided to board members by the EO's secretary.

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 involve 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 meetings law.

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 particular 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 for the board to take an action or position an item.
- 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 him or herself 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 abstain from voting. If the reason for the recused 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 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 (the Enforcement and Compounding Committee, Licensing Committee, Communication and Public Education Committee, Legislation and Regulation Committee, and the 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 Meetings 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.

Record of Meetings

(Board Policy)

Board meeting minutes are a summary, not a transcript, of each board meeting. The board meeting minutes shall contain summaries of how each board member voted on motions during the board meeting.

The minutes are prepared by board staff and submitted for review by board members before the next board meeting. Board meeting minutes are approved at

the next scheduled meeting of the board. The purpose of reviewing and approving the minutes at a board meeting is not to approve of actions taken by the board at the previous meeting, but rather to determine whether the minutes as drafted accurately reflect the board's discussion at the previous meeting. When approved, the minutes shall serve as the official record of the meeting.

Electronic Recording of Meetings

(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 webcast 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 too disruptive.

Public Comment

(Board Policy)

Due to the need for the board to maintain fairness and neutrality when performing their adjudicative function, the board shall not receive any substantive information from a member of the public regarding any matter that is currently under or subject to investigation or involves a pending criminal or administrative action.

If, during a board meeting, a person attempts to provide the board with substantive information regarding matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the person shall be advised that the board cannot properly consider or hear such substantive information, and the person shall be instructed to refrain from making such comments.

If, during a board meeting, a person wishes to address the board concerning alleged errors of procedure or protocol or staff misconduct, involving matters that are currently under or subject to investigation or involve a pending administrative or criminal action, the board will address the matter as follows:

- Where the allegation involves errors of procedure or protocol, the board may designate either its executive officer or a board employee to review whether the proper procedure or protocol was followed and to report back to the board.
- Where the allegation involves significant staff misconduct, the board may designate one of its members to review the allegation and to report back to the board.

At the discretion of the president or chairperson, speakers may be limited in the amount of time to present to give adequate time to everyone who wants to speak. In the event the number of people wishing to address the board exceeds the allotted time, the president or chairperson may limit each speaker to a statement of his/her name, organization, and whether they support or do not support the proposed action

Board Voting at National Association of Boards of Pharmacy Meetings

(Board Policy)

The National Association of Boards of Pharmacy is a professional organization that supports the state boards of pharmacy in protecting public health. The National Association of Boards of Pharmacy member boards of pharmacy are grouped into eight districts that include all 50 United States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, Australia, Bahamas, nine Canadian provinces, and New Zealand.

The board's president shall serve as the official delegate to the annual meeting of the National Association of Boards of Pharmacy. If the president cannot attend the meeting or is absent for a portion of the meeting, the president shall designate an alternate delegate to the meeting to vote on matters before the NABP's sessions.

Chapter 3

COMMITTEE MEETINGS

Committees of the Board

The board's strategic plan establishes five standing committees through which the board establishes its goals and organizes its activities in pursuit of ensuring the public health, safety and welfare, and to assure the provision of quality pharmacist's care. These five committees develop policy related to a board mission-related goal. The committees and their goal areas are:

- **Licensing** – Ensuring the professional qualifications of licensees. This includes that those entering the practice of pharmacy, as well as those continuing to practice, meet minimum requirements for education, experience and knowledge. The board also ensures that facilities licensed by the board meet minimum standards.
- **Enforcement and Compounding** – Protecting the public by exercising oversight on all pharmacy activities. This includes preventing violations and effectively enforcing federal and state pharmacy laws when violations occur.
- **Communication and Public Education** – Providing relevant information to consumers and licensees. This includes encouraging the public to discuss their medications with their pharmacist; emphasizing the importance of patients complying with their prescription treatment regimens; and helping pharmacists to become better informed on subjects of importance to the public.
- **Legislation and Regulation** – Advocating legislation and promulgating regulations that advance the vision and mission of the board. These activities ensure better patient care and more effective regulation of the individuals and firms who handle, dispense, furnish, ship and store prescription drugs and devices in California.
- **Organizational Development** – Achieving the board's mission and goals. This is done through strategic planning, budget management and staff development activities.

Each of these committees is comprised of at least two board members. Staff provides technical and administrative input and support to the committee. The committees are an important venue for ensuring that staff and board members share information and perspectives in crafting and implementing strategic objectives.

The board's committees allow board members, stakeholders and staff to discuss and conduct problem solving on issues related to the board's strategic goals. They also allow the board to consider options for implementing components for the strategic plan. The committees are charged with coordinating board efforts to reach board goals and achieving positive results on its performance measures.

The board president designates one member of each committee as the committee's chairperson. The chairperson coordinates the committee's work and ensures progress toward the board's priorities. The board president also designates a vice chairperson for each committee who fulfills the duties of the chairperson in their

absence.

Each committee typically meets once before a quarterly board meeting. Committee meetings are governed by the same Open Meetings Act requirements as board meetings. The committees refer policy decisions to the full board during a public meeting for a formal decision and vote. During the committee's discussion, the public is encouraged to provide comments. The board meeting agenda will list action items and discussion items of interest for each committee.

All quarterly meetings of the Enforcement and Compounding, Licensing and Communication and Public Education Committees are public meetings. This reflects the high interest the public has shown for the agenda items of these committees. The Legislation and Regulation committee generally holds at least two public meetings each year, typically in the spring and fall in order to recommend positions on introduced legislation (in the spring) or to develop legislative or regulatory proposals (in the fall). The Organizational Development Committee typically does not schedule public meetings as items within its purview are not generally appropriate for open meetings (e.g. personnel matters). Nevertheless, a report of items under the committee's purview is provided at each quarterly board meeting.

During any public committee meeting, comments from the public are strongly sought, and the meetings themselves are frequently public forums on specific issues before a committee. Board members who are not members of a committee may attend a public committee meeting as part of the audience.

It is also important to note that any time more than two board members attend a board committee meeting, that committee meeting must have been publicly noticed. The board's legal counsel works with the EO to assure any meeting that fits the requirements for a public meeting is appropriately noticed.

The board also has one standing committee with responsibilities for the California pharmacist licensing examination (the Competency Committee). This committee is described below.

Competency Committee

The board's Competency Committee is responsible for developing and grading the board's pharmacist licensure examination, the California Practice Standards and Jurisprudence Exam for Pharmacists (known as the CPJE). The committee is comprised of representatives from a cross section of professional practice as well as representatives from California schools of pharmacy. Two board members are appointed to observe the work of the committee by the board president.

Membership on this committee is professionally challenging as well as time consuming. The committee members are split geographically between Northern and Southern California. The committee meets seven times annually in two-day meetings. There is an annual meeting where the entire committee meets in one location to set goals for the year. Membership is generally eight years, and appointment is by the board president.

The Competency Committee is a stand-alone committee that is within the auspices of the board's Licensing Committee. However, meetings of the Competency

Committee are not public meetings as these meetings are for examination construction.

Committee Creation and Appointments

(Board Policy)

The president may establish additional committees or subcommittees, whether standing or special, as he or she deems necessary. The composition of the committees or subcommittee and the appointment of the members is determined by the board president in consultation with the vice president, and the EO. Any additional committee or subcommittee meetings are governed by the same Open Meetings Act requirements as board meetings.

Attendance at Committee Meetings

(Board Policy and Government Code Section 11122.5)

If a board member wishes to attend a meeting of a committee of which he or she is not a member, that board member must obtain permission from the board president or EO to attend. Therefore, requests to attend a committee meeting should be submitted to the EO at least two weeks in advance.

Board members who are not members of a committee may attend a public committee meeting as part of the audience. However, if a quorum of members of the full board are present during a committee meeting, members of the board who are not members of the board committee may attend the committee meeting only as observers.

Chapter 4

TRAVEL & SALARY POLICIES/PROCEDURES

Travel Approval

(DCA Memorandum 91-26)

Board members shall have board president approval for all travel and per diem reimbursement, except for regularly scheduled board and committee meetings to which a board member is assigned.

The DCA Travel Guide information is attached as Appendix C. Board members will be reimbursed for travel expenses incurred while performing approved board business in accordance with these reimbursement criteria.

Travel Arrangements

(Board Policy)

Travel arrangements, including hotel accommodations, flights and rental cars, are made by the EO's secretary through the state's designated travel agency. The EO's secretary will provide each board member with confirmations for all travel reservations for their review and approval. In the event that the travel reservations need to be modified or canceled the board member shall notify the EO's secretary as soon as possible so that the appropriate steps can be taken to change or cancel the reservations.

State guidelines generally prohibit reimbursement for hotel expenses if the meeting is less than 50 miles from an individual's home address, unless preapproval is secured. Board members who wish to request an exemption to stay at a hotel less than 50 miles from their home must contact the EO's secretary to pursue this exemption at least two weeks before the meeting. The exemption must be approved by the DCA before the meeting.

Out-of-State Travel

Out-of-state travel for all persons representing California is highly controlled and must be pre-approved by the Governor's Office. For approved out-of-state travel, board members will be reimbursed actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses at the state per diem rate.

Travel Claims

(DCA Memorandum 91-26)

Rules governing reimbursement of travel and meeting expenses for board members are the same as for management level state staff. All expenses must be claimed using the state's electronic travel claim program. The EO's secretary prepares these electronic travel claims on behalf of board members after all board and committee meetings. All claims will be provided to the board member for review and approval prior to final submission in the electronic travel claim program. Original receipts are

required for reimbursement for lodging, parking, and gasoline. Board members shall provide the required original receipts to the EO's secretary to be included with the travel claim.

In order for travel expenses to be reimbursed, board members must follow the procedures contained in DCA memoranda which are periodically disseminated by the director and are provided to board members on at least an annual basis by the EO's secretary. Questions regarding travel reimbursement policies shall be directed to the EO's secretary.

Salary Per Diem

(B&P Code Section 103)

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for board members is regulated by Business and Professions Code Section 103.

In relevant part, this section provides for the payment of salary per diem for board members "for each day actually spent in the discharge of official duties," and provides that the board member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

(Board Policy)

Accordingly, the following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

- No salary per diem or reimbursement for travel-related expenses shall be paid to board members, except for attendance at official board or assigned committee meetings. Attendance at gatherings, events, hearings, conferences or meetings other than official board or assigned committee meetings in which a substantial official service is performed shall be approved in advance by the board president.
- The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a board or committee meeting until that meeting is adjourned. Travel time is not included in this component.
- For board-specified work, board members will be compensated for actual time spent performing work authorized by the board president. This may also include, but is not limited to, authorized attendance at other gatherings, events, meetings, hearings, or conferences; and exam item writing. Work also includes preparation time for board or committee meetings and reading mail ballots for disciplinary actions.
- Reimbursable work does not include miscellaneous reading and information gathering, committee work not related to a meeting, preparation time for a presentation and participation at meetings not related to official participation of the board.

Board members may submit their hours for which they seek reimbursement to the EO's secretary on the Board Member Attendance Report. By board policy, board members will be reimbursed for their hours spent at board and committee meetings

without submitting a Board Member Attendance Report. However, for reimbursement for all other board-sanctioned activities (including reading mail ballots for disciplinary actions) or performing board business, the hours must be submitted on the Board Member Attendance Report.

At each quarterly meeting of the board, there shall be a report of all per diem reimbursement and travel expenses claimed by each member of the board for the fiscal year.

Business and Professions Code section 103 and a Board Member Attendance Report are provided in Appendix D.

Chapter 5

OTHER POLICIES/PROCEDURES

Requests for Board Representation or Presentation

(Board policy)

If an association or individual requests board participation at an event or meeting, a written request should be submitted to the EO, as to the purpose of the function, and the reason for the request. The board president will approve such requests consistent with the board's strategic plan and if funds are available. Approval to participate will also include the extent of participation (e.g., one time meeting, presentation or continuous participation on a committee). Continued participation as a board representative should be consistent with the board's strategic plan and may need to be approved by the full board.

Prior authorization for any reimbursement must be obtained or expenses will be the responsibility of the participant.

Board members may participate on their own (i.e., as a citizen or professional) but not as an official board representative unless approved by the board president or the board. However, board members should recognize that even when representing themselves as “individuals,” their positions might be misconstrued as that of the board. For that reason, board members are cautioned to not express their personal opinions as a board policy or position or represent that the board has taken a position on a particular issue when it has not. Board members should also make every attempt to provide disclaimers that they are not representing the board.

Resignation of Board Members

(Government Code Section 1750)

In the event that it becomes necessary for a board member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the director of the department, the board president, and the EO.

Duties of Officers of the Board

(B&P Code Section 4002(a))

The board shall elect from its members a president, vice president, and treasurer.

President

- Spokesperson for the Board of Pharmacy (including but not limited to) – may attend legislative hearings and testify on behalf of the board, may attend meetings with stakeholders and Legislators on behalf of the board, may talk to the media on behalf of the board, and signs letters on behalf of the board
- Meets and communicates with the Executive Officer on a regular basis
- Communicates with other board members for board

	<ul style="list-style-type: none"> business • Authors a president's message in every newsletter • Approves board meeting agendas • Chairs and facilitates board meetings • Chairs the Organizational Development Committee • Signs specified full board enforcement approval orders • Grants or denies requests for an extension of time to submit arguments to the board under the Administrative Procedure Act • Approves leave requests and FMLA requests for the EO
Vice President	<ul style="list-style-type: none"> • Is the back-up for the duties above in the president's absence • Is a member of the Organizational Development Committee
Treasurer	<ul style="list-style-type: none"> • Maintains the private board member fund for commemorative awards for board staff and board members.
Past President	<ul style="list-style-type: none"> • Is responsible for mentoring and imparting knowledge to the new board president • May attend meetings and legislative hearings to provide historical background information, as needed
Committee Chair	<ul style="list-style-type: none"> • Approves the committee agendas • Chairs and facilitates committee meetings
Vice Committee Chair	<ul style="list-style-type: none"> • Is the back-up for the duties above in the committee chair's absence

Election of Officers

(Board Policy)

The board shall elect the officers at the last meeting of the fiscal year. Officers shall serve terms of one year effective June 1, and may be reelected to consecutive terms.

Officer Vacancies

(Board Policy)

If an office becomes vacant during the year, an election shall be held at the next meeting. If the office of the president becomes vacant, the vice president shall assume the office of the president until an election is held. Elected officers shall then serve the remainder of the term.

Board Member Disciplinary Actions

(Board Policy)

A member may be censured by the board if, after a hearing before the board, the board determines that the member has acted in an inappropriate manner.

The president shall sit as chair of the hearing unless the censure involves the president's own actions, in which case the vice president shall preside. In accordance with the Open Meeting Act, the censure hearing shall be conducted in open session.

Board Member Addresses

(DCA Policy)

Board member addresses and telephone numbers are confidential and shall not be released to the public without expressed authority by the individual board member.

A roster of board members is maintained for public distribution and is placed on the board's Web site, using the address and telephone numbers of the board.

Written Correspondence and Mailings by Board Members

(Board Policy)

If delegated to do so by the president or EO, all correspondence, press releases, articles, memoranda or any other communication written by any board member in his or her official capacity must be provided to the EO for reproduction and distribution. The EO will maintain a copy and mail and distribute the written material.

Request for Records Access

(Board Policy)

No board member may access a licensee's, or applicant's file without the EO's knowledge and approval of the conditions of access. Records or copies of records shall not be removed from the board's office.

Communications with Other Organizations/Individuals/Media

(Board Policy)

Interested parties may request to meet with a board member on a matter or matters under the board's jurisdiction. Members must remember that the power of the board is vested in the board itself and not with any individual board member. For that reason, board members are cautioned to not express their personal opinions as a board policy or position or represent that the board has taken a position on a particular issue when it has not.

All communications relating to any board action or policy to any individual or organization, or a representative of the media shall be made only by the president of the board, his or her designee, or the EO. Any board member who is contacted by any of the above should inform the board president or EO of the contact.

If a board member receives a media call, the member should promptly refer the caller to the board's EO. The board member should then send an email to the executive officer indicating they received a media call and relay any information supplied by the caller.

Executive Officer (EO)

(B&P Code Section 4003)

The EO is appointed by and serves at the pleasure of the board, and is exempt from civil service. The EO shall exercise the powers and perform the duties delegated by the board and vested in him or her by California pharmacy law.

- | | |
|--------------------------|---|
| Executive Officer | <ul style="list-style-type: none">• Responsible for the financial operations and integrity of the board.• Official custodian of records.• Provides the board with advice during consideration of issues.• Liaison between the board and board staff.• Provides the board with complete, clear, and accurate reports, minutes, etc.• Responds to requests for information from board members• Keeps the board informed of progress of board programs.• Implements board policies. |
|--------------------------|---|

Executive Officer's Annual Evaluation

(Board Policy)

At the first meeting of each calendar year, the EO is evaluated by the board president during a closed session meeting of the board. Board members provide information to the president on the EO's performance in advance of this meeting by using the EO evaluation form provided by the department.

The evaluation process is based on the principle that performance should be evaluated on a regular basis in order to provide recognition of effective performance and as a tool to provide guidance in improving future performance.

If the EO is not at the maximum range of salary, the board may recommend a salary increase for the EO. To qualify for such increases, the EO must meet or exceed performance expectations, as determined by the board. The evaluation form is used to document the board's recommendation for a salary increase.

The EO evaluation form is provided in Appendix E.

Board Staff

(DCA Reference Manual)

Employees of the board, with the exception of the executive officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and

often by collective bargaining labor agreements. Board members shall not intervene or become involved in specific day-to-day personnel transactions. Personnel matters affecting the operation of the board's duties are shared with the president and vice president during Organizational Development meetings.

Board Administration

(DCA Reference Manual)

Board members should be concerned primarily with formulating decisions on board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for board members to become involved in the details of program delivery. Strategies for the day-to-day management of programs and staff shall be the responsibility of the executive officer.

Contact with Licensees, Applicants and Respondents

(Board Policy and Government Code section 11430.10 et seq.)

Board members shall not intervene on behalf of applicants and licensees. They should forward all contacts or inquiries to the EO or board staff without direction on how matter should be handled.

The Government Code contains provisions prohibiting *ex parte* communications. An "*ex parte*" communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of section 11430.10, which states:

"While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative or if an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

Board members should not directly participate in complaint handling and resolution or investigations. An applicant who is being formally denied licensure, or a licensee against whom a disciplinary action is being taken, may attempt to directly contact board members.

If the communication is written, the member should read only enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, he or she should reseal the documents and send them to the EO, or forward the email.

If a board member receives a telephone call from an applicant or licensee against whom an action is pending, he or she should immediately tell the person he or she cannot speak to him or her about the matter. If the person insists on discussing the case, he or she should be told that the board member will be required to recuse himself or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a board member believes that he or she has received an unlawful *ex parte*

communication, he or she should contact the board's assigned attorney or EO.

Service of Legal Documents

(Board Policy)

Board members may receive service of a lawsuit against themselves and the board pertaining to a certain issue (e.g. a disciplinary matter, a complaint, a legislative matter, etc.). To prevent a confrontation, the board member should accept service.

Upon receipt, the board member should notify the EO of the service and indicate the name of the matter that was served and any other pertinent information. The board member should then mail the entire package that was served to the EO as soon as possible. The board's legal counsel will provide instructions to the board members on what is required of them once service has been made.

Gifts from Licensees or Applicants

(Board Policy)

Gifts of any kind to board members or staff from any licensee or applicant with the board are not permitted.

Additionally, Government Code section 87210 contains specific requirements with respect to gifts. These requirements are among those discussed in the Ethics Course described below.

Government Code section 87210 and related sections are provided in Appendix F.

Conflict of Interest

(Government Code Section 87100)

No board member may make, participate in making or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any board member, who has a financial interest, shall disqualify himself/herself from making or attempting to use his/her official position to influence the decision. Any board member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the board president or the EO.

Government Code Section 87100 and related sections are attached as Appendix G.

(Board Policy)

A board member who feels he or she has a potential conflict of interest in a specific case or issue should make his or her position known when the matter is discussed publicly (e.g., during a board meeting). Further the member should reinforce this position by physically leaving the room until the discussion regarding the matter is concluded. Whenever possible, a board member should notify the EO when he or she believes that the member has a conflict of interest. The EO can help refer the board member to appropriate resources for assistance. For example, the Fair Political Practices Commission is another resource.

Within 30 days of taking or leaving office as a board member, and annually before

April 1 of each year, every board member must file a conflict of interest statement with the Fair Political Practices Commission filing procedures and handled by the Department of Consumer Affairs. Questions about this process should be directed to the EO.

Ethics Training

(Government Code Sections 11146–11146.4)

Each board member must complete a course on ethics offered through the department. Upon appointment to the board, a new board member must complete the course within six months. All members must retake the course every two years during their term. Records concerning the attendance of this course must be kept on file for five years. Training information is available on (<http://ag.ca.gov/ethics/>).

Government Code Sections 11146–11146.4 are provided in Appendix H.

Sexual Harassment Prevention Training

(Government Code Section 12950.1)

Each board member must complete a sexual harassment prevention course offered through the department within six months of assuming office. Board members must complete the sexual harassment prevention course every two years during their term.

Defensive Driving Training

Each board member must complete a defensive driving course offered through the Department of General Services within six months of assuming office. Board members must complete the defensive driving course every four years during their term.

DCA's Board Member Training

(B&P Code Section 453)

The Department of Consumer Affairs provides an orientation session for new board members. The California Business and Professions Code requires that this course must be taken within one year of assuming office and within one year of any subsequent reappointment to the board. The training covers the functions, responsibilities and obligations that come with being a member of a DCA board.

The department also has a Web site for board members:

http://www.dca.ca.gov/pubs/board_members/orientation.htm

The Honoraria Prohibition

(Government Code Section 89503)

As a general rule, members of the board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A member of a state board is precluded from accepting an honorarium from any source, if the member would be required to report the receipt of income or gifts

from that source on his or her statement of economic interest.

Under the Department of Consumer Affairs Conflict of Interest Code, members of the Board of Pharmacy are required to report income from, among other entities, pharmaceutical professional associations and continuing education providers. Therefore, a board member should decline all offers for honoraria for speaking or appearing before such entities.

There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances: (1) when a honorarium is returned to the donor (unused) within 30 days; (2) when an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and (3) when an honorarium is not delivered to the board member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization.

In light of this prohibition, members should report all offers of honoraria to the president so that he or she, in consultation with the EO and staff counsel, may determine whether the potential for conflict of interest exists.

Government Code Section 89503 is provided in Appendix I.

Serving as an Expert Witness

During their tenure on the board, members should refrain from acting as pharmaceutical expert witnesses in civil or criminal court cases. The reasons for this prohibition are twofold.

Acting as an expert witness for compensation would probably constitute a violation of the Standards of Ethical Conduct for gubernatorial appointees. The first ethical standard precludes a gubernatorial appointee from engaging in activity, which has the appearance of using the prestige of the state for the appointee's private gain or advantage. A professional member of the board would be in high demand as an expert witness in litigation relating to pharmacy, simply because of his or her status as a board member. Consequently, the member would likely receive more engagements as an expert witness than if he or she were not a member of the board. As such, serving as an expert witness would have the appearance of using the prestige of board-membership for private gain. Parenthetically, although the Governor's ethical standards are addressed to the conduct of gubernatorial appointees, all members of the board should be in compliance.

More importantly, acting as an expert witness would jeopardize a board member's ability to participate in the deliberation and resolution of disciplinary actions before the board. As an expert witness in a civil or criminal action against a pharmacist, a board member would be required to learn all the facts of the case at issue. If the pharmacist who is a party to the civil or criminal comes before the board in a disciplinary action, the board member who served as expert witness would be required to recuse himself or herself because of considerable *ex parte* knowledge of the case.

Request for Grants

All requests for funding/contributions to board projects shall be approved by the board president. Requests for such grants must be made by the EO at the president's direction. If a board member makes an individual request, a copy of the request shall be forwarded to the EO as soon as possible.

The mechanism for receipt, management, and dispersal of funds shall be pre-arranged and approved by the board.

Policy Positions of the Board

The following are policies adopted by the board during open meetings.

Policy: Pharmacists as Emergency Responders

Adopted October 25, 2006

The California State Board of Pharmacy wishes to ensure complete preparation for, and effective response to, any local, state, or national disaster, state of emergency, or other circumstance requiring expedited health system and/or public response. Skills, training, and capacities of board licensees, including wholesalers, pharmacies, pharmacists, intern pharmacists, and pharmacy technicians, will be an invaluable resource to those affected and responding. The board also wishes to encourage an adequate response to any such circumstance affecting residents of California, by welcoming wholesalers, pharmacies, pharmacists, intern pharmacists, and pharmacy technicians licensed in good standing in other states to assist with health system and/or public response to residents of California.

The board encourages its licensees to volunteer and become involved in local, state, and national emergency and disaster preparedness efforts. City or county health departments, fire departments, or other first responders can provide information on local opportunities. The Emergency Preparedness Office of the California Department of Health Services is a lead agency overseeing emergency preparedness and response in California, particularly regarding health system response, drug distribution and dispensing, and/or immunization and prophylaxis in the event of an emergency. At the federal level, lead contact agencies include the Department of Health and Human Services, the Centers for Disease Control, and/or the Department of Homeland Security and its Federal Emergency Management Agency (FEMA). Potential volunteers are encouraged to register and get information at www.medicalvolunteer.ca.gov (California) and www.medicalreservecor.ps.gov (federal).

The board also continues to be actively involved in such planning efforts, at every level. The board further encourages its licensees to assist in any way they can in any emergency circumstance or disaster. Under such conditions, the priority must be protection of public health and provision of essential patient care by the most expeditious and

efficient means. Where declared emergency conditions exist, the board recognizes that it may be difficult or impossible for licensees in affected areas to fully comply with regulatory requirements governing pharmacy practice or the distribution or dispensing of lifesaving medications.

In the event of a declared disaster or emergency, the board expects to utilize its authority under the California Business and Professions Code, including section 4062, subdivision (b) thereof, to encourage and permit emergency provision of care to affected patients and areas, including by waiver of requirements that it may be implausible to meet under these circumstances, such as prescription requirements, record-keeping requirements, labeling requirements, employee ratio requirements, consultation requirements, or other standard pharmacy practices and duties that may interfere with the most efficient response to those affected. The board encourages its licensees to assist, and follow directions from, local, state, and national health officials. The board expects licensees to apply their judgment and training to providing medication to patients in the best interests of the patients, with circumstances on the ground dictating the extent to which regulatory requirements can be met in affected areas. The board further expects that during such emergency, the highest standard of care possible will be provided, and that once the emergency has dissipated, its licensees will return to practices conforming to state and federal requirements.

Furthermore, during a declared disaster or emergency affecting residents of California, the board hopes that persons outside of California will assist the residents of California. To facilitate such assistance, in the event of a declared California disaster or emergency, the board expects to use its powers under the California Business and Professions Code, including section 900 and section 4062, subdivision (b) thereof, to allow any pharmacists, intern pharmacists, or pharmacy technicians, who are not licensed in California but who are licensed in good standing in another state, including those presently serving military or civilian duty, to provide emergency pharmacy services in California. The board also expects to allow nonresident pharmacies or wholesalers that are not licensed in California but that are licensed in good standing in another state to ship medications to pharmacies, health professionals or other wholesalers in California. Finally, the board also expects to allow use of temporary facilities to facilitate drug distribution during a declared disaster or state of emergency. The board expects that its licensees will similarly respond outside of the state to disasters or emergencies affecting populations outside California, and will pursue whatever steps may be necessary to encourage that sort of licensee response.

Policy: Legislative Positions

Adopted April 21, 2009

Delegate the power to the board's president and chair of the Legislation and Regulation Committee to take board positions on emergent bills between board meetings.

Policy: Emergency Meetings for Purposes of Waiving Statutory Requirements*Adopted October 21, 2009*

In the event that the board is not able to convene a public meeting on regular notice or pursuant to the emergency meeting provisions of the Open Meetings Act, any three members of the board may convene a meeting by teleconference, by electronic communication (e.g., e-mail), or by other means of communication to exercise the powers delegated to full board pursuant to Business and Professions Code section 4062.

Policy: Extension of Deadline to Submit Arguments to the Board*Adopted October 29, 2013*

Allow the board president to grant or deny a request for an extension of time to submit arguments to the board under the Administrative Procedure Act. In the absence or unavailability of the president, the vice-president of the board may act upon the request.

Policy: Sale of Tobacco Products in Pharmacies*Adopted October 29, 2014*

The California State Board of Pharmacy recognizes that pharmacists are health care providers and pharmacies are in the business of improving customer health; therefore the board recommends that pharmacies and chain stores that include pharmacies eliminate the sale of tobacco, e-cigarettes and tobacco products, as these products are known to cause cancer, heart disease, lung disease and other health problems.

Chapter 6

ENFORCEMENT OVERVIEW

Enforcement Options and Sanctions

Enforcement activities are essential for the board to meet its consumer protection mandate. The enforcement program uses a combination of education, communication and enforcement sanctions to achieve compliance with federal and state pharmacy laws. Where voluntary compliance and education are not enough, the board inspects, mediates, admonishes, cites and fines and pursues formal disciplinary action.

When the board receives a complaint or uncovers a potential violation of the law through its own efforts, the matter is investigated by staff. Investigations in the field are carried out by the board's inspectors, a statewide-dispersed group of pharmacists who are employees of the board.

During a routine inspection or investigation (which is conducted by a board pharmacist-inspector), if it is believed that a violation of pharmacy law took place, the licensee may be advised of the alleged violation by an "Order of Correction," a written document directing the licensee to comply with pharmacy law within 30 days by submitting a corrective action plan to the inspector. This process simply notifies the licensee of the violations of law that the inspector believes have occurred. This notification may not be the board's final or formal determination regarding the matter depending on the seriousness of the alleged violations. A correction order is not a citation nor is it a disciplinary action.

At this time, the licensee is provided an opportunity to provide a written response to the alleged violation. In the written response, the licensee may address the specifics of the violation, as well as provide any mitigation information that the licensee wishes to have included in any investigation report and/or a corrective action plan.

If the "Order of Correction" is for minor violations, and the inspector is satisfied with the pharmacy's compliance, the "Order of Correction" may be the only action taken. If this is the case and the pharmacy doesn't contest the order, then the licensee must maintain in the pharmacy premises a copy of the order of correction and corrective action plan for at least three years from the date the order was issued.

After the inspection or investigation is completed and the inspector makes a determination that the law has been violated, the case is referred to a supervising inspector for review. If the supervising inspector determines that there was no violation or that the violation was so minor that the only action to take would be the issuance of the "Order of Correction," then the case may be closed and the matter goes no further.

If, after review by the supervising inspector, it is determined that action may be

warranted, the case is referred for a second letter of review. This second level of review includes a review of the matter as well as a final determination of the appropriate course of action. In making this determination, the following factors may be taken in consideration:

- Gravity of the violation.
- Good or bad faith of the cited person or entity.
- History of previous violations.
- Evidence that the violations were or were not willful.
- Recognition by the licensee of his/her wrongdoing and demonstration of corrective action to prevent recurrence, e.g., new policies and procedures, protocol, hiring of additional staff, etc.
- Extent to which the cited person or entity has cooperated with the board's investigation and other law enforcement or regulatory agencies.
- Extent to which the cited person or entity has mitigated or attempted to mitigate any damage or injury caused by the violation.
- If the violation involves multiple licensees, the relative degree of culpability of each licensee is considered. In the case where a staff pharmacist may have failed to consult, the pharmacist-in-charge and the pharmacy may also be issued a citation and fine, if warranted by the circumstances.
- Any other relevant matters that may be appropriate to consider.

The type of potential actions include:

Further Investigation

It may be decided that there is insufficient evidence to determine if a violation occurred or if any action is warranted. The executive In such cases the matter may be sent back for further investigation.

Case Closure – No Further Action

It may be decided that no action is now warranted. This may occur when it is determined that there was no violation, that the violation was so minor as to not merit an action, or that the mitigating circumstances were such that it would be best not to pursue an action. The matter will then not be taken any further. (The final resolution would be the "Order of Correction.")

Letter of Admonishment

The decision may be made to issue a letter of admonishment. This may occur when it is determined that there was a minor violation, or a violation that mitigating circumstances were such that a letter of admonishment was appropriate. The licensee would be directed to come into compliance within 30 days by submitting a corrective action plan to the board documenting compliance, or the licensee can contest the letter of admonishment to the executive officer or designee for an office conference. If an office conference is not requested, compliance with the letter of admonishment does not constitute an admission of the violation noted in the letter of admonishment. The licensee must maintain in the licensed premises a copy of the letter of admonishment and corrective action plan for at least three years from the date the letter was issued. The letter of admonishment is considered a public record for purposes of disclosure.

Citation and Fine

The executive officer may issue a citation, with or without a fine. The citation will be issued to the licensee and will include a reference to the statute or regulation

violated. It will also include a description of the nature and facts of the violation, as well as a notice to the licensee of the appeal rights. It may or may not include an order of abatement either requesting documentation of the licensee's compliance, or directing the licensee to come into compliance and specifying how that must be done.

Disciplinary Action

The executive officer or designee may determine that the violation is substantial and warrants discipline of the license. The matter is then referred to the Attorney General's Office, where, if appropriate to do so, an accusation is prepared, which identifies the alleged violations of pharmacy law. Disciplinary penalties include interim suspension orders, license revocation, voluntary license surrender, suspension, letters of reproof and probation.

Appendix J contains an overview of board members' role in disciplinary actions created by the DCA legal office.

Mail Ballots

(Government Code Section 11500)

The board must approve any decision or stipulation before the formal discipline becomes final and the penalty can take effect. Proposed stipulations and decisions are securely sent to each board member for his or her vote. For stipulations, a cover memorandum from board staff and sometimes the board's attorney (a deputy attorney general) accompanies the mail ballot. A two-week deadline is generally given for the mail ballots for stipulations and proposed decisions to be completed and returned to the board's office.

After the deadline of 15 days and after seven votes from board members have been received, a decision has been reached. If majority of the votes are to adopt a decision, the signature pages are sent to the board president, who signs the written decision document.

If two no votes are cast before the deadline, the case is set aside and not processed (even if seven votes have been cast on the decision). Instead the case is scheduled for discussion during closed session at the next board meeting. Under board policy when a member wishes to hold a case, the reason for the hold should be provided on the mail ballot. This allows staff the opportunity to prepare the information being requested.

When a ballot is received after the deadline, the vote is retained in the file but is not counted.

A sample mail ballot is provided in Appendix K.

Holding Disciplinary Cases for Discussion at Board Meetings

(Board Policy)

When voting on mail ballots for proposed disciplinary decisions or stipulations, a board member may wish to discuss a particular aspect of the decision or stipulation before voting. If this is the case, the ballot should be marked "hold for discussion."

For a case to be held for discussion before the board's vote on the matter (this discussion will occur in closed session), two board members must mark the mail ballot "hold for discussion."

If the matter is held for discussion, staff counsel will preside over the closed session to assure compliance with the Administrative Procedure Act and Open Meeting Act.

If the board member is comfortable voting on the matter, but wishes to discuss the policy behind the decision or case, the ballot should be marked "Policy Issue for Discussion. I have voted above. Issue: _____." The EO will respond directly to the member. If still unresolved or if the matter is to be referred to the board, the policy issue will be placed on the agenda for discussion at the next board meeting.

Appendix A

List of Board of Pharmacy Frequently Used Acronyms:

Associations:

- CPhA: California Pharmacists Association- represents principally the independent community pharmacists.
- CSHP: California Association of Health-System Pharmacists- represents principally hospital pharmacists
- NABP: National Association of Boards of Pharmacy- represents state boards of pharmacy, who are members. They are also the creator of the national pharmacist licensure examination (NAPLEX-the North American Pharmacist Licensure Examination)
- CRA: California Retailers Association - represents chain store pharmacies
- NACDS: National Association of Chain Drug Stores- a national group, representing chain drug stores
- ACPE: Accreditation Council for Pharmacy Education-national group that accredits schools of pharmacy in the US (the CA Board does not do this).

State Agency Acronyms:

Below are some of the major ones the board uses

- Board/BOP: almost always when used in this form is the California State Board of Pharmacy (our official name)
- DCA: Department of Consumer Affairs - our parent agency
- Agency: State and Consumer Services Agency - essentially our grandparent agency
- DOJ: California Department of Justice
- AG's Office: The Attorney General's Office, which is a subdivision of the DOJ, and is the office that prosecutes the board's investigations under the Administrative Procedure Act.
- OAL: Office of Administrative Law- the state agency that approves board rulemakings (to adopt regulations)
- OAH: Office of Administrative Hearings-the agency that holds the board's administrative hearings where we seek to restrict or remove the license of a licensee.
- CIWMB: California Integrated Waste Management Board
- CDPH: California Department of Public Health
- CHCS: California Department of Health Care Services (home of MediCal)

Principal Code Section Acronyms:

- B&P Code: California Business and Professions Code
- H&S Code: California Health and Safety Code
- Regulation section: California Code of Regulations Section (these are regulations)
- CFR: Code of Federal Regulations

General:

- **Dangerous Drugs:** drugs that are available only upon prescription of a licensed prescriber
- **Controlled Substances:** dangerous drugs that are subject to abuse and that are most highly regulated. They are statutorily classified into schedules I-V. Schedule I drugs are illicit and with no medical use (LSD, marijuana) Schedule II drugs have high medical value, but high abuse and street value (oxycontin, morphine, cocaine). Schedule III drugs have high medical value, but lower potential for abuse (codeine, vicodin) Schedule IV drugs have medical value but lesser potential for abuse (benzodiazepines) Schedule V drugs have medical value but the lowest potential of the controlled drugs for abuse.
- **OTC (over-the-counter) drugs:** are available without prescription

Categories of Board Licensees:

- **RPh:** means "registered pharmacist"
- **PharmD:** standard degree used for education of a pharmacist (typically this is a 4- 6 year degree. If 4 year, this is usually post BA or BS degree work). The recipient uses the title "doctor." Prior to 2000 in the US some colleges had the standard degree as a BS. In California since the 1970s, schools of pharmacy in this state solely awarded the higher-level PharmD degree.
- **PIC:** pharmacist-in-charge: a pharmacist who is specially designated to oversee the operations of a pharmacy. The PIC must be reported to the board for each pharmacy, and the PIC's name is printed on the pharmacy's license.
- **Pharmacist Intern-** a license issued to someone in pharmacy school gaining the 1,500 hours of mandatory experience needed to take the licensure exam or to someone working in CA pharmacy gaining experience in this state needed to qualify to take the licensure exam. The license is issued for no longer than 6 years to a student, or 2 years to others (foreign pharmacy school graduates).
- **Pharmacist Technician** -license of a pharmacy assistant, who works under the direct supervision of a pharmacist doing non-judgmental duties.
- **Designated Representative:** the individuals who are specially licensed by the board to oversee the operations of drug wholesalers or veterinary food animal drug retailers.
- **DRIC:** Designated Representative-In-Charge: the designated representative who is in charge of the operation of a drug wholesaler or veterinary food animal drug retailer
- **Wholesaler:** a licensed company in CA who ships and stores dangerous drugs, or if a Nonresident Wholesaler, a licensed company outside CA who ships dangerous drugs into CA
- **Veterinary Food Animal Drug Retailer (Vet retailers):** a specialty wholesaler who can label drugs for use on food animals or food-producing animals.

- Pharmacies: the entities that retail and dispense drugs to patients
- Clinics: medical care centers that may have a board-issued clinic license that allows these facilities to have one drug stock for all practitioners working in the clinic.
- Licensed correctional facility: a prison or correctional facility pharmacy
- Hypodermic Needle and Syringe Permit: allows a feed store to sell hypodermic needles and syringes for animal use.
- Exempt Hospital pharmacy: also known as a drug room, a dispensary in a hospital of less than 100 beds, where drugs are stored and dispensed from, but does not have pharmacist present to dispense medicines.

Staff Acronyms:

- EO: Executive Officer
- AEO: Assistant Executive Officer
- Director: Normally, the Director of the Department of Consumer Affairs
- Inspector: Board of Pharmacy investigator who is also a licensed pharmacist
- Analyst: a board employee who performs analytical work
- Technician: a board employee who performs technical or clerical duties
- President: Board member who is elected president by the board.
- Vice President: Board member who is elected vice president by the board
- Treasurer: Board member who is elected treasurer by the board. This individual is responsible for a board member contributed fund. The individual does not oversee board revenue collection.
- AG Liaison: an attorney with the AG's Office who coordinates prosecution issues on board cases with diverse attorneys at the AG's office and who advises the board about enforcement matters.
- Board Counsel: an attorney with the DCA who assists the board with disciplinary decisions under deliberation and with open meeting act issues.

Appendix B



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDWARD G. BROWN JR.

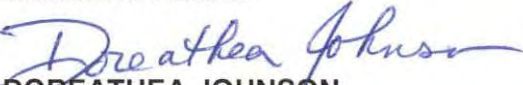
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MEMORANDUM

DATE: January 5, 2015

TO: Executive Officers
Executive Directors
Registrars
Bureau Chiefs
Interested Parties

FROM: 
DOREATHEA JOHNSON
Deputy Director
Legal Affairs

Subject: Public Meetings (Bagley-Keene Open Meeting Act)

The attached guide includes all statutory amendments through January 1, 2015. Please disregard all of our previous memoranda on the subject, and our Guide to the Bagley-Keene Open Meeting Act, issued January 15, 2014.

There are three changes for 2015:

1. For all action items at board meetings and meetings of committees of three or more, the law now requires boards to record the vote or abstention of each member present for that action item. This means the board's minutes must include each board member's name under the appropriate vote category (i.e., yes, no, abstention).
2. An agency is authorized to provide notice of board/committee meetings by regular mail, email or both. However, a person requesting notice has the option of choosing by which of the three methods above the person wishes to receive notice and the agency must comply with the option selected by the requester.
3. If an agency plans to web cast a meeting, then the notice of meeting must include a statement of the intent to web cast the meeting.

The last two items are required by Business and Professions Code section 101.7, which we have included behind the Open Meeting Act law attached to this memo.

We hope you find this document helpful in answering questions you may have about the requirements of the Open Meeting Act. If you have any suggestions for ways to improve the guide in the future, please let us know.

GUIDE TO THE
BAGLEY-KEENE OPEN MEETING ACT
(Includes Amendments through January 1, 2015)

Prepared by:

DIVISION OF LEGAL AFFAIRS
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BAGLEY-KEENE OPEN MEETING ACT

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GUIDE TO THE BAGLEY-KEENE OPEN MEETING ACT (Includes Amendments through January 1, 2015)

This guide is an update on the provisions of the public meetings law governing state agencies, officially called the Bagley-Keene Open Meeting Act. (Article 9 (commencing with Section 11120), Chapter 1, Part 1, Division 3, Title 2 of the Government Code). The Open Meeting Act closely parallels the Ralph M. Brown Act, which governs meetings of local government agencies. This guide includes all statutory changes through January 1, 2015. Please disregard all earlier memoranda and the previous Guide to the Bagley-Keene Open Meeting Act (distributed January 15, 2014) on this subject.

All statutory references are to the Government Code.

I. PUBLIC POLICY TO CONDUCT PEOPLE'S BUSINESS OPENLY

Section 11120 sets forth the purpose of the law:

"It is the public policy of this state that public agencies exist to aid in the conduct of the people's business and the proceedings of public agencies be conducted openly so that the public may remain informed.

In enacting this article the Legislature finds and declares that it is the intent of the law that actions of state agencies be taken openly and that their deliberation be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

This article shall be known and may be cited as the Bagley-Keene Open Meeting Act."

Each board has essentially three duties under the Open Meeting Act. First, to give adequate notice of meetings to be held. Second, to provide an opportunity for public comment. Third, to conduct such meetings in open session, except where a closed session is specifically authorized. We use the terms "agency" and "board" to mean not only boards, but also commissions and any examining committees or boards within the jurisdiction of the Medical Board of California.

II. BOARD, COMMITTEE, SUBCOMMITTEE, TASK FORCE MEETINGS

A. Definition of a "Meeting"

"Meeting" is defined in the Act as including "any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains." (§11122.5(a)) The law now prohibits use by a majority of the members of a state body of direct communications or a series of communications of any kind, directly or through personal intermediaries, or technological devices (such as e-mails) to discuss, deliberate, or take action on any item of business that is within the subject matter of the state body. (§11122.5(b))

B. Exemptions from Definition of Meeting

The law recognizes that not all gatherings of a majority of members of a state body at a single location constitute a meeting. Current law provides that the provisions of the Act do not apply to the following situations, **provided that** "a majority of the members do not discuss among themselves, other than as part of a scheduled program, business of a specified nature that is within the subject matter jurisdiction of the state body." (§11122.5(c))

- Individual contacts or conversations between a member of a state body and any other person. (§11122.5(c)(1))
- Attendance by a majority of members at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the state body. (§11122.5(c)(2))
- Attendance by a majority of members at an open and publicized meeting organized to address a topic of state concern by a person or organization other than the state body. (§11122.5(c)(3))
- Attendance by a majority of members at an open and noticed meeting of another state body or of a legislative body of a local agency. (§11122.5(c)(4))
- Attendance by a majority of members at a purely social or ceremonial occasion. (§11122.5(c)(5))
- Attendance by a majority of members at an open and noticed meeting of a standing committee of that body, provided the members of the body who are not members of the committee attend only as observers. (§11122.5(c)(6))

The law does not, however, prevent an employee or official from engaging in separate communications outside of a noticed meeting with members of the legislature to answer questions or provide information about a matter within the agency's subject

matter jurisdiction – with the limitation that the person cannot communicate the comments or position of any other member.

C. Board and Committee Meetings

There are two basic types of meetings held by agencies in the Department of Consumer Affairs. The first type is a board meeting, where a quorum of the members of the board is present. The second type is a committee meeting consisting of less than a quorum of the members of the full board. Subcommittee and task force meetings are variations of committee meetings.

Board meetings have historically been required to be noticed and open to the public, except where a closed session is authorized. Committee and subcommittee meetings, where less than a quorum of the board is present, are also required to be noticed and open to the public. The only exception is for a committee that consists of fewer than three persons and does not exercise any authority of a state body delegated to it by that state body. (NOTE – it is the number of persons on the committee [not the number of board members] that is determinative.)

Where a committee of fewer than three persons is to meet, and the meeting is not noticed, other members of the board should not attend the meeting, as such attendance would clearly be perceived as an Open Meeting Act violation. Board staff is not precluded from attending such a meeting.

[Restriction on Attendance at Committee Meetings] The law allows attendance by a majority of members at an open and noticed meeting of a standing committee of the board, provided the members of the board who are not members of the committee attend only as observers. (§11122.5(c)(6)) The Office of the Attorney General has addressed in a formal opinion a provision in the Brown Act relating to the attendance of "observers" at a committee meeting. The Attorney General concluded that "[m]embers of the legislative body of a local public agency may not ask questions or make statements while attending a meeting of a standing committee of the legislative body 'as observers.'" The opinion further concluded that such members of the legislative body may not sit in special chairs on the dais with the committee. (81 Ops.Cal.Atty.Gen. 156)

Thus, under the provisions of section 11122.5(c)(6), and the opinion of the California Attorney General, if a majority of members of the full board are present at a committee meeting, members who are not members of the committee that is meeting may attend that meeting only as observers. The board members who are not committee members may not sit on the dais with the committee, and may not participate in the meeting by making statements or asking questions.

If a board schedules its committee meetings seriatim, and other board members are typically present to ultimately be available for their own committee meeting, your notice of the committee meeting should contain a statement to the effect that "Members

of the board who are not members of this committee may be attending the meeting only as observers.”

Subcommittees may be appointed to study and report back to a committee or the board on a particular issue or issues. If the subcommittee consists of three or more persons, the same provisions apply to its meetings as apply to meetings of committees.

Board chairpersons may occasionally appoint a task force to study and report on a particular issue. One or two board members typically serve as task force members, along with a number of other non-board members. When this is the case, the same Open Meeting Act rules that apply to committee meetings apply to task force meetings. Such a formally appointed task force falls under the definition of “state body in Section 11121(c).”

III. TYPES OF MEETINGS; PURPOSE; NOTICE; OTHER REQUIREMENTS

Boards and committees may hold several types of meetings, including a regularly scheduled meeting, a “special” meeting, or an “emergency” meeting under the provisions of section 11125.5. This section of the memorandum addresses who can hold certain types of meetings, the purposes for which the meetings can be held, notice requirements, and any other special requirements or prohibitions.

A. Regularly Scheduled Meetings

1. Who May Hold a Regularly Scheduled Meeting

A board, committee, subcommittee, or task force may hold a regularly scheduled meeting. These are the business meetings that are scheduled throughout the year to conduct the usual and customary business of the board. Such meetings may generally be called by the chairperson, or by a majority of the body. However, you must refer to your particular licensing act, which may contain different provisions as to who may call a meeting.

2. Purposes for Which the Meeting May be Held

These meetings are to conduct the usual and customary business of the board, or the business of a committee, subcommittee or task force as directed by the board. The subject matter of the meetings is essentially dictated by the jurisdiction of the board as found in the board’s licensing act. There are no statutory restrictions in the Open Meeting Act on the purposes for which a regularly scheduled meeting may be held.

3. Notice Requirements for a Regularly Scheduled Meeting

a. Board Meetings

An agency is required to give at least 10 calendar days written notice of each board meeting to be held. (§11125(a).) Effective January 1, 2015, an agency is authorized to provide that notice by regular mail, email or both. However, that same section requires an agency to give a person requesting notice the option of receiving the notice by regular mail, email or both and the agency must comply with that requester's choice for receiving notice of meetings. (Business and Professions Code section 101.7.) The notice must include the name, address, and telephone number of a person who can provide further information prior to the meeting and must contain the website address where the notice can be accessed. The notice must also be posted on the Internet at least 10 calendar days before the meeting. In addition, if a meeting is to web cast, the meeting notice shall include a statement of the board's intent to web cast the meeting.

In addition to the website posting, effective January 1, 2003, the notice is required to be made available in appropriate alternate formats upon request by any person with a disability.

The notice of each board meeting must include an agenda that is prepared for the meeting. The agenda must include all items of business to be transacted or discussed at the meeting. " ... A brief general description of an item generally need not exceed 20 words. ... No item shall be added to the agenda subsequent to the provision of this notice." (§11125(b)) This provision does not, however, preclude amending an agenda provided the amended notice is distributed and posted on the Internet at least 10 calendar days prior to the meeting. Effective January 1, 2003, the notice must include information that would enable a person with a disability to know how, to whom, and by when a request may be made for any disability-related modification or accommodation, including auxiliary aids or services. (§11125(f)) We suggest the following as standard language:

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting _____ at (916) _____ or sending a written request to that person at the Board [Address], Sacramento, California, [zip code]. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

The definition of "action taken" in Section 11122 is of some aid in determining what the Legislature intended by use of the words "items of business to be transacted."

"11122. As used in this article 'action taken' means a collective decision made by the members of a state body, a collective commitment or

promise by the members of the state body to make a positive or negative decision or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order or similar action."

General agenda items such as "New Business," "Old Business," "Executive Officer's Report," "Committee Reports," "President's Report," "Miscellaneous," etc., without specifying the particular matters thereunder, cannot be used to circumvent this requirement. The Office of the Attorney General has opined that:

"... the purpose of subdivision (b) [of Government Code Section 11125] is to provide advance information to interested members of the public concerning the state body's anticipated business in order that they may attend the meeting or take whatever other action they deem appropriate under the circumstances.

* * *

"We believe that Section 11125 was and is intended to nullify the need for . . . guesswork or further inquiry on the part of the interested public." (67 Ops.Cal.Atty.Gen. 85, 87)

Items not included on the agenda may not be discussed, even if no action is to be taken by the agency. However, we offer two suggestions so members of the public and board members may raise issues that are not on the agenda.

We strongly encourage boards to include an item on their agendas for "Public Comment on Matters Not on the Agenda." This gives persons who are attending a meeting an opportunity to raise any issues they may have, which may not be on the agenda, but which may be appropriate for future board discussion. Matters raised under this agenda item should be discussed only to the extent necessary to determine whether they should be made an agenda item at a future meeting. (§11125.7(a))

We also strongly encourage boards to include an item on their agenda for "Agenda Items for Future Meetings." This allows all board members an opportunity to request specific agenda items for a meeting. Again, these items should be discussed only to the extent necessary to determine whether they should be included as agenda items for a future meeting.

[CAVEAT: If the regularly scheduled meeting will have a closed session agenda item or items, or be held by teleconference, please refer to the discussion of additional requirements under those headings, below.]

The notice and the agenda must be provided to any person who requests it. A member of the public may request notice for a specific meeting, for all meetings at which a particular subject will be discussed or action taken thereon, or for all meetings

of the agency. Mailing lists of persons who desire to be notified of more than one meeting must be maintained pursuant to Section 14911, which provides:

"14911. Whenever any state agency maintains a mailing list of public officials or other persons to whom publications or other printed matter is sent without charge, the state agency shall correct its mailing list and verify its accuracy at least once each year. This shall be done by addressing an appropriate postcard or letter to each person on the mailing list. The name of any person who does not respond to such letter or postcard, or who indicates that he does not desire to receive such publications or printed matter, shall be removed from the mailing lists. The response of those desiring to be on the mailing list shall be retained by these agencies for one year."

Effective 1/1/98, a sentence was added to subdivision (c) of Section 11125.1 to state that "Nothing in this article shall be construed to require a state body to place any paid advertisement or any other paid notice in any publication." (Stats. 1997, Chapt. 949; SB 95) The Legal Office interprets this provision to supersede any provisions in particular practice acts which require newspaper publication of board or committee meetings. Boards and committees, of course, retain the discretion to publish notices in newspapers if they so chose.

b. Committee, Subcommittee or Task Force Meetings

Each agency is required to give notice of committee, subcommittee or task force ("committee") meetings to be held. However, this requirement does not apply if the committee consists of less than three persons. It is the number of persons on the committee that is determinative, not how many of the persons are board members. Thus, if a committee consisted of two board members and two other interested persons, its meetings would have to meet all the requirements of the Open Meeting Act.

Notice of committee meetings must be provided and posted on the Internet at least 10 calendar days in advance of the meeting. (§11125(a)) The notice "shall include a brief, general description of the business to be transacted or discussed, and no item shall be added subsequent to the provision of the notice." (§11125(c)) The notice must also include the Website address where the notice can be accessed on the Internet. In addition, if a meeting is to web cast, the meeting notice shall include a statement of the board's intent to web cast the meeting.

Although the law does not so specify, we would suggest also including in the notice the name, address, and telephone number of a contact person who can provide further information prior to the meeting. As with board meetings, there is no requirement that the notice be published in any newspaper or other periodical. However, the notice must be provided to any person or persons who have requested to be notified of the particular committee's meetings. Effective January 1, 2015, an agency is authorized to provide that notice by regular mail, email or both. However, that same section requires an agency to give a person requesting notice the option of

receiving the notice by regular mail, email or both and the agency must comply with that requester's choice for receiving notice of meetings. (Business and Professions Code section 101.7.) You may elect to send such notice to those persons on your regular mailing list.

Remember you must post your notice on the Internet at least 10 calendar days in advance of the meeting and must make the notice available in appropriate alternate formats upon request by any person with a disability.

Provision is made for certain non-emergency, but sometimes necessary, committee meetings. Where, during the course of a regularly scheduled and properly noticed board meeting, the board desires that a committee presently discuss an item of business on the agenda, the committee may do so provided (a) the specific time and place of the committee meeting is announced during the public meeting of the board, and (b) the committee meeting is conducted within a reasonable time of, and nearby, the meeting of the board. (§11125(c))

4. Specific Requirements for Regularly-Scheduled Meetings

There are no specific requirements, other than those set forth above, for regularly scheduled board, committee, subcommittee or task force meetings.

5. Specific Prohibitions on Holding a Regularly-Scheduled Meeting

There are no statutory prohibitions in the Open Meeting Act on a board, committee, subcommittee or task force conducting a regularly scheduled meeting.

We again remind you that, with respect to committee meetings, members of the board who are not members of the committee that is meeting may only attend the committee meeting as observers. This means these members may not sit on the dais with the committee, make any statements, or ask any questions during the committee meeting. (81 Ops.Cal.Atty.Gen. 156)

B. "Special" Meetings

SB 95 of 1997 created a new category of meeting, that being a "special" meeting.

1. Who May Hold a Special Meeting

A board, committee, subcommittee or task force may hold a special meeting.

2. Purposes for Which a Special Meeting May be Held

The only purposes for which a special meeting may be held are set forth in section 11125.4, and are drawn from the purposes for which an emergency meeting

could be held under the prior law. In essence, the Legislature recharacterized those purposes as constituting “special” circumstances rather than “emergency” circumstances. Section 11125.4 provides in part that:

“(a) A special meeting may be called at any time by the presiding officer of the state body or by a majority of the members of the state body.

A special meeting may only be called for one of the following purposes where compliance with the 10-day notice provisions of Section 11125 would impose a substantial hardship on the state body or where immediate action is required to protect the public interest:

- (1) To consider ‘pending litigation’ as that term is defined in subdivision (e) of Section 11126.
- (2) To consider proposed legislation.
- (3) To consider issuance of a legal opinion.
- (4) To consider disciplinary action involving a state officer or employee.
- (5) To consider the purchase, sale, exchange, or lease of real property.
- (6) To consider license examinations and applications.
- (7) To consider an action on a loan or grant provided pursuant to Division 31 (commencing with Section 50000) of the Health and Safety Code.
- (8) To consider its response to a confidential final draft audit report as permitted by Section 11126.2.
- (9) To provide for an interim executive officer of a state body upon the death, incapacity, or vacancy in the office of the executive officer.

* * *

Department of Consumer Affairs licensing boards would most likely hold a special meeting for the purposes set forth in subdivisions (1), (2), (3), (4), and (6).

3. Notice Requirements for a Special Meeting

A special meeting can be called at any time by the presiding officer or a majority of the members of the state body, provided the 10-day notice requirements of section 11125 “would impose a substantial hardship on the state body or where immediate action is required to protect the public interest.” (§11125.4(a)) The only purposes for which the meeting can be held are those set forth above.

The normal 10-day advance notice is not required for special meetings. However, notice of the special meeting is required to be provided to each member of the state agency and to persons who have requested notice of the agency's meetings as soon as practicable after the decision to hold the meeting is made. Notice to members, newspapers of general circulation, and radio or television stations must be received at least 48 hours in advance of the meeting. Notice to newspapers, radio and television stations is satisfied by providing notice to all national press wire services. Notices to the general public may be given via appropriate electronic bulletin boards or other appropriate mechanisms. (§11125.4(b)) The notice must also be posted on the Internet at least 48 hours in advance of the meeting.

The notice must specify the time and place of the special meeting and the business to be transacted. In essence, an agenda would be prepared. No business other than that noticed may be transacted. Notice is required even if no action is subsequently taken at the meeting. (§11125.4(b)) The notice must contain the Website address where the notice may be accessed on the Internet.

[CAVEAT: If the special meeting will have a closed session agenda item or items, or be held by teleconference, please refer to the discussion of additional requirements under those headings, below.]

4. Specific Requirements During Special Meetings

At the commencement of a special meeting, the agency must make a finding in open session that providing a 10-day notice of the meeting would pose a substantial hardship on the agency, or that immediate action is required to protect the public interest. The specific facts constituting the hardship or need for immediate action must be articulated. This finding must be adopted by a two-thirds (2/3) vote of the agency members present, or if less than two thirds of the members are present, by a unanimous vote of the members present. Failure to adopt the finding terminates the meeting. The agency's finding must be made available on the Internet. (§11125.4(c))

5. Specific Prohibitions on Holding a Special Meeting

As discussed above, a special meeting may only be held for the purposes set forth in section 11125.4(b). Other than the limitation on the purposes of the meeting, there are no statutory prohibitions in the Open Meeting Act on a board, committee, subcommittee or task force conducting a special meeting.

C. "Emergency" Meetings

1. Who May Hold an Emergency Meeting

A board, committee, subcommittee or task force may hold an emergency meeting.

2. Purposes for Which an Emergency Meeting May be Held

As noted above, S.B. 95 of 1997 recharacterized a number of “emergency” situations as “special” situations. This resulted in the narrowing of situations for which an emergency meeting may be held. Section 11125.5 provides an emergency meeting may be held only in the case of an “emergency situation,” defined as:

“(1) Work stoppage or other activity that severely impairs public health or safety, or both.

“(2) Crippling disaster that severely impairs public health or safety, or both.” (§11125.5(b))

3. Notice Requirements for an Emergency Meeting

An emergency meeting may be held without complying with the 10-day notice requirement in Section 11125 or the 48-hour notice requirement in Section 11125.4. However, newspapers of general circulation, television and radio stations that have requested notice of meetings shall be notified of the emergency by telephone at least one hour before the meeting. If telephone services are not functioning, notice is deemed waived. The notice must be posted on the Internet as soon as practicable after the decision to call an emergency meeting has been made. However, newspapers, television and radio must be notified as soon as possible after the meeting of the fact of the meeting, its purpose, and any action taken. (§11125.5(c))

4. Specific Requirements for an Emergency Meeting

The following are required to be posted in a public place and on the Internet for a minimum of 10 days, as soon as possible after the emergency meeting:

- * Minutes of the meeting
- * A list of persons notified, or attempted to be notified, of the meeting
- * Any action taken at the meeting
- * The rollcall vote on action taken (§11125.5(d))

5. Specific Prohibitions on Holding an Emergency Meeting

As discussed above, an emergency meeting may only be held for the purposes set forth in section 11125.5(b).

IV. CLOSED SESSIONS

A. Purposes for Which Closed Session Can be Held

"Closed" sessions were formerly called "executive" sessions. Since all references in the Open Meeting Act have been changed from "executive" session to "closed" session, throughout this memorandum we will refer to such sessions as "closed" sessions.

Section 11123 states that "All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article."

Section 11126 sets forth those specific items of business which may be transacted in closed session. Only those enumerated items of business may be conducted in closed session. An agency in the Department may convene a closed session pursuant to Section 11126 for the following purposes.

1. Personnel Matters

A board may meet in closed session to " . . . consider the appointment, employment, evaluation of performance, or dismissal of a public employee or to hear complaints or charges brought against such employee by another person unless the employee requests a public hearing." In order to consider such disciplinary action or dismissal the "employee shall be given written notice of his or her right to have a public hearing . . . which notice shall be delivered to the employee personally or by mail at least 24 hours before the meeting." (§11126(a)) If such a notice is not given any action taken during a closed session for the above reason is null and void. Once the public hearing has been held, the agency may convene into closed session to deliberate on the decision to be reached. (§11126(a)(4))

Prior to January 1, 1995, section 11126(a) did not apply to employees who were appointed to their positions, such as executive officers, executive directors, and registrars (referred to as "executive officer" for convenience). For example, any decision or deliberations made in the selection or dismissal of an executive officer previously had to be conducted in open session. (68 Ops.Cal.Atty.Gen. 34.) However, with the enactment of SB 1316 (Stats. 1994, Chapt. 845) and SB 95 (Stats. 1997, Chapt. 949), a board can now meet in closed session to consider the appointment, employment, evaluation of, or dismissal of its executive officer, unless the executive officer requests a public hearing. (§11126(a)(1), (2)) SB 1316 supersedes the conclusion reached in 68 Ops.Cal.Atty.Gen. 34. As noted above, once the public hearing has been held, the state body may convene in closed session to deliberate on the decision to be reached. (§11126(a)(4))

If the executive officer does not request a public hearing, he or she must be given the opportunity for a hearing in closed session. After the hearing, the executive

officer should be excused from the closed session, and the board may then continue in closed session to deliberate on the decision to be reached. (§11126(a)(4))

Section 11126(a) is not to be interpreted to mean that a board is required to handle civil service personnel matters itself. Normally, this function of an agency is administered by its executive officer in conjunction with the Director of Consumer Affairs, who shares authority with respect to civil service personnel.

2. Examination Matters

A board may meet in closed session to "prepare, approve, grade or administer examinations." (§11126(c)(1)) Essentially, this includes any discussion regarding the actual content of examinations, and their reliability and validity. If an agency is perusing examination samples in order to choose one over the others, this may be done in closed session. On the other hand, if an agency is discussing, for example, the general logistics of administering an examination, then this would not be proper subject matter for a closed session. A basic rule is that if a meeting concerns the grading, specific content, validity of an examination, or examination security, then it can and should be conducted in closed session.

Also, an agency may hear appeals from examinees or re-review examinations in closed session as this would be included in the "grading" of the examination.

3. Matters Affecting Individual Privacy

A committee, consisting of less than a quorum of the full board, may meet in closed session to:

" . . . discuss matters which the [committee] has found would constitute an unwarranted invasion of the privacy of an individual licensee or applicant if discussed in an open meeting, . . . Those matters may include review of an applicant's qualifications for licensure and an inquiry specifically related to the state body's enforcement program concerning an individual licensee or applicant where the inquiry occurs prior to the filing of a civil, criminal, or administrative disciplinary action against the licensee or applicant by the state body." (§11126(c)(2))

Thus, review by a committee (or subcommittee of an examining committee) of an applicant's qualifications for licensure could properly be done in a closed session. Also, for example, an enforcement committee could convene in closed session to discuss an inquiry related to a particular licensee or licensees prior to any action being filed.

CAVEAT: This closed session provision does not authorize such a review by the full board. Nor does it generally authorize a committee of a board to review complaints, investigation reports, or other information to determine whether disciplinary or other action should be filed against a licensee.

To ensure that board members render an impartial and fair decision in considering an Administrative Law Judge's proposed decision, board members are precluded from involving themselves in the investigation or prosecution phase of an action. (§11430.10 *et seq.*) The board's role is that of judge in the case. If a particular board member has any significant involvement in the investigative or prosecution phases, he or she must disqualify himself/herself from participation in the board's action relative to the proposed decision, and not attempt to influence any other board member regarding the decision. Legal counsel should be consulted before any enforcement actions are discussed with individual licensees, as such discussions may impact participation by the member in a final decision on a case (§11430.60), and may require disclosures under the provisions of the state's Administrative Procedure Act. (§11430.50)

Even though these committee meetings may consist entirely of subject matter proper for closed session they are required to be noticed as discussed above.

4. Administrative Disciplinary Matters

A board may meet in closed session to deliberate on a decision in an administrative disciplinary proceeding under the Administrative Procedure Act. (§11400, *et seq.*; §11126(c)(3)) In the closed session, the board may decide whether to adopt a Proposed Decision, review a transcript of a hearing and render a decision of its own, deliberate upon evidence heard by the agency itself, or consider a stipulation.

This section does not authorize an agency to convene into closed session for the purpose of assigning cases, *i.e.* deciding whether a case should be heard by a hearing officer alone or by the agency itself with a hearing officer. This section does not authorize an agency to convene into closed session to review investigation files or complaints. Members of boards that have the discretion to hear cases should not review pending complaints or investigation files for the reasons given above.

5. Board of Accountancy Matters

The enforcement advisory committee established by the State Board of Accountancy pursuant to Business and Professions Code Section 5020 may convene in a closed session to "consider disciplinary action against an individual accountant prior to the filing of an accusation." (§11126(f)(3)) And the qualifications examining committee established by that board pursuant to Business and Professions Code Section 5023 may convene in closed session to "interview an individual applicant or accountant regarding the applicant's qualifications."

As noted above, such administrative and examining committee meetings are required to be noticed as previously discussed in this memorandum.

6. Pending Litigation

A board may meet in closed session to confer with or receive advice from its legal counsel regarding pending litigation when discussion in open session concerning those matters would prejudice the position of the state body in the litigation.

(§11126(e)(1)) Again, please note the very specific notice requirements discussed below when a closed session is to be held to discuss "pending litigation". Litigation means an adjudicatory proceeding before a court, administrative body, hearing officer or arbitrator. Litigation is considered to be pending if, (1) it has been initiated formally (e.g. a complaint, claim or petition has been filed) or (2) based on existing facts and circumstances and on the advice of its legal counsel, the state body believes there is significant exposure to litigation against it, or it is meeting to decide whether a closed session is authorized because of significant exposure to litigation or (3) based on existing facts and circumstances, the state body has decided or is deciding whether to initiate litigation. (§11126(e)(2))

The agency's legal counsel must submit a memorandum which complies with the requirements of Section 11126(e)(2)(C)(ii) prior to the closed session if possible, but no later than one week after the closed session. This document is confidential until the pending litigation has been finally adjudicated or otherwise settled. (§6254.25)

7. Response to Confidential Final Draft Audit Report

Section 11126.2 (added effective January 1, 2005) permits an agency to meet in closed session to discuss its response to a confidential final draft audit report from the Bureau of State Audits. However, once that audit report becomes final and is released to the public, the agency may only discuss it in open session.

8. Threat of Criminal or Terrorist Activity

Effective January 1, 2006, AB 277 (Chap. 288, Stats. 2005) authorizes an agency at a regular or special meeting to meet in closed session to consider "matters posing a threat or potential threat of criminal or terrorist activity against the personnel, property, buildings, facilities, or equipment, including electronic data, owned, leased, or controlled by the state body," where disclosure of those considerations could compromise or impede the safety or security of the described subjects. The law (Section 11126(c)(18)) requires the agency to authorize the closed session by a two-thirds vote of the members present at the meeting.

9. Advisory Bodies/Committees May Meet in Closed Session

To the extent a licensing board, which is defined as a "state body" in the Open Meeting Act, is authorized to meet in closed session, then committees, subcommittees, or other bodies advisory to the licensing board, which are also defined as "state bodies," may meet in closed session for the same purposes as the licensing board. (§11126(f), (4)-(6))

10. Open Session Otherwise Required

Any other business transacted by an agency must be in open session. Only for the above-mentioned reasons may a board within the Department of Consumer Affairs meet in closed session. (§11132) A board may not meet in closed session for the purpose of electing officers or to discuss the proposal or adoption of rules and regulations. Further, a board may not convene in closed session to discuss testimony received during a hearing on proposed rules and regulations. Finally, an agency may not meet in closed session because it wants to have a frank and open discussion among only members on a matter of controversy. In order for an agency to meet in closed session, the closed session must be specifically authorized by statute.

B. Notice and Reporting Requirements for Closed Sessions

1. Notice of Closed Session

When a closed session will constitute part or all of a meeting, it is important to note Government Code Section 11126.3, which requires that:

"(a) Prior to holding any closed session, the state body shall disclose, in an open meeting, the general nature of the item or items to be discussed in the closed session. The disclosure may take the form of a reference to the item or items as they are listed by number or letter on the agenda. [A provision applicable to the Public Utilities Commission is not included herein.] If the session is closed pursuant to subparagraph (A) of paragraph (2) of subdivision (e) of Section 11126 [litigation has already commenced], the state body shall state the title of, or otherwise specifically identify, the litigation to be discussed unless the body states that to do so would jeopardize the body's ability to effectuate service of process upon one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage."

Thus, if the meeting will consist in part or in its entirety of a closed session, you must include on the notice of the meeting the above-described information. Pay particular attention to these very specific requirements if the closed session is to discuss pending litigation. Please note that to obtain legal advice in closed session concerning pending litigation, the notice must cite subdivision (e) of Section 11126 and your attorney must prepare a memorandum stating the specific reasons and legal authority for the closed session. Subdivisions of Government Code Section 11126, discussed under "Closed Sessions" above, will generally be the statutory authority cited.

If a closed session agenda to discuss pending litigation has been properly published, and an additional pending litigation issue subsequently arises, the state agency may discuss the new matter in closed session provided that postponement of the discussion would prevent the state agency from complying with any statutory, court-

ordered, or other legally-imposed deadline. The state agency must publicly announce the title of, or otherwise identify, the litigation unless to do so would jeopardize the ability to effectuate service of process, or to do so would jeopardize the agency's ability to conclude existing settlement negotiations to its advantage. (§11126.3(d))

If you intend to have a closed session during your meeting, you should first contact your Legal Division attorney to ensure that a closed session is authorized and properly noticed.

2. Reporting After a Closed Session

Section 11126.3(f), requires a state body to convene in open session after a closed session and to report as required in Section 11125.2, which states that:

“Any state body shall report publicly at a subsequent public meeting any action taken, and any rollcall vote thereon, to appoint, employ, or dismiss a public employee arising out of any closed session of the state body.”

C. Other Procedural Requirements for Closed Sessions

There are certain additional requirements that must be met when closed sessions are to be held.

1. All closed sessions must be held during a regular or special meeting (§11128); they may not be scheduled independently of a noticed meeting of the board or committee. Where, for example, a board or committee meeting is scheduled to discuss only matters appropriate for a closed session, the meeting should be opened as a public meeting with an announcement immediately following that the agency will convene into closed session.

2. As discussed under "Notice Required," above, prior to holding the closed session the agency must announce the general reason(s) for the closed session and the specific statutory or other legal authority under which the session is held. (§11126.3(a)) With respect to litigation that has already been initiated, it must announce the title of or otherwise identify the litigation. (§11126.3(a)) Other specific notice requirements, discussed above, also apply to notices regarding pending litigation. In the closed session, only matters covered in the statement may be discussed. (§11126.3(b))

3. The agency is required to designate a staff person to attend the closed session and to record in a minute book a record of topics discussed and decisions made. (§11126.1)

4. The minute book referenced in (3) is available only to members of the agency, or if a violation of the Open Meeting Act is alleged, to a court of general jurisdiction. (§11126.1)

5. Information received and discussions held in closed session are **confidential** and must not be disclosed to outside parties by members or staff who attended the closed session. A recent opinion of the Office of the California Attorney General concluded that:

“A local school board member may not publicly disclose information that has been received and discussed in closed session concerning pending litigation unless the information is authorized by law to be disclosed.” (80 Ops.Cal.Atty.Gen. 231)

That opinion also cited a previous opinion, in which the Attorney General stated that “We have ... routinely observed that it would be *improper* for information received during a closed session to be publicly disclosed.” (76 Ops.Cal.Atty.Gen. 289, 290-291; Emphasis in the original.)

V. MEETING BY TELECONFERENCING

Prior to January 1, 1995, the Bagley-Keene Open Meeting Act contained no provision for conducting meetings where the participating members were not physically present in one location.

Effective 1/1/95, subdivision (b) was added to Government Code section 11123 to authorize meetings by teleconference. (Stats. 1994, Chapt. 1153; AB 3467) That subdivision has been amended several times, most recently by AB 192 of 2001, and it currently provides:

"(a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.

"(b) (1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects

the rights of any party or member of the public appearing before the state body. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7 at each teleconference location.

(D) All votes taken during a teleconferenced meeting shall be by rollcall.

(E) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(F) At least one member of the state body shall be physically present at the location specified in the notice of the meeting.

(2) For the purposes of this subdivision, 'teleconference' means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video. This section does not prohibit a state body from providing members of the public with additional locations in which the public may observe or address the state body by electronic means, through either audio or both audio and video."

A method is thus available whereby meetings may be conducted by audio or video teleconferencing provided the criteria set forth in the statute have been met. Note the restriction in subdivision (b)(1)(E) that prohibits a closed session emergency meeting. Emergency meetings in open session may be conducted by teleconference.

We emphasize that the law now requires every teleconference meeting location to be identified in the notice and agenda and to be open to the public. Most importantly, the members of the agency must attend the meeting at a public location. Members are no longer able to attend the meeting via teleconference from their offices, homes, or other convenient location unless those locations are identified in the notice and agenda, and the public is permitted to attend at those locations. Nothing prohibits additional locations, where only the public is connected to the teleconference meeting. (§11123(b)(2))

VI. DELIBERATIONS AND VOTING

Keep in mind the Open Meeting Act declaration of legislative intent that actions of state agencies be taken openly and that their deliberation be conducted openly. (§11120) In this regard, there are a number of provisions in the Open Meeting Act which address deliberations and voting.

A. Seriatim Calls to Individual Agency Members Prohibited

Except as authorized by the above-discussed teleconferencing statutes, telephone conference calls may not be used to avoid the requirements of the Open Meeting Act. A conference call including members of a board, committee, subcommittee or task force sufficient to constitute a majority of that state body is prohibited, except pursuant to an authorized teleconference meeting.

In a case involving the Ralph M. Brown Act, the court concluded that a series of one-to-one telephone calls between members of a local body, where the purpose of the calls was to obtain a collective commitment on an issue, constituted a violation of the Act. (*Stockton Newspapers, Inc. v. Members of the Redevelopment Agency of the City of Stockton* (1985) 171 Cal.App.3d 95) The Brown Act is the local agency counterpart to the Bagley-Keene Open Meeting Act, and decisions rendered on its provisions are frequently followed in Open Meeting Act cases.

Citing the *Stockton Newspapers, Inc.* case, the court in *Sutter Bay Associates v. County of Sutter* held that to prevent evasion of the Brown Act, a series of private meetings (known as serial meetings) by which a majority of the members of the legislative body commit themselves to a decision concerning public business or engage in collective deliberation on public business would violate the open meeting requirement. ((1997) 58 Cal.App.4th 860, 877, 68 Cal.Rptr.2d 492, 502)

Effective January 1, 2010, the Act now specifically prohibits serial communications between a majority of members "to discuss, deliberate, or take action on any item of business that is within the subject matter of the state agency." (Emphasis added.)

B. E-Mail Prohibition

AB 192 of 2001 added subdivision (b) to section 11122.5 to provide:

"Except as authorized pursuant to Section 11123, any use of direct communication, personal intermediaries, or technological devices that is employed by a majority of the members of the state body to develop a collective concurrence as to action to be taken on an item by the members of the state body is prohibited."

The enactment of subdivision (b) of section 11122.5, expands upon and confirms a recent opinion of the Attorney General prohibiting the use of e-mail to reach a collective decision outside a regularly scheduled meeting. In 84 Ops.Cal.Atty.Gen. 30, the Attorney General concluded that:

"A majority of the board members of a local public agency may not e-mail each other to develop a collective concurrence as to action to be taken by the board without violating the Ralph M. Brown Act even if the e-mails are also sent to the secretary and chairperson of the agency,

the e-mails are posted on the agency's Internet website, and a printed version of each e-mail is reported at the next public meeting of the board."

As noted above, interpretations of the Brown Act, which governs local public agencies, are often cited as authority in interpreting similar provisions of the Bagley-Keene Open Meeting Act.

Members of a board must refrain from calling or otherwise contacting other members on a one-to-one basis, or conducting serial meetings, in order to discuss, deliberate, or take action outside the meeting on a matter within the subject matter of the board.

C. Secret Ballot Prohibited

An agency may not vote by secret ballot in a public meeting nor vote in closed session on any matter where discussion, deliberations, or action taken is required to be in an open meeting. (68 Ops.Cal.Atty.Gen. 65, 69)

For example, the election of board officers may not be conducted by secret ballot or in closed session.

D. Voting by Proxy Prohibited

Voting by proxy is not authorized. (68 Ops.Cal.Atty.Gen. 65, 70)

E. Use of Electronic Devices During Meeting

Board members should not text or email each other during an open meeting on any matter within the board's jurisdiction. Using electronic devices to communicate secretly on such a matter would violate the law. Where laptops are used by board members at the meeting because the board provides board materials electronically, the board president should make an announcement at the beginning of the meeting as to the reason for the laptops. We suggest the following (or something similar):

"You may notice board members accessing their laptops during the meeting. They are using the laptops solely to access the board meeting materials which are in electronic format."

F. Voting by Mail on Administrative Disciplinary Matters

As a general rule, all voting on items of business to be transacted must be done at a public meeting. However, the Administrative Procedure Act authorizes mail voting on all questions arising under that act. (Govt. Code §11526.) Thus, board members may vote by mail on proposed decisions, stipulated decisions, and other matters in connection with a formal disciplinary case. No other votes may be cast by mail. (68 Ops.Cal.Atty.Gen. 65, 69)

G. Recording and Reporting Votes

Beginning January 1, 2015, for each item on which a vote is taken, the minutes must contain a record of how each member present voted on that action item. (For example, Yes – Members A, B, & C; No – Members D & E; Abstain – Member F.)

VII. MISCELLANEOUS PROVISIONS

There are several provisions governing public meetings which do not fit under any of the above headings, but of which you should be aware.

A. Conforming Board Member's Conduct

Any person who has been appointed as a member of a state body, who has not yet assumed the duties of the office, must conform his or her conduct to the provisions of the Open Meeting Act. (§11125.95)

B. Providing Open Meeting Act to New Board Members

A copy of the Bagley-Keene Open Meeting Act must be provided to each agency member upon his or her appointment to office. Each agency should insure that a copy is given to each new member. (§11121.9.)

C. Prohibition on Placing Conditions on Public's Attendance

1. Sign-in

No person can be required to register or sign-in or fulfill any other condition in order to attend a public meeting of an agency. While a person who wishes to make public comment may be asked to identify himself or herself for the board's record or minutes, a commenter cannot be compelled to do so or prevented from speaking because the commenter refuses to identify himself or herself.

If an attendance list, register, questionnaire, or other similar document is posted at or near the entrance to the room where the meeting is to be held, or is circulated to persons present during the meeting, "it shall state clearly that the signing, registering, or completion of the document is voluntary, and that all persons may attend the meeting regardless of whether a person signs, registers, or completes the document." (§11124)

2. Discrimination in Admittance to Meeting Facility

A meeting may not be held in any facility that prohibits the admittance of any persons on the basis of race, religious creed, color, national origin, ancestry, or sex. (§11131)

3. Access for the Disabled

All meetings must be accessible to the disabled. (§11131)

4. Charging a Fee or Requiring a Purchase for Access

The Open Meeting Act prohibits holding a meeting in any location where the public is required to pay a fee or make a purchase to attend. (§11131)

D. Agency Recording of the Proceedings

A tape or film record of an open and public meeting made by the agency must be made available for public inspection under the California Public Records Act, but may be erased or destroyed 30 days after the taping or recording. An inspection must be provided without charge on an audio or video tape player made available by the state agency. (§11124.1(b))

E. Public's Right to Record the Proceedings

Persons attending a public meeting have a right to record the proceedings with an audio or video tape recorder or still or motion picture camera, in the absence of a reasonable finding by the agency that the recording could not continue without noise, illumination, or obstruction of view that constitutes, or would constitute, a persistent disruption of the proceedings. (§11124.1(a))

F. Media Broadcast of the Proceedings

A state body may not prohibit or otherwise restrict the broadcast of a public meeting in the absence of a reasonable finding that the broadcast cannot be accomplished without noise, illumination, or obstruction of view that would constitute a persistent disruption of the proceedings. (§11124.1(c))

G. Webcasting

While webcasting is not required, if you plan to webcast your meeting, we encourage you to place the following statement on your agenda:

“While the board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.”

H. Taking Agenda Items Out of Order

Items listed on the agenda may be taken up out of order, provided the purpose of moving the agenda items is not to frustrate public or other input on the item. It is a good practice to note on either the top or the bottom of your agenda that “All times indicated and the order of business are approximate and subject to change,” to alert members of the public this is a possibility.

If your agency schedules a multiple day meeting and may move items scheduled for a subsequent day to an earlier day, you should provide notice of this possibility on your agenda. Suggested language is that “Items scheduled for a particular day may be moved to an earlier day to facilitate the board’s business.” Again, the purpose may not be to frustrate public or other input.

I. Opportunity for Public Comment at Meetings

Section 11125.7 addresses the subject of public comment at board meetings. With specified exceptions, that section requires state agencies to provide an opportunity for members of the public to directly address the state agency on each agenda item before or during the agency's discussion or consideration of the item. This opportunity for comment need not be made available if:

1. The agenda item has previously been considered at a public meeting by a committee comprised exclusively of board members, where members of the public were provided an opportunity to address the item. However, if the item has been substantially changed since the committee meeting, a new opportunity to address the agenda item would be required at the full board meeting.
2. The agenda item is one that may properly be considered in closed session, which would include deliberation and action on disciplinary proceedings under the Administrative Procedure Act. (§11125.7)

If a board wishes to establish a standing rule that discussion of agenda items will be given a specified amount of time, or that public comment will be limited to a certain amount of time, the board may do that by adopting an administrative regulation. (§11125.7(b))

The law specifically provides that a state agency may not prohibit public criticism of its policies, programs, or services, or of the acts or omissions of the agency. (§11125.7(c))

VIII. DISCLOSURE OF DOCUMENTS

A. Documents Distributed Prior to the Meeting

When writings which are public records are distributed to all, or a majority of all, of the members of a board or committee for discussion or consideration at a public meeting, the writings must be made available for public inspection. Generally, the records must be made available for inspection at the time of distribution to agency members. (§11125.1(a)) Records exempt from disclosure under Sections 6253.5, 6254 or 6254.7 of the Public Records Act need not be disclosed even though the subject matter of the records may be considered or discussed at the meeting. This includes records which are drafts, notes or memoranda which will not be retained by the

agency, attorney-client privileged communications, records of pending litigation and claims against the state, personnel, medical or similar files, complaint and investigation files, except for Accusations and Proposed Decisions, and any records or data relating to examinations.

B. Documents Distributed During the Meeting

When public records pertaining to an agenda item are prepared by the state body or a member of the state body, and distributed to state body members during a meeting, the documents must be made available for public inspection at the meeting. If records are prepared by some other person, and distributed to members of the state body during a meeting, the documents must be made available for public inspection after the meeting. (§11125.1(b)) Records exempt from public disclosure under specified statutes are not required to be publicly disclosed. (§11125.1(a), (b))

C. Charging a Fee for Public Documents

Under section 11126.7, an agency may not charge a fee for a notice, including the agenda, of a meeting, and may only charge those fees specifically authorized for public documents that are considered at the meeting

At its discretion, an agency may charge a fee to cover reproduction costs for providing the documents required to be made available, as discussed in paragraph (B), immediately above. If an agency charges a fee, it is limited to the direct costs of duplication authorized in Section 6257 for the reproduction of public records. (§11125.1(c))

Effective January 1, 2003, documents distributed prior to or during a meeting that are public records must be made available, upon request by a person with a disability, in appropriate alternative formats. No extra charge can be imposed for putting those documents into an alternative format.

IX. PENALTIES

Under previous law, any interested person could commence court action (mandamus, injunction, declaratory relief) to stop or prevent violations or threatened violations of the Open Meeting Act. SB 95, effective 1/1/98, added the Attorney General and the district attorney to the list of those who may commence such action. Court costs and reasonable attorney's fees may be awarded to a successful plaintiff to be paid from the funds of the agency. (§11130.5)

SB 95 also expanded the law to authorize the Attorney General, a district attorney, or any interested person to seek court action "to determine whether any rule or action by the state body to penalize or otherwise discourage the expression of one or more of its members is valid or invalid under the laws of this state or of the United

States, ..." (§11130(a)) This appears to be a rather unique provision, and its implications are unknown at this time.

SB 95 further expanded the law to authorize the Attorney General, a district attorney, or any interested person to seek a court action to compel a state agency to tape record its closed sessions. Upon a judgment of a violation of Section 11126, a court could so compel an agency. Discovery procedures for the tape recordings are also set forth. (§11130(b), and (c))

Section 11130.3 authorizes a person to institute a court action to obtain a judicial determination that an action taken in violation of the notice provisions or the provisions governing closed sessions of the Act is null and void. Court costs and reasonable attorney's fees may also be awarded to a successful plaintiff under this section. This section reinforces the need for a specific, informative agenda as required by Section 11125.

These remedies extend to past actions of an agency. The statute of limitations for bringing an action is 90 days. (§§11130(c) and 11130.3(a)).

Section 11130.7 of the Act provides:

"Each member of a state body who attends a meeting of such body in violation of any provision of this article, and where the member intends to deprive the public of information to which the member knows or has reason to know the public is entitled, is guilty of a misdemeanor."
(Emphasis added.)

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11120. Public policy; legislative finding and declaration; citation of article

It is the public policy of this state that public agencies exist to aid in the conduct of the people's business and the proceedings of public agencies be conducted openly so that the public may remain informed.

In enacting this article the Legislature finds and declares that it is the intent of the law that actions of state agencies be taken openly and that their deliberation be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

This article shall be known and may be cited as the Bagley-Keene Open Meeting Act.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1980, c. 1284, p. 4333, § 4; Stats. 1981, c. 968, p. 3683, § 4.)

11121. State body defined

As used in this article, "state body" means each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

(c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body, and if the advisory body so created consists of three or more persons.

(d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1980, c. 515, § 1; Stats.1981, c. 968, p. 3683, § 5; Stats.1984, c. 193, § 38. Amended by Stats.1996, c. 1023 (S.B.1497), § 88, eff. Sept. 29, 1996; Stats.1996, c. 1064 (A.B.3351), § 783.1, operative July 1, 1997; Stats.2001, c. 243 (A.B.192), § 1; Amended

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Stats. 2003 ch 62 § 117 (SB 600)).

11121.1. State body; exclusions

As used in this article, "state body" does not include any of the following:

(a) State agencies provided for in Article VI of the California Constitution.

(b) Districts or other local agencies whose meetings are required to be open to the public pursuant to the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5).

(c) State agencies provided for in Article IV of the California Constitution whose meetings are required to be open to the public pursuant to the Grunsky-Burton Open Meeting Act (Article 2.2 (commencing with Section 9027) of Chapter 1.5 of Part 1 of Division 2 of Title 2).

(d) State agencies when they are conducting proceedings pursuant to Section 3596.

(e) State agencies provided for in Section 109260 of the Health and Safety Code, except as provided in Section 109390 of the Health and Safety Code.

(f) The Credit Union Advisory Committee established pursuant to

Section 14380 of the Financial Code.

(Added by Stats.2001, c. 243 (A.B.192), § 2.
Amended by Stats. 2008, c. 344 (S.B. 1145), § 2, eff. Sept. 26, 2008.)

11121.2. Repealed by Stats. 2001, c. 243 (A.B.192), § 3

The repealed section, added by Stats.1981, c. 968, p. 3684, § 5.2, related to multimember body with authority from state body.

§ 11121.5. Repealed by Stats.1984, c. 1158, § 3

The repealed section, added by Stats.1994, c. 1179, § 1, amended by Stats.1981, c. 968, § 5.3; Stats.1983, c. 143, § 186, Stats.1983, c. 101, § 60, related to the treatment of state college and university student body organizations as state agencies.

11121.7. Repealed by Stats. 2001, c. 243 (A.B.192), § 4

The repealed section, added by Stats.1980, c. 1284, p. 4333, § 5, amended by Stats.1981, c. 968, p. 3685, § 6, related to representatives of the state body.

11121.8. Repealed by Stats. 2001, c. 243 (A.B.192), § 5

The repealed section, added by

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Stats.1981, c. 968, p. 3684, § 7, related to advisory bodies.

11121.9. Provision of copy of article to members of state body

Each state body shall provide a copy of this article to each member of the state body upon his or her appointment to membership or assumption of office.

(Added by Stats.1980, c. 1284, p. 4334, § 6.
Amended by Stats.1981, c. 714, p. 2659, § 175;
Stats.1981, c. 968, p. 3685, § 7.1.)

11121.95. Appointees or elected officials not yet in office; conformity of conduct to article requirements

Any person appointed or elected to serve as a member of a state body who has not yet assumed the duties of office shall conform his or her conduct to the requirements of this article and shall be treated for purposes of this article as if he or she has already assumed office.

(Added by Stats.1997, c. 949 (S.B.95), § 1.)

11122. Action taken

As used in this article "action taken" means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a

positive or negative decision or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order or similar action.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1981, c. 968, p. 3685, § 7.3.)

11122.5. Meeting defined; series of communications to discuss, deliberate, or take action prohibited; exceptions

(a) As used in this article, "meeting" includes any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains.

(b)(1) A majority of the members of a state body shall not, outside of a meeting authorized by this chapter, use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter of the state body.

(2) Paragraph (1) shall not be construed to prevent an employee or official of a state agency from engaging in separate conversations or communications outside of a meeting authorized by this chapter with members of a legislative body in order to answer questions or provide information regarding a matter that is within the

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subject matter jurisdiction of the state agency, if that person does not communicate to members of the legislative body the comments or position of any other member or members of the legislative body.

(c) The prohibitions of this article do not apply to any of the following:

(1) Individual contacts or conversations between a member of a state body and any other person that do not violate subdivision (b).

(2)(A) The attendance of a majority of the members of a state body at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the state body, if a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specified nature that is within the subject matter jurisdiction of the state body.

(B) Subparagraph (A) does not allow members of the public free admission to a conference or similar gathering at which the organizers have required other participants or registrants to pay fees or charges as a condition of attendance.

(3) The attendance of a majority of the members of a state body at an open and publicized meeting organized to address a topic of state concern by a

person or organization other than the state body, if a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the subject matter jurisdiction of the state body.

(4) The attendance of a majority of the members of a state body at an open and noticed meeting of another state body or of a legislative body of a local agency as defined by Section 54951, if a majority of the members do not discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within the subject matter jurisdiction of the other state body.

(5) The attendance of a majority of the members of a state body at a purely social or ceremonial occasion, if a majority of the members do not discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the state body.

(6) The attendance of a majority of the members of a state body at an open and noticed meeting of a standing committee of that body, if the members of the state body who are not members of the standing committee attend only as observers.

(Added by Stats.2001, c. 243 (A.B.192), § 6.
Amended by Stats.2009, c. 150 (A.B.1494), § 1.)

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11123. Meetings; attendance; teleconference option

(a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.

(b)(1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the rights of any party or member of the public appearing before the state body. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference

location shall be accessible to the public. The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7 at each teleconference location.

(D) All votes taken during a teleconferenced meeting shall be by rollcall.

(E) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(F) At least one member of the state body shall be physically present at the location specified in the notice of the meeting.

(2) For the purposes of this subdivision, "teleconference" means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video. This section does not prohibit a state body from providing members of the public with additional locations in which the public may observe or address the state body by electronic means, through either audio or both audio and video.

(c) The state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1981, c. 968, p. 3685, § 7.5;

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Stats.1994, c. 1153 (A.B.3467), § 1; Stats.1997, c. 52 (A.B.1097), § 1; Stats.2001, c. 243 (A.B.192), § 7; Stats.2014, c. 510 (A.B.2720), § 1, eff. Jan. 1, 2015.)

11123.1. State body meetings to meet protections and prohibitions of the Americans with Disabilities Act

All meetings of a state body that are open and public shall meet the protections and prohibitions contained in Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.

(Added by Stats. 2002, c. 300 (A.B. 3035), § 1.)

11124. Conditions to attendance

No person shall be required, as a condition to attendance at a meeting of a state body, to register his or her name, to provide other information, to complete a questionnaire, or otherwise to fulfill any condition precedent to his or her attendance.

If an attendance list, register, questionnaire, or other similar document is posted at or near the entrance to the room where the meeting is to be held, or is circulated to persons present during the meeting, it shall state clearly that the signing, registering, or completion of the document is voluntary, and that all persons may attend the meeting

regardless of whether a person signs, registers, or completes the document.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1981, c. 968, p. 3685, § 8.)

11124.1. Audio or video recording of proceedings; inspection of state's recording; broadcast restrictions

(a) Any person attending an open and public meeting of the state body shall have the right to record the proceedings with an audio or video recorder or a still or motion picture camera in the absence of a reasonable finding by the state body that the recording cannot continue without noise, illumination, or obstruction of view that constitutes, or would constitute, a persistent disruption of the proceedings.

(b) Any audio or video recording of an open and public meeting made for whatever purpose by or at the direction of the state body shall be subject to inspection pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), but may be erased or destroyed 30 days after the recording. Any inspection of an audio or video recording shall be provided without charge on equipment made available by the state body.

(c) No state body shall prohibit or otherwise restrict the broadcast of its open and public meetings in the absence of a reasonable finding that the

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broadcast cannot be accomplished without noise, illumination, or obstruction of view that would constitute a persistent disruption of the proceedings.

(Added by Stats.1980, c. 1284, p. 4334, § 7.
Amended by Stats.1981, c. 968, p. 3685, § 9;
Stats.1997, c. 949 (S.B.95), § 2; Stats.2009, c.
88 (A.B.176), § 42.)

11125. Notice of meeting

(a) The state body shall provide notice of its meeting to any person who requests that notice in writing. Notice shall be given and also made available on the Internet at least 10 days in advance of the meeting, and shall include the name, address, and telephone number of any person who can provide further information prior to the meeting, but need not include a list of witnesses expected to appear at the meeting. The written notice shall additionally include the address of the Internet site where notices required by this article are made available.

(b) The notice of a meeting of a body that is a state body shall include a specific agenda for the meeting, containing a brief description of the items of business to be transacted or discussed in either open or closed session. A brief general description of an item generally need not exceed 20 words. A description of an item to be transacted or discussed in closed session shall include a citation of the specific statutory authority under which

a closed session is being held. No item shall be added to the agenda subsequent to the provision of this notice, unless otherwise permitted by this article.

(c) Notice of a meeting of a state body that complies with this section shall also constitute notice of a meeting of an advisory body of that state body, provided that the business to be discussed by the advisory body is covered by the notice of the meeting of the state body, provided that the specific time and place of the advisory body's meeting is announced during the open and public state body's meeting, and provided that the advisory body's meeting is conducted within a reasonable time of, and nearby, the meeting of the state body.

(d) A person may request, and shall be provided, notice pursuant to subdivision (a) for all meetings of a state body or for a specific meeting or meetings. In addition, at the state body's discretion, a person may request, and may be provided, notice of only those meetings of a state body at which a particular subject or subjects specified in the request will be discussed.

(e) A request for notice of more than one meeting of a state body shall be subject to the provisions of Section 14911.

(f) The notice shall be made available in appropriate alternative formats, as required by Section 202 of the Americans with Disabilities Act of

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1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof, upon request, by any person with a disability. The notice shall include information regarding how, to whom, and by when a request for any disability-related modification or accommodation, including auxiliary aids or services may be made by a person with a disability who requires these aids or services in order to participate in the public meeting.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1973, c. 1126, p. 2291, § 1; Stats.1975, c. 708, p. 1695, § 1; Stats.1979, c. 284, § 1, eff. July 24, 1979; Stats.1981, c. 968, p. 3685, § 10. Amended by Stats.1997, c. 949 (S.B.95), § 3; Stats.1999, c. 393 (A.B.1234), § 1; Stats.2001, c. 243 (A.B.192), § 8; Stats. 2002, c. 300 (A.B. 3035), § 2.)

11125.1. Agendas and other writings distributed for discussion or consideration at public meetings; public records; Franchise Tax Board; inspection; availability on the Internet; closed sessions

(a) Notwithstanding Section 6255 or any other provisions of law, agendas of public meetings and other writings, when distributed to all, or a majority of all, of the members of a state body by any person in connection with a matter subject to discussion or consideration at a public meeting of the body, are disclosable public records under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of

Division 7 of Title 1), and shall be made available upon request without delay. However, this section shall not include any writing exempt from public disclosure under Section 6253.5, 6254, or 6254.7 of this code, or Section 489.1 or 583 of the Public Utilities Code.

(b) Writings that are public records under subdivision (a) and that are distributed to members of the state body prior to or during a meeting, pertaining to any item to be considered during the meeting, shall be made available for public inspection at the meeting if prepared by the state body or a member of the state body, or after the meeting if prepared by some other person. These writings shall be made available in appropriate alternative formats, as required by Section 202 of the American with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof, upon request by a person with a disability.

(c) In the case of the Franchise Tax Board, prior to that state body taking final action on any item, writings pertaining to that item that are public records under subdivision (a) that are prepared and distributed to members of the state body by the Franchise Tax Board staff or individual members prior to or during a meeting shall be:

(1) Made available for public inspection at that meeting.

(2) Distributed to all persons who

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request notice in writing pursuant to subdivision (a) of Section 11125.

(3) Made available on the Internet.

(d) Prior to the State Board of Equalization taking final action on any item that does not involve a named tax or fee payer, writings pertaining to that item that are public records under subdivision (a) that are prepared and distributed by board staff or individual members to members of the state body prior to or during a meeting shall be:

(1) Made available for public inspection at that meeting.

(2) Distributed to all persons who request or have requested copies of these writings.

(3) Made available on the Internet.

(e) Nothing in this section shall be construed to prevent a state body from charging a fee or deposit for a copy of a public record pursuant to Section 6253, except that no surcharge shall be imposed on persons with disabilities in violation of Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. The writings described in subdivision (b) are subject to the requirements of the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of

Division 7 of Title 1), and shall not be construed to limit or delay the public's right to inspect any record required to be disclosed by that act, or to limit the public's right to inspect any record covered by that act. This section shall not be construed to be applicable to any writings solely because they are properly discussed in a closed session of a state body. Nothing in this article shall be construed to require a state body to place any paid advertisement or any other paid notice in any publication.

(f) "Writing" for purposes of this section means "writing" as defined under Section 6252.

(Added by Stats.1975, c. 959, p. 2238, § 4. Amended by Stats.1980, c. 1284, p. 4334, § 8; Stats.1981, c. 968, p. 3686, § 10.1. Amended by Stats.1997, c. 949 (S.B.95), § 4; Stats.2001, c. 670 (S.B.445), § 1; Stats. 2002, c. 300 (A.B. 3035), § 3.5.); Stats. 2005, c. 188 (A.B. 780), § 1.)

11125.2. Appointment, employment or dismissal of public employees; closed sessions; public report

Any state body shall report publicly at a subsequent public meeting any action taken, and any rollcall vote thereon, to appoint, employ, or dismiss a public employee arising out of any closed session of the state body.

(Added by Stats.1980, c. 1284, p. 4335, § 9. Amended by Stats.1981, c. 968, p. 3687, § 10.3.)

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11125.3. Action on items of business not appearing on agenda; notice

(a) Notwithstanding Section 11125, a state body may take action on items of business not appearing on the posted agenda under any of the conditions stated below:

(1) Upon a determination by a majority vote of the state body that an emergency situation exists, as defined in Section 11125.5.

(2) Upon a determination by a two-thirds vote of the state body, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there exists a need to take immediate action and that the need for action came to the attention of the state body subsequent to the agenda being posted as specified in Section 11125.

(b) Notice of the additional item to be considered shall be provided to each member of the state body and to all parties that have requested notice of its meetings as soon as is practicable after a determination of the need to consider the item is made, but shall be delivered in a manner that allows it to be received by the members and by newspapers of general circulation and radio or television stations at least 48 hours before the time of the meeting specified in the notice. Notice shall be made available to newspapers of general circulation and radio or

television stations by providing that notice to all national press wire services. Notice shall also be made available on the Internet as soon as is practicable after the decision to consider additional items at a meeting has been made.

(Added by Stats.1994, c. 1153 (A.B.3467), § 2.
Amended by Stats.2001, c. 243 (A.B.192), § 9.)

11125.4. Special meetings; authorized purposes; notice; required finding of hardship or need to protect public interest

(a) A special meeting may be called at any time by the presiding officer of the state body or by a majority of the members of the state body. A special meeting may only be called for one of the following purposes where compliance with the 10-day notice provisions of Section 11125 would impose a substantial hardship on the state body or where immediate action is required to protect the public interest:

(1) To consider "pending litigation" as that term is defined in subdivision (e) of Section 11126.

(2) To consider proposed legislation.

(3) To consider issuance of a legal opinion.

(4) To consider disciplinary action involving a state officer or employee.

(5) To consider the purchase, sale, exchange, or lease of real

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property.

(6) To consider license examinations and applications.

(7) To consider an action on a loan or grant provided pursuant to Division 31 (commencing with Section 50000) of the Health and Safety Code.

(8) To consider its response to a confidential final draft audit report as permitted by Section 11126.2.

(9) To provide for an interim executive officer of a state body upon the death, incapacity, or vacancy in the office of the executive officer.

(b) When a special meeting is called pursuant to one of the purposes specified in subdivision (a), the state body shall provide notice of the special meeting to each member of the state body and to all parties that have requested notice of its meetings as soon as is practicable after the decision to call a special meeting has been made, but shall deliver the notice in a manner that allows it to be received by the members and by newspapers of general circulation and radio or television stations at least 48 hours before the time of the special meeting specified in the notice. Notice shall be made available to newspapers of general circulation and radio or television stations by providing that notice to all national press wire services. Notice shall also be made available on the Internet within the time periods required

by this section. The notice shall specify the time and place of the special meeting and the business to be transacted. The written notice shall additionally specify the address of the Internet Web site where notices required by this article are made available. No other business shall be considered at a special meeting by the state body. The written notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the clerk or secretary of the state body a written waiver of notice. The waiver may be given by telegram, facsimile transmission, or similar means. The written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes. Notice shall be required pursuant to this section regardless of whether any action is taken at the special meeting.

(c) At the commencement of any special meeting, the state body must make a finding in open session that the delay necessitated by providing notice 10 days prior to a meeting as required by Section 11125 would cause a substantial hardship on the body or that immediate action is required to protect the public interest. The finding shall set forth the specific facts that constitute the hardship to the body or the impending harm to the public interest. The finding shall be adopted by a two-thirds vote of the body, or, if less than two-thirds of the members are present, a unanimous vote of those members present. The

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finding shall be made available on the Internet. Failure to adopt the finding terminates the meeting.

(Added by Stats.1997, c. 949 (S.B.95), § 5.
Amended by Stats.1999, c. 393 (A.B.1234), § 2;
Stats.2004, c. 576 (A.B.1827), § 1.); Stats. 2007,
c. 92 (S.B. 519), § 1.)

11125.5. Emergency meetings

(a) In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, a state body may hold an emergency meeting without complying with the 10-day notice requirement of Section 11125 or the 48-hour notice requirement of Section 11125.4.

(b) For purposes of this section, "emergency situation" means any of the following, as determined by a majority of the members of the state body during a meeting prior to the emergency meeting, or at the beginning of the emergency meeting:

(1) Work stoppage or other activity that severely impairs public health or safety, or both.

(2) Crippling disaster that severely impairs public health or safety, or both.

(c) However, newspapers of general circulation and radio or television stations that have requested

notice of meetings pursuant to Section 11125 shall be notified by the presiding officer of the state body, or a designee thereof, one hour prior to the emergency meeting by telephone. Notice shall also be made available on the Internet as soon as is practicable after the decision to call the emergency meeting has been made. If telephone services are not functioning, the notice requirements of this section shall be deemed waived, and the presiding officer of the state body, or a designee thereof, shall notify those newspapers, radio stations, or television stations of the fact of the holding of the emergency meeting, the purpose of the meeting, and any action taken at the meeting as soon after the meeting as possible.

(d) The minutes of a meeting called pursuant to this section, a list of persons who the presiding officer of the state body, or a designee thereof, notified or attempted to notify, a copy of the rollcall vote, and any action taken at the meeting shall be posted for a minimum of 10 days in a public place, and also made available on the Internet for a minimum of 10 days, as soon after the meeting as possible.

(Amended by Stats.1992, c. 1312 (A.B.2912), § 11, eff. Sept. 30, 1992; Stats.1997, c. 949 (S.B.95), § 6; Stats.1999, c. 393 (A.B.1234), § 3.)

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11125.6. Fish and Game Commission; emergency meetings; appeals of fishery closures or restrictions

(a) An emergency meeting may be called at any time by the president of the Fish and Game Commission or by a majority of the members of the commission to consider an appeal of a closure of or restriction in a fishery adopted pursuant to Section 7710 of the Fish and Game Code. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of an established fishery, the commission may hold an emergency meeting without complying with the 10-day notice requirement of Section 11125 or the 48-hour notice requirement of Section 11125.4 if the delay necessitated by providing the 10-day notice of a public meeting required by Section 11125 or the 48-hour notice required by Section 11125.4 would significantly adversely impact the economic benefits of a fishery to the participants in the fishery and to the people of the state or significantly adversely impact the sustainability of a fishery managed by the state.

(b) At the commencement of an emergency meeting called pursuant to this section, the commission shall make a finding in open session that the delay necessitated by providing notice 10 days prior to a meeting as required by Section 11125 or 48 hours prior to a meeting as required by Section 11125.4

would significantly adversely impact the economic benefits of a fishery to the participants in the fishery and to the people of the state or significantly adversely impact the sustainability of a fishery managed by the state. The finding shall set forth the specific facts that constitute the impact to the economic benefits of the fishery or the sustainability of the fishery. The finding shall be adopted by a vote of at least four members of the commission, or, if less than four of the members are present, a unanimous vote of those members present. Failure to adopt the finding shall terminate the meeting.

(c) Newspapers of general circulation and radio or television stations that have requested notice of meetings pursuant to Section 11125 shall be notified by the presiding officer of the commission, or a designee thereof, one hour prior to the emergency meeting by telephone.

(d) The minutes of an emergency meeting called pursuant to this section, a list of persons who the president of the commission, or a designee thereof, notified or attempted to notify, a copy of the rollcall vote, and any action taken at the meeting shall be posted for a minimum of 10 days in a public place as soon after the meeting as possible.

(Added by Stats.1998, c. 1052 (A.B.1241), S 21.)

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11125.7. Agenda item discussion before state body; opportunity for public address; regulation by state body; freedom of expression; application of provisions

(a) Except as otherwise provided in this section, the state body shall provide an opportunity for members of the public to directly address the state body on each agenda item before or during the state body's discussion or consideration of the item. This section is not applicable if the agenda item has already been considered by a committee composed exclusively of members of the state body at a public meeting where interested members of the public were afforded the opportunity to address the committee on the item, before or during the committee's consideration of the item, unless the item has been substantially changed since the committee heard the item, as determined by the state body. Every notice for a special meeting at which action is proposed to be taken on an item shall provide an opportunity for members of the public to directly address the state body concerning that item prior to action on the item. In addition, the notice requirement of Section 11125 shall not preclude the acceptance of testimony at meetings, other than emergency meetings, from members of the public if no action is taken by the state body at the same meeting on matters brought before the body by members of the public.

(b) The state body may adopt reasonable regulations to ensure that the intent of subdivision (a) is carried out, including, but not limited to, regulations limiting the total amount of time allocated for public comment on particular issues and for each individual speaker.

(c)(1) Notwithstanding subdivision (b), when a state body limits time for public comment the state body shall provide at least twice the allotted time to a member of the public who utilizes a translator to ensure that non-English speakers receive the same opportunity to directly address the state body.

(2) Paragraph (1) shall not apply if the state body utilizes simultaneous translation equipment in a manner that allows the state body to hear the translated public testimony simultaneously.

(d) The state body shall not prohibit public criticism of the policies, programs, or services of the state body, or of the acts or omissions of the state body. Nothing in this subdivision shall confer any privilege or protection for expression beyond that otherwise provided by law.

(e) This section is not applicable to closed sessions held pursuant to Section 11126.

(f) This section is not applicable to decisions regarding proceedings held

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pursuant to Chapter 5 (commencing with Section 11500), relating to administrative adjudication, or to the conduct of those proceedings.

(g) This section is not applicable to hearings conducted by the California Victim Compensation and Government Claims Board pursuant to Sections 13963 and 13963.1.

(h) This section is not applicable to agenda items that involve decisions of the Public Utilities Commission regarding adjudicatory hearings held pursuant to Chapter 9 (commencing with Section 1701) of Part 1 of Division 1 of the Public Utilities Code. For all other agenda items, the commission shall provide members of the public, other than those who have already participated in the proceedings underlying the agenda item, an opportunity to directly address the commission before or during the commission's consideration of the item.

(Added by Stats.1993, c. 1289 (S.B.367), § 2. Amended by Stats.1995, c. 938 (S.B.523), § 13, operative July 1, 1997; Stats.1997, c. 949 (S.B.95), § 7; Stats.2006, c. 538 (S.B.1852), § 248; Stats.2012, c. 551 (S.B.965), § 1.)

11125.8. Hearings to consider crimes against minors or crimes of sexual assault or domestic violence; identification of applicant; disclosure of nature of hearing

(a) Notwithstanding Section 11131.5, in any hearing that the State

California Victim Compensation and Government Claims Board conducts pursuant to Section 13963.1 and that the applicant or applicant's representative does not request be open to the public, no notice, agenda, announcement, or report required under this article need identify the applicant.

(b) In any hearing that the board conducts pursuant to Section 13963.1 and that the applicant or applicant's representative does not request be open to the public, the board shall disclose that the hearing is being held pursuant to Section 13963.1. That disclosure shall be deemed to satisfy the requirements of subdivision (a) of Section 11126.3.

(Added by Stats.1997, c. 949 (S.B.95), § 9.; Stats. 2006, c. 538 (S.B. 1852, § 249.)

11125.9. Regional water quality control boards; compliance with notification guidelines

Regional water quality control boards shall comply with the notification guidelines in Section 11125 and, in addition, shall do both of the following:

(a) Notify, in writing, all clerks of the city councils and county boards of supervisors within the regional board's jurisdiction of any and all board hearings at least 10 days prior to the hearing. Notification shall include an agenda for the meeting with contents as described in subdivision (b) of Section 11125 as well as the name, address, and

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telephone number of any person who can provide further information prior to the meeting, but need not include a list of witnesses expected to appear at the meeting. Each clerk, upon receipt of the notification of a board hearing, shall distribute the notice to all members of the respective city council or board of supervisors within the regional board's jurisdiction.

(b) Notify, in writing, all newspapers with a circulation rate of at least 10,000 within the regional board's jurisdiction of any and all board hearings, at least 10 days prior to the hearing. Notification shall include an agenda for the meeting with contents as described in subdivision (b) of Section 11125 as well as the name, address, and telephone number of any person who can provide further information prior to the meeting, but need not include a list of witnesses expected to appear at the meeting.

(Added by Stats.1997, c. 301 (A.B.116), § 1.)

§ 11126. Closed sessions.

(a)(1) Nothing in this article shall be construed to prevent a state body from holding closed sessions during a regular or special meeting to consider the appointment, employment, evaluation of performance, or dismissal of a public employee or to hear complaints or charges brought against that employee by another person or employee unless the employee requests a public hearing.

(2) As a condition to holding a closed session on the complaints or charges to consider disciplinary action or to consider dismissal, the employee shall be given written notice of his or her right to have a public hearing, rather than a closed session, and that notice shall be delivered to the employee personally or by mail at least 24 hours before the time for holding a regular or special meeting. If notice is not given, any disciplinary or other action taken against any employee at the closed session shall be null and void.

(3) The state body also may exclude from any public or closed session, during the examination of a witness, any or all other witnesses in the matter being investigated by the state body.

(4) Following the public hearing or closed session, the body may deliberate on the decision to be reached in a closed session.

(b) For the purposes of this section, "employee" does not include any person who is elected to, or appointed to a public office by, any state body. However, officers of the California State University who receive compensation for their services, other than per diem and ordinary and necessary expenses, shall, when engaged in that capacity, be considered employees. Furthermore, for purposes of this section, the term employee includes a person exempt from civil service pursuant to

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Section 4 of Article VII of the California Constitution.

(c) Nothing in this article shall be construed to do any of the following:

(1) Prevent state bodies that administer the licensing of persons engaging in businesses or professions from holding closed sessions to prepare, approve, grade, or administer examinations.

(2) Prevent an advisory body of a state body that administers the licensing of persons engaged in businesses or professions from conducting a closed session to discuss matters that the advisory body has found would constitute an unwarranted invasion of the privacy of an individual licensee or applicant if discussed in an open meeting, provided the advisory body does not include a quorum of the members of the state body it advises. Those matters may include review of an applicant's qualifications for licensure and an inquiry specifically related to the state body's enforcement program concerning an individual licensee or applicant where the inquiry occurs prior to the filing of a civil, criminal, or administrative disciplinary action against the licensee or applicant by the state body.

(3) Prohibit a state body from holding a closed session to deliberate on a decision to be reached in a proceeding required to be conducted pursuant to Chapter 5 (commencing

with Section 11500) or similar provisions of law.

(4) Grant a right to enter any correctional institution or the grounds of a correctional institution where that right is not otherwise granted by law, nor shall anything in this article be construed to prevent a state body from holding a closed session when considering and acting upon the determination of a term, parole, or release of any individual or other disposition of an individual case, or if public disclosure of the subjects under discussion or consideration is expressly prohibited by statute.

(5) Prevent any closed session to consider the conferring of honorary degrees, or gifts, donations, and bequests that the donor or proposed donor has requested in writing to be kept confidential.

(6) Prevent the Alcoholic Beverage Control Appeals Board from holding a closed session for the purpose of holding a deliberative conference as provided in Section 11125.

(7)(A) Prevent a state body from holding closed sessions with its negotiator prior to the purchase, sale, exchange, or lease of real property by or for the state body to give instructions to its negotiator regarding the price and terms of payment for the purchase, sale, exchange, or lease.

(B) However, prior to the closed

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session, the state body shall hold an open and public session in which it identifies the real property or real properties that the negotiations may concern and the person or persons with whom its negotiator may negotiate.

(C) For purposes of this paragraph, the negotiator may be a member of the state body.

(D) For purposes of this paragraph, “lease” includes renewal or renegotiation of a lease.

(E) Nothing in this paragraph shall preclude a state body from holding a closed session for discussions regarding eminent domain proceedings pursuant to subdivision (e).

(8) Prevent the California Postsecondary Education Commission from holding closed sessions to consider matters pertaining to the appointment or termination of the Director of the California Postsecondary Education Commission.

(9) Prevent the Council for Private Postsecondary and Vocational Education from holding closed sessions to consider matters pertaining to the appointment or termination of the Executive Director of the Council for Private Postsecondary and Vocational Education.

(10) Prevent the Franchise Tax Board from holding closed sessions for the purpose of discussion of confidential

tax returns or information the public disclosure of which is prohibited by law, or from considering matters pertaining to the appointment or removal of the Executive Officer of the Franchise Tax Board.

(11) Require the Franchise Tax Board to notice or disclose any confidential tax information considered in closed sessions, or documents executed in connection therewith, the public disclosure of which is prohibited pursuant to Article 2 (commencing with Section 19542) of Chapter 7 of Part 10.2 of Division 2 of the Revenue and Taxation Code.

(12) Prevent the Corrections Standards Authority from holding closed sessions when considering reports of crime conditions under Section 6027 of the Penal Code.

(13) Prevent the State Air Resources Board from holding closed sessions when considering the proprietary specifications and performance data of manufacturers.

(14) Prevent the State Board of Education or the Superintendent of Public Instruction, or any committee advising the board or the Superintendent, from holding closed sessions on those portions of its review of assessment instruments pursuant to Chapter 5 (commencing with Section 60600) of, or pursuant to Chapter 9 (commencing with Section 60850) of, Part 33 of Division 4 of Title 2 of the

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Education Code during which actual test content is reviewed and discussed. The purpose of this provision is to maintain the confidentiality of the assessments under review.

(15) Prevent the Department of Resources Recycling and Recovery or its auxiliary committees from holding closed sessions for the purpose of discussing confidential tax returns, discussing trade secrets or confidential or proprietary information in its possession, or discussing other data, the public disclosure of which is prohibited by law.

(16) Prevent a state body that invests retirement, pension, or endowment funds from holding closed sessions when considering investment decisions. For purposes of consideration of shareholder voting on corporate stocks held by the state body, closed sessions for the purposes of voting may be held only with respect to election of corporate directors, election of independent auditors, and other financial issues that could have a material effect on the net income of the corporation. For the purpose of real property investment decisions that may be considered in a closed session pursuant to this paragraph, a state body shall also be exempt from the provisions of paragraph (7) relating to the identification of real properties prior to the closed session.

(17) Prevent a state body, or boards, commissions, administrative

officers, or other representatives that may properly be designated by law or by a state body, from holding closed sessions with its representatives in discharging its responsibilities under Chapter 10 (commencing with Section 3500), Chapter 10.3 (commencing with Section 3512), Chapter 10.5 (commencing with Section 3525), or Chapter 10.7 (commencing with Section 3540) of Division 4 of Title 1 as the sessions relate to salaries, salary schedules, or compensation paid in the form of fringe benefits. For the purposes enumerated in the preceding sentence, a state body may also meet with a state conciliator who has intervened in the proceedings.

(18)(A) Prevent a state body from holding closed sessions to consider matters posing a threat or potential threat of criminal or terrorist activity against the personnel, property, buildings, facilities, or equipment, including electronic data, owned, leased, or controlled by the state body, where disclosure of these considerations could compromise or impede the safety or security of the personnel, property, buildings, facilities, or equipment, including electronic data, owned, leased, or controlled by the state body.

(B) Notwithstanding any other provision of law, a state body, at any regular or special meeting, may meet in a closed session pursuant to subparagraph (A) upon a two-thirds vote of the members present at the meeting.

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(C) After meeting in closed session pursuant to subparagraph (A), the state body shall reconvene in open session prior to adjournment and report that a closed session was held pursuant to subparagraph (A), the general nature of the matters considered, and whether any action was taken in closed session.

(D) After meeting in closed session pursuant to subparagraph (A), the state body shall submit to the Legislative Analyst written notification stating that it held this closed session, the general reason or reasons for the closed session, the general nature of the matters considered, and whether any action was taken in closed session. The Legislative Analyst shall retain for no less than four years any written notification received from a state body pursuant to this subparagraph.

(19) Prevent the California Sex Offender Management Board from holding a closed session for the purpose of discussing matters pertaining to the application of a sex offender treatment provider for certification pursuant to Sections 290.09 and 9003 of the Penal Code. Those matters may include review of an applicant's qualifications for certification.

(d)(1) Notwithstanding any other provision of law, any meeting of the Public Utilities Commission at which the rates of entities under the commission's jurisdiction are changed shall be open and public.

(2) Nothing in this article shall be construed to prevent the Public Utilities Commission from holding closed sessions to deliberate on the institution of proceedings, or disciplinary actions against any person or entity under the jurisdiction of the commission.

(e)(1) Nothing in this article shall be construed to prevent a state body, based on the advice of its legal counsel, from holding a closed session to confer with, or receive advice from, its legal counsel regarding pending litigation when discussion in open session concerning those matters would prejudice the position of the state body in the litigation.

(2) For purposes of this article, all expressions of the lawyer-client privilege other than those provided in this subdivision are hereby abrogated. This subdivision is the exclusive expression of the lawyer-client privilege for purposes of conducting closed session meetings pursuant to this article. For purposes of this subdivision, litigation shall be considered pending when any of the following circumstances exist:

(A) An adjudicatory proceeding before a court, an administrative body exercising its adjudicatory authority, a hearing officer, or an arbitrator, to which the state body is a party, has been initiated formally.

(B)(i) A point has been reached where, in the opinion of the state body

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on the advice of its legal counsel, based on existing facts and circumstances, there is a significant exposure to litigation against the state body.

(ii) Based on existing facts and circumstances, the state body is meeting only to decide whether a closed session is authorized pursuant to clause (i).

(C)(i) Based on existing facts and circumstances, the state body has decided to initiate or is deciding whether to initiate litigation.

(ii) The legal counsel of the state body shall prepare and submit to it a memorandum stating the specific reasons and legal authority for the closed session. If the closed session is pursuant to paragraph (1), the memorandum shall include the title of the litigation. If the closed session is pursuant to subparagraph (A) or (B), the memorandum shall include the existing facts and circumstances on which it is based. The legal counsel shall submit the memorandum to the state body prior to the closed session, if feasible, and in any case no later than one week after the closed session. The memorandum shall be exempt from disclosure pursuant to Section 6254.25.

(iii) For purposes of this subdivision, "litigation" includes any adjudicatory proceeding, including eminent domain, before a court, administrative body exercising its adjudicatory authority, hearing officer, or

arbitrator.

(iv) Disclosure of a memorandum required under this subdivision shall not be deemed as a waiver of the lawyer-client privilege, as provided for under Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

(f) In addition to subdivisions (a), (b), and (c), nothing in this article shall be construed to do any of the following:

(1) Prevent a state body operating under a joint powers agreement for insurance pooling from holding a closed session to discuss a claim for the payment of tort liability or public liability losses incurred by the state body or any member agency under the joint powers agreement.

(2) Prevent the examining committee established by the State Board of Forestry and Fire Protection, pursuant to Section 763 of the Public Resources Code, from conducting a closed session to consider disciplinary action against an individual professional forester prior to the filing of an accusation against the forester pursuant to Section 11503.

(3) Prevent the enforcement advisory committee established by the California Board of Accountancy pursuant to Section 5020 of the Business and Professions Code from conducting a closed session to consider disciplinary action against an individual

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accountant prior to the filing of an accusation against the accountant pursuant to Section 11503. Nothing in this article shall be construed to prevent the qualifications examining committee established by the California Board of Accountancy pursuant to Section 5023 of the Business and Professions Code from conducting a closed hearing to interview an individual applicant or accountant regarding the applicant's qualifications.

(4) Prevent a state body, as defined in subdivision (b) of Section 11121, from conducting a closed session to consider any matter that properly could be considered in closed session by the state body whose authority it exercises.

(5) Prevent a state body, as defined in subdivision (d) of Section 11121, from conducting a closed session to consider any matter that properly could be considered in a closed session by the body defined as a state body pursuant to subdivision (a) or (b) of Section 11121.

(6) Prevent a state body, as defined in subdivision (c) of Section 11121, from conducting a closed session to consider any matter that properly could be considered in a closed session by the state body it advises.

(7) Prevent the State Board of Equalization from holding closed sessions for either of the following:

(A) When considering matters pertaining to the appointment or removal of the Executive Secretary of the State Board of Equalization.

(B) For the purpose of hearing confidential taxpayer appeals or data, the public disclosure of which is prohibited by law.

(8) Require the State Board of Equalization to disclose any action taken in closed session or documents executed in connection with that action, the public disclosure of which is prohibited by law pursuant to Sections 15619 and 15641 of this code and Sections 833, 7056, 8255, 9255, 11655, 30455, 32455, 38705, 38706, 43651, 45982, 46751, 50159, 55381, and 60609 of the Revenue and Taxation Code.

(9) Prevent the California Earthquake Prediction Evaluation Council, or other body appointed to advise the Director of Emergency Services or the Governor concerning matters relating to volcanic or earthquake predictions, from holding closed sessions when considering the evaluation of possible predictions.

(g) This article does not prevent either of the following:

(1) The Teachers' Retirement Board or the Board of Administration of the Public Employees' Retirement System from holding closed sessions when considering matters pertaining to

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the recruitment, appointment, employment, or removal of the chief executive officer or when considering matters pertaining to the recruitment or removal of the Chief Investment Officer of the State Teachers' Retirement System or the Public Employees' Retirement System.

(2) The Commission on Teacher Credentialing from holding closed sessions when considering matters relating to the recruitment, appointment, or removal of its executive director.

(h) This article does not prevent the Board of Administration of the Public Employees' Retirement System from holding closed sessions when considering matters relating to the development of rates and competitive strategy for plans offered pursuant to Chapter 15 (commencing with Section 21660) of Part 3 of Division 5 of Title 2.

(i) This article does not prevent the Managed Risk Medical Insurance Board from holding closed sessions when considering matters related to the development of rates and contracting strategy for entities contracting or seeking to contract with the board, entities with which the board is considering a contract, or entities with which the board is considering or enters into any other arrangement under which the board provides, receives, or arranges services or reimbursement, pursuant to Part 6.2 (commencing with Section 12693), Part 6.3 (commencing with Section 12695), Part 6.4

(commencing with Section 12699.50), Part 6.5 (commencing with Section 12700), Part 6.6 (commencing with Section 12739.5), or Part 6.7 (commencing with Section 12739.70) of Division 2 of the Insurance Code.

(j) Nothing in this article shall be construed to prevent the board of the State Compensation Insurance Fund from holding closed sessions in the following:

(1) When considering matters related to claims pursuant to Chapter 1 (commencing with Section 3200) of Division 4 of the Labor Code, to the extent that confidential medical information or other individually identifiable information would be disclosed.

(2) To the extent that matters related to audits and investigations that have not been completed would be disclosed.

(3) To the extent that an internal audit containing proprietary information would be disclosed.

(4) To the extent that the session would address the development of rates, contracting strategy, underwriting, or competitive strategy, pursuant to the powers granted to the board in Chapter 4 (commencing with Section 11770) of Part 3 of Division 2 of the Insurance Code, when discussion in open session concerning those matters would prejudice the position of the State

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Compensation Insurance Fund.

(k) The State Compensation Insurance Fund shall comply with the procedures specified in Section 11125.4 of the Government Code with respect to any closed session or meeting authorized by subdivision (j), and in addition shall provide an opportunity for a member of the public to be heard on the issue of the appropriateness of closing the meeting or session.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1968, c. 1272, p. 2396, § 1;
Stats.1970, c. 346, p. 741, § 5; Stats.1972, c.
431, p. 791, § 43; Stats.1972, c. 1010, p. 1872, §
63, eff. Aug. 17, 1972, operative July 1, 1972;
Stats.1974, c. 1254, p. 2713, § 1; Stats.1974, c.
1539, p. 3525, § 1; Stats.1975, c. 197, p. 570, §
1; Stats.1975, c. 959, p. 2238, § 5; Stats.1977, c.
730, p. 2318, § 5, eff. Sept. 12, 1977;
Stats.1980, c. 1197, p. 4043, § 1; Stats.1980, c.
1284, p. 4338, § 11; Stats.1981, c. 180, p. 1096,
§ 1; Stats.1981, c. 968, p. 3688, § 12;
Stats.1982, c. 454, p. 1842, § 40; Stats.1983, c.
143, § 187; Stats.1984, c. 678, § 1; Stats.1984,
c. 1284, § 4; Stats.1985, c. 186, § 1; Stats.1985,
c. 1091, § 1; Stats.1986, c. 575, § 1; Stats.1987,
c. 1320, § 2; Stats.1988, c. 1448, § 29;
Stats.1989, c. 177, § 2; Stats.1989, c. 882, § 2;
Stats.1989, c. 1360, § 52; Stats.1989, c. 1427, §
1, eff. Oct. 2, 1989, operative Jan. 1, 1990;
Stats.1991, c. 788 (A.B.1440), § 4; Stats.1992,
c. 1050 (A.B.2987), § 17; Stats.1994, c. 26
(A.B.1807), § 230, eff. March 30, 1994;
Stats.1994, c. 422 (A.B.2589), § 15.5, eff. Sept.
7, 1994; Stats.1994, c. 845 (S.B.1316), § 1;
Stats.1995, c. 975 (A.B.265), § 3; Stats.1996, c.
1041 (A.B.3358), § 2; Stats.1997, c. 949
(S.B.95), § 8; Stats.1998, c. 210 (S.B.2008), § 1;
Stats.1998, c. 972 (S.B.989), § 1; Stats.1999, c.
735 (S.B.366), § 9, eff. Oct. 10, 1999;
Stats.2000, c. 1002 (S.B.1998), § 1; Stats.2000,
c. 1055 (A.B.2889), § 30, eff. Sept. 30, 2000;
Stats.2001, c. 21 (S.B.54), § 1, eff. June 25,

2001; Stats.2001, c. 243 (A.B.192), § 10;
Stats.2002, c. 664 (A.B.3034), § 93.7;
Stats.2002, c. 1113 (A.B.2072), § 1; Stats.2005,
c. 288 (A.B.277), § 1; Stats.2007, c. 577
(A.B.1750), § 4, eff. Oct. 13, 2007; Stats.2008, c.
179 (S.B.1498), § 91; Stats.2008, c. 344
(S.B.1145), § 3, eff. Sept. 26, 2008; Stats.2010,
c. 328 (S.B.1330), § 81; Stats.2010, c. 32
(A.B.1887), § 2, eff. June 29, 2010; Stats.2010,
c. 618 (A.B.2791), § 124; Stats.2011, c. 357
(A.B.813), § 1; Stats.2013, c. 352 (A.B.1317), §
234, eff. Sept. 26, 2013, operative July 1, 2013.)

11126.1. Record of topics discussed and decisions made at closed sessions; availability

The state body shall designate a clerk or other officer or employee of the state body, who shall then attend each closed session of the state body and keep and enter in a minute book a record of topics discussed and decisions made at the meeting. The minute book made pursuant to this section is not a public record subject to inspection pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), and shall be kept confidential. The minute book shall be available to members of the state body or, if a violation of this chapter is alleged to have occurred at a closed session, to a court of general jurisdiction. Such minute book may, but need not, consist of a recording of the closed session.

(Added by Stats.1980, c. 1284, p. 4340, § 12.
Amended by Stats.1981, c. 968, p. 3691, § 13.)

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11126.2. Closed session; response to confidential final draft audit report; public release of report

(a) Nothing in this article shall be construed to prohibit a state body that has received a confidential final draft audit report from the Bureau of State Audits from holding closed sessions to discuss its response to that report.

(b) After the public release of an audit report by the Bureau of State Audits, if a state body meets to discuss the audit report, it shall do so in an open session unless exempted from that requirement by some other provision of law.

(Added by Stats.2004, c. 576 (A.B.1827), § 2.)

11126.3. Disclosure of nature of items to be discussed in closed session; scope of session; notice of meeting; announcement of pending litigation; unnecessary disclosures; disclosures at open session following closed session

(a) Prior to holding any closed session, the state body shall disclose, in an open meeting, the general nature of the item or items to be discussed in the closed session. The disclosure may take the form of a reference to the item or items as they are listed by number or letter on the agenda. If the session is closed pursuant to paragraph (2) of subdivision (d) of Section 11126, the state body shall state the title of, or otherwise specifically identify, the

proceeding or disciplinary action contemplated. However, should the body determine that to do so would jeopardize the body's ability to effectuate service of process upon one or more unserved parties if the proceeding or disciplinary action is commenced or that to do so would fail to protect the private economic and business reputation of the person or entity if the proceeding or disciplinary action is not commenced, then the state body shall notice that there will be a closed session and describe in general terms the purpose of that session. If the session is closed pursuant to subparagraph (A) of paragraph (2) of subdivision (e) of Section 11126, the state body shall state the title of, or otherwise specifically identify, the litigation to be discussed unless the body states that to do so would jeopardize the body's ability to effectuate service of process upon one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage.

(b) In the closed session, the state body may consider only those matters covered in its disclosure.

(c) The disclosure shall be made as part of the notice provided for the meeting pursuant to Section 11125 or pursuant to subdivision (a) of Section 92032 of the Education Code and of any order or notice required by Section 11129.

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(d) If, after the agenda has been published in compliance with this article, any pending litigation (under subdivision (e) of Section 11126) matters arise, the postponement of which will prevent the state body from complying with any statutory, court-ordered, or other legally imposed deadline, the state body may proceed to discuss those matters in closed session and shall publicly announce in the meeting the title of, or otherwise specifically identify, the litigation to be discussed, unless the body states that to do so would jeopardize the body's ability to effectuate service of process upon one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage. Such an announcement shall be deemed to comply fully with the requirements of this section.

(e) Nothing in this section shall require or authorize a disclosure of names or other information that would constitute an invasion of privacy or otherwise unnecessarily divulge the particular facts concerning the closed session or the disclosure of which is prohibited by state or federal law.

(f) After any closed session, the state body shall reconvene into open session prior to adjournment and shall make any reports, provide any documentation, and make any other disclosures required by Section 11125.2 of action taken in the closed session.

(g) The announcements required

to be made in open session pursuant to this section may be made at the location announced in the agenda for the closed session, as long as the public is allowed to be present at that location for the purpose of hearing the announcement.

(Added by Stats.1980, c. 1284, p. 4341, § 13. Amended by Stats.1981, c. 968, p. 3692, § 14; Stats.1987, c. 1320, § 3. Amended by Stats.1997, c. 949 (S.B.95), § 10; Stats.1998, c. 210 (S.B.2008), § 2; Stats.2001, c. 243 (A.B.192), § 11.)

11126.4. Closed sessions of Gambling Control Commission; information prohibited from being disclosed by law or tribal-state gaming compact; limitations; public notice

(a) Nothing in this article shall be construed to prevent the California Gambling Control Commission from holding a closed session when discussing matters involving trade secrets, nonpublic financial data, confidential or proprietary information, and other data and information, the public disclosure of which is prohibited by law or a tribal-state gaming compact.

(b) Discussion in closed session authorized by this section shall be limited to the confidential data and information related to the agenda item and shall not include discussion of any other information or matter.

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(c) Before going into closed session the commission shall publicly announce the type of data or information to be discussed in closed session, which shall be recorded upon the commission minutes.

(Added by Stats.1970, c. 1610, p. 3385, § 1.
Amended by Stats.1981, c. 968, p. 3692, § 15.)

(d) Action taken on agenda items discussed pursuant to this section shall be taken in open session.

(Added by Stats. 2005, c. 274 (S.B. 919), § 1.)

11126.5. Disorderly conduct of general public during meeting; clearing of room

In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are willfully interrupting the meeting the state body conducting the meeting may order the meeting room cleared and continue in session. Nothing in this section shall prohibit the state body from establishing a procedure for readmitting an individual or individuals not responsible for willfully disturbing the orderly conduct of the meeting. Notwithstanding any other provision of law, only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section.

11126.7. Fees

No fees may be charged by a state body for providing a notice required by Section 11125 or for carrying out any provision of this article, except as specifically authorized pursuant to this article.

(Added by Stats.1980, c. 1284, p. 4341, § 14.
Amended by Stats.1981, c. 968, p. 3692, § 16.)

11127. Application of article

Each provision of this article shall apply to every state body unless the body is specifically excepted from that provision by law or is covered by any other conflicting provision of law.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1981, c. 968, p. 3692, § 17.)

11128. Time of closed session

Each closed session of a state body shall be held only during a regular or special meeting of the body.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1980, c. 1284, p. 4341, § 15;
Stats.1981, c. 968, p. 3692, § 18.)

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11128.5. Adjournment; declaration; notice; hour for reconvened meeting

The state body may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the clerk or secretary of the state body may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided in Section 11125.4 for special meetings, unless that notice is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special, or adjourned special meeting was held within 24 hours after the time of the adjournment. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by law or regulation.

(Added by Stats.1997, c. 949 (S.B.95), § 11.)

11129. Continuance; posting notice

Any hearing being held, or noticed or ordered to be held by a state body at any meeting may by order or notice of continuance be continued or recontinued to any subsequent meeting of the state body in the same manner and to the same extent set forth in Section 11128.5 for the adjournment of meetings. A copy of the order or notice of continuance shall be conspicuously posted on or near the door of the place where the hearing was held within 24 hours after the time of the continuance; provided, that if the hearing is continued to a time less than 24 hours after the time specified in the order or notice of hearing, a copy of the order or notice of continuance of hearing shall be posted immediately following the meeting at which the order or declaration of continuance was adopted or made.

(Added by Stats.1967, c. 1656, p. 4026, § 122.
Amended by Stats.1981, c. 968, p. 3692, § 19.
Amended by Stats.1997, c. 949 (S.B.95), § 12.)

11130. Actions to prevent violations or determine applicability of article; validity of rules discouraging expression; audio recording of closed sessions; discovery procedures for recordings

(a) The Attorney General, the district attorney, or any interested person may commence an action by mandamus, injunction, or declaratory

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relief for the purpose of stopping or preventing violations or threatened violations of this article or to determine the applicability of this article to past actions or threatened future action by members of the state body or to determine whether any rule or action by the state body to penalize or otherwise discourage the expression of one or more of its members is valid or invalid under the laws of this state or of the United States, or to compel the state body to audio record its closed sessions as hereinafter provided.

(b) The court in its discretion may, upon a judgment of a violation of Section 11126, order the state body to audio record its closed sessions and preserve the audio recordings for the period and under the terms of security and confidentiality the court deems appropriate.

(c)(1) Each recording so kept shall be immediately labeled with the date of the closed session recorded and the title of the clerk or other officer who shall be custodian of the recording.

(2) The audio recordings shall be subject to the following discovery procedures:

(A) In any case in which discovery or disclosure of the audio recording is sought by the Attorney General, the district attorney, or the plaintiff in a civil action pursuant to this section or Section 11130.3 alleging that a violation of this article has occurred in

a closed session that has been recorded pursuant to this section, the party seeking discovery or disclosure shall file a written notice of motion with the appropriate court with notice to the governmental agency that has custody and control of the audio recording. The notice shall be given pursuant to subdivision (b) of Section 1005 of the Code of Civil Procedure.

(B) The notice shall include, in addition to the items required by Section 1010 of the Code of Civil Procedure, all of the following:

(i) Identification of the proceeding in which discovery or disclosure is sought, the party seeking discovery or disclosure, the date and time of the meeting recorded, and the governmental agency that has custody and control of the recording.

(ii) An affidavit that contains specific facts indicating that a violation of the act occurred in the closed session.

(3) If the court, following a review of the motion, finds that there is good cause to believe that a violation has occurred, the court may review, in camera, the recording of that portion of the closed session alleged to have violated the act.

(4) If, following the in camera review, the court concludes that disclosure of a portion of the recording would be likely to materially assist in the

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resolution of the litigation alleging violation of this article, the court shall, in its discretion, make a certified transcript of the portion of the recording a public exhibit in the proceeding.

(5) Nothing in this section shall permit discovery of communications that are protected by the attorney-client privilege.

(Added by Stats.1967, c. 1656, p. 4026, § 122. Amended by Stats.1969, c. 494, p. 1106, § 1; Stats.1981, c. 968, p. 3693, § 20; Stats.1997, c. 949 (S.B.95), § 13; Stats.1999, c. 393 (A.B.1234), § 4; Stats.2009, c. 88 (A.B.176), § 43.)

11130.3. Judicial determination action by state body in violation of §§ 11123 or 11125 null and void; action by interested person; grounds

(a) Any interested person may commence an action by mandamus, injunction, or declaratory relief for the purpose of obtaining a judicial determination that an action taken by a state body in violation of Section 11123 or 11125 is null and void under this section. Any action seeking such a judicial determination shall be commenced within 90 days from the date the action was taken. Nothing in this section shall be construed to prevent a state body from curing or correcting an action challenged pursuant to this section.

(b) An action shall not be determined to be null and void if any of the following conditions exist:

(1) The action taken was in connection with the sale or issuance of notes, bonds, or other evidences of indebtedness or any contract, instrument, or agreement related thereto.

(2) The action taken gave rise to a contractual obligation upon which a party has, in good faith, detrimentally relied.

(3) The action taken was in substantial compliance with Sections 11123 and 11125.

(4) The action taken was in connection with the collection of any tax.

(Amended by Stats.1999, c. 393 (A.B.1234), § 5.)

11130.5. Court costs and attorney fees

A court may award court costs and reasonable attorney's fees to the plaintiff in an action brought pursuant to Section 11130 or 11130.3 where it is found that a state body has violated the provisions of this article. The costs and fees shall be paid by the state body and shall not become a personal liability of any public officer or employee thereof.

A court may award court costs and reasonable attorney's fees to a defendant in any action brought pursuant to Section 11130 or 11130.3 where the defendant has prevailed in a final determination of the action and the

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court finds that the action was clearly frivolous and totally lacking in merit.

(Added by Stats.1975, c. 959, p. 2240, § 6.
Amended by Stats.1981, c. 968, p. 3693, § 21;
Stats.1985, c. 936, § 2.)

11130.7. Violations; misdemeanor

Each member of a state body who attends a meeting of that body in violation of any provision of this article, and where the member intends to deprive the public of information to which the member knows or has reason to know the public is entitled under this article, is guilty of a misdemeanor.

(Added by Stats.1980, c. 1284, p. 4341, § 16.
Amended by Stats.1981, c. 968, p. 3693, § 22.
Amended by Stats.1997, c. 949 (S.B. 95), § 14.)

11131. Use of facility allowing discrimination; state agency

No state agency shall conduct any meeting, conference, or other function in any facility that prohibits the admittance of any person, or persons, on the basis of ancestry, or any characteristic listed or defined in Section 11135 or that is inaccessible to disabled persons, or where members of the public may not be present without making a payment or purchase. As used in this section, "state agency" means and includes every state body, office, officer, department, division,

bureau, board, council, commission, or other state agency.

(Added by Stats.1970, c. 383, p. 798, § 1.
Amended by Stats.1981, c. 968, p. 3693, § 23.
Amended by Stats.1997, c. 949 (S.B.95), § 15.;
Stats. 2007, c. 568 (A.B. 14), § 32.)

11131.5. Identity of victims or alleged victims of crimes, tortious sexual conduct, or child abuse; public disclosure

No notice, agenda, announcement, or report required under this article need identify any victim or alleged victim of crime, tortious sexual conduct, or child abuse unless the identity of the person has been publicly disclosed.

(Added by Stats.1997, c. 949 (S.B.95), § 16.)

11132. Closed session by state body prohibited

Except as expressly authorized by this article, no closed session may be held by any state body.

(Added by Stats.1987, c. 1320, § 4.)

CALIFORNIA BUSINESS AND PROFESSIONS CODE

§ 101.7. Number of board meetings each year; location; exemption; special meeting; notice

(a) Notwithstanding any other provision of law, boards shall meet at least three times each calendar year. Boards shall meet at least once each calendar year in northern California and once each calendar year in southern California in order to facilitate participation by the public and its licensees.

(b) The director at his or her discretion may exempt any board from the requirement in subdivision (a) upon a showing of good cause that the board is not able to meet at least three times in a calendar year.

(c) The director may call for a special meeting of the board when a board is not fulfilling its duties.

(d) An agency within the department that is required to provide a written notice pursuant to subdivision (a) of Section 11125 of the Government Code, may provide that notice by regular mail, email, or by both regular mail and email. An agency shall give a person who requests a notice the option of receiving the notice by regular mail, email, or by both regular mail and email. The agency shall comply with the requester's chosen form or forms of notice.

(e) An agency that plans to Web cast a meeting shall include in the meeting notice required pursuant to subdivision (a) of Section 11125 of the Government Code a statement of the board's intent to Web cast the meeting. An agency may Web cast a meeting even if the agency fails to include that statement of intent in the notice.

(Added by Stats.2007, c. 354 (S.B.1047), § 1. Amended by Stats.2014, c. 395 (S.B.1243), § 1, eff. Jan. 1, 2015.)

Appendix C

DEPARTMENT OF CONSUMER AFFAIRS TRAVEL GUIDE



**Office of Administrative Services
Accounts Payable Travel Unit**

January 2015

Disclaimer

Bargaining Contracts, California Department of Human Resource (CalHR), Departmental Policy, and the *State Administrative Manual (SAM)* sets forth the information contained in this *Travel Guide*. If any of the information within is in conflict with the most recent provisions set forth by the said mentioned above, then those provisions will supersede this guide. Information provided in this guide is routinely updated by various control agencies. The traveler or user of this guide must always make sure they have the most current information. Click on the Web links to view the most current information.

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CHAPTER 1

INTRODUCTION AND DEFINITIONS

Introduction

The purpose of this guide is to provide and define the basic travel reimbursement rules for employees who are required to travel on official State business, methods of travel that are available, and how to use them, in accordance with the State Bargaining Contracts, California Department of Human Resources (CalHR) Travel Rules for Represented Employees sections 599.615–599.638.1 of title 2 of the California Code of Regulations, and the *State Administrative Manual (SAM)* section 700. If any of the information herein is in conflict with the most recent provisions set forth by the bargaining contract or government code sections cited above, then those provisions will supersede this guide. In addition, information provided in this guide is routinely updated by various control agencies. The traveler or user of this guide must always make sure they have the most current information.

Note: The travel reimbursement program is subject to Internal Revenue Service (IRS) requirements. There are no flat reimbursement rates. All items claimed are to be for the actual amount of the expense, up to the maximum rates allowed for all State officers, employees, and agents of the State traveling on official State business.

Who can file a claim?

All Department of Consumer Affairs (DCA/Department) employees and any agent of the State (listed below) may request a travel advance and/or travel reimbursement using the appropriate Department forms and the CalATERS Global System. Certain restrictions may apply (see reference-related section for specific requirements).

Statutory Board Members are individuals appointed to serve on boards or commissions established by law. Members are appointed by the Governor, Legislature, or Department Head. Reimbursement for necessary travel expenses is based on the rates for nonrepresented employees.

Nonstatutory Board Members are individuals appointed to serve on boards, commissions, committees, or task forces that are created by agency secretaries, department directors, executive officers, or board members on an as-needed basis to fulfill the Department's mission. Reimbursement for necessary travel expenses is based on the rates for nonrepresented employees.

Proctors are intermittent hires through the State Personnel Board. Proctors administer written or physical agility exams for civil service classification. Reimbursement for necessary travel expenses is based on the rates for nonrepresented employees.

Volunteers are individuals who voluntarily perform services for the State without pay. The volunteer must sign an Oath of Allegiance, which is kept on file at the Department with the Volunteer Service Agreement. Volunteers will be reimbursed for necessary travel expenses at the rate negotiated for State employees performing comparable duties.

Terms

Short-Term Travel: Expenses incurred at least 50 miles (one-way) from headquarters and/or residence when applicable, and is less than 31 consecutive days.

Long-Term Travel: Travel that is in excess of 30 consecutive days becomes long-term travel. Specific reimbursement rates and reporting requirements apply; contact your Travel Liaison.

Per Diem Expenses: Meals, lodging, and all appropriate incidental expenses incurred may be claimed when conducting State business while on travel status.

Transportation Expenses: Various modes of transportation used while on official State business; for example, airfare, vehicle, taxi, and shuttle expenses.

Business Expenses: Charges necessary to the completion of official State business, such as business phone calls, emergency clothing, and emergency supplies. All purchases shall be justified, and if the total business expense is more than \$25, the claim must be approved by the DCA Accounting Administrator II.

Conference or Convention: A meeting with a formal agenda of persons to discuss or consult on specific work-related subjects with the purpose of exchanging views, providing lectures or dialogue, or providing or gaining skills and/or information for the good of the State. Requires an approved conference attendance request prior to attending and must be attached to the [Travel Expense Claim \(TEC\)](#).

Non-State Sponsored Conference: Planned, arranged, and funded by an outside entity.

State-Sponsored Conference: Planned, arranged, and funded by State agencies for the benefit of the State and/or outside parties for the purpose of conducting State business.

Policies

Official Established Headquarters: Shall be designated for each State officer and employee and defined as the place where the officer or employee spends the largest portion of their regular workdays or working time, or the place to which they return upon completion of special assignments. In some instances, however, it may be in the best interest of the Department to designate either an employee's residence address or an assigned geographic area as his/her headquarters. Home-as-headquarters and geographic area designations will be based upon a determination of "economic merit" for geographic and logistical circumstances where the State benefits from such a determination, either in increased efficiencies or reduced costs.

Signature Authority: The signature of the approving officer certifies that the traveler is authorized to travel, the expenses incurred were to conduct official State business, and that the items claimed are appropriate and keeping within the rules that govern State business travel. Typically, the approving officer would be the traveling employee's immediate supervisor.

The Deputy Director of Board Relations approves Board Presidents' [TECs](#). Once they have been reviewed and initialed by the Executive Officer, the Board President shall approve the Executive Officers' and the Board Members' travel claims. In the absence of the Board President, the Board Vice President shall approve the Executive Officers' and the Board Members' travel claims.

The Deputy Director of the Office of Administrative Services approves Bureau and Board Presidents', Bureau Chiefs', Division Chiefs', and Deputy Directors' travel advances, expense claims, conference requests, and authorized signature forms. Also approves for all exception-to-travel status for board and bureau and Travel Advance Requests for nonsalaried employees. In the absence of the Board President, the Board Vice President shall approve the Executive Officers' and the Board Members' travel claims.

In the extended absence of either the Deputy Director of Board Relations or the Deputy Director of the Office of Administrative Services, either can approve the above for boards and bureaus.

All approving officers must have a signature card on file with the Accounting Office before approving a claim.

Note: See DCA policy, form, and procedures posted on the [DCA Intranet](#) regarding authorized signatures.

CHAPTER 2 PER DIEM ALLOWANCES

Introduction

The State provides for reimbursement of actual and necessary out-of-pocket expenses while traveling on State business. When determining the appropriate amount of reimbursement allowed for meals, lodging, and incidentals, two criteria need to be considered: distance and time. Employees on travel status must be at least 50 miles from home/headquarters. The most direct route determines this distance.

For short-term travel status per diem (meals, lodging, and incidentals), several factors need to be considered, such as:

- The bargaining unit of the employee (represented or excluded).
- Geographical location of travel must be at least 50 miles (one-way) from where the trip begins at headquarters and/or home. Factors include: Which is the closest distance? Is travel during normal working hours or not? Is it a second worksite?
- The timeframe in which the trip started and stopped.
- The type and location of facilities used for lodging.

Lodging Rates

Short-term reimbursement rates for lodging expenses are as follows. Please review your Bargaining Unit Contract on [California Department of Human Resources \(CalHR\)](#) website for current rates.

Excluded/exempt employees and represented employees in Bargaining Units (BU) 1–21: Please review your existing Memorandum of Understanding (MOU) for current rates.

Lodging Reimbursement	Up to the Maximum Rate
Statewide (except for those listed below)	\$90 room rate plus taxes
Napa, Riverside, Sacramento Counties	\$95 room rate plus taxes
Los Angeles, Orange, Ventura Counties and Edwards Air Force Base	\$120 room rate plus taxes
Alameda, Monterey, San Diego, San Mateo, and Santa Clara Counties	\$125 room rate plus taxes
San Francisco County and City of Santa Monica	\$150 room rate plus tax

Hotel Tax Waiver

The [Hotel/Motel Transient Occupancy Tax Waiver, Form 236 \(New 9-91\)](#), is available on the [DCA Intranet](#) Travel Home Page and should be used whenever possible. This form must be completed in advance and given to the hotel for its records. In most cases, employees must ask for the exemption at time of reservation. Some hotels will not honor the tax waiver.

Acceptable Receipts

Lodging receipt must indicate the establishment's name, address, and check-in/check-out dates and times, number of occupancy, room rate, taxes, and method of payment.

In the rare event where an employee chooses to use a third-party vendor (such as Priceline.com, Expedia.com, Travelocity.com, Hotels.com, etc.) to make travel arrangements, the following instructions must be strictly adhered to:

- Employees who request reimbursement for receipts from third-party vendors for lodging expenses related to a State-approved relocation or for lodging expenses incurred while traveling on State business, must provide a valid receipt from the third-party vendor and the commercial lodging establishment where the employee stayed.

Both receipts are required in order to properly substantiate a valid business expense.

Sharing a Room

When sharing a room with another State employee, each person can claim half the room rate or one employee can claim the entire amount and reference the other person in the comment section. Both employees should file their travel expense claims ([TECs](#)) at the same time and a copy of the other's claim should be attached to their own.

Meal Rates

There are no flat reimbursement rates. All items claimed are to be for the ACTUAL AMOUNT OF EXPENSE, up to the following maximum reimbursement amounts listed below. The employee (or agent of the State) shall not claim reimbursement for any meals provided by or included in the cost of the hotel stay, airfare, and conference or convention registration fee and/or provided by the terms stated in a State contract. Please review your Bargaining Unit Contract on [California Department of Human Resources \(CalHR\)](#) website for current rates.

Excluded/exempt employees and represented employees in Bargaining Units (BU) 1–21, please review your existing MOU for current rates (see following table).

Expense	Maximum Reimbursement	Expense	Maximum Reimbursement
Breakfast	\$7	Dinner	\$23
Lunch	\$11	Incidental	\$5

Less Than 24 Hours

The following table shows conditions under which a represented or nonrepresented employee may be reimbursed for meals while on travel status, if the trip is less than 24 hours:

Starts Trip on OR Before	Returns from Trip on OR After	Entitled To
6 a.m.	9 a.m.	Breakfast
4 p.m.	7 p.m.	Dinner

NOTE: Board and committee members are entitled to meals, including lunch, on a one-day trip only when attending official scheduled board or committee meetings. These meal expenses are excused from the travel status mileage requirement, but all time requirements are applicable; for example, start trip at or before 11 a.m. and end at or after 2 p.m. to claim lunch. In addition, meals on trips of less than 24 hours will be reported as a taxable fringe benefit as required by the Internal Revenue Service (IRS).

More Than 24 Hours

If a trip is more than 24 hours but less than 31 consecutive days, a represented or nonrepresented employee is entitled to breakfast, lunch, and dinner for every full 24-hour period of time while on travel status. The following table shows the meal entitlements for the last fractional period of time:

Starts Trip on OR Before	Returns from Trip on OR After	Entitled To
6 a.m.	8 a.m.	Breakfast
11 a.m.	2 p.m.	Lunch
5 p.m.	7 p.m.	Dinner

Incidentals

Incidental reimbursement is allowed for every full 24 hours of travel up to the maximum amount allowed per Bargaining Unit Contract for actual necessary expenses. Incidentals include expenses for fees and tips for services such as porters, baggage carriers, and hotel staff. No other items may be claimed as an incidental. Department of Human Resources CalHR PML 2015-003 and Internal Revenue Service (IRS) in IRS Publication 463.

Business-Related Meals

In rare instances, the cost of business-related meal expenses may be allowed. It must be clearly shown that it was impractical to conduct the State's business during working hours and that the meal took place in conditions beyond the employee's control. Justification should be provided on the [TEC](#). The statement must include the purpose or goal of each business-related meal and the unusual conditions that justify payment. The employee may claim expenses not to exceed the breakfast, lunch, or dinner allowance, whichever meal was consumed. The amount must be supported by a voucher or receipt for represented employees. Claims must include the establishment, the persons in attendance, and the business conducted during the meal period. No reimbursement is allowed for the meal if the employee claims per diem for that day.

Allowable meals may include: Participants from different cities hold a luncheon to allow one or more of them to make connections on a scheduled flight; an employee is required to go to lunch as a member of a group, such as a board or commission where official business is conducted; the meeting does not adjourn during the lunch and the employee has no choice of place to eat.

Non-allowable meals include: Two or more employees go to lunch together and continue their business as an incidental to the meal; the meal is strictly for public relations purposes; departments call meetings with their own and/or other department employees to conduct State business; the meeting could have taken place during regular working hours.

Receipts

Although the Department of Consumer Affairs (DCA) does not require receipts for most meals or incidentals (except as noted above), the traveler must retain all their meal and incidental receipts for IRS purposes.

Overtime Meals and Rates

Overtime meal reimbursement is allowed when the employee works two excess hours either consecutive or contiguous to regular scheduled work hours. Rates and terms are defined by each bargaining unit contract as stated below. In determining the overtime hours worked for meal compensation, do not include any breaks for meals. Only one meal allowance may be claimed each day unless the employee has worked a minimum of 16 hours. For every six additional hours worked in excess of ten hours, another meal allowance may be claimed, not to exceed three overtime meals within 24 hours.

Bargaining Unit	Rate	Consecutive*	Contiguous*
7 & 10	\$7.50	X	
1, 4, 11 & 14	\$8.00		X
2, 9, 12, 16 & 19	\$8.00	X	
Excluded & 21 (exempt FLSA)	\$8.00	X	

Definitions

Consecutive: Works either two hours before or two hours after normal work hours on a regular scheduled workday; works two hours in excess of normal work hours on weekends, holidays, or regular scheduled day off (RDO).

Contiguous: Works two or more hours in excess of the number of hours worked on regular scheduled workday.

Excluded: Work Week Group Exempt (WWGE) and Represented Employees Exempt from Fair Labor Standards Act (FLSA) are only entitled to overtime meals for extended arduous work.

Arduous Work OT Meal*

Meals for Extended Arduous Work: On those rare occasions when an employee who is in a Work Week Group other than Work Week Group 2 would be required to physically or mentally work ten hours or more (not including any breaks for meals) for an extended period of time. The employee, with approval of the appointing authority, may claim the actual cost of an arduous work meal up to \$8. Such meals should only be approved when it is clear that the work schedule is consistently in excess of a normal full-time schedule. Occasional extra hours worked, consistent with the nature of other than a Work Week Group 2 schedule, do not meet the criteria for Extended Arduous Work Meals.

Excess Lodging Policy and Procedure

Request for reimbursement of lodging expenses in excess of the State-specified rates, excluding taxes, must be received ten days prior to the trip. Approval is required from the DCA Accounting Administrator II if less than \$150 and the CalHR if more than \$150. The [Excess Lodging Rate Request \(STD 255C\)](#) form located on [DCA Intranet](#) should be completed and contain the following:

- A list of at least three hotels contacted using the [Concur CalTravel Store](#) website to obtain State rate lodging. Contact additional hotels if no State rate hotels are found within the work area.
- Supporting documentation that a reasonable effort was made to locate lodging at State-specified rates. Using only higher-rate hotels in the documentation cannot be considered reasonable efforts.
- Explain any applicable reasons for the State business need for an exception to the State's standard lodging rate.
- Obtain all required signatures and submit the request to the DCA Travel Unit at least ten working days prior to the trip, when possible.
- Employees who incur expenses in excess of standard reimbursement will be responsible for the difference if the excess lodging request is denied.
- Attach agendas for any approved conference or convention that would assist in the travel justification.

Reasonable Accommodation

Reasonable Accommodation can be obtained with supporting documentation through DCA Human Resources Health & Safety Unit when travel requirements are a hardship to the employee for medical reasons. Please obtain the Reasonable Accommodation approval prior to the trip.

Exception to Travel Status Policy

It is the policy of the DCA to adhere to the rules and regulations as defined by the CalHR regarding the approval of requests for reimbursement within 50 miles of the employee's home or headquarters when conducting official State business. Extreme acts of God and nature that place the employee in harm's way are automatic and will be approved after the fact, when fully documented ([SAM section 0715 CALHR PML 93-28](#)).

Note: All exceptions to travel status reimbursements will be reported as a taxable fringe benefit as required by the IRS.

Exception Authority, Limits and Criteria

The CalHR delegated the exception to travel status authority to the Director of DCA, who delegated the authority to the Deputy Director. There is no other allowable signature authority for this delegation. This delegation is extended with the provision that it will be administered according to the criteria, considerations, and record-keeping requirements as stated below. All exceptions are subject to audit by CalHR. Exceptions are to be granted in advance of the occurrence by the appointing power.

This delegation does not extend to the approval of meals or lodging at either the home or headquarters location. There is no allowance for any increase in the standard short-term travel reimbursement rates for meals and lodging or partial exceptions, such as lodging allowance without meals. When exceptions meet all the requirements and are granted by the Deputy Director, the employee is entitled to full short-term travel reimbursement rates. This exception is not to be used in lieu of overtime for one-day travel.

Exception requests will be considered under a limited number of circumstances when the employee is required to be away from his/her home and headquarters locations for more than a single day, but less than 50 miles. These include the nature of the work performed, the hours of work, or the apparent road/weather conditions make it impractical for the employee to return home or to the headquarters location at night.

The CalHR has guidelines for an exception approval criterion that includes reasonable commute mileage. State departments are expected to demonstrate that every consideration has been given to minimize the cost to the State through responsible planning and scheduling.

Exception Process

A written request must be submitted in advance of the occurrence to the Accounting Office for review and submission to the Deputy Director. The Executive Officer or the Division/Bureau/Program Chief must approve all exception requests.

Requests must contain the following information for each attendee:

- Name and classification of employee(s) requesting exception. If the time period and reason for expense are the same, submit a group request listing each employee's name, classification, the time period, and reason.

- Name and address of the location where expenses will be incurred.
- Name of the sponsor of the event.
- Reason(s) for the exception request; attempts made to reduce the costs.
- Amount of the anticipated expenses, including tax.
- For a conference or convention, with more than one attendee, explain why one employee could not achieve the goal and attach a training and development request with approval.

Provide copies of the agenda, conference/convention announcements, and map/mileage printouts. Once the exception request has been processed, a copy will be forwarded to the requesting office by the DCA Accounting Office. The requesting office must maintain a record of each request for the standard five-year record retention schedule.

CHAPTER 3 TRANSPORTATION

Introduction

The cost of transportation while on official State business should be accomplished by using the most economical means for the State, according to the [State Administrative Manual general travel policies](#). All transportation costs related to State business travel should be entered on all [travel expense claims TECs](#).

Transportation expenses consist of:

- Commercial airfares
- Private vehicle use
- Commercial rental car use
- Gasoline for State or rental cars
- Taxis, shuttles, or streetcar fares
- Parking of State, rental, or privately owned vehicles
- Bridge and road tolls
- Emergency repairs (State cars only)
- Commuting transit/vanpool (employee benefit) use

Supervisor's Responsibility

It is the supervisor's responsibility to ensure the method chosen for travel on State business is in the best interest of the State and not for the employee's convenience.

Determining the Most Economical Mode of Travel

When determining the most economical mode of transportation, the following costs should be considered:

- Employee's time
 - Expenses for transportation (airline, bus, train, parking, shuttle, tolls, etc.)
 - Expenses for meals, incidentals, lodging, and any other State business expense
 - Urgency of the situation
 - If the employee must carry specialized equipment
 - Number of stops and amount of equipment
 - Number of people to be transported (is it more economical?)
 - Driving time one-way (is it more than two hours?)
 - Availability of transportation to and from the destination
 - Overtime wages
-

Cost Comparison

Reimbursement will be made for the mode of transportation which is in the best interest of the State, considering direct expenses as well as the employee's time. If the employee chooses a more expensive mode of transportation, reimbursement will be for the least expensive mode of travel. Expenses incurred at the travel destination will be reimbursed based on the actual business expenses incurred while at that location. A [cost comparison](#) must:

- Be completed and attached to the [TEC](#), showing both methods of travel.
 - Include the least costly methods of travel for those expenses actually being substituted.
 - Include only the expenses of traveling from one location to another. Do not include any worksite expenses. Expenses incurred onsite are to be claimed separately.
 - An employee choosing to use a more expensive mode of transportation will only be reimbursed for the amount it would have cost for the most economical mode of travel.
 - A [cost comparison](#) showing actual cost incurred vs. the most economical mode and cost must be submitted with an employee's [TEC](#). The [cost comparison form](#) is provided in Appendix A for your convenience.
-

Example of Cost Comparison

The most common cost comparison is when the employee chooses to drive their personal vehicle vs. using normal air transportation. For example, when an employee drives (having obtained supervisor's prior approval) to Los Angeles from Sacramento, the comparison is computed from the point the employee would normally have left on travel status in Sacramento to the point of landing in Los Angeles. Please note all cost comparisons should be calculated using the current mileage rate and State rates for airfare if applicable.

Air Costs		Vehicle Costs	
Ticket roundtrip	\$216.00	Mileage: City-to-city round-trip:	
Mileage to/from airport		720 miles x 57.5 cents per mile = <u>\$414</u>	
30 miles x 57.5 cents per mile=	\$ 17.25		
Parking	<u>\$ 10.00</u>		
Total	\$243.25		

Reimbursement

The least expensive method of transportation will be reimbursed on the [TEC](#).

The time requirement for meals and lodging would be allowed for the time the employee would have left and returned had they flown. Additional meal and lodging expenses incurred as a result of using an alternative method of transportation is at the employee's own expense.

Exception

An exception to the least-expensive requirement would be if an employee has a reasonable accommodation approval through the Department of Consumer Affairs (DCA/Department) Health and Safety Office, which prevents the employee from specific modes of travel, such as air travel.

Request guidance from the Accounting Office Travel Unit (calaters@dca.ca.gov) when special circumstances arise prior to commencing the trip.

Direct and Indirect Travel Arrangements

All travel arrangements for air, auto rental, and lodging for official State business must be made through the Department's approved travel agency, Concur CalTravelStore. See the [Management Memorandum](#) regarding the travel policy for all State agencies.

Air Travel

Before making airline reservations, be aware of the contract rates and where to book your flights. The State contracted rate includes airfare for origination and destination points known as city pairs for within California, out of State, and international destinations. The contract rates are unrestricted one-way fares and are not subject to limited seating.

When booking on Southwest Airlines, you should only select "Want to Get Away" and "Anytime" flights. You should never select Business Class-type flights; if selected, you will be responsible for the difference in cost.

The 2013–14 contract fares are with Alaska Airlines, Delta Air Lines, JetBlue, United Airlines, and Virgin America, and 2014–15 for Southwest Airlines. You must purchase your airline tickets through the CalTravelStore, the certified State travel agency, using your Department’s centralized American Express Business Travel Account (BTA). The CalTravelStore website contains the online booking tool Concur Travel (formerly Cliqbook), the online booking tool for all airline travel.

All travel arrangements for official State business must be made through the Department’s approved travel agency, CalTravelStore (www.caltravelstore.com).

Current Airfare Contract: www.travel.dgs.ca.gov

DGS Air Travel Services: **Air Travel Information**
www.dgs.ca.gov/travel/Programs/Airfare.aspx

State Administrative Manual (SAM) section 741: **Air Travel**
www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/741.pdf

SAM section 8422.115: **Airline Itinerary Requirements**
www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/741.pdf

California Department of Human Resources (CalHR) Policy: **Method of Travel**
www.calhr.ca.gov/employees/Pages/travel-method.aspx

Airport Parking

Employees parking at the airport must use the most economical parking available. However, if the board, bureau, or division determines that additional parking costs above the lowest-cost option are in the best interest of the State, a justification explaining the necessity for the additional cost shall be submitted with the employee’s [TEC](#). Without a receipt, reimbursement is limited to \$10. Please note: [TECs submitted without the required justification may be cut by the State Controller’s Office \(CalHR PML 2007-024\)](#).

Agencies/departments may consider the following items when determining if additional parking costs are in the best interest of the State:

- The direct expense; and
- The officer’s or employee’s time.

Please contact your Department’s Travel Liaison to initiate the start of your CalTravelStore profile. You must complete your registration before booking your travel.

Please use the links below for training and more information:

For security reasons, every traveler will need to contact their board or bureau Travel Liaison to initiate their CalTravelStore profile. Your user ID is your Department e-mail address. You must use your Department e-mail address as your user ID to have access to our Department’s company ID. This e-mail address will be your user ID for future access to the reservation system. After you receive your temporary password, you can complete your profile and book your trips. In addition, you’ll need to change the temporary password to ensure your account is secure. Once you’ve established a user ID

Attachment A

and password, the system will request that you complete the profile. After you've completed the profile, you must save the information before you attempt to book a trip. The CalTravelStore has a travel reservation guide and video to help; they are provided on the website and link below.

After the initial profile setup, you'll access the reservation system at www.caltravelstore.com. Click on "Concur Login" to complete your profile.

[Concur Travel demonstration](#) (video) and [Concur Interactive Training](#).

Concur Travel FAQs:

www.caltravelstore.com/pages/concur-travel-faqs

Non-Employee Reservations

You can make reservations for non-State employees conducting State business for your program, such as subject matter experts, volunteers, witnesses, or contractors, and receive State rates when using the DCA State-contracted travel service agency. One-time travelers should be booked as a guest traveler; no profile should or needs to be established.

Frequent Flyer Programs

Employees who earn travel premiums (frequent flier miles/points) while on official State business may now use these travel premiums for their personal use. The value of these premiums will not be reimbursed to the employee if used for State business.

See Personnel Management Liaisons (PML) Memorandum 2005-051

www.calhr.ca.gov/PML%20Library/PML2005051.pdf

Receipts

Airline itinerary or passenger receipts should include the traveler's name, dates and times of travel, destination, and amount of airfare. This document must be submitted with the employee's [TEC](#). The cost should always be entered on the claim as "Commercial Airfare," and "Department Paid" should be selected for payment type.

Privately Owned Aircraft Usage

SAM 0743 and 0746

www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/743.pdf

www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/746.pdf

Travel on official State business may be by privately owned/rented/leased aircraft whenever this is the least costly means or is in the best interest of the State.

Employees must first obtain supervisor and agency approval. Employee pilots shall certify at least yearly to their employing agency that they have the required liability insurance during the period of official travel. These required limits are shown on [STD 265](#). Use [STD 265](#) for certification and insurance:

http://www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/746.pdf.

In all cases, the aircraft must be certified in accordance with Federal Aviation Administration regulations and properly equipped for the type of flying to be performed.

State employees who pilot aircraft on official State business must meet the requirements of [CalHR Rule 599.628](#) and [SAM 0747](#).

Reimbursement: **SAM 0744**

www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/744.pdf

The reimbursement rate for employee privately owned aircraft is 50 cents per statute mile. Mileage is computed on the shortest air route from origin to destination, using airways whenever possible. Enter "Air Miles" and mileage on the [TEC](#). For expenses other than mileage, substantiate the expense with a voucher. Landing and parking fees are paid except at the site where the aircraft is normally stored.

State-Owned, Privately Owned, and Commercially Owned Rental Vehicle Use

Agencies determine who will drive on official State business and the vehicle type to be used: State-owned, privately owned, or commercially owned vehicles. The definition of "use of a State vehicle in the conduct of State business" includes the use of State vehicles "when driven in the performance of, or necessary to, or in the course of, the duties of State employment and shall include the operation of State-owned or leased vehicles as commute vehicles in a carpool or vanpool program authorized by a State agency." ([SAM 0750 Vehicle Use](#))

State vehicles may be authorized when two or more employees are traveling together; the trip includes intermediate stops not feasible for public transportation; the schedule of public carriers does not fit the itinerary; transportation is not available at the destination; or an employee must carry specialized tools, books, etc.

Privately owned vehicles may be used by employees on official State business if this is approved by the DCA. If the use is not less costly, the supervisor may authorize the use, but the payment will be for the less-costly alternative. No agency will require an employee to use their privately owned vehicle unless this is a formal condition for employment.

The following circumstances are prohibited uses of State vehicles:

- Using the State vehicle for anything other than conducting State business.
- Carrying in the vehicle non-Departmental employees, friends, or family members.
- Using the vehicle for private or recreational use.

Commercially owned rental vehicles may be rented when a State vehicle is not available and automobile travel is essential. The employee must return the rental car at the end of each work week State business is concluded. Refer to the [Department of General Services \(DGS\) website](#) to view the rental car contract and ensure adherence to State policy. (See Appendix.)

Commercial Rental Cars

Transportation Services: SAM Section 4100

<http://sam.dgs.ca.gov/TOC/4100.aspx>

CalHR Policies for Method of Travel

www.calhr.ca.gov/employees/Pages/travel-method.aspx

DGS Fleet Handbook (Page 5)

www.documents.dgs.ca.gov/ofa/handbook.pdf

DGS Rental Car Policies and Procedures

www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx

The State contract vendor for rental vehicles is Enterprise Rent a Car. The current contract is effective January 2015, per DGS Travel Bulletin 15-01. Click on www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx for more information.

Commercial Car Rental Car Rates as of January 2015: www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx for more information.

The rental of alternative fuel vehicles is encouraged and their rental rate should be the same.

For the complete rental car contract, click on www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx.

Car Rental Reservation Information

Rental Car reservation must be made on [Concur CalTravelStore \(www.caltravelstore.com\)](http://www.caltravelstore.com).

In order to receive the contract rate, employees are required to provide a current driver license and a second form of ID to ensure a smooth delivery of service when renting a vehicle. Acceptable second forms of ID can be an employee issued identification badge, a business card, a copy of a travel itinerary booked through CALtravelstore or Concur (the online reservation tool), or an authorization letter on Department letterhead. Reservations are required to be made in advance on Concur.

Employees must NOT:

- Extend rental agreements for personal business and pay the difference. When extending business trips for personal reasons, the employee must stop the State rental agreement and initiate a new personal rental agreement. See more information regarding personal use on page XX.
- Agree to purchase insurance. Insurance is included in the State contracted rates.
- Agree to purchase the fuel service option or prepaid fuel (i.e., a flat refueling rate).
- Agree to purchase higher rate, non-economy cars.
- Carry unauthorized, non-State employees in a rental or State vehicle. If travel plans change, please cancel the reservation.

Insurance

The State contract includes insurance and employees should not accept additional insurance. Employees using a noncontracted vendor may not have insurance included in their rental rate. The employee will be personally responsible for the insurance costs when choosing to use a noncontracted vendor.

In the event an at-fault accident occurs when renting a noncontract vehicle, the employee and the Department may be legally responsible for all damages sustained by others as well as property damage to the rental vehicle. More information on SAM Insurance and Surety Bonds is available at <http://sam.dgs.ca.gov/TOC/2400.aspx>.

Receipts

DCA policy requires the final rental car receipt be attached to the expense reimbursement claim (STD 262 or CalATERS), whether charged to the Department or paid by the employee. The receipt must indicate the amount charged and payment method. Precalculations or reservation agreements are not acceptable. ([SAM section 8422.115](#), <http://sam.dgs.ca.gov/TOC.aspx>)

Forms of Payment

The contract requires use of either the Corporate Rental Business Traveler Account (CRBTA) or the travelers Corporate American Express card. Use of cash or the traveler's personal credit card will not guarantee the State contract rate or the State's insurance coverage.

The following "exceptions" will required State departments to submit to the State Controller's Office (SCO) a [Short-Term Vehicle Justification Form](#) , signed by the employee's supervisor:

- Renting a vehicle larger than the intermediate size
- Renting a vehicle from a noncontracted vendor
- Needing physical or medical accommodations
- Refueling charges incurred at rental branches

All employees are required to refuel the rental car vehicle. When refueling the rental car, the employee must submit a detailed gasoline receipt for reimbursement. Gasoline receipts must show the date of purchase, method of payment, and an expense breakdown: number of gallons, price per gallon, and extended total purchased amount. Prepaid fuel receipts are not acceptable for reimbursement.

The SCO approval form should be attached to the invoice and travel expense claim associated with the justification. State departments are no longer required to receive approval from the DGS Statewide Travel Program. The Short-Term Vehicle Justification Form is available at www.dgs.ca.gov.

Rates include unlimited mileage and are not subject to blackout dates. Contracted vehicle rates information is available at www.dgs.ca.gov/travel/Programs/RentingaVehicle.aspx. The Maximum Cap Rate (MCR) includes the base rate, all fees, all charges, in addition to airport fees, vehicle license fees and, State, city and county, or local surcharges that apply to the commercial car rental industry as a whole and identified by airport. Sales tax and refueling charges are not included in the contract rate.

Short-Term Commercial Car Rental Cost Table
Base Rate with \$250,000 Insurance for Short-Term Rentals
 (Effective January 1, 2015)

Vehicle Class Type	Daily	Weekly	Max Cap Daily
Compact Nissan Versa, Toyota Yaris	\$31.93	\$127.72	\$48.95
Mid-Size/Intermediate Toyota Corolla, Nissan Sentra	\$31.93	\$127.72	\$48.95
Full-Size Chevy Impala, Nissan Altima	\$35.12	\$140.49	\$52.15
Alternative Fuel Vehicle Chevy HHR, Chevy Impala	\$35.12	\$140.49	\$52.15
FWD/Sport Utility Vehicle Ford Escape, Jeep Liberty	\$53.22	\$239.47	\$79.82
Minivan Chrysler Town and Country, Dodge Grand Caravan	\$53.22	\$239.47	\$79.82
Pick-Up Trucks Chevy Silverado, Ford F150	\$69.18	\$319.29	\$95.79
Zero Emission Vehicle Nissan Leaf, Chevy Volt	\$41.49	\$248.96	\$62.67

Private Vehicle Authorization and Use

The SAM requires that before any employee (including a board member) uses a privately owned vehicle to conduct State business, that employee must obtain authorization in writing from his or her supervisor and certify that the vehicle will be operated in compliance with [SAM section 0753](#).

An Authorization to Use Privately Owned Vehicle form ([STD 261](#)) should be completed and on file with the immediate supervisor. The [STD 261](#) form must be updated and re-signed annually.

Employees should be aware that the insurance maintained by the State is for the liability above the amount of the employees' policies. All employees driving on State business must carry evidence of liability insurance coverage. Mileage rates paid to employees include an amount that reimburses employees for maintaining minimum insurance coverage.

Mileage Rate Reimbursement

The following table shows the mileage reimbursement rates for privately owned vehicles:

7/1/2011–12/31/2012	55.5 cents per mile
1/1/2013–12/31/2013	56.5 cents per mile
1/1/2014–12/31/2014	56 cents per mile
1/1/2015–Current	57.5 cents per mile

Alternate Worksite Mileage

When an employee's regular work assignment requires reporting to a second location other than headquarters (e.g., a training site), mileage reimbursement is limited to the actual mileage incurred less their normal commute distance.

Airport Dropoff

When an employee is driven to a common carrier and no parking expenses are incurred during the employee's absence, they may claim mileage reimbursement at double the number of miles from headquarters or residence, whichever is less, while the employee actually rides in the vehicle.

If travel commences or terminates one hour before or after normal work hours, or on a regularly scheduled day off, mileage may be computed from the residence.

Minimal parking expenses for pickup will be allowed, with justification and/or notation on the [TEC](#).

Motor Vehicle Accident Reporting

All accidents involving a State-owned vehicle, or any vehicle being used on State business ([SAM section 0757](#)), must be reported. Report all accidents immediately to your manager and to the DCA Business Services Office. Accidents must be reported within 48 hours to the Office of Risk and Insurance Management on a [STD 270](#) form: <http://www.documents.dgs.ca.gov/ofa/CallCenter/DGSFleetFactsPamphlet.pdf>. State reporting requirements are in addition to a regular police report as required by law.

Accident reimbursement claims require special approval and processing. Therefore, contact the DCA Travel Unit for guidance.

Overtime and Callback Mileage

Callback or scheduled overtime mileage incurred on a normal day off, from your home to established headquarters, is reimbursable and the reimbursement is a reportable fringe benefit.

State Vehicle Emergency Repairs

Emergency State vehicle repairs can be reimbursed on a [TEC](#) with the appropriate receipt and written justification or explanation of the event. Repairs require Fleet Administration approval. For non-emergency car repairs, the employee should have the vendor bill the program directly.

Taxis and Shuttles

Taxis and shuttles should be used for trips within a reasonable distance (ten to 15 miles). Reimbursement can be made on a [TEC](#) for the actual cost of the expense with a receipt, or for no more than \$10 without a receipt. General Service charge cards are accepted for taxis and shuttle services within the Sacramento and Fresno areas. Tips or gratuities to drivers are not reimbursable since they are included in the incidental allowance. However, tips or gratuities for exceptional services, such as loading/unloading substantial luggage or multiple exam material, is allowable with written justification and receipt.

Parking and Tolls ([SAM section 0755](#))

Parking and tolls in excess of \$10 require a receipt and may be paid for:

- Day parking when the trip is away from the headquarters office and residence.
- Overnight public parking when the traveler is on travel status.
- Callback or scheduled overtime on a normal day off.

Commuting Transit and Vanpool

Employees who commute to and from work via public transportation or qualifying vanpools may be eligible for up to a 75-percent discount on public transit passes up to a maximum reimbursement of \$65 per month. Reimbursement is based on actual cost supported by a receipt or proof of purchase. Visit www.calhr.ca.gov/employees/Pages/miscellaneous-programs.aspx for more information.

Part-time employees' reimbursement may be prorated to correspond to their appropriate work schedule. Daily passes may be utilized for part-time employee reimbursement.

The State will pay \$100 per month to the primary driver of a qualifying vanpool consisting of seven to 15 people in lieu of the vanpool/transit rider incentive. A qualifying vanpool must meet both Internal Revenue Service (IRS) section 132 and CalHR 599.936 criteria: www.calhr.ca.gov/employees/Pages/miscellaneous-programs.aspx.

CHAPTER 4
BUSINESS EXPENSES AND RECEIPTS

Business Expenses

Business expenses are costs that are necessary for the completion of State business. Examples:

- Phone calls more than \$1 or calls totaling more than \$5. The Department of Consumer Affairs (DCA/Department) phone log can be used for logging calls when there is no official receipt provided (see "Justification for Reimbursement for Telephone Charges" in the Appendix).
- Approved training request for all out-service courses and in-State conferences and conventions. Reimbursement for training classes will be processed after completion of the training class.
- When physical examinations are required for pre-employment or as a condition of employment, the State will provide or pay for them. The applicant must pay for any services beyond the approved level for such services. For information on the current rate, see [SAM section 0191](#): www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap100/191.pdf.
- Excessive porter or baggage handling, such as for several boxes of exam materials, will be reimbursed with a receipt and justification.

- Professional licenses in occupational fields that may be required by the functions of a specific position, or is beneficial to the performance of an employee's duties, for actual cost of the application or renewal fee.
- Each department, commission, board, or agency may reimburse an employee for up to the maximum allowed per BU Contract for membership dues in job-related professional societies or associations of the employee's choice or for a job-related professional license fee, in recognition of the professional nature of employees. Both parties agree and understand that a different amount of reimbursement, if any, may be provided to employees in the same or similar situation.
- State Bar Dues – [CalHR Rule 599.921](#)
 - Employee designation: Manager, supervisor, confidential, and excluded.
 - References: [CalHR Rule 599.921](#)
Upon certification by the appointing power that the actual practice of law is required for the performance of duties of a specific position, employees shall be reimbursed for up to \$390 of the State Bar membership fee of \$410 for the cost of annual membership fees and specialty fees of the State Bar Association.
 - The State does not pay:
 - The \$10 portion that funds the State Bar's lobbying efforts or communications with voluntary bar associations.
 - Optional donations to the Conference of Delegates of California Bar Associations, Foundation of the State Bar, or the California Supreme Court Historical Society.
 - Penalties resulting from late payment of dues, unless the State is responsible for the late payment.

Valid Receipts

A valid receipt consists of the establishment's name, address, itemized expenses, including the total amount due and method of payment. When submitting a travel expense claim ([TEC](#)), the claimant is required to include original, itemized receipts for all State business expenses, unless specifically noted and accepted in another section of this *Travel Guide*.

Reimbursement requires proof of payment by the employee. If the receipt does not show the employee paid for the expense, attach other viable information such as the canceled check, bank, or credit card statement. For security purposes, blacken out all nonrelated charges and only retain the employee's name, bank name, and the specific charge you are claiming.

Required Receipts

Receipts shall be submitted for every item of expense of \$1 or more, except as noted in this chapter.

DCA policy is for all receipts to be attached to the [TEC](#), whether paid directly (to the vendor or establishment) by the State or paid by the employee. Examples are airline itineraries, final rental car expense receipts, etc.

Not Required

The employee must retain copies of all receipts, including those original receipts not required for reimbursement by the Department, for Internal Revenue Service (IRS) purposes.

Receipts are NOT required for reimbursement of actual expenses as a result of conducting State business for the following expenses:

- Per diem meals and incidentals
- Overtime meals
- Up to the published railroad and bus fares of less than \$10 when travel is within the State
- Street car, ferry fares, bridge and road tolls, local rapid transit system, taxi shuttle or hotel bus fares, and parking fees of \$10 or less for each continuous period of parking or each separate transportation expense

Lost Receipts

In the absence of a receipt, reimbursement will be limited to the nonreceipted amount or the published expense, when lower than the nonreceipted amount.

Odd-Size Receipts

If receipts are small, tape them to an 8 ½-inch x 11-inch sheet of paper so they will be the same size as the travel claim. More than one receipt can be on a sheet of paper as long as they do not overlap. Do not tape the receipts to both sides of the paper.

CHAPTER 5 REPORTABLE TAX ITEMS

Introduction

Various reimbursements of State business expenses and fringe benefits are subject to Federal and State income taxes and applicable Social Security and Medicare taxes. The Department of Consumer Affairs (DCA/Department) is required to report qualifying business expense reimbursements as income to the State Controller's Office each month.

Note: It is the State and Department's policy to adhere to all Internal Revenue Service (IRS) reporting requirements.

Reportable Items

The following items are the most common reportable employer-provided benefits:

- Overtime meals
- Callback mileage, including overtime mileage
- Meals on a one-day trip where there is no sleep period
- Department-approved exceptions to the 50 miles travel status radius rule
- Long-term assignments that exceed 30 consecutive days at one location for a period of more than one year. Contact the DCA Travel Unit for details when appropriate
- The personal use of State vehicles for commute miles
- Personal use of a State-provided electronic device
- Travel advances that are not cleared within 30 days of the travel date
- Relocation: Contact the DCA Travel Unit (calaters@dca.ca.gov) for details when appropriate

Note: Any nonreceipted expense, such as meals and incidentals, becomes reportable *if* the IRS conducts an audit and finds no receipts in the employee's file.

Reportable Withholdings

Below is a grid showing the percentages of taxes withheld from each agency, along with an example of the withholdings based on a \$66 reporting item. The actual total amount withheld from the \$66 item is \$26.58 for a represented employee. This amount would be deducted from the employee's next available pay warrant.

W-2s	Type of Tax	Withholding Rate	Monthly Value	Actual Withholding
	Federal	25.0%	\$66	\$16.50
	State	6.6%	\$66	\$4.36
	*SSI	6.2%	\$66	\$4.10
	Medicare	1.45%	\$66	.96
	**SDI	1.0%	\$66	.66

*Supplemental Security Income: Not applicable to Safety or Peace Officer Retirement.

**State Disability Insurance: Applicable to Service Employees International Union (SEIU)-represented employees only. Click on http://SCO.ca.gov/ppsd_ppm.html for the Payroll Procedure Manual (PPM) Long Term Travel Section N141 to see most recent rates.

The reportable reimbursements will be listed under "Other Income," or will be noted as "Included in Box 1" on the employee's W-2 form.

It is the employee's responsibility to maintain all reportable receipts with their records for IRS audit purposes.

There are many ways of capturing and reporting reportable items each month. Examples:

- Overtime meals, callback mileage, and meals on a one-day trip are captured at the time of the Travel Expense Claim ([TEC](#)) audit, and reimbursement is made.
- Department-approved exemptions to the “50 miles travel status radius” rule and long-term assignments that exceed 30 consecutive days are captured at the time that paperwork is submitted for approval to the Executive Office and the reimbursement of the [TEC](#) is made.
- Reporting personal mileage and/or use of a State vehicle is the responsibility of the employee. The IRS has determined that normal commute miles to and from work in a State vehicle are to be considered personal use. Only employees whose primary responsibilities are investigative law enforcement activities while they are performing law enforcement duties fit the IRS guidelines for exemption from reporting personal use of State vehicles. However, when these employees commute to and from the office for their office days or do not perform qualifying law enforcement activities on the way to or from work, the commute is reportable. All other employees who are permanently or temporarily assigned State vehicles must report personal use and/or their normal commute use. Each employee who drives a State vehicle is required to submit a monthly Employee Certification, Personal Use of State Provided Vehicles Form, to the DCA Accounting Office by the fifth day of the following month in which the personal use was incurred. Note: This requirement applies to all employees who drive a State vehicle; it is not limited to those employees whose assigned cars are stored at home or in off-site parking.
- Reporting personal use of a State-provided electronic device is the responsibility of the employee. Each employee who uses State-provided equipment for any personal use should prepare a memo stating the type of usage and the actual or estimated cost of the usage to be reported. To avoid the reporting of this type of fringe benefit, the employee can submit a personal check with the memo to reimburse the Department for their personal use.
- All travel advances are to be temporary. Any outstanding travel advances over 90 days are considered long term and should be treated as wages or compensation; therefore, reported as taxable income.
- Reporting “relocation” taxable items varies depending on the type of expenses that occur; i.e., moving of household goods, sale of residence, etc. For actual reporting requirements, contact the DCA Accounting Office’s Travel Unit (calaters@dca.ca.gov) for details.
- Continuing Medical Education (CME) expense reimbursement is a taxable fringe benefit for part time, full time, and intermittent Bargaining Unit (BU) 16 represented employees. CME expense reimbursement has been considered a taxable fringe benefit by the IRS since the program was established by the California Department of Human Resource and BU 16 representatives. This program does not meet the criteria to be non-taxable business expenses under Internal Revenue Code (IRC) 127. All reimbursements made under this program will be issued in advance as payroll checks near the beginning of each fiscal year.”

Introduction

There are additional requirements and/or approvals when filing out-of-State, out-of-country, or amended Travel Expense Claims ([TECs](#)).

Out-of-State Travel (OST)

Before any State employee may travel out of State on official State business, specific written approval must be given by the Director, the Agency Secretary, the Department of Finance, and the Governor's Office. Click on the link below for more information about *State Administrative Manual (SAM)* section 0710: www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap700/710.pdf. Approval must be obtained if either one of the following conditions exist:

1. The employee is on State time.
2. The employee is representing the State in an official capacity or is acting in such a capacity that it will be perceived that he or she is representing the State.

If either of these two criteria exist, approval is necessary regardless of whether the State is paying for the employee's travel expenses. The trips are limited to the approved number of persons, days, and funds as specified for each blanket request. Expenses exceeding the blanket limits will require an approved blanket substitution request to cover the overages prior to travel. Any cost incurred prior to the blanket approval will be at the employee's own expense.

OST expenses must be submitted separately from in-State travel and note the approved blanket number on the claim. Actual lodging expense, supported by a receipt and the standard meal and incidental reimbursement, may be claimed for travel outside of California. Contact the DCA Budget (go to [DCA Intranet](#), under Office of Administrative Services) or Accounting Office (calaters@dca.ca.gov) if you do not know the blanket number or require additional information. Refer to SAM 0760–0765 at <http://sam.dgs.ca.gov/TOC/700.aspx>.

Out-of-Country Travel

Employees will be reimbursed for actual lodging expenses, supported by a receipt, and will be reimbursed for actual meal and incidental expenses subject to maximum rates in accordance with the published government rates for foreign travel for the dates of travel. Failure to furnish lodging receipts will limit reimbursement to meals only. The government rates change monthly. Click on aoprals.state.gov for current reimbursement rates.

There is no allowance for blanket substitution of funds or authority for out-of-country trips. Any expenses that exceed the individual trip authority or funds will be at the traveler's expense. Claims must be submitted separately with the (approved) individual out-of-country trip request number written on the claim. Contact the [DCA Budget Office](#) if you do not know the trip number or require additional information.

When filing an amended claim, the following steps should be taken:

1. Submit a new claim.
2. Write "AMENDED CLAIM" in uppercase letters at the top of the claim.
3. Claim only the amount not submitted on the original claim.
4. Attach a copy of the original claim to the new claim.
5. Attach any required information, receipts, or justification not submitted with the original claim.
6. Obtain all required approval signatures and submit the claim to Accounting Office Travel Unit for payment.

CHAPTER 7 TRAVEL AND EVIDENCE ADVANCES

Travel Advances

Short-term advances may be issued prior to the time travel is actually performed, to employees who must travel on State business. Refer to SAM [8116](#) and 8117.

- Submit the travel advance request on CalATERS Global. In the event of non-access to CalATERS Global, please complete the [Request for Travel Advance \(AISD-008\)](#) form and send it to the DCA Accounting Office within 10 to 15 working days prior to the date of travel. Original signatures are required.
- Per the Governor's order, all departments are to keep outstanding travel advance balances (accounts receivables) to a minimum (<http://gov.ca.gov/news.php?id=16991>). Because of this order, DCA has limited travel advance amounts to lodging, meals, and airport parking that are fixed expenses in an effort to keep the outstanding receivables amount at a minimum. The employee will receive reimbursement for other expenses after the processing of their [Travel Expense Claim \(TEC\)](#).
- If the trip is canceled, the advance must be returned immediately to the Accounting Office. If the travel advance check is cashed, a personal check or cashiers must be submitted as payment.
- For employees who are not required to travel on more than one trip per month, additional advances will not be issued for future travel unless the outstanding advances have been cleared. Departments may issue additional travel advances for employees who are required to travel on multiple trips within a month. Additional advances will not be allowed if the employee does not submit a [TEC](#) or return the excess advance amount within ten days of each trip.
- All advances must be cleared by submitting a [TEC](#) within ten days after the date of travel. If the advance exceeds the expense claim, to clear the advance, the employee must submit a check with the claim, money order (payable to DCA), or cash for the difference. If the claim exceeds the advance, the employee will receive the balance due them by check within ten to 15 working days.

- Add a notation regarding the advance information in section 11 or in the Note Section on CalATERS Global of the [TEC](#). (Example: March travel advance \$200.) Do not deduct the advance amount from your claim total; the auditor will make the adjustment when the claim is processed for payment.
- Any outstanding advances of more than 15 days may be deducted from your next month's salary warrant per [SAM 8116.1](#). The DCA Accounting Office will notify the employee before this process occurs. The notification letter will allow the employee time to clear the advance balance. Failure to clear advances may preclude future advances being issued until the outstanding advances are cleared. Direct deposit will be canceled for those employees with uncleared balances to collect any advance balances not cleared within a reasonable time.
- Travel advances that are not cleared within 15 days must be reported as taxable income ([SAM 8116.3](#)). Taxes due will be withheld from the next available payroll warrant and reported as taxable income on the employee's W-2. When the advance is cleared, there is no method to refund the withheld taxes to the employee.
- Some restrictions apply to seasonal or part-time employees (including board and committee members) who may not be issued travel advances. Exception requests are granted, by approval of the Deputy Director, on a limited basis.

CHAPTER 8

FILING REQUIREMENTS

Claim Form and Correction Instructions

All Travel Expense Claims must be submitted on the [CalATERS Global](#) System. A [CalATERS Global Training Request](#) form should be completed and sent as an attachment to CalATERS@dca.ca.gov to establish a [CalATERS Global](#) User ID and temporary password. There are two types of claims that can be submitted on the [CalATERS Global](#) System.

1. **Regular Travel Expense Claim**—Only one trip per claim should be entered on a Regular Travel Expense Claim (TEC). These claims consist of per diem, lodging, and mode of transportation cost to and from destinations. Expense reimbursements are determined by the date and time the trip started/ended, therefore this information must be entered for each trip. If a traveler traveled on more than one trip, each trip must be entered on a separate claim. The claim will be returned to the traveler or travel liaison for correction if more than one trip is entered on this type of claim.
2. **Non-Travel Expense Claim**—Consists of multiple days and months, up to a full fiscal year (July 1, 2014–June 30, 2015). These claims consist of only parking, mileage, airfare, rental car/gas for rental car, business expenses, training, etc. This claim **would not include** meals, incidentals, or lodging. Please make sure when submitting this type of claim the amount is \$10 or more for budget and department cost efficiency.

The [CalATERS Global](#) TEC Transmittal should have the proper report name, index number, month and year of travel, original signature of the approver, dates, times, amounts, mode of transportation, purpose, normal work hours, etc. Original detailed receipts showing proof of payment and justifications, when necessary, are required documentation for the claim. The original [CalATERS Global](#) Travel Expense Claim and required receipts should be sent to the Accounts Payable/Travel Unit for processing.

In the event the employee is new to the Department of Consumer Affairs and does not have a [CalATERS Global](#) User ID established, a [Travel Expense Claim \(TEC\) \(std262\) Form](#) (Rev. 09/2007) can be completed to submit their first request for reimbursement of State-related travel expenses. The original and one legible copy should be submitted to the Accounts Payable/Travel Unit for processing. Keep a third copy for your records with any non-required original receipts. All [TEC \(std262\) Forms](#) should be completed in ink or typewritten. The original signature of the claimant and the approving officer are required to be completed in ink in the appropriate area of the form. For minor corrections, line-out the incorrect information and write in the corrected information. The claimant must initial all corrections. Travel claims with correction fluid or correction tape in critical areas of the form (affecting the reimbursement amount) will not be accepted. Travel claims may be returned as auditable if submitted with numerous changes or if it is difficult to read.

When to Submit Travel Expense Claims—[TECs](#) should be filed at least once a month, but not more than twice in one month. If the amount claimed for any one month does not exceed \$10, filing can be deferred until the next month's travel or until June 30, whichever comes first. Several trips may be entered on one [TEC STD 262 Form](#). Only one Regular Trip at a time can be submitted on [CalATERS Global](#). When more than one trip is being listed on the [TEC STD 262 Form](#), a blank line should be left between each trip. Trips that start at the end of one month and extend into the next month should be submitted after the trip has concluded. Although it is acceptable to put several trips on one claim, the following expenses must be submitted on a separate [TEC](#): Out of State, out of country, long-term assignment, evidence and relocation expenses. Please label the [TEC](#) header when filing reimbursement claims for other than short-term travel.

All claims for the current fiscal year must be submitted by the published year-end deadline. Do not combine fiscal years. If a trip overlaps June and July, two separate [TEC STD 262](#) or [CalATERS Global](#) claims must be completed and submitted, one for each month. However, they should be submitted together for audit purposes.

Required Information

The [TEC STD 262](#) must be completed in its entirety, including heading, dates, time, amounts, mode of transportation, purpose, normal work hours, etc., and have the claimant's and the authorized approving officer's original signatures. Itemized expenses and original receipts showing proof of payment and justifications, when necessary, are required documentation for the claim. The original [TEC STD 262](#) and required receipts should be sent to the Accounts Payable/Travel Unit for processing.

CHAPTER 9 COMPLETING A TRAVEL EXPENSE CLAIM

Introduction

The [Travel Expense Claim \(TEC\) Form, STD 262](#), requires various information, including employee information, trip information, reimbursement amounts, authorizations, and justifications be provided. This chapter provides a step-by-step description of what is required to complete a [TEC](#).

Employee Information

This information describes to whom, classification, bargaining unit, and where expenses should be charged.

Field	Enter Into Field
Claimant's Name	First name, middle initial, last name
Social Security Number or Employee Number*	13-digit position number or write "on file"
Department	Department of Consumer Affairs
Position	Civil service classification (title)
CB/ID Number	Bargaining unit number for represented employees OR Confidential, exempt, board/committee member, volunteer, or other specific title
Division or Bureau	Board, committee, program, division, or unit name
Index Number	Index/PCA number (contact the Department of Consumer Affairs [DCA] Accounting Office for assistance if you do not know your Index/PCA number)
Residence Address* (including city, state, and ZIP code)	Home address (do not use P.O. Box) <i>If confidential, contact the DCA Accounting Office for guidance.</i>
Headquarters Address (city, state, and ZIP code)	Complete headquarters (work) address
Phone Number	Office phone number (include area code)

* Refers to the Privacy Statement provided on the reverse side of the form.

Trip Information, Miscellaneous Information and Justifications, and Authorized Signatures

This section requests information regarding the when, where, and why the expenses occurred.

Field	Enter into Field
1	Normal Work Hours: Use the 24-hour clock
2	Private Vehicle License Number: Enter the license number of the private vehicle used on State business
3	Mileage Rate Claimed: Enter the rate claimed for private vehicle use
4	Month/Year: Month number (January = 1, December = 12) and four-digit year
5	Date: Day of the month (one day per line) Time: Departure and return (using the 24-hour clock)
6	Location Where Expenses Were Incurred: (A brief statement describing the purpose may be entered immediately below the last entry for each trip.)
7	Lodging: Enter actual cost of lodging, plus tax (up to the maximum reimbursement)
8	Meals: Enter actual cost of meals (up to the maximum reimbursement)

9	Incidentals: Enter actual cost of incidentals (up to the maximum reimbursement)																		
10 (A)	Transportation: Enter the cost of transportation, if paid by employee																		
10 (B)	Transportation: Enter the method of transportation, using the following codes: <table border="1"> <tr> <th>Type</th> <th>Code</th> </tr> <tr> <td>Railway</td> <td>R</td> </tr> <tr> <td>Bus, air porter, light rail, Bay Area Rapid Transit (BART)</td> <td>B</td> </tr> <tr> <td>Commercial airline</td> <td>A</td> </tr> <tr> <td>Privately owned vehicle (motorcycles not allowed)</td> <td>PC</td> </tr> <tr> <td>Private air</td> <td>PA</td> </tr> <tr> <td>State car</td> <td>SC</td> </tr> <tr> <td>Rental car</td> <td>RC</td> </tr> <tr> <td>Taxi</td> <td>T</td> </tr> </table>	Type	Code	Railway	R	Bus, air porter, light rail, Bay Area Rapid Transit (BART)	B	Commercial airline	A	Privately owned vehicle (motorcycles not allowed)	PC	Private air	PA	State car	SC	Rental car	RC	Taxi	T
Type	Code																		
Railway	R																		
Bus, air porter, light rail, Bay Area Rapid Transit (BART)	B																		
Commercial airline	A																		
Privately owned vehicle (motorcycles not allowed)	PC																		
Private air	PA																		
State car	SC																		
Rental car	RC																		
Taxi	T																		
10 (C)	Transportation: Enter carfare, bridge road tolls, or parking expenses																		
10 (D)	Transportation: Enter the number of miles driven with private and State vehicles, and then enter the amount due for private vehicles only																		
11	Business Expense: Enter any other expenses necessary for completion of State business, with justification as required. <u>Note:</u> Expenses more than \$25 require Office of Administrative Services authorization. The DCA Accounting Office will obtain signatures.																		
12	Total Expenses for Day: Enter the total expenses for that day																		
13	Subtotals: Enter the total expenses for each column																		
14	Purpose of Trip, Remarks, and Details: Enter the justification and miscellaneous information, such as: <input type="checkbox"/> Explanation of business expenses <input type="checkbox"/> Phone expenses, including place, party, and number called <input type="checkbox"/> Receipt justification, if needed <input type="checkbox"/> Justification for obtaining rental cars, other than a compact, or use of a noncontract vendor <input type="checkbox"/> Travel advances received																		
15	Claimant's original signature and date signed																		
16	Approving Officer's original signature and date signed																		
17	Special expense signatures are obtained by the DCA Accounting Office																		

APPENDIX

RESOURCE MATERIALS AND FORMS

Resource Materials

Subject	Issue Date	Expires	Number
Approval of Excess Lodging Rates	12/19/2013		California Department of Human Resources (CalHR) (Personnel Management Liaisons [PML] 2013-044) www.calhr.ca.gov/PML%20Library/2013044.pdf
FLSA Guidelines	04/16/2004		DCA DPM-PERS 02-06 http://inside.dca.ca.gov/offices/oas/hr/labor_rel.html

Travel and Relocation–Lodging Receipts	07/01/2014	www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx CalHR PML 2013-022 www.calhr.ca.gov/PML%20Library/2013026.pdf
Vanpool Incentives	10/22/2002	DPA PML 2002-069 www.dpa.ca.gov/textdocs/freepmls/PML2002069.txt
	09/27/2002	CalHR PML 2002-064 (www.dpa.ca.gov/textdocs/freepmls/PML2002064.txt)
	04/02/2002	CalHR PML 2002-021 (www.dpa.ca.gov/textdocs/freepmls/PML2002021.txt)

The list below includes memos, policies, procedures, and websites with information regarding travel reimbursement rules and regulations.

Useful Websites and Addresses

Useful Websites	Internet Addresses
<u>Department of General Services</u> ? <i>State Administrative Manual</i> ? Forms	www.dgs.ca.gov ? http://sam.dgs.ca.gov/TOC/700.aspx ? www.dgs.ca.gov/osp/Forms.aspx
<u>California Department of Human Resources</u> ? Bargaining Unit Contracts ? Personnel Management Letters (PMLs)	www.calhr.ca.gov/Pages/home.aspx www.calhr.ca.gov/Pages/home.aspx
Travel Agency	www.caltravelstore.com

List of Related Forms

The travel forms mentioned in this Travel Guide are available on the [Department of Consumer Affairs \(DCA\) Intranet](#) at <http://inside.dca.ca.gov/forms/subject.html#travel> and in this Appendix.

Form	Number	DCA Intranet and/or Internet Links
Authorization to Use Privately Owned Vehicles on State Business	STD 261	www.documents.dgs.ca.gov/dgs/fmc/pdf/std261.pdf
Cost Comparison Page	N/A	http://inside.dca.ca.gov/forms/oas/cost_comparison.pdf
Excess Lodging Rate Request/Approval	STD 255C	www.documents.dgs.ca.gov/dgs/fmc/pdf/std255C.pdf
Conference Attendance Request	N/A	http://inside.dca.ca.gov/forms/oas/conf_attend.pdf
Hotel/Motel Transient Occupancy Tax Waiver	STD 236	www.documents.dgs.ca.gov/dgs/fmc/pdf/std236.pdf
Justification for Reimbursement for Postage Charges	AISD 12	http://inside.dca.ca.gov/forms/oas/postal_charges.pdf
Justification for Reimbursement for Telephone Charges	AISD 11	http://inside.dca.ca.gov/forms/oas/phone_charges.pdf
Request for Travel Advance	AISD 008	http://inside.dca.ca.gov/forms/oas/travel_advance.pdf
Travel Advances and Travel Expenses Policy	SAM Chapter 8100	www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap8100/8116.pdf www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap8100/8116.1.pdf
Travel Expense Claim	STD 262	www.documents.dgs.ca.gov/dgs/fmc/pdf/std262.pdf

Appendix D

California Business and Professions Code Section 103

103. Each member of a board, commission, or committee created in the various chapters of Division 2 (commencing with Section 500) and Division 3 (commencing with Section 5000), and in Chapter 2 (commencing with Section 18600) and Chapter 3 (commencing with Section 19000) of Division 8, shall receive the moneys specified in this section when authorized by the respective provisions.

Each such member shall receive a per diem of one hundred dollars (\$100) for each day actually spent in the discharge of official duties, and shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties.

The payments in each instance shall be made only from the fund from which the expenses of the agency are paid and shall be subject to the availability of money.

Notwithstanding any other provision of law, no public officer or employee shall receive per diem salary compensation for serving on those boards, commissions, committees, or the Consumer Advisory Council on any day when the officer or employee also received compensation for his or her regular public employment.

ATTENDANCE REPORT**BOARD MEMBER:** _____**MONTH:** _____Please report the **actual** time you spent attending meetings or performing board business.

Pre-Meeting Preparation (please list meeting)	Date	# Hours	# Minutes
1.			
2.			
3.			
4.			
5. Reviewing Board Packet			

Meetings Attended (DO NOT INCLUDE BOARD OR COMMITTEE MEETINGS)	Date	Hours in Meetings (do not include meal and/or travel times)			
		Start Time:	End Time:	# Hours	# Minutes
1.					
2.					
3.					
4.					
5.					

Mail Ballots/Transcripts & Documents Reviewed	Date	# Hours	# Minutes
1.			
2.			
3.			
4.			
5. Review of Transcript—Case #			

You will be paid in eight-hour increments at the end of each month; any portion of hours remaining will be carried over into the next month.

To the best of my knowledge and belief, the information stated is accurate.

Signature: _____ **Date:** _____

Appendix E



PERFORMANCE APPRAISAL

FOR

EXECUTIVE
OFFICER

(including
Executive Director
and
Registrar)

*Prepared by
Department of Consumer Affairs
Office of Human Resources
1625 N. Market Blvd. Suite N-321
Sacramento, CA 95834
(Revised February 2015)*



Executive Officer **PERFORMANCE APPRAISAL**

INSTRUCTIONS

1. The DCA Performance Appraisal process system is based on the principle that performance should be evaluated on a regular basis in order to provide recognition of effective performance and as a tool to provide guidance in improving future performance.
2. If the Executive Officer (hereafter, "EO", which includes Executive Director and Registrar) is not at the maximum range of salary, the Board, Committee or Commission (hereafter, "Board") may recommend a salary increase for the EO. To qualify for such increases, the EO must meet or exceed performance expectations, as determined by the Board. This form is used to document the Board's recommendation for a salary increase.
3. To indicate the rating of any performance factor, an "X" mark should be placed in the appropriate rating column and in the "Overall Rating" column on each page. Additional spaces have been provided to accommodate other critical performance factors identified by the Board.
4. Comments to the Executive Officer should:
 - Be constructive and provide guidance for future performance;
 - Include factual examples of work especially well or poorly done, and
 - Give specific suggestions for performance improvement.
5. The Overall Ratings must be consistent with the factor ratings and comments, but there is no prescribed formula for computing the Overall Rating.
6. Overall Comments may consist of a summary of comments from specific categories, general comments or comments on other job-related factors which the rater wishes to discuss. Additional pages may be attached.
7. The Board President/Chairperson will discuss the appraisal with the EO and give him or her a signed copy. In signing the appraisal, the EO merely acknowledges that s/he has reviewed the appraisal and has discussed it with the rater. His/her signature does not indicate agreement with the ratings or comments.
8. The original copy of the appraisal, signed by both the Board President/Chairperson and the EO, will be maintained by the Department of Consumer Affairs, in the Executive Officer's Official Personnel File.



EXECUTIVE OFFICER PERFORMANCE APPRAISAL RATING SYSTEM

The rating system consists of five (5) Ratings Categories, as defined below:

Outstanding

Performance significantly exceeds the Board's expectations due to the efforts and ability of the Executive Officer when considering the job in its entirety. Significantly above-standard performance may be exhibited by consistently completing assignments in advance of deadlines; implementing plans and/or procedures to increase efficiency or effectiveness of work; working independently with little direction; and consistently meeting Board goals.

Above Average

Performance exceeds the Board's expectations due to the efforts and ability of the Executive Officer when considering the job in its entirety. Performance is beyond what is expected of an Executive Officer in this position.

Average

Performance of the Executive Officer meets the minimum expectations of the Board. The Executive Officer adequately performs the duties and responsibilities of the position.

Needs Improvement

The Executive Officer's performance fails to meet the Board's minimum expectations due to lack of effort and/or ability when considering the job in its entirety. Performance requires improvement in numerous and/or important aspects of the position.

Not Applicable

Rater is unable to assess the Executive Officer in this area, or the area is not applicable to the employee's job.



Executive Officer
PERFORMANCE APPRAISAL
OVERALL RATING

NAME OF EO:

NAME OF BOARD:

DATE OF BOARD MEETING WHEN RATING OCCURRED:

The overall rating must be consistent with the factor rating and comments, but there is no prescribed formula for computing the overall rating. The rating system is described on page 2.

☐ **OUTSTANDING**

☐ **ABOVE AVERAGE**

☐ **AVERAGE**

☐ **NEEDS IMPROVEMENT**

OVERALL COMMENTS *(Attach additional pages, if necessary)*

I HAVE PARTICIPATED IN A DISCUSSION OF OVERALL JOB PERFORMANCE

EO Signature: _____

Date: _____

Chairperson/President Signature: _____

Date: _____

Salary Increase recommendation (if applicable):

☐ No increase ☐ No increase (at maximum) ☐ Recommended Increase: _____%

Effective Date of Salary Increase: _____



Executive Officer
PERFORMANCE APPRAISAL

Performance Factor		Ratings				
	1. Relationship with the Board	Outstanding	Above Average	Average	Needs Improvement	Not Applicable
1	Maintains respect and trust of Board members.					
2	Provides Board with advice during consideration of issues.					
3	Keeps Board informed of progress of Board programs on a regular basis.					
4	Remains impartial and treats all Board members in a professional manner.					
5	Functions as an effective liaison between Board and Board Staff.					
6	Provides Board with complete, clear, and accurate reports, minutes, etc.					
7	Responds promptly to requests for information from Board members.					
8	Is readily available to Board members.					
9	Responds appropriately to constructive suggestions from Board members.					
	OVERALL RATING: Relationship with the Board					

Comments: (Attach additional pages, if necessary)



Executive Officer
PERFORMANCE APPRAISAL

Performance Factor		Ratings				
	2. Execution of Board Policy	Outstanding	Above Average	Average	Needs Improvement	Not Applicable
1	Understands and compiles with the overall policies, laws and regulations of the Board.					
2	Implements Board policies.					
3	Efforts lead toward successful accomplishment of goals.					
	OVERALL RATING: Execution of Board Policy					

Comments: (Attach additional pages, if necessary)



Executive Officer
PERFORMANCE APPRAISAL

Performance Factor		Ratings				
	3. Board Programs	Outstanding	Above Average	Average	Needs Improvement	Not Applicable
1	Ensures effective and efficient management of enforcement programs.					
2	Keeps Board apprised of enforcement program and process developments.					
3	Maintains security of examination process.					
4	Monitors validity/defensibility of examinations and provides appropriate recommendations for action.					
5	Monitors and identifies trends in candidate qualifications, pass/fail rates, etc.					
6	Resolves problems which arise in the exam process.					
7	Keeps Board apprised of exam program and process developments.					
8	Keeps Board apprised of licensing program and process developments.					
	OVERALL RATING: Board Programs					

Comments: (Attach additional pages, if necessary)



Executive Officer
PERFORMANCE APPRAISAL

Performance Factor		Ratings				
	4. Governmental Relations	Outstanding	Above Average	Average	Needs Improvement	Not Applicable
1	Keeps the Department of Consumer Affairs informed of Board issues, problems, and accomplishments.					
2	Maintains a positive working relationship with other State Agencies.					
3	Manages Board legislative program and efforts.					
4	Manages sunset review process.					
5	Acts a liaison and participates in national organizations, federations or alliances.					
6	Represents the Board effectively before the Legislature.					
	OVERALL RATING: Governmental Relations					

Comments: (Attach additional pages, if necessary)



Executive Officer
PERFORMANCE APPRAISAL

Performance Factor		Ratings				
	5. Administrative Functions	Outstanding	Above Average	Average	Needs Improvement	Not Applicable
1	Plans, organizes and directs Board administrative functions and staff.					
2	Provides oversight, direction and management of the Board's annual budget, expenditures and revenues.					
3	Keeps Board apprised of budget developments.					
4	Identifies, recommends and, as directed, seeks necessary changes to laws and regulations through proposed legislation and/or the Office of Administrative Law (OAL).					
5	Ensures compliance and enforcement of departmental, state and federal policies and procedures.					
6	Develops and executes sound personnel practices and procedures.					
	OVERALL RATING: Administrative Functions					

Comments: (Attach additional pages, if necessary)



Executive Officer
PERFORMANCE APPRAISAL

Performance Factor		Ratings				
	6. Public Liaison	Outstanding	Above Average	Average	Needs Improvement	Not Applicable
1	Represents the Board before the public.					
2	Directs consumer outreach programs.					
3	Manages Board's public relations effort.					
4	Directs liaison with educational institutions.					
5	Solicits and gives attention to problems and opinions of all groups and individuals.					
6	Represents the Board before industry associations to provide information regarding the Board's laws, regulations, programs and policies.					
	OVERALL RATING: Public Liaison					

Comments: (Attach additional pages, if necessary)

Appendix F

Government Code section 87200-87210

87200. This article is applicable to elected state officers, judges and commissioners of courts of the judicial branch of government, members of the Public Utilities Commission, members of the State Energy Resources Conservation and Development Commission, members of the Fair Political Practices Commission, members of the California Coastal Commission, members of the High-Speed Rail Authority, members of planning commissions, members of the board of supervisors, district attorneys, county counsels, county treasurers, and chief administrative officers of counties, mayors, city managers, city attorneys, city treasurers, chief administrative officers and members of city councils of cities, and other public officials who manage public investments, and to candidates for any of these offices at any election.

87201. Every candidate for an office specified in Section 87200 other than a justice of an appellate court or the Supreme Court shall file no later than the final filing date of a declaration of candidacy, a statement disclosing his or her investments, his or her interests in real property, and any income received during the immediately preceding 12 months.

This statement shall not be required if the candidate has filed, within 60 days prior to the filing of his or her declaration of candidacy, a statement for the same jurisdiction pursuant to Section 87202 or 87203.

87202. (a) Every person who is elected to an office specified in Section 87200 shall, within 30 days after assuming the office, file a statement disclosing his or her investments and his or her interests in real property held on the date of assuming office, and income received during the 12 months before assuming office. Every person who is appointed or nominated to an office specified in Section 87200 shall file such a statement not more than 30 days after assuming

office, provided, however, that a person appointed or nominated to such an office who is subject to confirmation by the Commission on Judicial Appointments or the State Senate shall file such a statement no more than 10 days after the appointment or nomination.

The statement shall not be required if the person has filed, within 60 days prior to assuming office, a statement for the same jurisdiction pursuant to Section 87203.

(b) Every elected state officer who assumes office during the month of December or January shall file a statement pursuant to Section 87203 instead of this section, except that:

(1) The period covered for reporting investments and interests in real property shall begin on the date the person filed his or her declarations of candidacy.

(2) The period covered for reporting income shall begin 12 months prior to the date the person assumed office.

87203. Every person who holds an office specified in Section 87200 shall, each year at a time specified by commission regulations, file a statement disclosing his investments, his interests in real property and his income during the period since the previous statement filed under this section or Section 87202. The statement shall include any investments and interest in real property held at any time during the period covered by the statement, whether or not they are still held at the time of filing.

87204. Every person who leaves an office specified in Section 87200 shall, within thirty days after leaving the office, file a statement disclosing his investments, his interests in real property, and his income during the period since the previous statement filed under Sections 87202 or 87203. The statement shall include any investments and interests in real property held at any time during the period covered by the statement, whether or not they are still held at the time of filing.

87205. A person who completes a term of an office specified in Section 87200 and within 45 days begins a term of the same office or another such office of the same jurisdiction is deemed not to assume office or leave office.

87206. If an investment or an interest in real property is required to be disclosed under this article, the statement shall contain:

- (a) A statement of the nature of the investment or interest.
- (b) The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged.
- (c) The address or other precise location of the real property.
- (d) A statement whether the fair market value of the investment or interest in real property equals or exceeds two thousand dollars (\$2,000) but does not exceed ten thousand dollars (\$10,000), whether it exceeds ten thousand dollars (\$10,000) but does not exceed one hundred thousand dollars (\$100,000), whether it exceeds one hundred thousand dollars (\$100,000) but does not exceed one million dollars (\$1,000,000), or whether it exceeds one million dollars (\$1,000,000).
- (e) In the case of a statement filed under Sections 87203 or 87204, if the investment or interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the date of acquisition or disposal.
- (f) For purposes of disclosure under this article, "interest in real property" does not include the principal residence of the filer or any other property which the filer utilizes exclusively as the personal residence of the filer.

87207. (a) When income is required to be reported under this article, the statement shall contain, except as provided in subdivision (b):

- (1) The name and address of each source of income aggregating five hundred dollars (\$500) or more in value, or fifty dollars (\$50) or more in value if the income was a gift, and a general description of the business activity, if any, of each source.

(2) A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was at least five hundred dollars (\$500) but did not exceed one thousand dollars (\$1,000), whether it was in excess of one thousand dollars (\$1,000) but was not greater than ten thousand dollars (\$10,000), whether it was greater than ten thousand dollars (\$10,000) but not greater than one hundred thousand dollars (\$100,000), or whether it was greater than one hundred thousand dollars (\$100,000).

(3) A description of the consideration, if any, for which the income was received.

(4) In the case of a gift, the amount and the date on which the gift was received.

(5) In the case of a loan, the annual interest rate, the security, if any, given for the loan, and the term of the loan.

(b) When the filer's pro rata share of income to a business entity, including income to a sole proprietorship, is required to be reported under this article, the statement shall contain:

(1) The name, address, and a general description of the business activity of the business entity.

(2) The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from that person was equal to or greater than ten thousand dollars (\$10,000) during a calendar year.

(c) When a payment, including an advance or reimbursement, for travel is required to be reported pursuant to this section, it may be reported on a separate travel reimbursement schedule which shall be included in the filer's statement of economic interest. A filer who chooses not to use the travel schedule shall disclose payments for travel as a gift, unless it is clear from all surrounding circumstances that the services provided were equal to or greater in value than the payments for the travel, in which case the travel may be reported as income.

87208. Except in statements required by Section 87203, investments and interests in real property which have been disclosed on a statement of economic interests filed in the same jurisdiction within

the previous 60 days may be incorporated by reference.

87209. When a statement is required to be filed under this article, every person specified in Section 87200 shall disclose any business positions held by that person. For purposes of this section, "business position" means any business entity in which the filer is a director, officer, partner, trustee, employee, or holds any position of management, if the business entity or any parent, subsidiary, or otherwise related business entity has an interest in real property in the jurisdiction, or does business or plans to do business in the jurisdiction or has done business in the jurisdiction at any time during the two years prior to the date the statement is required to be filed.

87210. No person shall make a gift totaling fifty dollars (\$50) or more in a calendar year to a person described in Article 2 on behalf of another, or while acting as the intermediary or agent of another, without disclosing to the recipient of the gift both his own full name, street address, and business activity, if any, and the full name, street address, and business activity, if any, of the actual donor. The recipient of the gift shall include in his Statement of Economic Interests the full name, street address, and business activity, if any, of the intermediary or agent and the actual donor.

Appendix G

Government Code section 87100

87100. No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a financial interest.

Appendix H

Government Code Sections 11146-11146.4

11146. For purposes of this article, the following terms have the following meanings:

(a) "State agency" has the same meaning as set forth in Section 82049, but does not include the Legislature.

(b) "Filer" means each member, officer, or designated employee of a state agency who is required to file a statement of economic interests under either Article 2 (commencing with Section 87200) or Article 3 (commencing with Section 87300) of Chapter 7 of Title 9 because of the position he or she holds with the agency.

11146.1. Each state agency shall offer at least semiannually to each of its filers an orientation course on the relevant ethics statutes and regulations that govern the official conduct of state officials.

11146.2. Each state agency shall maintain records indicating the specific attendees, each attendee's job title, and dates of their attendance for each orientation course offered pursuant to Section 11146.1 for a period of not less than five years after each course is given. These records shall be public records subject to inspection and copying consistent with subdivision (a) of Section 81008 and otherwise subject to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1).

11146.3. Except as set forth in Section 11146.4, each filer shall attend the orientation course required in Section 11146.1, as follows:

(a) For a filer who holds a position with the agency on January 1, 2003, not later than December 31, 2003 and, thereafter, at least once during each consecutive period of two calendar years commencing on January 1, 2005.

(b) For a person who becomes a filer with the agency after January

1, 2003, within six months after he or she becomes a filer and at least once during each consecutive period of two calendar years commencing on the first odd-numbered year thereafter.

11146.4. (a) The requirements of Section 11146.3 shall not apply to filers with a state agency who have taken an equivalent ethics orientation course through another state agency or the Legislature within the time periods set forth in subdivision (a) or (b) of Section 11146.3, as applicable.

(b) State agencies may jointly conduct and filers from more than one state agency may jointly attend an orientation course required by Section 11146.1, as long as the course content is relevant to the official duties of the attending filers.

(c) Before conducting each orientation course required by Section 11146.1, state agencies shall consult with the Fair Political Practices Commission and the Attorney General regarding appropriate course content.

Appendix I

Government Code Section 89503

89503. (a) No elected state officer, elected officer of a local government agency, or other individual specified in Section 87200 shall accept gifts from any single source in any calendar year with a total value of more than two hundred fifty dollars (\$250).

(b) (1) No candidate for elective state office, for judicial office, or for elective office in a local government agency shall accept gifts from any single source in any calendar year with a total value of more than two hundred fifty dollars (\$250). A person shall be deemed a candidate for purposes of this subdivision when the person has filed a statement of organization as a committee for election to a state or local office, a declaration of intent, or a declaration of candidacy, whichever occurs first. A person shall not be deemed a candidate for purposes of this subdivision after he or she is sworn into the elective office, or, if the person lost the election, after the person has terminated his or her campaign statement filing obligations for that office pursuant to Section 84214 or after certification of the election results, whichever is earlier.

(2) Paragraph (1) shall not apply to any person who is a candidate as described in paragraph (1) for judicial office on or before December 31, 1996.

(c) No member of a state board or commission or designated employee of a state or local government agency shall accept gifts from any single source in any calendar year with a total value of more than two hundred fifty dollars (\$250) if the member or employee would be required to report the receipt of income or gifts from that source on his or her statement of economic interests.

(d) This section shall not apply to a person in his or her capacity as judge. This section shall not apply to a person in his or her capacity as a part-time member of the governing board of any public institution of higher education unless that position is an elective office.

(e) This section shall not prohibit or limit the following:

(1) Payments, advances, or reimbursements for travel and related lodging and subsistence permitted by Section 89506.

(2) Wedding gifts and gifts exchanged between individuals on birthdays, holidays, and other similar occasions, provided that the gifts exchanged are not substantially disproportionate in value.

(f) Beginning on January 1, 1993, the commission shall adjust the gift limitation in this section on January 1 of each odd-numbered year to reflect changes in the Consumer Price Index, rounded to the nearest ten dollars (\$10).

(g) The limitations in this section are in addition to the limitations on gifts in Section 86203.

Appendix J

Please email your ballot to: Pharmacy.Mailvote@dca.ca.gov or Fax to (916) 574-8614

IN THE MATTER OF THE ACCUSATION AGAINST:	Date: NEED DATE
JANE DOE, TCH 00000	DUE DATE: NEED DATE
CASE NO. XXXX	

ORDER TYPE*:

- ☐ **DEFAULT DECISION**
- ☐ **PROPOSED DECISION**
- ☒ **STIPULATED SETTLEMENT**

Pharmacy Technician Registration No. TCH 00000 issued to Jane Doe is revoked, the revocation is stayed, and the Respondent is placed on probation for ___ years, subject to the terms and conditions in the decision.

I VOTE: _____ **YES: I would affirm the decision**

_____ **NO: I would not affirm the decision OR I vote to hold for discussion at next meeting. Please note concerns here:**

_____ **ABSTAIN OR RECUSE DUE TO CONFLICT**
If recusal, explain conflict:

COMMENTS:

_____ **POLICY ISSUE FOR DISCUSSION. I have voted above.**

ISSUE:

BOARD MEMBER SIGNATURE

PRINT NAME

DATE

- * **Default Decision** – Respondent failed to file a notice of defense or did not appear at scheduled hearing.
For questions call **Board Counsel**
- * **Proposed Decision** – The case was heard by an Administrative Law Judge, who took evidence and heard testimony, who then wrote a proposed decision based on his/her findings.
For questions call Board Counsel
- * **Stipulated Settlement** – An agreement negotiated between board staff and respondent(s).
For questions call the **EO, AEO or Board Counsel**.

Appendix K

Overview of Board Member Role in Disciplinary Actions

<p>Administrative Proceedings B&P Code, §§ _____ Gov. Code, § 11500 <i>et seq</i></p>	<p>An administrative proceeding refers to any action to deny, restrict or revoke a license. The proceeding begins when the Executive Officer files a charging document – usually a Statement of Issues (to deny a license) or an Accusation (to restrict or revoke a license). Rarely, the EO issues a citation, which may be appealed through an administrative proceeding.</p>
<p>Most Common Types of Decisions: Default, Stipulation, Proposed Decisions</p>	<p>If the licensee fails to respond to a charging document, a default decision is prepared and submitted the Board members for vote. If the licensee and the Executive Officer agree to particular enforcement outcome, a stipulation is prepared and presented to the Board members for vote. If neither of the above occurs, the case is sent to a formal hearing before an administrative law judge (ALJ). After considering the evidence from the hearing (usually documents and witness testimony), the ALJ issues a proposed decision (a recommended resolution), which is then presented to the Board members for vote.</p>
<p>Review of Decisions Gov. Code § 11500, <i>et seq.</i>; B&P Code, § _____; Title 16, C.C.R. § _____</p>	<p>Board members, by majority vote of a quorum, must approve any decision (proposed decision, stipulation or default) before the decision becomes final and the formal discipline (penalty), if any, can take effect.</p> <p>Each Board member reviews any decision presented for vote. Each case is evaluated on a case-by-case basis, but things a member might consider:</p> <ol style="list-style-type: none"> 1. Whether the Board's highest priority, protection of the public, is effected by the decision; 2. Whether the Board's Disciplinary Guidelines are satisfied or whether variation is warranted; 3. Whether the standards of practice were used as a basis for reaching the decision; and 4. Whether the decision may be reasonably and practically implemented and 5. Whether the case contains factual or legal errors.
<p>Member Questions and Communications about Decisions Gov. Code § 11430.10, <i>et seq.</i></p>	<p>Communications with staff concerning pending proceedings, including decisions, are limited by the provisions of the Administrative Procedure Act. There are two parties to any disciplinary proceeding – complainant (the Executive Officer and other staff) and respondent (the licensee). The Board members decide the case and therefore act as judges. To avoid the fact or appearance of bias or impropriety, communications between one party (staff or the licensee) and Board members are limited.</p>

	<p>There are two common exceptions to this restriction. First, staff may answer questions of procedure and ministerial questions (<i>e.g.</i>, when is a vote due, when will a decision become effective).</p> <p>Second, EO or other board staff or the Deputy Attorney General may communicate about stipulated decisions – and only stipulated decisions – <u>only</u> to explain why the stipulated decision should be adopted.</p> <p>Board members may direct questions about a decision to the Board’s legal counsel, who is not involved in the investigative stage of the proceeding. Questions about permissible or impermissible communications should also be directed to legal counsel.</p>
<p>Mail Ballots Gov. Code, § 11526 Board policy</p>	<p>Proposed decisions, stipulations and default decisions are generally mailed (electronically or otherwise) to each Board member for voting. The Board member may vote to adopt, reject (non-adopt) or seek to hold the case (discussed in detail below).</p> <p>A ____ calendar day deadline is generally given for a mail ballot to be completed and returned to the Board’s office. Board staff reviews the ballots and, if there is not a request to hold, and a quorum of votes has not been received by the Board, prepares the decision for the President’s signature.</p>
<p>Holding Disciplinary Cases for Closed Session Board Meetings Board Policy</p>	<p>When voting on a mail ballot, a Board member may wish to discuss a particular aspect of the decision before voting. If two members mark their ballot to “hold for discussion,” the case will be scheduled for the closed session of the Board’s next meeting. At the time the ballot is prepared, the Board member should record his or her concern. Recording the concern facilitates the discussion by allowing staff, legal counsel and other members an opportunity to prepare to respond to the concern as appropriate. Since there can also be a delay before the next meeting, it can also help preserve the member’s memory about his or her concerns.</p> <p>When a matter is held for closed session, Board legal counsel will be present to advise and assist the Board.</p>
<p>Closed session: Stipulations</p>	<p>If the board is deliberating about what to do with a stipulation, it can</p> <ul style="list-style-type: none"> • Adopt • Reject and set for hearing • Make counter offer and if accepted, will dispose of the matter •
<p>Closed session: Proposed Decision</p>	<p>If a board is deliberating on a Proposed Decision, it can</p> <ul style="list-style-type: none"> • Adopt the proposed decision of the ALJ

	<ul style="list-style-type: none"> Reject (Non-adopt) the proposed decision and after review of the transcripts and the record and develop its own decision Remand (return) the decision to the ALJ for the taking of additional evidence. The proposed decision must address all points of evidence submitted. If it does not, the decision can be returned to the ALJ for additional consideration Make technical or minor changes to the proposed decision. Mitigate (lessen, reduce) the proposed penalty <p>NOTE: Board cannot increase cost recovery.</p>
Closed Session: Rejection (non-adoption) Gov. Code, § 11517	If the Board votes to reject a Proposed Decision of an ALJ, absent specific direction to the contrary from the Board, the transcript and exhibits of hearing will be ordered and it will provide an opportunity for written argument. The Executive Officer will fix the date for submission of written argument to ensure Board members have time to review any materials prior to a Board meeting. The board meets in closed session to determine the outcome of the case and board counsel writes the decision.
Petition for Reconsideration Gov. Code, § 11521	<p>At any time before the effective date of the decision, the board on its own motion or either of the parties may request reconsideration.</p> <p>The board may grant a stay of up to 30 days to allow a party to file a petition for reconsideration.</p> <p>The EO, president or full board may grant a stay of up to 10 days to consider a petition for reconsideration.</p> <p>If granted for a case in which a hearing was held, the record (transcript and exhibits) is ordered. The members deliberate in closed session to determine if they would like to issue a revised decision.</p>
Appeals of Decisions (Writs of Mandamus) Gov. Code, § 11523	<p>In the event one of the parties believes there to be legal basis to challenge a board decision, the party may file an appeal through a writ of mandamus.</p> <p>In the event the court remands the matter to the board for further action, the board allows written argument. After considering argument, the board deliberates in closed session about the decision to take. Board counsel sits with the board and writes any new decision.</p>
Petitions for Penalty Relief Gov. Code, § 11522; B&P Code, § _____	If a licensee files a petition for penalty relief (for either reinstatement or modification or termination of existing probation), as long as that petition meets statutory requirements, the matter

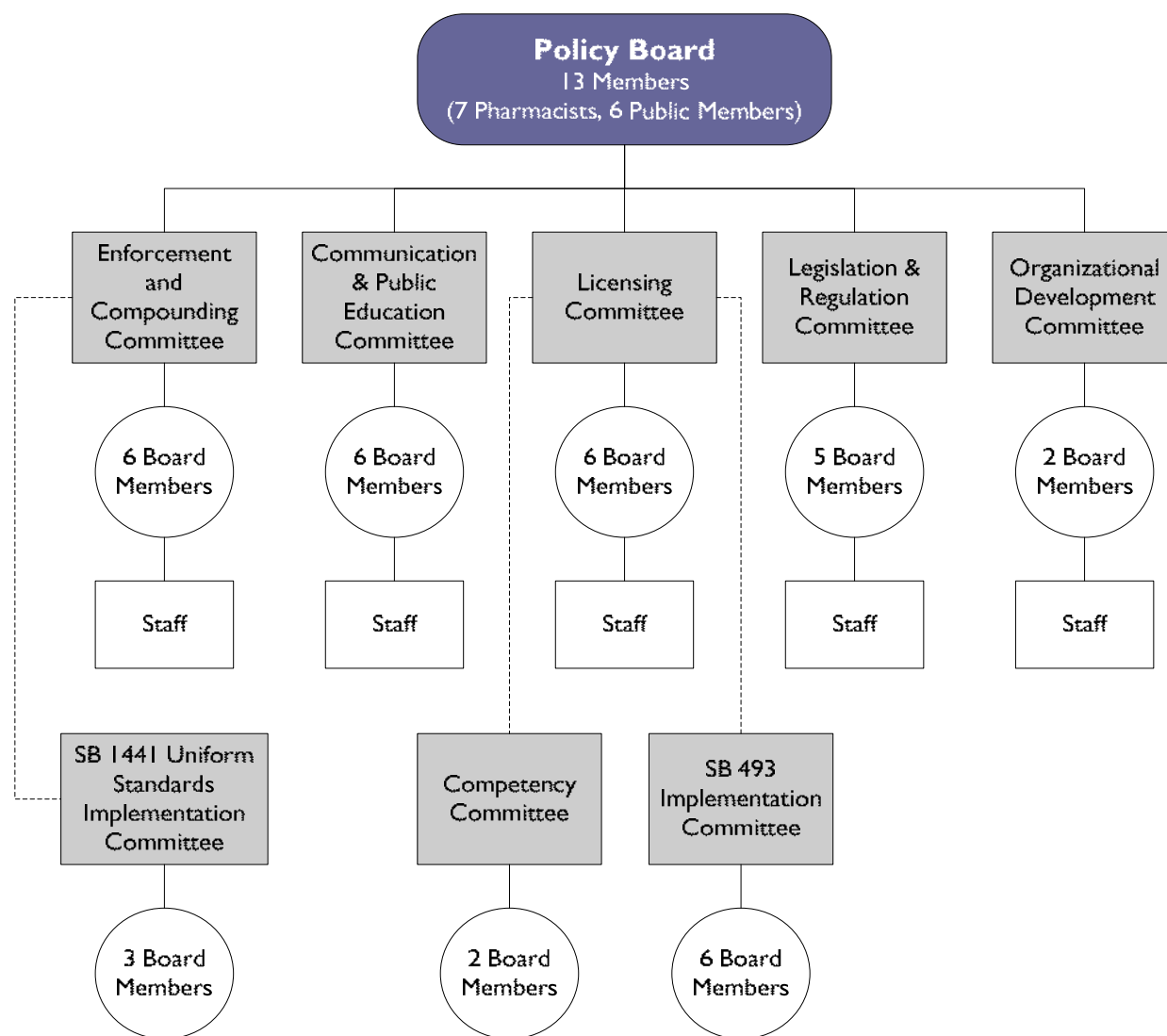
Board Policy	will be heard by the Board members themselves at a Board meeting. Absent direction to the contrary, an ALJ sits with the members to preside over the hearing.
Enforcement Actions – Disclosure to the Public Gov. Code, § 6250, <i>et seq.</i> B&P Code, §125.9 Department of Consumer Affairs' <i>Guidelines for Access to Public Records</i>	Enforcement actions, including citation and disciplinary actions, are a matter of public record.

Attachment B

Board Organizational Chart



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY



Attachment C - 1

The Script - Newsletter



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY



BE AWARE & TAKE CARE:
Talk to your pharmacist!

The Script

CALIFORNIA STATE BOARD OF PHARMACY

Fall 2015

Senate Bill 493 Implementation Underway

Senate Bill 493, enacted in 2013 (Hernandez, Chapter 469), adds a number of new duties that specifically trained or qualified pharmacists may perform. A full description of these services may be accessed in the Spring 2014 newsletter http://www.pharmacy.ca.gov/publications/14_spring_script.pdf.

To implement the multiple provisions authorized by SB 493, the board formed the SB 493 Committee in June 2014, and held five additional meetings of this committee, as well as 11 other board meetings to approve or modify the regulations.

As this newsletter goes to print, regulations to implement all major components have been developed and are in various stages of approval required to secure the regulations. The text of the regulations may be accessed at http://www.pharmacy.ca.gov/laws_regs/regulations.shtml.

Here is the current status as we go to publish:

- **Public Comment Completed, Board Approved, Undergoing Administration Review (Required step to adopting any regulation):**
 - State protocol for nicotine replacement products, proposed section 1746.2

- **Completed the initial 45-day public comment period, text approved by the board, rulemaking file being completed for administration review:**

- State protocol for hormonal contraception protocol, proposed section 1746.1

- **Text to be modified and released for 15 day comment period:**

- Advance practice pharmacist licensure requirements, proposed sections 1730 and 1730.1
- Vaccinations, proposed section 1746.4

- **Undergoing the initial 45-day comment period:**

- Travel medications, proposed section 1746.5

- **For Naloxone Protocol (authorized by AB 1535, Bloom, Statutes of 2014):**

- **Undergoing 15-day comment period:**

- Permanent adoption of Naloxone protocol, proposed section 1746.3

- **Currently in effect:**

- Emergency protocol for naloxone, section 1746.3

In the Future:

The board is now working on additional routes of qualification for advance practice pharmacists. These discussions will occur in public meetings throughout the fall. Watch for the notices via the board's subscriber alert system. To sign up, use this link: <https://www.dca.ca.gov/webapps/pharmacy/subscribe.php>

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Registered for CURES?

Pharmacists are reminded that current law requires that all pharmacists with active licenses must be registered to access CURES. Legislation recently signed by the Governor now requires all pharmacists to be registered by July 1, 2016 (AB 679, Allen, Chapter 778, Statutes of 2015). For information about CURES and becoming registered, go to: <http://www.pharmacy.ca.gov/licensing/cures.shtml>



President's Message

By Amy Gutierrez, PharmD
President, Board of Pharmacy

I am pleased to be serving Californians as the newly elected president of the Board of Pharmacy. I consider myself very fortunate to serve alongside my fellow board members, each of whom contributes a wealth of expertise to board actions, as well as an ongoing commitment to our mission of improving the quality of pharmacy care provided to residents of our state.

I am taking over the reins from past president Stan Weisser, a pharmacist who has provided our board with five years of dedicated, presidential leadership. On behalf of the entire board, I thank Mr. Weisser for his extraordinary commitment to the board, and for the wisdom, skills, and energy he has committed to ensure that safe and accessible pharmacy care is at the forefront of the board's decisions. He has left his mark on the pharmacy profession and we look forward to his continuing service as a board member.

This next year promises to be eventful, as the board implements new regulations associated with SB 493, the expansion of pharmacist scope of practice. These new regulations will position pharmacists in a role that allows them to utilize clinical skills and knowledge to improve access to care. The board has approved protocols that will allow pharmacists to furnish self-administered hormonal contraception, nicotine replacement products, as well as, immunizations and travel medications. These are currently in the process of being adopted as regulations.

The board is also in the process of developing a new class of pharmacist licensure, the advanced practice pharmacist, which will allow pharmacists to perform patient assessments as well as initiate, adjust or discontinue drug therapy. California is one of the first states to allow for this expanded pharmacist role and the board has worked closely with stakeholders on the development of protocols and proposed regulations.

The board recently worked with the Medical Board to approve emergency regulations and a protocol that allows pharmacists to furnish the opioid rescue agent naloxone, without a prescription, within licensed pharmacies. The California Department of Public Health has cited a 16.5% increase in deaths involving prescription pain medications, and it is our goal that the increased availability of naloxone will save lives. While the emergency regulation went into effect in April, I am looking forward to implementing the full naloxone regulation, and identifying ways to increase communication regarding the availability of this life-saving agent to pharmacies and communities.

Additionally, I am pleased to announce that board staff is revising the instructions for completion of license applications to make them easier to understand. Staff is also working with the Department of Consumer Affairs' Office of Public Affairs to create a video on how to accurately complete the pharmacy technician application. The board expects the video to assist pharmacy technician applicants avoid submission of incomplete applications, and to improve application processing times. The video is expected to be completed this Fall.

DOJ Offers Soft Launch of CURES 2.0

Prescribers and dispensers who meet new criteria are being selected for early adoption.

The Department of Justice (DOJ) and the Department of Consumer Affairs (DCA) announced that the state's new Controlled Substance Utilization Review and Evaluation System – commonly referred to as “CURES 2.0” – went live on July 1, 2015. This upgraded prescription drug monitoring program features a variety of performance improvements and added functionality.

In order to ensure a smooth transition from the current system, CURES 2.0 will be rolled out to users in phases over the next several months, beginning with early adoption by a select group of users

who currently use CURES and meet the CURES 2.0 security standards, including minimum browser specifications. DOJ is currently identifying prescribers and dispensers who meet these criteria and will contact and coordinate their enrollment into CURES 2.0. For all other current users, access to CURES 1.0 will not change and no action is needed at this time. For users and entities not currently enrolled in CURES, further notification will be provided in August as to the enrollment/registration process.

Practitioners and health systems should begin to prepare for universal adoption of the system by January 2016, at which point all users will be required to meet CURES 2.0's security standards.

CURES 2.0 users will be required to use Microsoft Internet Explorer Version 11.0 or greater, Mozilla FireFox, Google Chrome, or Safari when accessing the system.

Prescribers and pharmacists are encouraged to register for CURES access as soon as possible in observance of new mandates to enroll before **July 1, 2016**.

For more information, contact cures@doj.ca.gov.

Note: on October 11, 2015, new legislation was signed by the Governor that delays implementation of CURES registration requirements for pharmacists and prescribers from January 1, 2016, until July 1, 2016 (AB679, Allen).

Board of Pharmacy Honored for Assisting in Counterfeit Drug Raid

The California State Board of Pharmacy was recently recognized for an outstanding contribution to the protection of public health and patient safety after participating in an investigation and a series of raids in August 2014 that resulted in the seizure of hundreds of thousands of dosages of diverted, foreign sourced and counterfeit pharmaceuticals. The drugs were found in Southern California swap meets, shops and corner-stores. The award was presented by the Los Angeles

County Sheriff's Department and Merck. Pictured, from left are Tara Steketee, Merck Global Security Associate Director of Product Integrity - Americas; Board Inspector Antony Ngondara; Board President Stan Weisser; Board Inspector Brandon Mutrux; and Assistant Sheriff Todd Rogers, with the Los Angeles County Sheriff's Department.



Counterfeit Drug Reporting

Manufacturers, wholesalers, third-party logistic providers, and pharmacies are reminded that if they have reasonable cause to believe that a counterfeit dangerous drug, or a drug that is the subject of a fraudulent transaction is in,

or has been in, their possession, they must report it to the executive officer of the Board of Pharmacy within 72 hours of obtaining that knowledge (Business and Professions Code section 4107.5).

DEA Issues FentaNYL Nationwide Alert

Drug is extremely dangerous to anyone coming in contact with it

The United States Drug Enforcement Administration (DEA) recently issued a nationwide alert about the dangers of fentaNYL and fentaNYL analogues/compounds. FentaNYL is commonly laced in heroin, causing significant problems across the country, particularly as heroin abuse has increased. This alert was issued through the multi-agency El Paso Intelligence Center (EPIC) to all U.S. law enforcement.

“Drug incidents and overdoses related to fentaNYL are occurring at an alarming rate throughout the United States and represent a significant threat to public health and safety,” said DEA Administrator Michele M. Leonhart. “Often laced in heroin, fentaNYL and fentaNYL analogues produced in illicit clandestine labs are up to 100 times more powerful than morphine and 30-50 times more powerful than heroin. FentaNYL is extremely dangerous to law enforcement and anyone else who may come into contact with it.

DEA will continue to address this threat by directly attacking the drug trafficking networks producing and importing these deadly drugs. We have lost too many Americans to drug overdoses and we strongly encourage parents, caregivers, teachers, local law enforcement and mentors to firmly and passionately educate others about the dangers of drug abuse, and to seek immediate help and treatment for those addicted to drugs.”

In the last two years, DEA has seen a significant resurgence in fentaNYL-related seizures. According to the National Forensic Laboratory Information System (NFLIS), state and local labs reported 3,344 fentaNYL submissions in 2014, up from 942 in 2013. In addition, DEA

has identified 15 other fentaNYL-related compounds.

FentaNYL is a Schedule II narcotic used as an analgesic and anesthetic. It is the most potent opioid available for use in medical treatment – 50 to 100 times more potent than morphine and 30 to 50 times more potent than heroin. FentaNYL is potentially lethal, even at very low levels. Ingestion of small doses as small as 0.25 mg can be fatal. Its euphoric effects are indistinguishable from morphine or heroin.

DEA has also issued warnings to law enforcement as fentaNYL can be absorbed through the skin and accidental inhalation of airborne powder can also occur. DEA is concerned about law enforcement coming in contact with fentaNYL on the streets during the course of enforcement, such as a buy-walk, or buy-bust operation.

FentaNYL cases in 2014 have been significant, particularly in the northeast and in California, including one 12-kilogram seizure. The fentaNYL from these seizures originated from Mexican drug trafficking organizations.

Globally, fentaNYL abuse has increased in the past two years in Russia, Ukraine, Sweden and Denmark. Mexican authorities have seized fentaNYL labs there, and intelligence has indicated that the precursor chemicals came from companies in Mexico, Germany, Japan and China.

This is not the first time fentaNYL has posed such a threat to public health and safety. Between 2005 and 2007, over 1,000 U.S. deaths were attributed to fentaNYL – many of which occurred in Chicago, Detroit and Philadelphia. The source of that fentaNYL was traced to a

single lab in Mexico. When that lab was identified and dismantled, the surge ended.

The current outbreak involves not just fentaNYL, but also fentaNYL analogues. The current outbreak is wider geographically and involves a wide array of individuals including new and experienced abusers.

Some recent examples of the fentaNYL surge across the United States:

- New Hampshire State Laboratory recently reported four fentaNYL overdose deaths within a two-month period.
- New Jersey saw a huge spike in fentaNYL deaths in 2014, reporting as many as 80 in the first six months of the fiscal year.
- Rhode Island and Pennsylvania have also seen huge increases since 2013. In a 15-month period, about 200 deaths were reported in Pennsylvania related to fentaNYL.
- In the St. Louis area, based on information provided by medical examiners over a 10-year period, fentaNYL was the only drug attributed as a primary death factor in 44 percent of overdose cases.
- In June 2014, DEA New York dismantled a heroin and fentaNYL network and arrested the two heads of the organization. These individuals were linked to at least three overdose deaths from heroin and fentaNYL they sold.

For more information on fentaNYL, go to http://www.deadiversion.usdoj.gov/drug_chem_info/fentanyl.pdf

www.pharmacy.ca.gov

Estate Planning is Necessary For Pharmacy Owners



When a California pharmacy owner dies, the operation of the pharmacy can be placed in jeopardy without proper estate planning.

This is especially true for an owner who holds more than a 50 percent ownership interest and especially for a sole owner, even if ownership is organized as a corporation or limited liability company.

In California, since pharmacy licenses are non-transferable, when ownership changes more than 50 percent, the current license may become invalid due to the change in ownership and a pharmacy may not continue to operate without a new license issued to the new owners.

Without proper planning, grieving family members are left trying to cope with not only their loss, but with making business decisions such as closing the pharmacy, installing a new pharmacist-in-charge, arranging for an ownership change or selling the pharmacy. Meanwhile, patients can be left scrambling to try and get their medications while the ownership is appropriately transferred and approved by the board.

Making advance plans such as re-evaluating the pharmacy's corporate structure, especially for sole owners, can give pharmacists, their families and their patients peace of mind.

Closing a Pharmacy

If survivors must close a pharmacy, the following information is important.

A very large part of closing the pharmacy is determining what to do with

the inventory, the hard copy prescription documents and the electronic records. Section 1708.2 of Title 16 of the California Code of Regulations directs pharmacies to contact the board prior to transferring or selling any dangerous drugs, devices or hypodermics inventory and to follow all official instructions provided by the board. The DEA must also be contacted for its instructions regarding the DEA registration.

Because only a licensed pharmacist can oversee the transfer of the pharmacy's inventory, a pharmacist must be present when the dangerous drugs and devices are inventoried and transferred to a board-licensed facility. The heirs will need to make these arrangements if the deceased owner had not. The board must be notified in writing of the following:

- Date of sale or transfer of all dangerous drugs and devices, and of chemicals used for compounding.
- Name and address of purchaser.
- Inventory of dangerous drugs and devices, showing their disposition; and
- Location of records of manufacture, sale, purchase (acquisition), and disposition of dangerous drugs and devices. California Business and Professions Code sections 4081 and 4333 require that these records be kept in a board-licensed facility for three years. Board-licensed facilities includes a pharmacy, wholesaler or clinic. A storage unit, a record storage company, or the family garage are not board-licensed premises. Board-approved offsite waivers becomes invalid after a pharmacy discontinues business and records can no longer be stored at the offsite location.

Additionally, upon the death of a sole owner who is also the pharmacist-in-charge, there is no authority for the

pharmacy to continue to operate. The board may request the executor of the owner's estate to complete, sign, and submit to the board a Discontinuance of Business (DOB), form 17M-8 along with a copy of the death certificate. The form can be downloaded at www.pharmacy.ca.gov/forms/17m8.pdf.

The original large wall license, the current license renewal certificate, and the inventory of dangerous drugs and devices must be returned to the board with the DOB form.

Answers to Estate Planning Questions Related to Pharmacy

Pharmacy inheritance questions occasionally arise, and the following are examples of questions that have been posed to the board.

Scenario: Smith's Pharmacy has been family owned for 40 years and is currently solely owned by the original pharmacist owner's surviving wife, Mary, who is 83 years old. The family wants to assure that they can maintain ownership of the pharmacy when Mary dies. The family does not intend to sell the pharmacy, nor do they wish to acquire partners. Two sons, John (a licensed pharmacist) and Tom, currently operate the pharmacy and plan to continue to maintain control.

Q. According to her current estate planning, upon Mary's death all her shares of Smith's Pharmacy, Inc. will pass to the Smith Family Trust, with beneficiaries John and Tom. Will the Board of Pharmacy conclude that a transfer of ownership has occurred?

A. Yes. The Smith Family Trust would be a new owner and would require a new license. This change needs to be reported as soon as possible when the change occurs, because the Trust is not able to operate the pharmacy as the new owner until the new owner is approved (Title 16, California Code of Regulations, section 1709[c]). It may

Medication Errors Are Preventable

Medication Error Reporting Requirement

Professional errors, including medication errors, resulting in a settlement or an arbitration award of \$3,000 or more for any claim or action for damages or death or personal injury caused by the licensee's negligence, error or omission in practice must be reported to the board, per B&PC section 800. Additional fines of up to \$5,000 may be assessed for failure to report. If the licensee is represented by an insurance company, that company is required to submit the report.

Medication errors account for almost 20 percent of the complaints received and investigated by the California State Board of Pharmacy.

Medication errors are preventable and it is the board's goal to help pharmacists reduce these errors. One of the best ways to avoid medication errors is to provide patients with proper consultation at the time prescriptions are dispensed. Consultation helps identify that the proper medication is being furnished to the proper patient, in the proper dose for the proper diagnosis and that it is compatible with the patient's other medications. Consultation is required by law on all new or changed prescriptions.

The National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) defines a medication error as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.

If a pharmacy makes a medication error, the board strongly encourages the pharmacy to confidentially report errors to programs such as:

United States Pharmacopeial (USP) Practitioner's Reporting Network: http://napra.ca/Content_Files/Files/drugerrors.pdf

FDA's MEDWATCH program: <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM163919.pdf>

Institute of Safe Medication Practices (ISMP): <https://www.ismp.org/errorReporting/reportErrortoISMP.aspx>

These organizations pool and analyze medication error information obtained from all types of health care practitioners, manufacturers and consumers and alert the profession to error trends. Medication or prescription errors, usually single acts, are the result of human mistakes and can occur at any point along the drug therapy course, from prescribing through transcribing, dispensing and administering.

These programs work because thoughtful practitioners report incidents, confident that the purpose of reporting, recording, and tracking medication errors is not to assign blame, but to aid in understanding why the errors occurred and take preventive and corrective action to prevent recurrence.

Examples of common prescription dispensing errors include:

- The wrong drug (inappropriate for the patient's condition) is ordered by the prescriber.
- Incorrect information is entered on the label of the prescription container, as a result the patient is dispensed the wrong drug or wrong dosage.
- A drug is dispensed that is contraindicated if taken with another drug already being taken by the patient.
- A prescription is filled using a drug whose expiration date has passed.
- The medication is furnished to the wrong patient by the pharmacy.

According to the FDA, medication errors are also caused by using trailing zeros and not using leading zeros when writing out doses. The FDA cites as an example that a "5 mg" dose written with the trailing zero as "5.0 mg" can be misread as "50 mg," resulting in a tenfold overdose. Similarly, a "0.5 mg" dose written without the leading zero as ".5 mg" can easily be mistaken for "5 mg," also resulting in a tenfold overdose.

Other consistent problems include misinterpreted abbreviations and incomplete medication orders. Also, errors can be caused by poor communication, similarities in product names, ambiguities in directions for use or medical abbreviations, unclear labeling or poor pharmacy procedures or techniques.

Recent medication errors reported to the Board of Pharmacy include:

- Case 1. A patient received a prescription for Desogen, but instead was dispensed Aviane for 12 months.
- Case 2. A prescription order written for vitamin D3 10,000IU was incorrectly verified, ordered and dispensed as vitamin D3 1,000IU.
- Case 3. A prescription written and filled for Nexium 40 mg for patient A was incorrectly dispensed to patient B.
- Case 4. A pharmacy dispensed imiquimod 5% cream with directions to apply packet to affected areas 2 times a day for 6 weeks. The frequency of application was significantly higher than recommended by the manufacturer. The pharmacist failed to contact the prescriber for clarification and dispensed the prescription with irregular directions.

New Officers

New Board Officers Begin Their Terms



New officers for the Board of Pharmacy were elected in April and began their terms June 1, 2015.

Amy Gutierrez, Pharm.D., is now serving as president; Deborah Veale, R.Ph., is vice president; and Victor Law, R.Ph., is treasurer.

Dr. Gutierrez said, "I am very fortunate to have been appointed by the Governor at this point in time. I can't recall a more exciting time to be a pharmacist, given the combination of health care changes resulting from both the implementation of the Affordable Care Act and the current focus on expanded pharmacist scope of practice. I am honored to serve as board president and work alongside talented and dedicated fellow board members. We are a team, and this team is focused on ensuring that we promote optimal pharmaceutical care for California residents."

Dr. Gutierrez was appointed to the Board in 2012. She has been chief pharmacy officer and director of pharmacy at the Los Angeles County Department of Health Services since 2006, overseeing hospital, clinical and ambulatory care pharmacy practices, as well as developing pharmacy and medication use policies. Prior to that, she served in various positions within the Los Angeles County Department of Health Services from 1984 to 2006.

Dr. Gutierrez served as a leadership advisor at the California HealthCare Foundation's Health Leadership Fellowship Program from 2007 to 2009, having completed a CHCF health care leadership fellowship in 2005. She has been an adjunct professor of clinical pharmacy at the University of Southern California, School of Pharmacy since 2002 and an adjunct professor of pharmacy at

Western University College of Pharmacy since 2010.

Dr. Gutierrez earned her Doctor of Pharmacy degree from the University of Southern California, School of Pharmacy. She is a member of the American Society of Health Systems Pharmacists, and serves on the California Hospital Association's Medication Safety Committee as well as the national 340B Health Pharmacy Services Committee. Dr. Gutierrez also volunteers as a wish granter with the Make-A-Wish Foundation.

Ms. Veale has served on the board since 2010. She is director of payer relations for CVS Pharmacy. Previously, she was director of managed care for CVS. From 1983 to 2006, she served in several positions with Albertsons/Sav-On Drugs.

Ms. Veale said she loves being a pharmacist and living in California and finds serving on the board as a way to give back to the profession and to California consumers. She said in her upcoming term she looks forward to fully implementing SB 493.

"I think SB 493 has moved pharmacists into a position within the health care system where we can be better utilized while benefiting patients," she said.

Ms. Veale is a member of the California Pharmacists Association and National Council of Prescription Drug Programs. She also serves on the editorial review committee for *California Pharmacist Journal*. She earned her pharmacy degree from the University of Iowa, College of Pharmacy.



Mr. Law was appointed to the board in 2012 and has been chief pharmacist and president at Alpha Medical Pharmacy, Inc. since 1987. He held several positions at

Thrifty Corporation, including pharmacy manager and staff pharmacist and was a staff pharmacist for Sav-On Pharmacy. He has been a member of the California Pharmacists Association since 1982 and served as president of the San Gabriel Valley Chapter.

Mr. Law said he considers it an honor to serve as the board's treasurer and is looking forward to implementing SB 493.

"I am very proud that California is the first state to recognize pharmacists as health care providers with the passage of SB 493. It is my duty to make sure that all aspects of this bill are implemented properly in order to serve both our profession and the consumers."

Mr. Law served as chairman of the board of United Pharmacists Network Inc. from 2006 to 2012, chairman of the board of Garfield Medical Center in Monterey Park from 2006 to 2009 and vice chairman of the board of San Gabriel Valley Medical Center from 2013 to 2014.

He also served on the Dean's Advisory Board of Western University of Health Science Pharmacy School. Mr. Law earned his pharmacy degree from the University of Oklahoma in 1976.

Pharmacies Alerted to be on Lookout for Stolen or Counterfeit Security Forms

The Board of Pharmacy and DEA are concerned that an increasing number of inappropriate security forms and stolen security forms are being received and accepted by pharmacies.

Prescribers periodically report that fraudulent California security forms for controlled substances appear in California pharmacies where they are listed as prescribers. The board now posts on its website confirmed notices of stolen or compromised security prescription forms for controlled drugs that have been reported by prescribers.

A list of these can be viewed on the board's website at http://www.pharmacy.ca.gov/licensing/stolen_fraudulent_rx_forms.shtml. This site will be updated on a regular basis as loss reports are received.

The board is advising pharmacies to take appropriate precautions to verify the legitimacy of the prescriptions from these prescribers because at least some prescriptions may not be legitimate. Precautions may include contacting the prescriber's office using a phone number that has been obtained from a source **other than** the prescription form itself.

Pharmacies have also accepted fraudulent security forms that lack the required security features. The requirements for security forms are in Health and Safety Code sections 11162.1 and security forms must only be printed by security printers approved by the Department of Justice.

It is a pharmacist's responsibility to ensure that security prescription forms are legitimate by ensuring they include all of the required features. Pharmacists must also use their professional judgment and demonstrate corresponding responsibility by watching for red flags that could indicate a prescription may not be written for a legitimate purpose. For more information on a pharmacist's corresponding responsibility, see the board's brochure at http://www.pharmacy.ca.gov/publications/corresponding_responsibility.pdf.

If the pharmacist suspects the prescription is not legitimate, he or she should first contact the prescriber at a known phone number, not the one on the prescription, and verify the prescription. If the prescription is found not to be legitimate after it has been accepted for filling, then law enforcement should be contacted and the medication should not be furnished.

Accepting and dispensing controlled substances from fraudulent or counterfeit security forms is a violation of Business and Professions Code sections 4301 and 4306.5(b); California Code of Regulations section 1761, and Health and Safety Code section 11153.

Security Prescription Forms Must Contain the Following

Mandatory Security Features for Controlled Substances Prescriptions

- Latent, repetitive "VOID" pattern printed across the entire front of the prescription blank so that when a prescription is scanned or photocopied, the word "void" will appear in a pattern across the entire front of the prescription. (Thus, a faxed security form will show VOID.)
- Watermark printed on the backside of the prescription blank consisting of the words "**California Security Prescription**," visible by turning it over and holding up to light.
- Chemical void protection that prevents alteration by chemical washing.
- Feature printed in thermochromic ink (ink will change color if you put your finger on it).
- Area of opaque writing so that the writing disappears if the prescription is lightened.

Additional Mandatory Required Elements of Prescription Forms to be used for Controlled Substances

- Description of the security features included on each prescription form (so consumers/pharmacists know which features to look for).
- Six quantity check-off boxes printed on the form for the prescriber to indicate the quantity by checking the applicable box where the following quantities shall appear:
 - 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and overA space is also provided to designate the units referenced in the quantity boxes when the drug is not in tablet or capsule form.
- Statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted."
- Preprinted name, category of licensure, license number, federal controlled substance registration number, and address of the prescribing practitioner.
- Check-boxes printed on the form so the prescriber may indicate the number of refills ordered.
- Date when prescription was written.
- Check-box indicating the prescriber's order not to substitute.

FDA Cautions about Dose Confusion and Medication Errors for Antibacterial Drug Zerbaxa

The U.S. Food and Drug Administration (FDA) is warning health care professionals about the risk for dosing errors with the antibacterial drug Zerbaxa (ceftolozane and tazobactam) due to confusion about the drug strength displayed on the vial and carton labeling. (See the [Drug Safety Communication](#) for Label Photos).

FDA evaluated seven reported cases of medication errors that occurred during preparation of the dose in the pharmacy due to confusion with the display of the strength of individual ingredients on Zerbaxa's vial labels and carton labeling. Listing the individual drug strengths led to confusion because it was different from labeling for other drugs in the beta-lactam/beta-lactamase class that express strength as the sum of the two active ingredients. In some cases, this led to administration of 50 percent more drug than was prescribed. No adverse events were reported among these seven cases.

BACKGROUND: Zerbaxa is used to treat complicated infections in the urinary tract, or in combination with the

antibacterial drug metronidazole to treat complicated infections in the abdomen. Antibacterial drugs work by killing or stopping the growth of bacteria that can cause illness.

RECOMMENDATION: FDA urges health care professionals and patients to report side effects and medication errors involving Zerbaxa to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

Complete and submit the report Online: www.fda.gov/MedWatch/report.htm

Download form or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

Read the MedWatch safety alert, including links to the Drug Safety Communication, at:
<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm447629.htm>

Med Errors Are Preventable

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Case 5. The pharmacist verified a new prescription for a patient as 14 tablets of Xifaxan 200 mg, but it was dispensed as Xifaxan 550 mg instead.

Case 6. A patient was prescribed Bactrim DS, but Baclofen 20 mg was dispensed instead and the pharmacist did not provide consultation to the patient.

Some pharmacists have attributed medication errors to work overload. The board, when mediating a prescription error complaint, documents the number of prescriptions filled (new prescriptions and refills) and the staffing of the pharmacy on the day of the error. If it is determined that workload factors contributed to a medication error, the pharmacy and the pharmacist-in-charge may also be charged with violating the law. Repeated errors or serious breaches in pharmacy practices may trigger referral to the Office of the Attorney General for formal disciplinary action.

Security Forms

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- Identifying number assigned to the approved security printer by the Department of Justice.
- Check box by the name of each prescriber when a prescription form lists multiple prescribers.
- Prescriber signing the prescription form identified by checking the box by their name.
- Each form is numbered serially.

There are different requirements for controlled substance prescription forms used by prescribers at a licensed health care facility, such as a clinic or hospital, which has 25 or more physicians and patients are treated in-house. To review those requirements, see Health and Safety Code sections 11162.1, subsections (c)(1), (c)(2), (c)(3), (c)(4)(A) and (c)(4)(B). For more information on this subject, please see the Pharmacy Q and A article on Page 10.



The Board of Pharmacy Answers Your Questions Regarding Controlled Substances, Employer Dictated Workload and Supplying Needles .

Q: For a controlled substance prescription from a large healthcare facility, do the requirements of a California security prescription with regard to what must be handwritten by the prescriber differ from other California security prescriptions?

A: For a controlled substance prescription generated by a computer for a licensed health care facility, (such as a hospital specified in Health and Safety Code § 1250 or a clinic specified in HSC §1206(a) with 25 or more physicians or surgeons) the computer may print the prescriber's name, category of professional licensure, license number, federal controlled substance registration number and the date of the prescription. The computer-generated prescription for a controlled substance must be physically signed by the prescriber in ink.

Reference: Health and Safety Code § 11162.1, subdivision (c), parts (1)&(4)(B); March 2, 2005 BOP FAQ's regarding security prescription forms for controlled substances

Q: Is it legal for a prescriber to use the main office address as his/her address on electronically transmitted prescriptions (non-controlled), although the patient was seen at a different location?

A: Yes. An electronically transmitted prescription order shall include the name and address of the prescriber. Many physicians have multiple office locations. If there is uncertainty regarding the legitimacy of the prescription, the pharmacist must contact the prescriber to obtain information needed to validate the prescription.

Reference:
Business and Professions Code § 4040, Prescription; Content Requirements
California Code of Regulations § 1717.4 Electronic Transmission of Prescriptions
California Code of Regulations § 1761 Erroneous or Uncertain Prescriptions

Q: How do I identify the dates of the renewal period within which I must earn 30 units of continuing education (CE) to renew my pharmacist license?

A: The expiration date of a pharmacist's license occurs every two years in the birth month of the pharmacist. To calculate the renewal period: the renewal period ends on the expiration date of the license (which would fall on the last day of the birth month). The next renewal period begins the next day, or the first of the next month. Example: A pharmacist's license expires October 31, 2015. The current renewal period runs November 1, 2013 through October 31, 2015, within which the pharmacist must have earned 30 units of CE to renew the license in active status. The next renewal period will be November 1, 2015 through October 31, 2017. Please note that California law requires pharmacists to keep CE certificates for four years.

Q: May a pharmacist or physician furnish or sell more than 30 hypodermic needles or syringes without a prescription or permit if the person is known to administer insulin? May they sell fewer? What about use in animals?

A: A pharmacist or physician may, without a prescription or a permit, furnish hypodermic needles and syringes for human use, and a person without a prescription or license may obtain hypodermic needles and syringes from a pharmacist or physician for human use, if the person is known to the pharmacist or physician and the pharmacist or physician has been previously provided a prescription or other proof of a legitimate medical need requiring a hypodermic needle or syringe to administer a medicine (such as insulin) or treatment.

A pharmacist may, without a prescription, furnish hypodermic needles and syringes for use on animals providing the person receiving the hypodermic needles and syringes is known to the pharmacist and their identity can be established.

In addition, effective January 1, 2015, licensed pharmacists have the discretion to sell hypodermic needles and syringes to a person, age 18 and older, without a prescription in order to reduce the spread of HIV, viral hepatitis and other blood borne diseases. There is no longer any limit on the number of needles and syringes that may be sold to a customer.

Individuals, age 18 and older, may possess needles and syringes for personal use if acquired from a pharmacist, physician or authorized syringe exchange program. There is no longer any limit on the number that an adult may purchase and possess.



Rx for Good Practice

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A pharmacy that sells syringes without a prescription must provide written information or verbal consultation regarding:

- Access to drug treatment.
- Access to testing and treatment for HIV and hepatitis C.
- Safe disposal of sharps waste.

Fact sheets for Non-Prescription Sale of Syringes and Patient Information: What Consumers Need To Know About Sharps Disposal are available on the board's website at www.pharmacy.ca.gov.

Reference: Business And Professions Code 4145.5, 4141 Conditions for Furnishing Hypodermic and Syringes for Human Use and Specified Animal Use without a Prescription

Overdose Rescue Drug Now Available Without Prescription Pharmacists Can Furnish Naloxone for Opioid Overdose

The Board of Pharmacy approved emergency regulations in April allowing pharmacists to furnish naloxone without a prescription to be used as an antidote to reverse opioid overdose.

Naloxone hydrochloride, an opioid overdose rescue drug, is available by request or at the suggestion of a pharmacist in California pharmacies. The new regulation went into effect April 10, 2015, and expires in 180 days. The board is in the process of adopting a permanent regulation with similar provisions to replace the emergency regulation. Until the permanent regulation is in place, the board will seek an extension in the emergency regulation.

Pharmacists dispensing the potentially life-saving medication without a prescription must successfully complete one hour of continuing education on the use of naloxone hydrochloride, screen for appropriateness prior to dispensing and must provide the recipient with training in opioid overdose prevention, recognition, response and on the administration of naloxone hydrochloride. Upon verbal or written consent the pharmacist shall notify the patient's primary care provider of any drug(s) and/or device(s) furnished.

Any licensed pharmacist, even those without naloxone training, can still fill a prescription for naloxone written by a health care provider. All pharmacists

filling naloxone prescriptions should provide the recipient with consultation on how to use naloxone and inform them of the signs of an overdose. It is also suggested that pharmacists filling naloxone prescriptions provide patients with the naloxone fact sheet available on the board website.

According to the California Department of Public Health, California deaths involving prescription pain medications have increased 16.5 percent since 2006. From 2008 to 2012, there were 7,428 prescription opioid-related deaths in the state.

In 2012 alone, there were more than 1,800 opioid-related deaths in California and 72 percent of those deaths involved prescription pain medications.

Naloxone hydrochloride is a low-cost, non-narcotic, prescription drug that reverses the effects of opiate overdose, but 911 must still be called for medical assistance. Naloxone blocks the receptors in the brain from the effects of the opioids and can restore breathing. It may be administered by intramuscular injection, intranasal spray or auto-injector.

This authority was established by AB 1535 (Bloom, Chapter 326 Statutes of 2014) which authorizes the furnishing of naloxone hydrochloride pursuant to a protocol developed by the Board of

Pharmacy and approved by the Medical Board of California.

"This will save lives," said Stan Weisser, Board of Pharmacy president at the time the regulation went into effect.

"We are empowering pharmacists to put this rescue medication in the hands of those who are in a position to help an opioid overdose victim," he said.

Click here to view the emergency regulation: http://www.pharmacy.ca.gov/publications/naloxone_protocol.pdf

Click here to view the proposed text for the new regulation:

http://www.pharmacy.ca.gov/laws_regs/1746_3_proposed.pdf

Click here to view the naloxone fact sheet: http://www.pharmacy.ca.gov/publications/naloxone_fact_sheet.pdf

Click here to view the Board of Pharmacy Prescription Drug Abuse Prevention page and public service announcement video: http://www.pharmacy.ca.gov/consumers/rx_abuse_prevention.shtml

Click here to view AB 1535 (Bloom): http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1535&search_keywords

Weisser Reappointed to Board, Concludes Fifth Year as President



Pharmacist Stan Weisser, who has served as a Board of Pharmacy board member since 2007, has recently been reappointed by Gov. Edmund G. Brown Jr. for another four-year term.

Mr. Weisser has served as the board president for five years and has been the face of the board to the public, the profession and stakeholders. During his tenure, he has been a strong proponent of pharmacists providing patients with the best care possible.

As president, he worked with staff to develop meeting agendas for committees and the board; appointed committee chairs and committee members; and oversaw budgets, personnel, strategic planning and the sunset review.

He said that he has been impressed with the high caliber of board members and the knowledge and dedication of board staff.

“For our board, the lion’s share of the work is done by the committees. It’s critical that the committees have strong leadership and informed, engaged members. If the board is going to enjoy accomplishments, it is because of the hard work of the committees,” Mr. Weisser said.

He added, “Our board is a diverse group of professionals and public members, all with the same purpose – public protection.”

According to Mr. Weisser, the California Board of Pharmacy is considered to be at the forefront of consumer protection issues and is recognized nationally for the work done by Mr. Weisser and the board on such projects as e-Pedigree, which was subsequently preempted by a national track and trace program; sterile compounding requirements; language interpretation availability for patients; patient-centered labels; advanced practice pharmacist licensure requirements, and pharmacists soon being able to provide naloxone, hormonal contraception, immunizations, smoking cessation products and travel medications.

Mr. Weisser said that advanced practice pharmacists will create an “opportunity for the public to have greater access to health care services, which will benefit Californians.”

Mr. Weisser has been a champion of patient-centered labels that help make critical information on prescription containers more easily read by patients and caregivers.

For many years, he has also stressed the importance of pharmacists providing patient consultation on new or changed prescriptions. In 2011, Mr. Weisser wrote in his president’s column in the Script, “Patient consultation has been a California requirement since the early 1990s. Yet, in many pharmacies, patient consultation is not given the appropriate priority.” He wrote, “Patient consultation has many significant benefits, including its potential to minimize or avoid medication errors, to screen for drug interactions and to ensure compliance with therapy.”

Mr. Weisser graduated from the University of Connecticut School of Pharmacy in 1963 and became a licensed pharmacist in California that same year.

After opening his first pharmacy in 1969, his business, Network Pharmaceuticals, Inc., eventually grew into a chain of 30 pharmacies located in Southern California and Nevada. Mr. Weisser retired in 2000 as CEO and president of NPI. He is an associate professor of Pharmacotherapy and Outcomes Science at the Loma Linda University School of Pharmacy, and is a member of the California Pharmacists Association.

Mr. Weisser has been on the executive committee of the board of the Redlands Community Hospital for over 25 years and served as chairman. He is also a trustee on the University of Redlands Board of Trustees, serving as chairman of the finance committee and a member of its executive committee.

He is very active in many San Bernardino County philanthropic activities as well as civic, cultural, and educational programs.

The board wishes to thank Mr. Weisser for his years of guidance and service as president of the Board of Pharmacy and looks forward to his continued support as a board member.

What is a Drug Room?

A drug room is the area within a hospital, which has 100 beds or less and does not employ a full time pharmacist. In order for this hospital to purchase drugs at wholesale, the facility has to secure a license from the Board of Pharmacy.

A drug room is not required to have a pharmacist-in-charge; rather, it is required to provide the board with information for the following individuals:

- Chief Medical Officer
- Hospital Administrator
- Consultant Pharmacist

Drug distribution in a drug room is under the direction of a physician. The consultant pharmacist monitors and reviews pharmaceutical services provided by the hospital to inpatients of the hospital, as well as the drugs dispensed to outpatients by physicians.

If the hospital hires a full-time pharmacist or equivalent (total hours equal to a full-time pharmacist), the hospital will no longer qualify as a drug room and will be required to change its licensure to a hospital pharmacy.

California law specifies that a drug room must renew its license annually on or before November 1 of each year.

Reference: Business and Professions Code section 4056

Application – Form 17A-19 and documents/forms in support of the application.

Estate Planning

Continued from Page 5

be possible to obtain a temporary permit for the new owner. Again, this must be done before the pharmacy continues operation after the death of Mary.

Q. Mary is considering gifting fractional shares and possibly the sale of additional shares to family members prior to her death. At what point, if any, will the Board of Pharmacy conclude that a transfer of ownership has occurred? The pharmacy wants to avoid any possibility of losing the current pharmacy permit, thereby causing a disruption of billing with Medi-Cal.

A. Changes of ownership of 10 percent to 49 percent require that the pharmacy, within 30 days, file a notice with the board called “a change of permit.” The permit license number itself remains the same, but information must be provided about the new owners.

Changes of ownership of 50 percent or more must be reported on a form called a “change of ownership.” A new license permit number will be issued. Any change or series of changes that result in a 50 percent or more change in ownership will trigger a “change of ownership” application.

Tip: Anyone planning on hand-delivering a DOB form, a change of permit, or an application for change of ownership with or without an application for a temporary permit, first should contact the Board of Pharmacy office at (916) 574-7900 to schedule an appointment with a manager from the licensing unit to receive and review the forms being submitted for completion.

Applicable Pharmacy Laws

Section 4110 of the California Business and Professions Code states that no one shall conduct a pharmacy in California unless he/she has obtained a license from the board.

Under Title 16 California Code of Regulations section 1709:

- a) Any changes in the pharmacist-in-charge, the owners, or corporate officers must be reported to the board within 30 days.
- b) Any transfer, in a single transaction or in a series of transactions, of 10% or more of beneficial interest to any entity or individual who did not previously hold a beneficial interest, shall be reported within 30 days.
- c) A change of ownership application is required when a transfer of a beneficial interest of 50% occurs either in a single transaction or in a series of transactions.

Board of Pharmacy Assists Wildfire Victims

Pharmacists able to furnish medications without a prescription

On September 15th, the Board of Pharmacy held an emergency meeting in response to Governor Brown's declaration of a state emergency. Board members voted on vital issues to assist those who had lost their access to prescription medications due to the raging wildfires in Northern California.

The board temporarily granted waivers to pharmacy law to permit pharmacies in the counties of Lake, Napa, Amador, and Calaveras as well as immediately adjacent counties, to furnish impacted residents, **at the pharmacist's discretion**, of medically necessary drugs for themselves and their pets, without presentation of a prescription or drug container, even if prescriptions are not on file with the pharmacy.

The conditions of the waiver were:

1. A pharmacist may dispense a medication without an underlying prescription if:
 1. The pharmacist determines the medication is medically necessary.
 2. The benefits to the patient outweigh the risk to the patient.
 3. The patient provides the name of the prescriber.
 4. The pharmacy documents its actions (e.g., creates an order similar to one accepting a prescription order over the phone) and the documentation reflects that it was dispensed pursuant to an emergency authorization.

5. The medication is not a sterile compounded drug.
 6. The medication is not a controlled substance.
 7. The quantity of medication provided is determined by the judgment of the pharmacist, but does not exceed a 30-day supply.
 8. The pharmacist makes an attempt to validate the dispensing history through commercially available methods.
 9. The pharmacy attempts to contact the prescriber.
2. Hospital inpatient pharmacies may dispense to outpatients in excess of the 1 percent limit on total outpatient prescriptions currently established in law. Such dispensing is exempt from prescription labeling requirements, however, the label must include the same elements the hospital would provide on medication to a patient that is being discharged from the hospital.

The emergency waiver will be in effect as long as a state of emergency exists or unless subsequently modified by the California State Pharmacy Board. The board wishes to remind its licensees that law provisions do allow using a mobile pharmacy to ensure the continuity of patient care, as long as the board is notified of its use.

The board acknowledges and commends its licensees that are assisting Californians impacted by these fires.

Pharmacy Board Expands Inspector Answer Service

Pharmacy law is detailed and expansive. Recently the board restored a service whereby a board pharmacy inspector and board staff are available to respond to verbal and written inquiries from the public and board licensees.

This service has grown quickly in popularity since it was rolled out earlier this year. So now on Tuesdays and Thursdays, those who call with questions pertaining to pharmacy law and regulations will be transferred to board staff during general business hours. Staff will respond to the callers where they can, and refer the other callers to a board pharmacist inspector.

Questions may also be submitted via email or fax.

Eventually, a resource FAQ will be added to the board's website to enable those with questions that are frequently asked to find their answers. The FAQ will be developed over the coming months.

It's important to note that the Board of Pharmacy's inspectors and staff cannot provide legal advice, but they will attempt to identify statutory or regulatory provisions to assist you. Should you need legal advice or detailed research, you will need to contact an attorney or another source.

To access this service, please note the following contact routes:

- Email: ask.inspector@dca.ca.gov - if sending an email, include your name, organization, contact phone number and best time to contact you.
- Fax: (916) 574-8618
- Phone: (916) 574-7900 (Tuesday and Thursday from 8:00 a.m. – 4:30 p.m.)

Also, please note that **Licensing Questions** about a pending application or the application process itself should be directed to: http://www.pharmacy.ca.gov/about/contact_us.shtml

FDA Delays Drug ‘Track and Trace’ Enforcement

Pharmacies given four months before they’re penalized if they can’t document the chain of custody for the drugs they dispense.

The Food and Drug Administration (FDA) announced that because some pharmacies weren’t ready, it will not impose penalties until after November 1, 2015, on pharmacies that accept drug shipments without receiving product tracing information. Tracing information allows all parties to track the chain of custody of prescription drugs through the supply chain.

Under the Drug Supply Chain Security Act, which preempted California’s E-Pedigree law, January 1 and July 1, 2015 were the key dates for new requirements for manufacturers, repackagers, wholesale distributors, dispensers, and third-party logistics providers.

FDA originally intended to begin enforcing the policy July 1 for all businesses involved in the prescription drug supply chain in order to speed up the ability to find harmful products and remove them from the supply chain.

By July 1, 2015, pharmacies were to be able to capture and maintain transaction information (TI), transaction history (TH), and a transaction statement (TS)—sometimes referred to as “the three Ts”—for each drug product received for six years from the date of the transaction.

Pharmacies could contract with their wholesale distributors to maintain the records electronically for them so long as pharmacies can access and retrieve the data. FDA has clarified in draft guidance that email or Web-based platforms (such as Web portals) are acceptable means to meeting the requirement of providing the TI, TH, and TS, as long as the information can be accessed by pharmacies and other required entities.

If pharmacies are contracting with wholesale distributors and/or cloud-based traceability vendors to maintain the three Ts, it is necessary that pharmacies have written agreements available upon request that reflect these new requirements.

As of January 1, 2015, pharmacies could only accept drug products from authorized trading partners. Pharmacies were also required by that date to have processes in place to identify, quarantine, and investigate suspect products and determine whether products are illegitimate.

Some requirements began in November 2014. The new requirements, development of standards, and the system for product tracing will continue to be phased in over the next nine years. The FDA will continue working with trading partners and other stakeholders to effectively implement the new requirements.

The FDA advises the following:

Work with your trading partners to ensure they are familiar with the law

It is important that all trading partners understand their responsibilities and work together to help facilitate efficient distribution and availability of drug products in the United States.

Report Licensure: Third-party Logistics Providers and Wholesale Distributors

Start Date	Trading Partner(s)	Requirement
11/27/2014	Third-party logistics providers	Report state licensure and other information to FDA
1/1/2015	Wholesale distributors	Report state licensure and other information to FDA

To assist third-party logistics providers and wholesale distributors to comply with the new reporting requirements, FDA published a draft guidance, Drug Supply Chain Security Act Implementation: Annual Reporting by Prescription Drug Wholesale Distributors and Third-Party Logistics Providers (December 2014).

The draft guidance outlines the information that should be submitted to the FDA, the timing of the submissions, a preferred format for the submissions, and a preferred method for reporting using FDA’s CDER Direct Electronic Submissions Portal. The FDA posted a webinar that provides an overview of annual reporting requirements.

'Track and Trace'

Continued from Page 15

Provide Product Tracing Information: Manufacturers, Repackagers, Wholesale Distributors, and Dispensers

Start Date	Trading Partner(s)	Requirement
1/1/2015 (Moved to 5/1/2015)	<ul style="list-style-type: none"> Manufacturers Repackagers Wholesale distributors 	Lot-level product tracing: provide transaction information, history, and statement
7/1/2015 (Moved to 11/1/2015)	Dispensers (primarily pharmacies)	Lot-level product tracing: provide transaction information, history, and statement

To assist manufacturers, repackagers, wholesale distributors, and dispensers to comply with the new product tracing requirements, the FDA has published a draft guidance for industry, DSCSA Standards for the Interoperable Exchange of Information for Tracing of Human, Finished Prescription Drugs: How to exchange product tracing information (November 2014).

- Such entities should only accept ownership of product with applicable transaction information, transaction history, and transaction statements.
 - If your trading partner does not provide the proper transaction documentation, work with your trading partner to promptly get the proper documentation and to minimize disruption in the supply chain.

Know How to Handle Suspect and Illegitimate Product: Manufacturers, Repackagers, Wholesale Distributors, and Dispensers

Start Date	Trading Partner(s)	Requirement
1/1/2015	<ul style="list-style-type: none"> Manufacturers Repackagers Wholesale distributors Dispensers (primarily pharmacies) 	Establish systems for verification and handling of suspect or illegitimate product.

To assist manufacturers, repackagers, wholesale distributors, and dispensers to comply with the new verification requirements, FDA published the draft guidance for industry, Drug Supply Chain Security Act Implementation: Identification of Suspect Product and Notification (June 2014). FDA posted a webinar that reviews how to identify suspect product and the process for notification.

- Such entities should establish systems to:
 - Quarantine and investigate *suspect product* to determine if it is illegitimate.
 - Notify FDA and immediate trading partners, if *illegitimate product* is found.

Confirm Authorized Trading Partners: Manufacturers, Repackagers, Wholesale Distributors, Dispensers, and Third-Party Logistics Providers)

Start Date	Trading Partner(s)	Requirement
1/1/2015	<ul style="list-style-type: none"> Manufacturers Repackagers Wholesale distributors Dispensers Third-party logistic providers 	Must be authorized, as defined under FD&C Act § 581(2)

- Such entities should check with its trading partner directly to confirm they are authorized:
 - For manufacturers and repackagers, check the FDA's drug establishment registration database for registration;
 - For wholesale distributors, third-party logistic providers and dispensers, you can check with your respective state authority to confirm licensure.

Non-Profit Offers Pharmacists and Techs Financial Assistance

Scholarships and Loan Repayment Programs Offered

The Health Professions Education Foundation (HPEF), a state government, non-profit organization, is offering healthcare professionals and students financial incentives to work in areas of unmet need throughout California.

Loan Repayment Programs:

Through the Advanced Practice Healthcare Loan Repayment program, HPEF provides pharmacists up to \$50,000 in financial assistance. Through the Allied Healthcare Loan Repayment Program, pharmacy technicians may be provided up to \$8,000.

If awarded, pharmacist recipients promise to continue practicing full time, direct patient care at a qualified facility in California for a 24-month service obligation. Pharmacy technician recipients must agree to a 12-month obligation under the same terms.

Scholarship Programs

Pharmacist students awarded the Advance Practice Healthcare Scholarship may receive up to \$50,000 for one year of school. Pharmacy technician students awarded the Allied Healthcare Scholarship, may receive up to \$8,000 for one year of school.

The resulting employment length obligations are the same for the scholarship recipients as for loan repayment program.

HPEF improves access to healthcare in underserved areas of California by providing professionals dedicated to providing direct patient care in locations such as Medically Underserved

Areas (MUA) ,
Medically Underserved
Populations (MUP),
County facilities, Veterans
facilities, Correctional
facilities, Federally
Qualified Health Centers
(FQHC) and Indian
health centers.

HPEF, founded in 1987, and funded by donations and grants, has awarded more than 10,500 scholarships and loan repayments totaling more than \$124,000,000 to California health professionals, serving in all 58 counties, in areas of unmet need.

For more information about each program, open the links below or call Meredith Smith, the marketing and outreach director, at (916) 326 3695.

All Loan Repayment Programs

Application dates: September 9th – November 2nd 2015

Allied Healthcare Loan Repayment Program (AHLRP)
Advanced Practice Healthcare Loan Repayment Program (APHLRP)

All Scholarship Programs

Application dates: January 4th – February 29th 2016

Allied Healthcare Scholarship Program (AHSP)
Advanced Practice Healthcare Scholarship Program (APHSP)



‘Track and Trace’

Continued from Page 16

Note, third-party logistic providers are considered to be licensed under the DSCSA until the effective date of the third-party logistic provider licensing regulations issued by FDA, unless the third-party logistic provider is licensed by a state having a specific third-party logistic provider licensing program.

For more information about DSCSA implementation and new requirements to enhance drug distribution security, please visit FDA’s Drug Supply Chain Security Act web page.

Board Honors Pharmacists Registered for at Least 50 Years

In an ongoing feature of *The Script*, the Board of Pharmacy pays tribute to those who have been registered California pharmacists on active status for at least 50 years. The board recognizes these individuals and gratefully acknowledges their years of contribution to the pharmacy profession. These pharmacists may take great pride in being part of such an ancient and honorable profession for so long.

The Board of Pharmacy honored three 50-year pharmacists at the January Board Meeting. Pictured, from left, are then Board President Stan Weissner, Pharmacists Drew Donovan, Robert Levin and Robert Miller. Dr. Donovan was a pharmacist and owner of Westlake Medical Pharmacy in Daly City and completed his career at Walgreens. Dr. Levin has been a faculty member at the University of California, San Francisco since 1969. Dr. Miller started his career as a clinical pharmacist in 1966 and was the director of pharmacy at the University of California, San Francisco in 1972. For the past 18 years he has been a pain management specialist.



Pharmacists who recently received a certificate commemorating 50 years of service and were invited to attend future board meetings to be publicly honored are:

<i>Alexander, Michael R.</i>	<i>Clovis, CA</i>
<i>Amos, Caroline Edmonds</i>	<i>Vista, CA</i>
<i>Anderson, Larry J.</i>	<i>Santa Ana, CA</i>
<i>Barber, David R.</i>	<i>Grass Valley, CA</i>
<i>Beaman, Glen H.</i>	<i>Iowa Falls, IA</i>
<i>Bellisario, Joan M.</i>	<i>Pittsburgh, PA</i>
<i>Bennett, Darrell F.</i>	<i>Templeton, CA</i>
<i>Berger, Marshall H.</i>	<i>Marina Del Rey, CA</i>
<i>Blair, Robert L.</i>	<i>Arroyo Grande, CA</i>
<i>Bode, Ronald P.</i>	<i>Redding, CA</i>
<i>Bolen, De Ray</i>	<i>Lake Isabella, CA</i>
<i>Borisavljevic, Branka</i>	<i>Northridge, CA</i>
<i>Brahms, Charles J.</i>	<i>Indian Wells, CA</i>
<i>Brans, Robert A.</i>	<i>Hayward, CA</i>
<i>Briganti, Frank J.</i>	<i>Torrance, CA</i>
<i>Bystrom, David L.</i>	<i>Westerville, OH</i>
<i>Cadis, Charles I.</i>	<i>Valencia, CA</i>
<i>Call, Frank L.</i>	<i>Concord, CA</i>
<i>Carey, Harlan S.</i>	<i>Marina Del Rey, CA</i>

<i>Christl, Gary R.</i>	<i>Santa Monica, CA</i>
<i>Cody, William A.</i>	<i>Napa, CA</i>
<i>Corless, Robert C.</i>	<i>San Clemente, CA</i>
<i>Crawford, Michael L.</i>	<i>Victorville, CA</i>
<i>Davalos, Gerald C.</i>	<i>San Francisco, CA</i>
<i>Davidson, Allen J.</i>	<i>Fair Oaks, CA</i>
<i>Disernia, Sylvia</i>	<i>San Francisco, CA</i>
<i>Domingue, Joseph A.</i>	<i>Austin, TX</i>
<i>Dransfeldt, Ronald E.</i>	<i>Simi Valley, CA</i>
<i>Duff, Ralph J.</i>	<i>Corona, CA</i>
<i>Estrin, Elbion B.</i>	<i>Reno, NV</i>
<i>Fagundes, Alfred M.</i>	<i>Crescent City, CA</i>
<i>Favero, Joan E.</i>	<i>Yreka, CA</i>
<i>Feiles, Robert A.</i>	<i>Studio City, CA</i>
<i>Fish, Milton M.</i>	<i>Agoura Hills, CA</i>
<i>Fond, Richard Z.</i>	<i>Sherman Oaks, CA</i>
<i>Fujita, Fumiko C.</i>	<i>Rolling Hills Estates, CA</i>
<i>Galinson, Robert Henry</i>	<i>St Louis Park, MN</i>
<i>Galoonis, Francis G.</i>	<i>Brooksville, FL</i>
<i>Ghio, Mary L.</i>	<i>Stockton, CA</i>
<i>Girardin, Ronald E.</i>	<i>Cathedral City, CA</i>
<i>Gordon, Allen J.</i>	<i>Hermosa Beach, CA</i>
<i>Goss, William C.</i>	<i>Greenville, CA</i>
<i>Grady, Ronald E.</i>	<i>San Ramon, CA</i>
<i>Gray, Gary W.</i>	<i>Visalia, CA</i>
<i>Green, Howard P.</i>	<i>Victorville, CA</i>
<i>Hall, William Allan</i>	<i>Madera, CA</i>
<i>Hamlin, Emile B.</i>	<i>San Carlos, CA</i>
<i>Haramoto, Bruce S.</i>	<i>Granite Bay, CA</i>
<i>Heaton, Dale G.</i>	<i>Dammon Valley, UT</i>
<i>Hew, Daniel H.</i>	<i>Monterey Park, CA</i>
<i>Holbrook, Robert T.</i>	<i>Santa Monica, CA</i>
<i>Horn, Robert E.</i>	<i>Vacaville, CA</i>
<i>Hultine, Richard L.</i>	<i>Temple City, CA</i>
<i>Inouye, Elsie S.</i>	<i>La Canada, CA</i>
<i>Janfaza, Jahangir S.</i>	<i>Beverly Hills, CA</i>
<i>Kado, Gerald A.</i>	<i>Gardena, CA</i>
<i>Karabian, Lawrence K.</i>	<i>Shaver Lake, CA</i>
<i>Karbelnig, Sally F.</i>	<i>Beverly Hills, CA</i>
<i>Kawakami, Hachi</i>	<i>Sacramento, CA</i>
<i>Lancaster, Roger E.</i>	<i>Ojai, CA</i>
<i>Lane, Sandra Gaspar</i>	<i>Brawley, CA</i>
<i>Lane, Robert M.</i>	<i>Pico Rivera, CA</i>
<i>Liautaud, Thomas J.</i>	<i>North Hollywood, CA</i>
<i>Loukopoulos, James</i>	<i>Trenton, MI</i>
<i>Lovejoy, Patrick A.</i>	<i>Palm Desert, CA</i>
<i>Mano, Bob M.</i>	<i>Torrance, CA</i>
<i>Marcarian, George S.</i>	<i>Glendale, CA</i>
<i>Martin, Betty Woo</i>	<i>Jamestown, CA</i>
<i>Matsumura, Keiji K.</i>	<i>Layton, UT</i>
<i>Mc Ilroy, Rosalie Jean</i>	<i>San Bruno, CA</i>
<i>Mee, Charles E.</i>	<i>Mission Viejo, CA</i>
<i>Michaels, Maurice T.</i>	<i>Las Vegas, NV</i>
<i>Migliaccio, Anthony P.</i>	<i>Volcano, CA</i>

Schaad Reappointed to Board

The board is pleased to announce that Pharmacist Allen Schaad, 66, of Sacramento, was reappointed to the California State Board of Pharmacy earlier this summer. This is Mr. Schaad's first four-year appointment to the board, following his initial 2014 appointment to complete the term of another board member.

Mr. Schaad, who earned a Master of Arts degree in counseling psychology from the University of San Francisco, began his career as an acute care pharmacist at Mercy San Juan Medical in 1975. His long tenure at Mercy then earned him a pharmacy supervisory position at Woodland Memorial Hospital

in 1997. His work at Woodland led Mr. Schaad to Mercy General Hospital as the director of pharmacy (DOP) in 1999 for eight years.

Mr. Schaad later served as director of pharmacy at Woodland Memorial until 2012, before being returning to Mercy General again as director of pharmacy until 2013. Since retirement from a full time pharmacist position, Mr. Schaad has continued periodically practicing a staff pharmacist at RX Relief.

Mr. Schaad currently serves on the board's Enforcement and Compounding Committee, as well as the Licensing Committee.

www.pharmacy.ca.gov

Honored 50-year pharmacists

Continued from Page 18

Mindell, Earl L.
Moore, Allen J.
Muller, Patricia J.
Muneno, Hitoshi V.
Nakaya, Morey M.
Norton, Harry C.
Numrich, Robert G.
Oberhauser, William John
Papageorge, George E.
Paulson, Dale H.
Phelps, Norman
Platt, Cecil Paul
Pontello, James R.
Ramirez, David J.
Rashkow, Robert S.
Reeder, Gary D.
Richmond, David L.
Rico, Roy Raul
Rohrbach, Le Roy W.
Roseman, Bernard L.
Schalo, Jack M.
Smith, Hudson H. Jr.

Beverly Hills, CA
Santa Rosa, CA
Half Moon Bay, CA
Palos Verdes, CA
Ft Meyers Beach, FL
Lodi, CA
Temecula, CA
Upland, CA
Nipomo, CA
Vallejo, CA
San Francisco, CA
Northridge, CA
Arcadia, CA
Mission Viejo, CA
Los Angeles, CA
Lincoln, CA
Woodland Hills, CA
Los Angeles, CA
Porterville, CA
Willits, CA
Redding, CA
Los Angeles, CA

Snyder, Rubin
Soden, Margaret Davis
Spelbring, Garald V.
Staszal, John A.
Straeter, Michael A.
Teglia, Fernando M.
Toller, Rudolph M.
Tomlin, Harold A.
Tonelli, Randall W.
Touryan, Stanley V.
Tow, Edward L.
Tucker, Thomas E.
Vollbrecht, Dexter E.
Vostry, Francis G.
Wasserman, Howard I.
Weinberger, Jonathan L.
Willis, Norman E.
Wolfe, David L.
Wolfe, Richard L.
Wong, Samuel
Zaifert, Michael E.

Woodland Hills, CA
Fairbanks, AK
Arroyo Grande, CA
Guerneville, CA
Cypress, CA
Bakersfield, CA
Stockton, CA
Bakersfield, CA
San Mateo, CA
Pasadena, CA
Fresno, CA
Danville, CA
Stockton, CA
Vallejo, CA
Thousand Oaks, CA
Sonoma, CA
Hawthorne, CA
Carmel, CA
Visalia, CA
North Hills, CA
Palm Desert, CA

CE hours are awarded for attending one day of a Pharmacy Board or Board Committee meeting

Continuing education (CE) hours are awarded to encourage pharmacists and pharmacy technicians to learn more about the issues and operation of the Board. These hours can be earned by:

- Attending one full day of a Board meeting per year (maximum of six hours of CE per year); or
- Attending a one-day committee meeting (two hours of CE for each of two different committee meetings—maximum of four hours per year).

Note: It is the pharmacy technician's responsibility to determine from the Pharmacy Technician Certification Board how many, if any, of the above hours are acceptable for recertification with that board. Recertification is NOT a requirement of the California State Board of Pharmacy for pharmacy technician license renewal.

Board of Pharmacy meetings are held at least four times per year: typically January, April, July and October. There are five committees that usually hold public meetings prior to each board meeting:

- Enforcement and Compounding Committee—Makes recommendations to the Board regarding oversight of all regulatory and enforcement activities to strengthen consumer protection.
- Licensing Committee—Makes recommendations to the Board regarding the development of standards for the professional qualifications of licensees.
- Legislation and Regulation Committee—Advocates legislation and recommends regulations that advance the vision and mission of the Board to improve the health and safety of Californians.
- Communication and Public Education Committee—Prepares information to improve consumer awareness and licensee knowledge.
- SB 493 Implementation Committee—Works on components to implement additional authorized pharmacist services and to create new licensure of advanced practice pharmacist.



Attendance at these meetings provides an opportunity to participate in the development of policies that will guide the board in its decision-making. Frequently, both statutory and regulatory texts are formulated at such meetings, modifications to current programs are developed, and evidence-based decisions are made.

Board or committee meetings are held in various locations throughout California to give the public and licensees the opportunity to attend. No reservations are needed; you simply arrive at the meeting location at the start of the meeting. For board meetings, only one day is designated as eligible for CE. This is specified on the agenda. To obtain CE credit for attending committee meetings, attendees must arrive at the designated start of the meeting and register on the CE sign-in sheet, and sign out when they leave.

Future Board meeting dates are:

- **October 28-30, 2015** **Sacramento**
- **February 2-3, 2016**
- **April 27-28, 2016**
- **July 27-28, 2016**
- **October 26-27, 2016**

Additional information regarding the dates, locations, and agendas for Board and committee meetings will be posted on the board's Web site, <http://www.pharmacy.ca.gov/about/meetings.shtml>, at least 10 days prior to each meeting. Also, about five days before each meeting, you may download meeting information packets that contain background information and action items that will be discussed during the meeting.

Correction On What is an Electronically Transmitted Prescription

In the March 2013 Script Newsletter, the Board published an article titled, "Compliance Guidelines: Electronically Transmitted Prescriptions" which discussed computer-to-computer and computer-to-fax transmitted prescriptions. The article stated, "California pharmacies can accept computer-generated "paper" prescriptions for non-controlled substances that contain the electronic signature of the prescriber. These are paper prescriptions that are printed at the prescriber's office and given to the patient." The article did not address whether this type of prescription was acceptable for controlled substance prescription, which has led to some confusion.

The information provided below adds further clarification and correction.

- Business and Professions Code section 4040(a)(1)(F) provides that if a prescription is in writing, the prescription must be signed by the prescriber who issues the prescription. This would be a paper prescription, brought to the pharmacy, that has a handwritten signature of the prescriber and is given to the patient. This does not include an electronically created prescription with an electronic signature of the prescriber, which is printed and given to the patient to bring to the pharmacy. Pharmacies accepting paper prescriptions that contain the prescriber's electronic signature must ensure the authenticity, integrity, security and confidentiality of the prescription document and annotate any verification of the prescription with the prescriber. Paper prescriptions for controlled substances **must be** written on controlled substance security prescription forms and must be manually signed and dated by the prescriber, except when a computerized generation system

is permitted pursuant to Health and Safety Code section 11162(c) (4)(B), only the signature of the prescriber must be manually written.

- Business and Professions Code section 4040(c) defines an **"electronic image transmission prescription"** to be any prescription order for which a facsimile of the order is received by the pharmacy from a licensed prescriber. This would be a prescription that is handwritten or electronically created by the prescriber, printed in a hard copy, then manually signed by the prescriber. From the prescriber's office, the prescription is sent by facsimile to the pharmacy's facsimile device of the patient's choice. This means of transmission is **not** acceptable for controlled substance prescriptions in Schedule III-V without validating the security, integrity, authority and confidentiality of the prescription.

Note: This means of transmission for Schedule II prescriptions is **NOT** allowed, when dispensing a prescription pursuant to Health and Safety Code section 11164.

- Business and Professions Code section (c) also defines an **"electronic data transmission prescription"** to be any prescription order, other than an electronic image (facsimile) transmission prescription, that is electronically transmitted from a licensed prescriber to the pharmacy (such a prescription is not faxed nor printed out). This is a prescription electronically created by the prescriber with the prescriber's electronic signature and electronically transmitted directly to the pharmacy of the

patient's choice from computer-to-computer. Pharmacies receiving an electronic data transmission prescription that contains the prescriber's electronic signature must ensure the authenticity, integrity, security and confidentiality of the prescription. (If the prescription is for a controlled substance, the prescription cannot be printed out by the prescriber, nor converted to a facsimile before transmission pursuant to the DEA regulations.) If a pharmacy receives a facsimile of an electronic prescription for a Schedule III-V controlled substance that contains an electronic signature of the prescriber, the prescription is not valid. However, the pharmacist may treat the prescription as an oral order if the pharmacist calls the prescriber to verify the order and annotates the verification on the prescription.

Regardless of how the prescription is received by the pharmacy, pharmacists must remember to exercise their corresponding responsibility with regard to controlled substances. Additionally, upon receipt of any prescription where there is any significant error, omission, irregularity, uncertainty, ambiguity or alteration, the pharmacist must contact the prescriber to obtain the necessary information to validate the prescription. If you receive a prescription with a prescriber's electronic signature and you are not familiar with the patient, the prescriber or where the prescription originated, you are required to contact the prescriber to verify the authenticity, integrity, security and confidentiality of the prescription document and annotate the verification of the prescription.

Prescription Requirements

Note: Requirements listed in the next chart for “Controlled Substances” are in addition to requirements listed in this chart for “All Prescriptions”

ALL PRESCRIPTIONS				
Requirements:	Written prescription:	Oral prescription:	Electronic image transmission Prescription (fax prescriptions):	Electronic data transmission prescription:
Description: <i>Reference:</i> BPC 4040 BPC 4070 CCR 1717 21CFR 1300.03 21CFR 1306.05	A prescription that is handwritten, typed or printed from a computer. Federal law: Paper prescription means a prescription created on paper or computer generated to be printed or transmitted via facsimile that meets the requirements of part 1306 of this chapter including a manual signature.	A prescription taken verbally by a pharmacist from a licensed prescriber or agent of the prescriber, shall as soon as practical be reduced to writing by the pharmacist. If dispensed by a pharmacist other than the pharmacist who took the order, the initials of the dispensing pharmacist must be on the label.	A prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. Federal law requires a computer generated prescription that is faxed by the prescriber must be manually signed.	Any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy. Federal law: Electronic prescription means a prescription that is generated on an electronic application and transmitted as an electronic data file.
Signature of the prescriber: <i>Reference:</i> BPC 4040 BPC 4071 CCR 1717 CCR 1717.4 21 CFR 1306 21 CFR 1306.11 21 CFR 1311.145	Manually signed by the prescriber. Federal law: Paper prescription means a prescription created on paper or computer generated to be printed or transmitted via facsimile that meets the requirements of part 1306 of this chapter including a manual signature.	Promptly upon receipt, the pharmacist must reduce a prescription to writing, initial it, and identify it as an oral prescription. The name of the prescriber and name of the authorized agent of the prescriber also must be recorded. If dispensed by a pharmacist other than the pharmacist who took the order, the initials of the dispensing pharmacist must be on the label.	Manually signed by the prescriber on the prescription document that is transmitted as a facsimile to the pharmacy. Any person who transmits, maintains, or receives a prescription or prescription refill orally, in writing, or electronically must ensure the security, integrity, authenticity, and confidentiality of the document.	An electronic signature is required for these prescriptions. Any person who transmits, maintains, or receives a prescription or prescription refill orally, in writing, or electronically must ensure the security, integrity, authenticity, and confidentiality of the document.
Record retention: <i>Reference:</i> BPC 4070 BPC 4081 BPC 4105 HSC 11162.1	The original document must be maintained for at least 3 years.	The original document must be maintained for at least 3 years.	Reduce to hard copy, and maintain this document for at least 3 years.	Reduce to hard copy and maintain this document for at least 3 years. It is not required to reduce this to hard copy if, for three years from the last date of furnishing, the pharmacy is able to immediately produce a hard copy of the report with required information.

Controlled Substances Prescription Requirements

Note: Requirements listed in this “Controlled Substances” chart are in addition to requirements listed in the previous chart for “All Prescriptions”

ADDITIONALLY FOR PRESCRIBING CONTROLLED SUBSTANCES				
Requirements:	Written prescription:	Oral prescription:	Electronic image transmission Prescription (fax prescriptions):	Electronic data transmission prescription:
Schedule III to V <i>Reference:</i> BPC 4071 BPC 4072 CCR 1717 CCR 1717.4 HSC 11162.1 HSC 11164 HSC 11164.5 21 CFR 1300.03 21 CFR 1306.05 21 CFR Part 1311	Written on a legally compliant controlled substance security prescription form and signed by the prescriber in ink. Federal law also requires a computer generated prescription that is printed out must be manually signed.	Promptly upon receipt, the pharmacist must reduce the prescription to writing, initial it, and identify as an oral prescription and include the name of prescriber and name of authorized agent of the prescriber. Must be produced in hard copy form and signed and dated by the pharmacist filling the prescription.	Shall be produced in hard copy form and signed and dated by the pharmacist filling the prescription. Any person who transmits, maintains, or receives a prescription or prescription refill orally, in writing, or electronically must ensure the security, integrity, authenticity, and confidentiality of the document. Federal law requires a computer generated prescription that is faxed by the prescriber must be manually signed.	Any person who transmits, maintains, or receives a prescription or prescription refill orally, in writing, or electronically must ensure the security, integrity, authenticity, and confidentiality of the document. Is subject to the DEA regulations listed in 21 CFR 1306.08 and use an application that meets the requirements of 21 CFR 1311. The electronic document must be digitally signed by the prescriber as required by 21 CFR 1311.145. Reduce to hard copy and maintain this document for at least 3 years. It is not required to reduce this to hard copy if, for three years from the last date of furnishing, the pharmacy is able to immediately produce a hard copy of the report with required information.
Schedule II dispensed <i>Reference:</i> BPC 4071 BPC 4072 CCR 1717 CCR 1717.4 HSC 11162.1 HSC 11164 HSC 11164.5 21 CFR 1300.03 21 CFR 1306.11 21 CFR Part 1311	Written on a legally compliant controlled substance security prescription form and signed by the prescriber in ink. Federal law also requires a computer generated prescription that is printed out must be manually signed.	Not permitted in California	Not permitted in California	Is subject to the DEA regulations listed in 21 CFR 1306.08 and use an application that meets the requirements of 21 CFR 1311. Any person who transmits, maintains, or receives a prescription or prescription refill orally, in writing, or electronically must ensure the security, integrity, authenticity, and confidentiality of the document. The electronic document must be digitally signed by the prescriber as required by 21 CFR 1311.145. Reduce to hard copy and maintain this document for at least 3 years. It is not required to reduce this to hard copy if, for three years from the last date of furnishing, the pharmacy is able to immediately produce a hard copy of the report with required information.

BPC - California Business and Professions Code

CCR - Title 16 California Code of Regulations

HSC - California Health and Safety Code

CFR - Code of Federal Regulation

Explanation of Disciplinary Terms

Accusation Filed—an accusation is the document containing the charges and allegations of violations of the law filed when an agency is seeking to discipline a license.

Effective Date of Action—the date the disciplinary action goes into operation.

Revocation or Revoked—the license is revoked as a result of disciplinary action by the Board, and the licensee’s right to practice or operate a Board-licensed entity is ended.

Revoked, Stayed—the license is revoked, but the revocation is postponed until the Board determines whether the licensee has failed to comply with specific probationary conditions, which may include suspension of the licensee’s right to practice.

Stipulated Settlement—the board and a licensee mutually agree to settle a disciplinary case brought by the board by way of a settlement agreement.

Stayed—the revocation or suspension action is postponed, and operation or practice may continue so long as the licensee fully complies with any specified terms and conditions.

Probation—the licensee may continue to practice or operate a Board-licensed entity under specific terms and conditions for a specific period of time.

Voluntary Surrender—the licensee has agreed to surrender his or her license, and the right to practice or operate Board-licensed entity is ended. The board may agree to accept the surrender of a license through a “stipulation” or agreement.

Suspension—the licensee is prohibited from practicing or operating a Board-licensed entity for a specific period of time.

Suspension/Probation—the licensee is prohibited from practicing or operating a Board-licensed entity for a specific period of time, and the right to practice or operate is contingent upon meeting specific terms and conditions during the probationary period.

PC 23 Order Issued—the licensee is restricted from practicing or operating a Board-licensed entity by a court order that is issued under the provisions of Penal Code section 23.

Public Reprimand—resulting from a disciplinary action, the licensee is issued a letter of public reprimand.

Reinstatement of License—a previously revoked or suspended license is reinstated with or without specified terms and conditions.

Statement of Issues—a legal document that details the factual or legal basis for refusing to grant or issue a license.

Disciplinary Actions

October 1, 2014 – September 30, 2015

Personal Licenses

Pharmacy Technicians

Acevedo, Edgar, Applicant, Statement of Issues Case SI 4845
El Monte, CA
Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is denied.
Decision effective 10/20/2014.
[View the Decision](#)

Aguilar, Gilbert, TCH 99051,
Administrative Case AC 5272
Bassett, CA
Through a disciplinary action of the

Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 4/10/2015.
[View the Decision](#)

Albaryan, Marianna, Applicant, Statement of Issues Case SI 4948
Van Nuys, CA
Through a hearing decision adopted by the Board, the Application for Registration as Pharmacy Technician is denied.
Decision effective 6/12/2015.
[View the Decision](#)

Alvarez, Harvey, TCH 103851,
Administrative Case AC 4918
Sacramento, CA
Through a disciplinary action of the

Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 11/14/2014.
[View the Decision](#)

Alvarez, Jonathan, TCH 111189,
Administrative Case AC 4556
Rosemead, CA
Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license is placed on probation for 4 years subject to the terms and conditions in the decision.
Decision effective 3/16/2015.
[View the Decision](#)

See Disciplinary Actions, Page 25

Disciplinary Actions

Continued from Page 24

Aragon, Nidia, TCH 22252,
Administrative Case AC 5198
Riverside, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 01/05/2015.

[View the Decision](#)

Armstrong, Tanya, TCH 61344,
Administrative Case AC 4399
Kansas City, MO

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/19/2015.

[View the Decision](#)

Amador Gomez, William, TCH 61343,
Administrative Case AC 4973
Fremont, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/09/2014.

[View the Decision](#)

Andreasyan, Mary, TCH 50143,
Administrative Case AC 4014
Los Angeles, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 11/12/2014.

[View the Decision](#)

Armenta, Francisco, TCH 104703,
Administrative Case AC 4744
Long Beach, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/20/2014.

[View the Decision](#)

Asistin, Eileen, TCH 49143,
Administrative Case AC 5136
San Diego, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 11/14/2014.

[View the Decision](#)

Atabekyan, Gor, TCH 67789,
Administrative Case AC 4639
Van Nuys, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/24/2015.

[View the Decision](#)

Austin, Charmaine, TCH 27758,
Administrative Case AC 4604
Los Angeles, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 11/10/2014.

[View the Decision](#)

Bajwa, Satnam, TCH 60415,
Administrative Case AC 5157
Delhi, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/09/2014.

[View the Decision](#)

Banke, Georgia, TCH 38759,
Administrative Case AC 5047
Hercules, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 11/05/2014.

[View the Decision](#)

Barnes, Rita, TCH 74729, Administrative
Case AC 4914
Yucaipa, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/6/2015.

[View the Decision](#)

Berlanga, Francisco, TCH 112451,
Administrative Case AC 4990
Royal Oaks, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 3/13/2015.

[View the Decision](#)

Biggs, Eric Matthew, TCH 108899,
Administrative Case AC 5353
Riverside, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 6/29/15.

[View the Decision](#)

Bjerke, Solomon, TCH 135113, Statement
of Issues Case SI 5131

Through a disciplinary action of the board, the license issued and immediately revoked and placed on probation for four years subject to terms and conditions of the decision.

Decision effective 10/22/2014.

[View the Decision](#)

Blaylock, Michelle, TCH 19797,
Administrative Case AC 4887
Delano, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/03/2014.

[View the Decision](#)

Blue, Antoinette, TCH 85892,
Administrative Case AC 4673
Los Angeles, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 11/10/2014.

[View the Decision](#)

Bodda, Jace, TCH 85479, Administrative
Case AC 5144
Lakewood, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/05/2014.

[View the Decision](#)

Disciplinary Actions

Continued from Page 25

Boghossian, Chantel, TCH 94917,
Administrative Case AC 4498
Fresno, CA

Through a disciplinary action of
the Board, the license is voluntarily
surrendered.

Decision effective 7/08/2015.

[View the Decision](#)

Bolouhari, Ensi, TCH 96670,
Administrative Case AC 4474
Fair Oaks, CA

Through a disciplinary action of
the Board, the license is voluntarily
surrendered.

Decision effective 4/08/2015.

[View the Decision](#)

Bowman, Erica Lynn, Applicant,
Statement of Issues Case SI 5085
Cupertino, CA

Through a disciplinary action of the
Board, the Application for Pharmacy
Technician Registration is granted. Upon
satisfaction of all statutory and regulatory
requirements for a Pharmacy Technician
Registration, the registration is issued,
immediately revoked, the revocation
stayed, and respondent is placed on
probation for 3 years subject to the terms
and conditions in the decision.

Decision effective 12/26/2014.

[View the Decision](#)

Brito, Emmanuel, TCH 75112,
Administrative Case AC 4903
Santa Ana, CA

Through a disciplinary action of
the Board, the license is voluntarily
surrendered.

Decision effective 10/13/2014.

[View the Decision](#)

Brooks, Jared, TCH 97122,
Administrative Case AC 4585
San Jose, CA

Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.

Decision effective 11/07/2014.

[View the Decision](#)

Brown, Victoria, TCH 131420,
Administrative Case AC 5182
Antioch, CA

Through a disciplinary action of the
board, the license is revoked and canceled
and the right to practice or operate has
ended.

Decision effective 2/9/2015.

[View the Decision](#)

Bury, Marc, Applicant, Statement of
Issues SI 5086
Oxnard, CA

Through a disciplinary action of the
Board, the Application for Registration as
Pharmacy Technician is granted. Upon
satisfaction of all statutory and regulatory
requirements, the license is issued,
immediately revoked, the revocation
stayed, and respondent is placed on
probation for 3 years subject to the terms
and conditions in the decision.

Decision effective 8/21/2015.

[View the Decision](#)

Caldera, Michelle, TCH 116452,
Administrative Case AC 4738
Fontana, CA

Through a disciplinary action of the board,
the license is voluntarily surrendered.

Decision effective 12/15/2014.

[View the Decision](#)

Cantrell, Sumer, Applicant, Statement of
Issues Case SI 5452
San Diego, CA

Statement of Issues withdrawn. Effective
8/18/2015.

[View the Decision](#)

Cardona, Bryan, TCH 97508,
Administrative Case AC 4980
Los Angeles, CA

Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 3 years, and is
subject to the terms and conditions in the
decision.

Decision effective 01/05/2015.

[View the Decision](#)

Carmona, Melissa, TCH 111525,
Administrative Case AC 5027
Santa Ana, CA

Through a disciplinary action of the board,
the license is revoked, the revocation
is stayed, and the license is placed on
probation for 5 years subject to the terms
and conditions in the decision.

Decision effective 3/18/2015.

[View the Decision](#)

Carrillo, Christy, TCH 83831,
Administrative Case AC 4972
Long Beach, CA

Through a disciplinary action of the
board, the license is revoked and canceled
and the right to practice or operate has
ended.

Decision effective 2/2/2015.

[View the Decision](#)

Carrillo, Michelle, TCH 102602,
Administrative Case AC 5162
Indio, CA

Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.

Decision effective 10/09/2014.

[View the Decision](#)

Castillo, Rebecca, TCH 105516,
Administrative Case AC 5008
South San Francisco, CA

Through a disciplinary action of
the Board, the license is voluntarily
surrendered.

Decision effective 6/24/15.

[View the Decision](#)

Castleberry, Carly, TCH 77091,
Administrative Case AC 4931
Oceanside, CA

Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.

Decision effective 10/20/2014.

[View the Decision](#)

Castro, Christopher, TCH 117625,
Administrative Case AC 5158
Norwalk, CA

Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.

Decision effective 7/17/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 26

Castro, Ross Dominic Forbes, TCH 83189, Administrative Case AC 5094
Torrance, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 5/08/2015.

[View the Decision](#)

Catangay, Joan, TCH 75115,
Administrative Case AC 4707
Carson, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/24/2014.

[View the Decision](#)

Cienfuegos, Gabriella, TCH 1772,
Administrative Case AC 4937
La Verne, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/03/2014.

[View the Decision](#)

Clauser, Daniel, TCH 41450,
Administrative Case AC 5015
Pleasanton, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 10/13/2014.

[View the Decision](#)

Clay, Antaniqua, TCH 115768,
Administrative Case AC 4996
Sacramento, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 01/08/2015.

[View the decision](#)

Conner, Andrea, TCH 67462,
Administrative Case AC 4502
Paradise, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 6/4/2015.

[View the decision](#)

Conover, Rachel, TCH 105279,
Administrative Case AC 5322
Campbell, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 7/08/2015.

[View the decision](#)

Corona, Aracely, TCH 112578,
Administrative Case AC 4637
Pico Rivera, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 7/31/2015.

[View the Decision](#)

Coutinho, Vincent, TCH 106592,
Administrative Case AC 4883
Sacramento, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/03/2014.

[View the Decision](#)

Crosby, Anthony, TCH 80457,
Administrative Case AC 4751
Richmond, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/13/2014.

[View the Decision](#)

Cusimano, Veronica, TCH 79524,
Administrative Case AC 4322
West Los Angeles, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/24/2015.

[View the Decision](#)

D'Amato, Gina, TCH 93921,
Administrative Case AC 4728
Glendora, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/10/2015.

[View the Decision](#)

Dang, Don Tuong, TCH 110497,
Administrative Case AC 5268
Oceanside, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 5/08/2015.

[View the Decision](#)

Dhruv, Ravi, TCH 88006, Administrative Case AC 4401
Los Angeles, CA

Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 1/30/2015.

[View the Decision](#)

DiMarco, Dominique, TCH 47136,
Administrative Case AC 5217
Moreno Valley, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/26/2014.

[View the Decision](#)

Dribon, Patty, TCH 124325,
Administrative Case AC 5071
Arleta, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/09/2014.

[View the Decision](#)

Disciplinary Actions

Continued from Page 27

Dunbar Watson, Jr., Applicant, Statement of Issues Case SI 4896

Through a disciplinary action of the Board, the Application for Pharmacy Technician Registration is granted. Upon satisfaction of all statutory and regulatory requirements for a Pharmacy Technician Registration, the registration is issued, immediately revoked, the revocation stayed, and respondent is placed on probation for 3 years subject to the terms and conditions in the decision. Decision effective 1/22/2015.

[View the Decision](#)

Duran, Yadira, TCH 56087, Administrative Case AC 4733

Port Hueneme, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/20/2014.

[View the Decision](#)

Eiras, Jovany, TCH 95630, Administrative Case AC 5069

Stockton, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/08/2014.

[View the Decision](#)

Esmabe, Maricon, TCH 124483,

Administrative Case AC 5113

Redwood City, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 7/08/2015.

[View the Decision](#)

Faria, Ronald, TCH 19116, Administrative Case AC 5173

San Leandro, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/9/2015.

[View the Decision](#)

Garcia, Govito, TCH 106664, Administrative Case AC 4786

San Bernardino, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 11/03/2014.

[View the Decision](#)

Garcia, Heather, TCH 59719, Administrative Case AC 4797

Hanford, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/03/2014.

[View the Decision](#)

Garcia, John, TCH 113645, Administrative Case AC 5203

Maywood, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/24/2015.

[View the Decision](#)

Glassick, Brent, TCH 109546, Administrative Case AC 5205

Corona, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/24/2014.

[View the Decision](#)

Glaze, Michael, TCH 109941, Administrative Case AC 5095

Bell Gardens, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/6/2015.

[View the Decision](#)

Godinez, Andrew, TCH 97718, Administrative Case AC 5190

Downey, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 6/4/2015.

[View the Decision](#)

Gonzalez, Hector, TCH 107898, Administrative Case AC 5166

Santa Ana, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/20/2014.

[View the Decision](#)

Gordon, Michelle, TCH 89567, Administrative Case AC 4730

Salinas, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/24/2014.

[View the Decision](#)

Gutierrez, Sabrina, TCH 115441, Administrative Case AC 4901

King City, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/05/2014.

[View the Decision](#)

Hall, Jacqueline, TCH 63581, Administrative Case AC 4538

Bakersfield, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/19/2014.

[View the Decision](#)

Hanvey, Tillie, TCH 8411, Administrative Case AC 4560

Beaumont, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 7/10/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 28

Heimler, Laura, TCH 109325,
Administrative Case AC 5046
Woodland Hills, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/17/2015.

[View the Decision](#)

Hernandez, Orlando, TCH 97566,
Administrative Case AC 4769
Sun Valley, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 5/08/2015.

[View the Decision](#)

Hillerman, Jennifer, TCH 56977,
Administrative Case AC 4441
Turlock, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/09/2014.

[View the Decision](#)

Hitzeman, Austin, TCH 97986,
Administrative Case AC 4803
Placentia, CA

Through a disciplinary action of the board, the license is voluntarily surrendered.

Decision effective 12/15/2014.

[View the Decision](#)

Hong, David, TCH 94536, Administrative
Case AC 4416

Diamond Bar, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/24/2015.

[View the Decision](#)

Hoover, Rian, TCH 107183,
Administrative Case AC 4719
San Diego, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/24/2015.

[View the Decision](#)

Hudak, Ryan, TCH 116376,
Administrative Case AC 4711
Whittier, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 7/22/2015.

[View the Decision](#)

Ibarra, Fred, TCH 40995, Administrative
Case AC 4914

Pico Rivera, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/6/2015.

[View the Decision](#)

Imai, Melissa, TCH 65321, Administrative
Case AC 4695

Temecula, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 11/19/2014.

[View the Decision](#)

Jackson, Carlos, TCH 123007,
Administrative Case AC 5159

Long Beach, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 01/28/2015.

[View the Decision](#)

James, Pierre, TCH 98576, Administrative
Case AC 4619

Duarte, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 5/15/15.

[View the Decision](#)

John, Teri Ann, TCH 125254,
Administrative Case AC 5035
Bakersfield, CA 93311

Through a disciplinary action of the Board, the license is voluntarily

surrendered.

Decision effective 4/15/2015.

[View the Decision](#)

Kanthawee, Santi, TCH 103345,
Administrative Case AC 5023

Lakewood, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/09/2014.

[View the Decision](#)

Kaur, Jasbindar, TCH 56435,
Administrative Case AC 4274

Elk Grove, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 11/07/2014.

[View the Decision](#)

Kelly, Tia, TCH 80650, Administrative
Case AC 4954

Spring Valley, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 10/20/2014.

[View the Decision](#)

Kirschenman, Irene, TCH 30147,
Administrative Case AC 4636

Bakersfield, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/27/2015.

[View the Decision](#)

Konstantinova, Yvette, TCH 66537,
Administrative Case AC 5319

San Diego, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 5/22/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 29

Lamont, Elizabeth, TCH 123075,
Administrative Case AC 5009
Azusa, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 01/28/2015.

[View the Decision](#)

Langkamp, Paul, Applicant, Statement of Issues Case SI 4355
Downey, CA

Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is denied.

Decision effective 12/03/2014.

[View the Decision](#)

Lea, Valerie, TCH 94938, Administrative Case AC 4823
Hesperia, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/20/2015.

[View the Decision](#)

Leblanc, Matthew, TCH 129018,
Administrative Case AC 4794
San Marcos, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 6/11/2015.

[View the Decision](#)

Ledet-Perez, Christian, TCH 125007,
Administrative Case AC 4964
Marina, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/20/2014.

[View the Decision](#)

Lee, Shiao-En Yusuf, TCH 122019,
Administrative Case AC 5112
San Diego, CA

Through a disciplinary action of the Board, the license is revoked and canceled

and the right to practice or operate has ended.

Decision effective 10/20/2014.

[View the Decision](#)

Lobo, Marlon, TCH 58270,
Administrative Case AC 4564

Through a disciplinary action of the Board, the license is subject to a Letter of Public Reprimand.

Decision effective 4/08/2015.

[View the Decision](#)

Lopez, Lisa Ann, TCH 14257,
Administrative Case AC 5108
San Jose, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 4/15/2015.

[View the Decision](#)

Lopez, Filimon, TCH 35419,
Administrative Case AC 5209
Laguna Niguel, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 01/05/2015.

[View the Decision](#)

Lopez, Griselda, TCH 97412,
Administrative Case AC 4799
Van Nuys, CA

Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license is placed on probation for 3 years, and subject to the terms and conditions in the decision.

Decision effective 2/2/2015.

[View the Decision](#)

Lotakoon, Denny, TCH 77727,
Administrative Case AC 5080
Oakland, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/27/2015.

[View the Decision](#)

Lucero, Christina, TCH 89797,
Administrative Case AC 5111
Santa Cruz, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/22/2014.

[View the Decision](#)

Madison, Remy, TCH 97740,
Administrative Case AC 4757
Carson, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 11/14/2014.

[View the Decision](#)

Magana, Noel, Applicant, Statement of Issues Case SI 4159
South Gate, CA

Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is denied.

Decision effective 4/06/2015.

[View the Decision](#)

Mancia, Elaine, TCH 124458,
Administrative Case AC 5344
Los Angeles, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 7/31/2015.

[View the Decision](#)

Martinez, Mark, TCH 29329,
Administrative Case AC 5228
Victorville, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 5/29/2015.

[View the Decision](#)

Matthewson, Raymond, TCH 63276,
Administrative Case AC 5313
La Mesa, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 6/12/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 30

Mattia, Michael, TCH 122204,
Administrative Case AC 5213
La Mesa, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/11/2015.

[View the Decision](#)

McCarthy, Kevin, TCH 91659,
Administrative Case AC 5170
Ventura, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 6/12/2015.

[View the Decision](#)

McKinzey, Kurtis, TCH 102783,
Administrative Case AC 5287
San Francisco, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 3/27/2015.

[View the Decision](#)

Medina, Elizabeth, Applicant, Statement of Issues Case SI 4843
American Canyon, CA

Through a disciplinary action of the Board, the Application for a Pharmacy Technician License is denied.

Decision effective 10/09/2014.

[View the Decision](#)

Medina, Yvette, TCH 86170,
Administrative Case AC 4439
La Habra, CA

Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license is placed on probation for 3 years, and subject to the terms and conditions in the decision.

Decision effective 2/2/2015.

[View the Decision](#)

Mendizabal, Martin, TCH 21295,
Administrative Case AC 4449
Bellflower, CA

Through a disciplinary action of the Board, the license is revoked, the

revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 11/07/2014.

[View the Decision](#)

Mendoza, Alejandra, TCH 86480,
Administrative Case AC 4795
Victorville, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 3/20/2015.

[View the Decision](#)

Merchan, Amado, TCH 69567,
Administrative Case AC 4562
Walnut Creek, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/13/2014.

[View the Decision](#)

Mesta, Guillermo, TCH 56625,
Administrative Case AC 4304
Los Angeles, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 5/01/2015.

[View the Decision](#)

Militosyan, Gayane, TCH 88325,
Administrative Case AC 3960
Glendale, CA

Through a disciplinary action of the board, the license is revoked and canceled and the

right to practice or operate has ended.

Decision effective 12/15/2014.

[View the Decision](#)

Missouri, Jereen, TCH 130444,
Administrative Case AC 5126
El Cajon, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/19/2015.

[View the Decision](#)

Monela, Marcelo, Applicant, Statement of Issues Case SI 5150

Alameda, CA

The Application for Registration as a Pharmacy Technician is denied.

Decision effective 3/6/2015.

[View the Decision](#)

Montes, Eric, Applicant, Statement of Issues Case SI 4357

Modesto, CA

Through a disciplinary action of the Board, the Application for Pharmacy Technician Registration is granted. Upon satisfaction of all statutory and regulatory requirements for a Pharmacy Technician Registration, the registration is issued, immediately revoked, the revocation stayed, and respondent is placed on probation for 3 years subject to the terms and conditions in the decision.

Decision effective 11/07/2014.

[View the Decision](#)

Morales, Raymond, TCH 110380,
Administrative Case AC 5100
Bell Gardens, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 11/03/2014.

[View the Decision](#)

Morgan, Markquiste, Applicant, Statement of Issues Case SI 5193

National City, CA

Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is granted. Upon satisfaction of all statutory and regulatory requirements, the license is issued, immediately revoked, the revocation stayed, and respondent is placed on probation for 3 years subject to the terms and conditions in the decision.

Decision effective 01/28/2015.

[View the Decision](#)

Morris, Indeesha, TCH 98455,
Administrative Case AC 5014
Brawley, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 01/14/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 31

Mueller, Ginger, TCH 95304,
Administrative Case AC 5025
Long Beach, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 10/20/2014.
[View the Decision](#)

Nair, Abhishek, TCH 58159,
Administrative Case AC 5142
Through a disciplinary action of
the Board, the license is voluntarily
surrendered.
Decision effective 4/08/2015.
[View the Decision](#)

Nava, Ramiro, TCH 37457,
Administrative Case AC 5332
Brentwood, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 5/22/2015.
[View the Decision](#)

Navarrete, Oscar, TCH 102265,
Administrative Case AC 4417
Palmdale, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 10/13/2014.
[View the Decision](#)

Newton, Jennifer, Applicant, Statement of
Issues Case SI 4484
Hemet, CA
Through a disciplinary action of the
Board, the Application for Registration as
a Pharmacy Technician is denied.
Decision effective 01/09/2015.
[View the Decision](#)

Nguyen, Jonathan, TCH 79791,
Administrative Case AC 4791
Huntington Beach, CA
Through a disciplinary action of
the Board, the license is voluntarily
surrendered.
Decision effective 6/24/15.
[View the Decision](#)

Nguyen, Tuan Kieu, TCH 89616,
Administrative Case AC 4566
Lakeside, CA
Through a disciplinary action of the board,
the license is voluntarily surrendered.
Decision effective 12/24/2014.
[View the Decision](#)

Nicodemus, Christofer, TCH 125709,
Administrative Case AC 5270
Riverside, CA
Through a disciplinary action of the
board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 3/13/2015.
[View the Decision](#)

Noblett, Garrett, TCH 98001,
Administrative Case AC 4590
Madera, CA
Through a disciplinary action of
the Board, the license is voluntarily
surrendered.
Decision effective 11/05/2014.
[View the Decision](#)

Nolasco, Laura, TCH 74635,
Administrative Case AC 5026
Paramount, CA
Through a disciplinary action of the board,
the license is voluntarily surrendered.
Decision effective 2/25/2015.
[View the Decision](#)

Noonan, Mary, Applicant, Statement of
Issues Case SI 4421
Arcadia, CA
Through a hearing decision adopted by the
Board, the Application for Registration as
a Pharmacy Technician is denied.
Decision effective 01/28/2015.
[View the Decision](#)

Nork, Hannary, TCH 131169, Statement
of Issues Case SI 4947
Rialto, CA
Through a disciplinary action of the
Board, the Application for Registration as
a Pharmacy Technician is granted. Upon
satisfaction of all statutory and regulatory
requirements, the license is issued,
immediately revoked, the revocation
stayed, and placed on probation for 3
years and is subject to the terms and
conditions in the decision.
Decision effective 10/20/2014.
[View the Decision](#)

Ochoa, Vanessa, TCH 120043,
Administrative Case AC 4976
Elk Grove, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 4 years, and is
subject to the terms and conditions in the
decision.
Decision effective 01/28/2015.
[View the Decision](#)

Ogata, Alexander, TCH 110767,
Administrative Case AC 4315
Culver City, CA
Through a disciplinary action of
the Board, the license is voluntarily
surrendered.
Decision effective 11/05/2014.
[View the Decision](#)

Oloa, Stephanie E., TCH 30487,
Administrative Case AC 5236
Elk Grove, CA
Through a disciplinary action of the
board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 6/19/2015.
[View the Decision](#)

Onstad, Jill, TCH 106058, Administrative
Case AC 5114
Copperopolis, CA
Through a disciplinary action of
the Board, the license is voluntarily
surrendered.
Decision effective 11/05/2014.
[View the Decision](#)

Orellana, Angel, TCH 59395,
Administrative Case AC 5329
San Francisco, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 4/24/2015.
[View the Decision](#)

Disciplinary Actions

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Orellana, Ivan, TCH 120045,
Administrative Case AC 4953
Lancaster, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 3/20/2015.

[View the Decision](#)

Padua, Kriston, TCH 67743,
Administrative Case AC 5062
Los Angeles, CA

Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 2/11/2015.

[View the Decision](#)

Panfil, John Juergen, TCH 128920,
Administrative Case AC 5345
Los Altos, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 8/14/2015.

[View the Decision](#)

Patel, Shamir, TCH 97082, Administrative Case AC 4745
Cerritos, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/6/2015.

[View the Decision](#)

Penaloza, Jorge Arizmendi, TCH 117176,
Administrative Case AC 5053
Riverside, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 6/19/2015.

[View the Decision](#)

Perez, Corina M., TCH 42065,
Administrative Case AC 5364
San Diego, CA

Through a disciplinary action of the

Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 7/06/2015.

[View the Decision](#)

Perez, Jason, TCH 73032, Administrative Case AC 4481

Panorama City, CA

Through a disciplinary action of the board, the license is voluntarily surrendered.

Decision effective 2/25/2015.

[View the Decision](#)

Pham, Hoang Minh, TCH 128792,
Administrative Case AC 5033
San Pablo, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 10/08/2014.

[View the Decision](#)

Pham, Mark Kim, TCH 74216,
Administrative Case AC 5367
Santa Ana, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 8/21/2015.

[View the Decision](#)

Pinales, Rodolfo, Applicant, Statement of Issues Case SI 4526
Lynwood, CA

Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is denied.

Decision effective 3/27/2015.

[View the Decision](#)

Pineda, Bessy, TCH 22275,
Administrative Case AC 4979
Canoga Park, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/24/2014.

[View the Decision](#)

Pineda, Saby, TCH 112321,
Administrative Case AC 5154
Los Angeles, CA

Through a disciplinary action of the board, the license is revoked and

canceled and the right to practice or operate has ended.

Decision effective 01/08/2015.

[View the Decision](#)

Plouffe, Brittany, TCH 84967,
Administrative Case AC 5017
Cathedral City, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 7/31/2015.

[View the Decision](#)

Poon, Charles, TCH 116278,
Administrative Case AC 4450
San Marino, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 3/25/2015.

[View the Decision](#)

Pryor, Ezbon, TCH 11293, Administrative Case AC 5058
Hayward, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/24/2015.

[View the Decision](#)

Quinagon, Edward, TCH 28249,
Administrative Case AC 5261
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 5/01/2015.

[View the Decision](#)

Ramirez, Marlene, TCH 52404,
Administrative Case AC 4517
Riverside, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/2/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 33

Ramos, Danny, TCH 45834,
Administrative Case AC 4923
Los Angeles, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 5 years, and is
subject to the terms and conditions in the
decision.
Decision effective 7/06/2015.
[View the Decision](#)

Ramos, Lucero Michel, TCH 125641,
Administrative Case AC 5181
San Diego, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 5/08/2015.
[View the Decision](#)

Recklau, Sherry Ann, TCH 121743,
Administrative Case AC 5074
Lakeside, CA
Through a disciplinary action of the
board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 12/22/2014.
[View the Decision](#)

Reddy, Sangeeta Devi, TCH 81735,
Administrative Case AC 5125
North Hills, CA
Through a disciplinary action of the
board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 2/06/15.
[View the Decision](#)

Reser, Terence, Applicant, Statement of
Issues Case SI 4889
Los Angeles, CA
Through a hearing decision adopted by the
Board, the Application for Registration as
a Pharmacy Technician is denied.
Decision effective 12/26/2014.
[View the Decision](#)

Reyes, Desiree, TCH 108082,
Administrative Case AC 5091
Palmdale, CA
Through a disciplinary action of the

Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 7/17/2015.
[View the Decision](#)

Rhoads, Elizabeth, TCH 11461,
Administrative Case AC 4713
Sunnyvale, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 11/03/2014.
[View the Decision](#)

Roybal, Martin, TCH 77315,
Administrative Case AC 4395
Arcadia, CA
Through a disciplinary action of the
board, the license is revoked and
canceled and the right to practice or
operate has ended.
Decision effective 01/09/2015.
[View the Decision](#)

Ruciano, Joshua, TCH 96624,
Administrative Case AC 5028
San Bernardino, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 10/09/2014.
[View the Decision](#)

Ruiz, Carlos, TCH 128933,
Administrative Case AC 5235
Fresno, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 4/24/2015.
[View the Decision](#)

Rusiniak, Camille, Applicant, Statement
of Issues Case SI 5087
Huntington Beach, CA
Through a disciplinary action of the
Board, the Application for Registration as
a Pharmacy Technician is denied.
Decision effective 12/03/2014.
[View the Decision](#)

Saavedra, Sergio, TCH 110392,
Administrative Case AC 5180
Los Angeles, CA

Through a disciplinary action of the board,
the license is voluntarily surrendered.
Decision effective 3/4/2015.
[View the Decision](#)

Saechao, Chang, TCH 96584,
Administrative Case AC 4646
Redding, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 12/05/2014.
[View the Decision](#)

Saephan, Chio, TCH 64424,
Administrative Case AC 5183
Visalia, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 4/10/2015.
[View the Decision](#)

Salamanca, Jeffrey, TCH 62189,
Administrative Case AC 4448
Long Beach, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 12/08/2014.
[View the Decision](#)

Saldana, Cynthia, TCH 139844,
Administrative Case AC 5220
Selma, CA
Through a disciplinary action of the
board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 3/6/2015.
[View the Decision](#)

Saleh, Manal, TCH 99773, Administrative
Case AC 5036
Manhattan Beach, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 5/29/2015.
[View the Decision](#)

Disciplinary Actions

Continued from Page 34

Saul, Jeryll Ann Reyes, TCH 95346,
Administrative Case AC 4992
Hawthorne, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 8/21/2015.
[View the Decision](#)

Saveedra-Martin, Marcella, TCH 105417,
Administrative Case AC 5258
Fresno, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 4/10/2015.
[View the Decision](#)

Schalchlin, Timothy, TCH 94573,
Administrative Case AC 5175
Oceanside, CA
Through a disciplinary action of the board,
the license is revoked and canceled and
the right to practice or operate has ended.
Decision effective 3/6/2015.
[View the Decision](#)

Serna, Yvonne Christina, TCH 122431,
Administrative Case AC 5076
Sultana, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 8/14/2015.
[View the Decision](#)

Shadab, Sara, TCH 119715,
Administrative Case AC 5247
Woodland Hills, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 7/31/2015.
[View the Decision](#)

Sharp, Rebecca, TCH 35153,
Administrative Case AC 4666
La Mirada, CA
Through a disciplinary action of the board,
the license is revoked and
canceled and the right to practice or

operate has ended.
Decision effective 01/09/2015.
[View the Decision](#)

Silva, Salvador Fernanco, TCH 141742,
Statement of Issues Case SI 5420
Lodi, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 5 years and is
subject to the terms and conditions in the
decision.
Decision effective 7/31/2015.
[View the Decision](#)

Smith, Daneka, Applicant, Statement of
Issues Case SI 5088
Hemet, CA
Through a hearing decision adopted by the
Board, the Application for Registration as
a Pharmacy Technician is denied.
Decision effective 10/20/2014.
[View the Decision](#)

Smith, Lisa, TCH 79731, Administrative
Case AC 5129
Morgan Hill, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 10/24/2014.
[View the Decision](#)

Sneed, Tiffany, TCH 65178,
Administrative Case AC 4925
Woodland, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 5 years, and is
subject to the terms and conditions in the
decision.
Decision effective 10/20/2014.
[View the Decision](#)

So, Yoomi, TCH 86587, Administrative
Case AC 4265
Los Angeles, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for three years, and is
subject to the terms and conditions in the
decision.
Decision effective 01/16/2015.
[View the Decision](#)

Sommers, Robert, TCH 117407,
Administrative Case AC 5123
Fallbrook, CA
Through a disciplinary action of the board,
the license is revoked and canceled and
the right to practice or operate has ended.
Decision effective 12/22/2014.
[View the Decision](#)

Southern, Drakkar, TCH 110664,
Administrative Case AC 5024
Pittsburg, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 10/31/2014.
[View the Decision](#)

Spagnolo, Vanessa, TCH 56160,
Administrative Case AC 4638
Hesperia, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 5/01/2015.
[View the Decision](#)

Sporleder, Tricia, TCH 46913,
Administrative Case AC 5051
Acampo, CA
Through a disciplinary action of the board,
the license is revoked and
canceled and the right to practice or
operate has ended.
Decision effective 01/09/2015.
[View the Decision](#)

Stacy, Jessica Moriel, Statement of Issues
Case SI 5084
Atascadero, CA
Through a disciplinary action of the
Board, the Application for Registration as
a Pharmacy Technician is denied.
Decision effective 5/08/2015.
[View the Decision](#)

Steen, David, TCH 64086, Administrative
Case AC 4805
Pacific Palisades, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 4/10/2015.
[View the Decision](#)

See Disciplinary Actions, Page 36

Disciplinary Actions

Continued from Page 35

Stevens, Gearl, TCH 73620,
Administrative Case AC 4921
Bakersfield, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/09/2014.

[View the Decision](#)

Sullenger, Peter, TCH 26660,
Administrative Case AC 4581
Glendale, CA

Through a disciplinary action of the Board, upon the re-application for a Pharmacy Technician Registration and satisfaction of all requirements, license shall be issued, immediately revoked, revocation stayed and the licensee will be placed on probation for 3 years subject to the terms and conditions in the decision.

Decision effective 4/06/2015.

[View the Decision](#)

Surpitski, Christine, TCH 46588,
Administrative Case AC 5124
Coronado, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/09/2014.

[View the Decision](#)

Szekula, Steven Y., TCH 126288,
Administrative Case AC 5177
Roseville, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 5/13/2015.

[View the Decision](#)

Tellez, Dana, Applicant, Statement of Issues Case SI 4946
San Diego, CA

Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is denied.

Decision effective 4/24/2015.

[View the Decision](#)

Thacker, Calvin, TCH 107328,
Administrative Case AC 5227
Citrus Heights, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/10/2015.

[View the Decision](#)

Thai, Alex, TCH 52044, Administrative Case AC 5167
El Cajon, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/20/2014.

[View the Decision](#)

Thomas, I'sha, TCH 103842,
Administrative Case AC 5160
Los Angeles, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 01/16/15.

[View the Decision](#)

Tran, Hung Binh, TCH 105489,
Administrative Case AC 4325
Redlands, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 5/01/2015.

[View the Decision](#)

Truong, Phuc Tien, TCH 119828,
Administrative Case AC 4767
San Jose, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 5/22/2015.

[View the Decision](#)

Van Landrum, Daniel, TCH 83665,
Administrative Case AC 4859
San Pedro, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 8/06/2015.

[View the Decision](#)

Vargas, Alexis, TCH 122297,
Administrative Case AC 4963
La Puente, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/06/2014.

[View the Decision](#)

Vasquez, Freddy, TCH 58537,
Administrative Case AC 4674
Whittier, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Effective 4/10/2015

[View the Decision](#)

Velasquez, Morena, TCH 75912,
Administrative Case AC 4735
Van Nuys, CA

Through a disciplinary action of the board, the license is voluntarily surrendered.

Decision effective 01/09/2015.

[View the Decision](#)

Villalpando, Ivan, TCH 117865,
Administrative Case AC 5157
Carson, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/22/2014.

[View the Decision](#)

Villalobos, Felipe, TCH 85349,
Administrative Case AC 4663
Fontana, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 6/12/2015.

[View the Decision](#)

Villanueva, Jesus Jr., TCH 105065,
Administrative Case AC 5265
Lynwood, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 6/19/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 36

Vu, Duc Thuong, TCH 72742,
Administrative Case AC 5255
San Jose, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Effective 5/22/2015

[View the Decision](#)

Vue, Dia, Applicant, Statement of Issues Case SI 5188
Sacramento, CA

Through a hearing decision adopted by the Board, the Application for Registration as Pharmacy Technician is denied.

Decision effective 5/15/15.

[View the Decision](#)

Waddle, Eric, Applicant, Statement of Issues Case SI 4596
Bakersfield, CA

Through a hearing decision adopted by the Board, the Application for Registration as a Pharmacy Technician is denied.

Decision effective 12/05/2014.

[View the Decision](#)

Washburn, Matthew, TCH 25205,
Administrative Case AC 4621
Marysville, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 01/28/2015.

[View the Decision](#)

Wooten, Sheli, TCH 63396,
Administrative Case AC 5206
Visalia, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/15/2014.

[View the Decision](#)

Wynn, Myron, TCH 109115,
Administrative Case AC 5215
Chula Vista, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 2/20/2015.

[View the Decision](#)

Yepiz, Dulce, TCH 56601, Administrative Case AC 4452

Escondido, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 11/19/2014.

[View the Decision](#)

Yerkes, Jeffrey, Applicant, Statement of Issues Case SI 4677

Poway, CA

Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is denied.

Decision effective 12/05/2014.

[View the Decision](#)

Designated Representative-in-Charge

Azevedo, Danny, EXV 21320,
Administrative Case AC 4705

Visalia, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/20/2014.

[View the Decision](#)

Bartlett, Brett, EXC 17211, Administrative Case AC 4779

Grass Valley, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 4/10/2015.

[View the Decision](#)

Carillo, George, EXC 22249,
Administrative Case AC 5119

Irvine, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/03/2014.

[View the Decision](#)

Iddriss, Maher, EXC 15125,
Administrative Case AC 5242

San Diego, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 3/13/2015.

[View the Decision](#)

Marsh, Janet, EXC 17770, Administrative Case AC 4346

Murrieta, CA

Through a disciplinary action of the board, the license is voluntarily surrendered.

Decision effective 3/13/2015.

[View the Decision](#)

Matthews, Hilda, EXC 18366,
Administrative Case AC 4866
Chino Hills, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 6/5/2015.

[View the Decision](#)

McGowan, Thomas, EXC 13963,
Administrative Case AC 4624
San Diego, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years and is subject to the terms and conditions in the decision, including a 30-day suspension.

Decision effective 6/11/2015.

[View the Decision](#)

Serna, Roger, EXC 21937, Administrative Case AC 5117

Garden Grove, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 01/09/2015.

[View the Decision](#)

Intern Pharmacist

Bolouhari, Ensi, INT 28445,
Administrative Case AC 4474
Fair Oaks, CA

Through a disciplinary action of the Board, license is revoked, the revocation is stayed, and the licensee is placed on probation for 6 years, and is subject to the terms and conditions in the decision.

Decision effective 4/08/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 37

Mananyan, Marine, INT 35160, Statement of Issues Case SI 5134
Panorama City, CA

Through a disciplinary action of the board, the license is issued, and immediately revoked, the revocation is stayed and the license is placed on probation for 5 years subject to the terms and conditions in the decision.

Decision effective 12/9/2014.

[View the Decision](#)

Tahmasian, Vahe, INT 26491,
Administrative Case AC 5202
Glendale, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended. Decision effective 3/27/15.

[View the Decision](#)

Weinberger, Donny, Applicant, Statement of Issues Case SI 4879
Elk Grove, CA

Through a disciplinary action of the Board, the application is granted. Upon satisfaction of all probation terms and conditions required for the Intern Pharmacist Registration and satisfaction of all statutory and regulatory requirements and conditions for a license, a Pharmacist license shall be issued. The license shall be immediately revoked, revocation stayed, and placed on probation for the remaining term of the five (5) years of probation being served as an Intern Pharmacist.

Decision effective 10/01/2014.

[View the Decision](#)

Weinberger, Donny, INT 26871,
Administrative Case AC 4599
Elk Grove, CA

Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the respondent is placed on probation for 5 years and is subject to the terms and conditions in the decision, including a 90-day suspension with credit given for time served.

Decision effective 10/01/2014.

[View the Decision](#)

Wong, Gabriel, Applicant, Statement of Issues Case SI 5105

Pleasanton, CA

Through a disciplinary action of the Board, the Application for an Intern Pharmacist License is granted. Upon satisfaction of all statutory and regulatory requirements for the issuance of an Intern Pharmacist License, the license is issued, immediately revoked, the revocation stayed, and respondent will be placed on probation for 5 years and subject to the terms and conditions in the decision.

Decision effective 11/07/2014.

[View the Decision](#)

Pharmacists

Andonian, Silva, RPH 40981,
Administrative Case AC 4975
Granada Hills, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 8/21/2015.

[View the Decision](#)

Aoyama, Akira, RPH 24477,
Administrative Case AC 5077
Salinas, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 5/13/2015.

[View the Decision](#)

Arragg, George, RPH 19827,
Administrative Case AC 4942
Montebello, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 5/13/2015.

[View the Decision](#)

Badria, Mark, RPH 41678, Administrative Case AC 4671
San Diego, CA

Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 12/15/2014.

[View the Decision](#)

Bagdatyan, Arutyun, RPH 72602,
Statement of Issues Case, SI 5006
Van Nuys, CA

Through a hearing decision adopted by the Board, the license is issued, immediately revoked, and placed on probation for 5 years and is subject to the terms and conditions in the decision.

Decision effective 3/20/2015.

[View the Decision](#)

Blackburn, Robert, RPH 30586,
Administrative Case AC 5211
Laguna Hills, CA

Through a hearing decision adopted by the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 6/19/2015.

[View the Decision](#)

Blair, James, RPH 30343, Administrative Case AC 4972
Laguna Niguel, CA

Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license is placed on probation for 5 years, and subject to the terms and conditions in the decision.

Decision effective 2/2/2015.

[View the Decision](#)

Bourque, Stephen, RPH 63701,
Administrative Case AC 4494
Castro Valley, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/19/2014.

[View the Decision](#)

Bradley, Antony, RPH 36740,
Administrative Case AC 4614
Covina, CA

Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 12/9/2014.

[View the Decision](#)

Disciplinary Actions

Continued from Page 38

Brown, Perry, RPH 32935, Administrative Case AC 4143

Fallbrook, CA

Through a disciplinary action of the Board, the license is subject to a Letter of Public Reprimand.

Decision effective 7/08/2015.

[View the Decision](#)

Cassar, Gabriel, RPH 25650, Administrative Case AC 4566

City of Industry, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 2/4/2015.

[View the Decision](#)

Castillo, Gerardo, RPH 68819, Administrative Case AC 4469

Modesto, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 8/31/2015.

[View the Decision](#)

Catania, Harriet, RPH 26621, Administrative Case AC 5042

Stockton, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 4/08/2015.

[View the Decision](#)

Chatwani, Priti, RPH 53463, Administrative Case AC 4574

Livermore, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 8/31/2015.

[View the Decision](#)

Cheng, Lai Wing, RPH 46865, Administrative Case AC 5058

Fremont, CA

Through a disciplinary action of the

Board, the license is revoked, the revocation is stayed, and the license is placed on probation for 2 years, and is subject to the terms and conditions in the decision.

Decision effective 5/20/2015.

[View the Decision](#)

Chowdhury, Moazzem, RPH 46737, Administrative Case AC 3917

Santa Clarita, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 10/22/2014.

[View the Decision](#)

Cherman, Stephen, RPH 26341, Administrative Case AC 3920

Granada Hills, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 10/22/2014.

[View the Decision](#)

Chung, Anne Chon-Yin, RPH 40932, Administrative Case AC 4775

Los Angeles, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the license is placed on probation for 5 years, and is subject to the terms and conditions in the decision including a 90 day suspension.

Decision effective 12/08/2014.

[View the Decision](#)

Chung, Francis Kowck Ming, RPH 35558, Administrative Case AC 5218

Irvine, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/22/2014.

[View the Decision](#)

D'angelo, Joseph, RPH 22883, Administrative Case AC 4614

Covina, CA

Through a disciplinary action of the board, the license is revoked, the revocation is

stayed, and the license placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 12/9/2014.

[View the Decision](#)

De Simone, John, RPH 37984, Administrative Case AC 4851

Redondo Beach, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed and the license is placed on probation for 5 years subject to the terms and conditions in the decision.

Decision effective 6/4/2015.

[View the Decision](#)

Du Plessis, Abraham Christo J., RPH 62535, Administrative Case AC 5147

Eureka, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 6/29/15.

[View the Decision](#)

Esomonu, Ijeoma, RPH 53516, Administrative Case AC 4579

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 4/08/2015.

[View the Decision](#)

Esomonu, Iroegbu Clifford, RPH 53445, Administrative Case AC 4579

Oakland, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 7/08/2015.

[View the Decision](#)

Fathi, Nasser, RPH 48441, Administrative Case AC 4969

Laguna Hills, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years and is subject to the terms and conditions in the decision, including a 60 day suspension.

[View the Decision](#)

Disciplinary Actions

Continued from Page 39

Fisher, Amy, RPH 43523, Administrative Case AC 4957

Sibley, IA

Through a disciplinary action of the board, the license is voluntarily surrendered.

Decision effective 01/09/2015.

[View the Decision](#)

Fung, David, RPH 41674, Administrative Case AC 4743

Emeryville, CA

Through a disciplinary action of the board, the license is subject to a Letter of Public Reprimand.

Decision effective 12/12/2014.

[View the Decision](#)

Furukawa, Calvin, RPH 19043, Administrative Case AC 5195

Oceanside, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/03/2014.

[View the Decision](#)

Gillespie, John, RPH 25025, Administrative Case AC 4568

Upland, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 10/06/2014.

[View the Decision](#)

Hasan, Taoheed, RPH 38785, Administrative Case AC 3918

Palmdale, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 42 months, and is subject to the terms and conditions in the decision.

Decision effective 10/22/2014.

[View the Decision](#)

Huft, Scott, RPH 41154, Administrative Case AC 5057

Phoenix, AZ

Through a disciplinary action of the Board, the license is subject to a Letter of Public Repeval.

Decision effective 01/19/2015.

[View the Decision](#)

Iannone, Steven, RPH 68846, Administrative Case AC 5349

Rancho Cordova, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 4/24/2015.

[View the Decision](#)

Jaspal, Jagdip Singh, RPH 55129, Administrative Case AC 4922

Kerman, CA

Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 12/24/2014.

[View the Decision](#)

Jawad, Abdul Kareem, RPH 45101, Administrative Case AC 4661

Costa Mesa, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 8/21/2015.

[View the Decision](#)

Jawad, Abdul Kareem, RPH 45101, Administrative Case AC 4930

Costa Mesa, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 8/21/2015.

[View the Decision](#)

Jay, Michael, RPH 36457, Administrative Case AC 5248

Anaheim, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 3/20/2015.

[View the Decision](#)

Kazarian, Margarita, RPH 45273, Administrative Case AC 5189

Glendale, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 11/18/2014.

[View the Decision](#)

Kerolis, Bassem Mahdy Mousa, RPH 68607, Administrative Case AC 5278

Palm Springs, CA

Accusation Withdrawn 3/13/2015.

[View the Decision](#)

Kim, Esther, RPH 50765, Administrative Case AC 4904

Fullerton, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 01/28/2015.

[View the Decision](#)

Kister, Michael Ronald, RPH 30052, Administrative Case AC 4192

Clovis, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 8/31/2015.

[View the Decision](#)

Knowles, Justin, RPH 63427, Administrative Case AC 4857

Dover, NH

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision, including a 90 day suspension.

Decision effective 4/15/2015.

[View the Decision](#)

Kwock, Yumon, RPH 28573, Administrative Case AC 4600

Eureka, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 5/06/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 40

Lang, Johnny, RPH 50571, Administrative Case AC 5149

Bakersfield, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 3/25/2015.

[View the Decision](#)

Le, Elisa, RPH 41913, Administrative Case AC 5145

Huntington Beach, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 3/25/2015.

[View the Decision](#)

Le, Katherine, RPH 57903, Administrative Case AC 4566

Chino Hills, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 2/4/2015.

[View the Decision](#)

Le Van, Phi Thi, RPH 41632, Administrative Case AC 4822

Anaheim, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/05/2014.

[View the Decision](#)

Lee, Gavin, RPH 56644, Administrative Case AC 4785

Rancho Palos Verdes, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 7/15/2015.

[View the Decision](#)

Lewis III, Demar, RPH 37541

Administrative Case AC 4658

Aurora, CO

Through a disciplinary action of the board, the license is subject to a letter of public reprimand.

Decision effective 12/24/2014.

[View the Decision](#)

Lloyd, Clarence, RPH 46890,

Administrative Case AC 4682

Garden Grove, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/26/2014.

[View the Decision](#)

Lovejoy, Randy, RPH 32175,

Administrative Case AC 4603

Placentia, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 01/28/2015.

[View the Decision](#)

Mac Mullen, Gary, RPH 30639,

Administrative Case AC 4749

Carlsbad, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 10/31/2014.

[View the Decision](#)

Mason, Hannah, RPH 46923,

Administrative Case AC 3919

Palm Desert, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the license that is currently on probation is extended by an additional two years.

Decision effective 4/22/2015.

[View the Decision](#)

McCarter, Duncan, RPH 26117,

Administrative Case AC 4771

Pacific Grove, CA

Through a disciplinary action of the board, the license is revoked, revocation stayed, and the license is placed on probation for three years subject to terms and conditions of the decision.

Decision effective 12/3/2014.

[View the Decision](#)

McCormac, Marlena, RPH 60361,

Administrative Case AC 5121

Scottsdale, AZ

Accusation Withdrawn. Effective 2/4/2015.

[View the Decision](#)

McFadden, William, RPH 29744,

Administrative Case AC 5038

Corning, CA

Through a disciplinary action of the board, the license is voluntarily surrendered.

Decision effective 2/25/2015.

[View the Decision](#)

Mihalik, Oytun, RPH 58153,

Administrative Case AC 5007

Huntington Beach, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 11/14/2014.

[View the Decision](#)

Narvades, Pierre, RPH 46866,

Administrative Case AC 4534

Woodland Hills, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 10/01/2014.

[View the Decision](#)

Nasrah, Iyad, RPH 40241, Administrative Case AC 4125

San Francisco, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision, including a 30-day suspension.

Decision effective 6/18/2015.

[View the Decision](#)

Neely, Dorothy, RPH 23354,

Administrative Case AC 5165

Palm Springs, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 11/19/2014.

[View the Decision](#)

See Disciplinary Actions, Page 42

Disciplinary Actions

Continued from Page 41

Newell, Elizabeth, RPH 29746,
Administrative Case AC 5393
Borrego Springs, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 3 years, and is
subject to the terms and conditions in the
decision.
Decision effective 7/08/2015.
[View the Decision](#)

Nnah, Ekene, RPH 65349, Administrative
Case AC 4723
Yucaipa, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 5 years and is
subject to the terms and condition in the
decision.
Decision effective 6/11/2015.
[View the Decision](#)

Nnah, Prince Nnamdi, RPH 67849,
Administrative Case AC 4723
Yucaipa, CA
Through a disciplinary action of
the Board, the license is voluntarily
surrendered.
Decision effective 7/08/2015.
[View the Decision](#)

Oduyale, Olugbenga, RPH 42719,
Administrative Case AC 4724
Yuma, AZ
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 8/10/2015.
[View the Decision](#)

Ohlson, Philip, RPH 41078,
Administrative Case AC 5043
Citrus Heights, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 5 years, and is
subject to the terms and conditions in the
decision.
Decision effective 10/15/2014.
[View the Decision](#)

Ozimy, Eric, RPH 36956, Administrative
Case AC 4746
Stockton, CA
Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.
Decision effective 4/17/2015.
[View the Decision](#)

Park, Eugene, RPH 51040, Administrative
Case AC 4755
Yorba Linda, CA
Through a disciplinary action of the board,
the license is revoked, the revocation
is stayed, and the license is placed on
probation for 5 years, and is subject to the
terms and conditions in the decision.
Decision effective 2/25/2015.
[View the Decision](#)

Phung Jordan, RPH 48177, Administrative
Case AC 4997
Mission Viejo, CA
Through a disciplinary action of the board,
the license is revoked, the revocation
is stayed, and the license is placed on
probation for 6 years, and is subject to
the terms and conditions in the decision,
including a 120 day suspension.
Decision effective 3/13/2015.
[View the Decision](#)

Piwonka, Allan, RPH 27345,
Administrative Case AC 4904
Santa Ana, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 3 years, and is
subject to the terms and conditions in the
decision.
Decision effective 2/4/2015.
[View the Decision](#)

Rootsaert, Kyle, RPH 49390,
Administrative Case AC 4806
Lathrop, CA
Through a disciplinary action of the board,
the license is revoked, the revocation is
stayed, and the license is placed on five
years probation subject to terms and
conditions of the decision.
Decision effective 12/12/2014.
[View the Decision](#)

Rossi, John, RPH 33107, Administrative
Case AC 4860

Carlsbad, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed and the license is
placed on probation for 5 years subject to
the terms and conditions in the decision.
Decision effective 6/4/2015.
[View the Decision](#)

Sadow, Renee, RPH 27398,
Administrative Case AC 3606
Inglewood, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 4 years and is
subject to the terms and conditions in the
decision, including a 14 day suspension.
Decision effective 5/21/2015.
[View the Decision](#)

Shafer, John William, RPH 36106,
Administrative Case AC 4998
Chatsworth, CA
Through a disciplinary action of
the Board, the license is voluntarily
surrendered.
Decision effective 5/20/2015.
[View the Decision](#)

Simone, Jeffrey, RPH 62894,
Administrative Case AC 4885
Santa Monica, CA
Through a disciplinary action of the board,
the license is revoked, the revocation
is stayed, and the license is placed on
probation for 5 years subject to the terms
and conditions in the decision, including a
45 day suspension.
Decision effective 3/16/2015.
[View the Decision](#)

Smith, David Mark, RPH 36789,
Administrative Case AC 5077
Santa Cruz, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the license is
placed on probation for 5 years subject to
the terms and conditions in the decision,
including a 30 day suspension.
Decision effective 5/20/2015.
[View the Decision](#)

Disciplinary Actions

Continued from Page 42

Smith, Steve, RPH 50549, Administrative Case AC 4696

Santa Rosa, CA

Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the licensee is placed on probation for 5 years and is subject to the terms and conditions in the decision.

Decision effective 11/07/2014.

[View the Decision](#)

Speck, Eric, RPH 67348, Administrative Case AC 4855

Lafayette, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 10/15/2014.

[View the Decision](#)

Tarr, Vy Khanh, RPH 64465, Administrative Case AC 4911
Anaheim, CA

Through a Hearing Decision adopted by the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 8/24/2015.

[View the Decision](#)

Vivo, Joseph, RPH 30634, Administrative Case AC 4576

Sherman Oaks, CA

Through a disciplinary action of the board, the license is subject to a Letter of Public Reprimand.

Decision effective 3/4/2015.

[View the Decision](#)

Vo, Blake Liem, RPH 51136, Administrative Case AC 4661
Santa Ana, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 8/21/2015.

[View the Decision](#)

Vuong, Can Vinh, RPH 44286, Administrative Case AC 4971
Garden Grove, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 7/02/2015.

[View the Decision](#)

Weinberger, Donny, Applicant, Statement of Issues Case SI 4879

Elk Grove, CA

Through a disciplinary action of the Board, the application is granted. Upon satisfaction of all probation terms and conditions required for the Intern Pharmacist Registration and satisfaction of all statutory and regulatory requirements and conditions for a license, a Pharmacist license shall be issued. The license shall be immediately revoked, revocation stayed, and placed on probation for the remaining term of the five (5) years of probation being served as an Intern Pharmacist.

Decision effective 10/01/2014.

[View the Decision](#)

West, Scott, RPH 49493, Administrative Case AC 5072

Grass Valley, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 3/25/2015.

[View the Decision](#)

Wong, Frank Po Kei, RPH 43505, Administrative Case AC 5327
Simi Valley, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 7/08/2015.

[View the Decision](#)

Wong, Gabriel, Applicant, Statement of Issues Case SI 5105
Pleasanton, CA

Through a disciplinary action of the

Board, the Application for an Intern Pharmacist License is granted. Upon satisfaction of all statutory and regulatory requirements for the issuance of an Intern Pharmacist License, the license is issued, immediately revoked, the revocation stayed, and respondent will be placed on probation for 5 years and subject to the terms and conditions in the decision.

Decision effective 11/07/2014.

[View the Decision](#)

Wong, Harry, RPH 42747, Administrative Case AC 4537

Canoga Park, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 5/06/2015.

[View the Decision](#)

Zaleski, Gary, RPH 35530, Administrative Case AC 4391

Corona, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 01/28/2015.

[View the Decision](#)

Zimmerman, William, RPH 37352, Administrative Case AC 4750
San Jose, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 6/11/2015.

[View the Decision](#)

Business Licenses

Sites

A&O Specialty Pharmacy, PHY 47448
and LSC 99382, Administrative Case AC 5077

Salinas, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the license is placed on probation for 5 years subject to the terms and conditions in the decision.

Decision effective 5/20/2015.

[View the Decision](#)

See Disciplinary Actions, Page 44

Disciplinary Actions

Continued from Page 43

Adams Square Pharmacy, PHY 40833,
Administrative Case AC 5189
Glendale, CA

Through a disciplinary action of the board,
the license is revoked and canceled and
the right to practice or operate has ended.
Decision effective 11/18/2014.

[View the Decision](#)

Advance Outcome Management Pharmacy
Services, PHY 49946, Administrative
Case AC 4682

Garden Grove, CA

Through a disciplinary action of the board,
the license is revoked and canceled and
the right to practice or operate has ended.
Decision effective 12/26/2014.

[View the Decision](#)

Advance Outcome Management
Incorporation, LSC 99606, Administrative
Case AC 4682

Garden Grove, CA

Through a disciplinary action of the board,
the license is revoked and canceled and
the right to practice or operate has ended.
Decision effective 12/26/2014.

[View the Decision](#)

Advanced Pharmacy Homecare, PHY
43316, Administrative Case AC 4623
Escondido, CA

Through a disciplinary action of
the Board, the license is voluntarily
surrendered.

Decision effective 3/25/2015.

[View the Decision](#)

Advantacare Infusion, PHY 48323,
Administrative Case AC 4771
Monterey, CA

Through a disciplinary action of the board,
the license is revoked, revocation stayed,
and the license is placed on probation for
three years subject to terms and conditions
of the decision.

Decision effective 12/3/2014.

[View the Decision](#)

Borrego Community Health Foundation,
PHY 48254, Administrative Case AC 5393
Borrego Springs, CA

Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is

placed on probation for 3 years, and is
subject to the terms and conditions in the
decision.

Decision effective 7/08/2015.

[View the Decision](#)

Broadway Medical Pharmacy, PHY
48442, Administrative Case AC 4822
Anaheim, CA

Through a disciplinary action of the
Board, the license is revoked and canceled
and the right to practice or operate has
ended.

Decision effective 12/05/2014.

[View the Decision](#)

Clark's Drug Store Pharmacy, PHY 36175,
Administrative Case AC 5038
Corning, CA

Through a disciplinary action of the board,
the license is revoked and canceled and
the right to practice or operate has ended.
Decision effective 2/25/2015.

[View the Decision](#)

Coover Pharmacy, PHY 45471,
Administrative Case AC 4851
San Pedro, CA

Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed and the license is
placed on probation for 4 years subject to
the terms and conditions in the decision.

Decision effective 6/4/2015.

[View the Decision](#)

CVS Pharmacy #9145, PHY 47974,
Administrative Case AC 4819
Santee, CA

Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 3 years, and is
subject to the terms and conditions in the
decision.

Decision effective 10/15/2014.

[View the Decision](#)

Daniels Pharmacy, PHY 36740,
Administrative Case AC 4125
San Francisco, CA

Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 5 years, and is
subject to the terms and conditions in the
decision.

Decision effective 6/18/2015.

[View the Decision](#)

Desert Drugs, PHY 46289, Administrative
Case AC 3917

Lancaster, CA

Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 4 years, and is
subject to the terms and conditions in the
decision.

Decision effective 10/22/2014.

[View the Decision](#)

Ecompounding Pharmacy, LSC 99618,
Administrative Case AC 4534
Woodland Hills, CA

Through a disciplinary action of
the Board, the license is voluntarily
surrendered.

Decision effective 10/01/2014.

[View the Decision](#)

Ecompounding Pharmacy, PHY 50194,
Administrative Case AC 4534
Woodland Hills, CA

Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 5 years, and is
subject to the terms and conditions in the
decision.

Decision effective 10/01/2014.

[View the Decision](#)

ExcelleRx, Inc., NRP 714, Administrative
Case AC 4940

Sharon Hill, PA

Through a disciplinary action of the
Board, the license is subject to a Letter of
Public Reprimand.

Decision effective 11/04/2014.

[View the Decision](#)

ExcelleRx, Inc., NRP 715, Administrative
Case AC 4940
Memphis, TN

Through a disciplinary action of the
Board, the license is subject to a Letter of
Public Reprimand.

Decision effective 11/04/2014.

[View the Decision](#)

Disciplinary Actions

Continued from Page 44

Farmacia Familiar, PHY 50205,
Administrative Case AC 4930
Santa Ana, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered, however, the surrender is stayed until 09/20/2015 at which time the pharmacy shall be sold or closed.
Decision effective 8/21/2015.

[View the Decision](#)

Foster Pharmaceuticals, WLS 6248,
Administrative Case AC 5119
Irvine, CA

Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.

Decision effective 12/03/2014.

[View the Decision](#)

Fruitvale Avenue Pharmacy, Inc., PHY 50064, Administrative Case AC 4579
Oakland, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 7/08/2015.

[View the Decision](#)

Glesener Pharmacy, PHY 45665,
Administrative Case AC 4614
Covina, CA

Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 12/9/2014.

[View the Decision](#)

Heritage Compounding Pharmacy, PHY 47098 and LSC 99303, Administrative Case AC 4904
Brea, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered, however, the surrender is stayed until 03/01/2015 at which time the pharmacy shall be sold or closed.
Decision effective 01/28/2015.

[View the Decision](#)

Irvine Medical Pharmacy, PHY 42046,
Administrative Case AC 4969

Irvine, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 01/28/2015.

[View the Decision](#)

JTM Infusion, PHY 43622, Administrative Case AC 4860
San Diego, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 6/4/2015.

[View the Decision](#)

Maxim Health Systems, LLC, Applicant, Statement of Issues Case SI 4862
Columbia, MD

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 11/19/2014.

[View the Decision](#)

McGowan Enterprises Inc./Acute Care Pharmaceuticals, WLS 3336, Administrative Case AC 4624
San Diego, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed and the license is placed on probation for 5 years subject to the terms and conditions in the decision.

Decision effective 6/4/2015.

[View the Decision](#)

Michael's Pharmacy, PHY 47549, Administrative Case AC 5303
Pasadena, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered.

Decision effective 7/13/2015.

[View the Decision](#)

Mid Valley Pharmacy, PHY 47423, Administrative Case AC 5327
Simi Valley, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.

Decision effective 7/08/2015.

[View the Decision](#)

Oberlin Medical Supply & Service Corp., WLS 3600, Administrative Case AC 5242
San Diego, CA

Through a disciplinary action of the board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 3/13/2015.

[View the Decision](#)

Priority Pharmaceuticals Inc., WLS 5145, Administrative Case AC 4346
San Diego, CA

Through a disciplinary action of the board, the license is voluntarily surrendered.

Decision effective 3/13/2015.

[View the Decision](#)

Ralphs Pharmacy 70300720, PHY 44207, Administrative Case AC 4785
Rancho Palos Verdes, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.

Decision effective 7/15/2015.

[View the Decision](#)

Rite-Aid Pharmacy #5429, PHY 42331, Administrative Case AC 4775
Los Angeles, CA

Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.

Decision effective 01/28/2015.

[View the Decision](#)

River's Edge Community Pharmacy, Applicant, Statement of Issues Case 5309
Palm Desert, CA

Statement of Issues withdrawn. Effective 7/10/2015.

[View the Decision](#)

Disciplinary Actions

Continued from Page 45

Rochester Enterprises Inc., WLS 5996,
Administrative Case AC 5117
Irvine, CA
Through a disciplinary action of the board,
the license is revoked and
canceled and the right to practice or
operate has ended.
Decision effective 01/09/2015.
[View the Decision](#)

RX3 Pharmacy, NRP 925, Administrative
Case AC 4773
Richmond, VA
Through a disciplinary action of the board,
the license is voluntarily surrendered.
Decision effective 12/3/2014.
[View the Decision](#)

RXNThings, PHY 50157, Administrative
Case AC 4576
Los Angeles, CA
Through a disciplinary action of the board,
the license is voluntarily surrendered.
Decision effective 3/4/2015.
[View the Decision](#)

Saddleback Pharmacy, PHY 50692,
Administrative Case AC 4997
Mission Viejo, CA
Through a disciplinary action of
the Board, the license is voluntarily
surrendered, however, the surrender is
stayed until 03/20/2015 at which time the
pharmacy shall be sold or closed.
Decision effective 3/13/2015.
[View the Decision](#)

San Gorgonio Memorial Hospital, HPE
21784, Administrative Case AC 4723
Banning, CA
Through a disciplinary action of the board,
the license is revoked, the revocation
is stayed, and the license is placed on
probation for 4 years subject to the terms
and conditions in the decision.
Decision effective 01/09/2015.
[View the Decision](#)

Sav-RX Prescription Services, Applicant,
Statement of Issues Case SI 4890
Fremont, NE
Through a hearing decision adopted by the
Board, the Non-Resident Pharmacy Permit
Application is granted.

Decision effective 5/15/15.
[View the Decision](#)

Savon.com #5805, PHY 48198,
Administrative Case AC 4143
Carlsbad, CA
Through a disciplinary action of the
Board, the license is subject to a Letter of
Public Reapproval.
Decision effective 7/08/2015.
[View the Decision](#)

Serv-Rite Pharmacy, PHY 34009
Pico Rivera, CA
Through a disciplinary action of
the Board, the license is voluntarily
surrendered.
Decision effective 7/08/2015.
[View the Decision](#)

Southern California Compounding
Pharmacy LLC, PHY 49147 & LSC 99510
San Diego, CA
Through a disciplinary action of the board,
the license is revoked, the revocation is
stayed, and the license placed on probation
for four years, and is subject to the terms
and conditions in the decision.
Decision effective 12/15/2014.
[View the Decision](#)

St. Joseph's Medical Center, HSP 45514,
Administrative Case AC 5042
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 4 years, and is
subject to the terms and conditions in the
decision.
Decision effective 4/08/2015.
[View the Decision](#)

Supercare, PHY 45943, Administrative
Case AC 4566
City of Industry, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 5 years, and is
subject to the terms and conditions in the
decision.
Decision effective 2/4/2015.
[View the Decision](#)

The Compounding Shop, NRP 701,
Administrative Case AC 5138
St. Petersburg, FL
Through a disciplinary action of

the Board, the license is voluntarily
surrendered.

Decision effective 01/28/2015.
[View the Decision](#)

The Medicine Shoppe No. 0821, PHY
46075, Administrative Case AC 3920
Granada Hills, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 4 years, and is
subject to the terms and conditions in the
decision.
Decision effective 10/22/2014.
[View the Decision](#)

The Medicine Shoppe, PHY 48618,
Administrative Case AC 4574
Livermore, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 4 years, and is
subject to the terms and conditions in the
decision.
Decision effective 7/22/2015.
[View the Decision](#)

Valley Pharmacy, PHY 46866,
Administrative Case AC 3918
Lancaster, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 3 years, and is
subject to the terms and conditions in the
decision.
Decision effective 10/22/2014.
[View the Decision](#)

Vi Pharmacy, PHY 50560, Administrative
Case AC 4537
Culver City, CA
Through a disciplinary action of
the Board, the license is voluntarily
surrendered.
Decision effective 5/06/2015.
[View the Decision](#)

Disciplinary Actions

Continued from Page 46

West Pacific Pharmacy, Applicant,
Statement of Issues SI 5092
Laguna Hills, CA

Through a disciplinary action of the Board, the Application for a Community Pharmacy Permit is granted. Upon satisfaction of all statutory and regulatory requirements, the license is issued, immediately revoked, the revocation stayed, and respondent is placed on probation for 5 years subject to the terms and conditions in the decision. As part of probation, the permit shall be suspended for 30 days upon issuance of the permit.

[View the Decision](#)

West Pacific Pharmacy, PHY 51628,
Statement of Issues Case SI 5092
Wilmington, CA

Through a disciplinary action of the board, the license is issued, and immediately revoked, the revocation is stayed and the license is placed on probation for 5 years subject to the terms and conditions in the decision including a 30 day suspension. Decision effective 1/28/2015.

[View the Decision](#)

White Front Drug and Discount, PHY 41461, Administrative Case AC 4661
Costa Mesa, CA

Through a disciplinary action of the Board, the license is voluntarily surrendered, however, the surrender is stayed until 09/20/2015 at which time the pharmacy shall be sold or closed.

Decision effective 8/21/2015.

[View the Decision](#)

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Attachment C - 2

Precedential Decision



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

CASE SUMMARY

In the Matter of the Accusation Against Pacifica Pharmacy; Thang Tran
Board of Pharmacy Case No. 3802; OAH No. 2011010644; Precedential Decision No. 2013-01
Made precedential by the Board of Pharmacy effective August 9, 2013

Available at <http://www.pharmacy.ca.gov/enforcement/precedential.shtml>

BRIEF SYNOPSIS: In a Decision and Order initially effective June 3, 2012 (after the lapse of a 30-day stay from its initial effective date of May 4, 2012), and made a precedential decision of the Board effective August 9, 2013, the Board of Pharmacy revoked the licenses issued by the Board to Pacifica Pharmacy, PHY 46715, a pharmacy licensee, and Thang Q. Tran, RPH 41172, a pharmacist licensee, based on allegations and proof that respondents engaged in unprofessional conduct including failures to exercise the “corresponding responsibility” a pharmacy/pharmacist owes under California law to determine the legitimate medical purpose of controlled substance prescriptions before dispensing, under Health and Safety Code section 11153, subdivision (a).

PROCEDURAL HISTORY: A Second Amended Accusation (operative pleading) was filed before the Board of Pharmacy on January 3, 2012. The case proceeded to a hearing conducted by Administrative Law Judge James Ahler of the Office of Administrative Hearings (OAH), San Diego, on January 23, 24, 25, and 31, and February 1, 2012. The Proposed Decision was issued on February 29, 2012. The Board adopted the Proposed Decision by Decision and Order issued April 4, 2012, made effective May 4, 2012. On April 10, 2012, the Board received a request for a 30-day stay to file a petition for reconsideration from respondents, and granted same, staying the effective date of the Decision and Order to June 3, 2012. On May 31, 2012, the Board issued an Order Denying Reconsideration, denying respondents’ petition. That order confirmed that the Decision and Order of the Board would be effective and final as of June 3, 2012. On August 5, 2013, the Board designated the Decision as precedential, in its entirety, effective August 9, 2013.

DISCIPLINARY ORDER: On the basis of the factual findings and legal conclusions made in the 40-page Proposed Decision made the Decision and Order of the Board, the decision ordered:

- that Original Permit No. PHY 46715 issued to Pacifica Pharmacy Corp. is revoked;
- that Original Pharmacist License No. RPH 4117 issued to Thang Q. Tran is revoked; and
- that Pacifica Pharmacy Corp. and Thang Q. Tran shall pay to the Board of Pharmacy costs of investigation and enforcement in the total amount of \$39,666.00.

FINDINGS AND CONCLUSIONS: The Second Amended Accusation filed January 3, 2012 included a total of eight causes for discipline, two alleged against both respondents, three alleged only against Pacifica Pharmacy, and three alleged only against Thang Q. Tran. All eight of the causes for discipline were sustained. Of these, the cause for discipline receiving the most legal analysis and argument in the decision was the first, for failure to comply with the “corresponding responsibility” placed on pharmacies and pharmacists by Health and Safety Code section 11153. The Decision and Order identifies a series of “red flags” surrounding prescriptions for controlled substances (OxyContin, Opana, Dilaudid, and Alprazolam) by Dr. T, an osteopath with an office located some distance from Pacific Pharmacy, and concludes that Pacifica Pharmacy and Thang Q. Tran failed to make the inquiries necessary to exercise their “corresponding responsibility.”

CASE DETAILS: The investigation was prompted by a complaint from a neighbor of the pharmacy, who observed what he believed was unusual traffic in and out of the pharmacy by young patrons, who spread cash across the dashboard of a vehicle on one occasion, and appeared to be exchanging cash for prescriptions in the parking lot of the pharmacy. A CURES report for the pharmacy showed a high number of controlled substance prescriptions (1,844 from January 1, 2009 to January 5, 2010) written by Dr. T. and dispensed by Pacifica Pharmacy.

Inspections of the pharmacy revealed other issues, including expired drugs in active inventory, pre-filled containers with inadequate labels, and inventory discrepancies. But the primary focus of the investigation was controlled substance dispensing practices. During an interview, Thang Q. Tran revealed, among other things, that he had never spoken to Dr. T about the prescriptions received in the pharmacy, that he did not routinely verify prescriptions with prescribers or ask about their prescribing practices, that he considered his role in verifying the legitimacy of the prescription to be limited to verifying the prescription with the prescriber, where appropriate, that he did not ask his patients about their diagnosis or other medical information, that he did not know about the use of CURES reports for evaluating patient therapy, and that he did not have an issue with filling prescriptions for prescribers or patients located far away from the pharmacy.

Expert testimony established that a pharmacist must exercise professional judgment with regard to dispensing controlled substances, a duty that entails more than filling the prescription. After a pharmacist evaluates the prescription to make certain it is valid and legitimate on its face, there is also a duty to evaluate the patient, the prescriber, and the medication therapy. The Decision and Order includes a fairly detailed description of the pharmacist's standard of care / duty of inquiry.

The Decision and Order identified several "red flags" that should give a pharmacy / pharmacist the inkling of a potential problem with prescriptions, and invoke in them a duty of inquiry:

- Irregularities on the face of the prescription itself;
- Nervous patient demeanor;
- Age or presentation of patient (e.g., youthful patients seeking chronic pain medications);
- Multiple patients at the same address(es);
- Cash payments;
- Requests for early refills of prescriptions;
- Prescriptions written for an unusually large quantity of drugs;
- Prescriptions written for potentially duplicative drugs;
- The same combinations of drugs prescribed for multiple patients;
- Initial prescriptions written for stronger opiates (e.g., OxyContin 80mg);
- Long distances traveled from the patient's home to the prescriber's office or pharmacy;
- Irregularities in the prescriber's qualifications in relation to the medication(s) prescribed;
- Prescriptions that are written outside of the prescriber's medical specialty; and
- Prescriptions for medications with no logical connection to diagnosis or treatment;

The Decision and Order concluded that whenever a pharmacist believes that a prescription may not have been written for a legitimate medical purpose, the pharmacist must inquire; when the results of a reasonable inquiry do not overcome the pharmacist's concern about a prescription being written for a legitimate medical purpose, the pharmacist must not fill the prescription.

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

PACIFICA PHARMACY CORP.;
THANG TRAN

Respondents.

Case No. 3802

OAH No. 2011010644

PRECEDENTIAL DECISION NO. 2013-01

PRECEDENTIAL DECISION

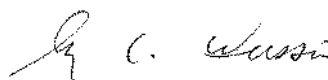
(Government Code Section 11425.60(b))

The Board of Pharmacy, Department of Consumer Affairs, hereby designates as precedential the Decision, in its entirety, in the Matter of the Accusation Against Pacifica Pharmacy Corp. and Thang Tran (Board of Pharmacy Case No. 3802).

This precedential decision shall become effective on August 9, 2013.

DATED: August 5, 2013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

STANLEY C. WEISSER
Board President

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 3802

PACIFICA PHARMACY CORP
Original Pharmacy Permit PHY 46715

OAH No. 2011010644

And

THANG Q. TRAN
Original Pharmacist License RPH 41172

Respondent.

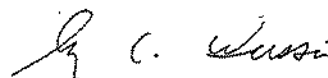
ORDER DENYING RECONSIDERATION

The Board of Pharmacy having read and considered respondent's petition for reconsideration of the board's decision effective June 3, 2012. NOW THEREFORE IT IS ORDERED that the petition for reconsideration is denied. The Board of Pharmacy's Decision and Order initially effective May 4, 2012 and thereafter stayed to June 3, 2012 is the Board of Pharmacy's final decision in this matter.

Date: May 31, 2012

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

PACIFICA PHARMACY CORP
Original Pharmacy Permit PHY 46715

And

THANG Q. TRAN
Original Pharmacist License RPH 41172

Respondent.

Case No. 3802

OAH No. 2011010644

**ORDER GRANTING 30-DAY
STAY OF EFFECTIVE DATE OF
DECISION AND ORDER**

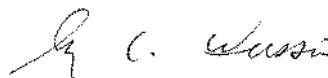
The Board of Pharmacy's Decision in the above-entitled matter was issued on April 4, 2012 to become effective on May 4, 2012. On April 10, 2012, the Board received Respondent's request for a 30-day stay to file a petition for reconsideration of the Board's Decision adopting the Proposed Decision issued by James Ahler, Administrative Law Judge.

In accordance with the provisions of Section 11521(a) of the Government Code, for the sole purpose of permitting the respondent to file a petition for reconsideration and good cause appearing therefor,

IT IS HEREBY ORDERED that the effective date of the Decision and Order in the above-entitled matter be stayed until June 3, 2012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

PACIFICA PHARMACY CORP
Original Pharmacy Permit PHY 46715

And

THANG Q. TRAN
Original Pharmacist License No. RPH 41172

Respondent.

Case No. 3802

OAH NO.: 2011010644

DECISION AND ORDER

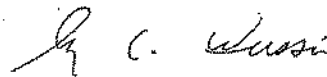
The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on May 4, 2012.

It is so ORDERED on April 4, 2012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

PACIFICA PHARMACY CORP
Original Pharmacy Permit PHY 46715

and

THANG Q. TRAN,
Original Pharmacist License No. RPH 41172,

Respondents.

Case No. 3802

OAH No. 2011010644

PROPOSED DECISION

James Ahler, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on January 23, 24, 25 and 31, and on February 1, 2012, in San Diego, California.

Marichelle S. Tahimic, Deputy Attorney General, Department of Justice, State of California, represented Complainant Virginia K. Herold, Executive Officer, Board of Pharmacy, Department of Consumer Affairs, State of California.

Armond Marcarian, Attorney at Law, represented Respondents Pacifica Pharmacy Corp and Thang Q. Tran. Respondent Tran was present each day of the disciplinary hearing.

PRELIMINARY STATEMENT

Thang Q. Tran has been licensed as a pharmacist in California since 1988. Since August 2004 Pharmacist Tran has owned and operated Pacifica Pharmacy, a community retail pharmacy in Huntington Beach.

Complainant asserted that the inspection of Pacifica Pharmacy disclosed expired drugs in its inventory, missing information on pre-filled medication containers, and a discrepancy in the inventory. Complainant also asserted that Respondents Pacifica Pharmacy

and Pharmacist Tran dispensed numerous prescriptions for controlled substances without determining whether any prescription was written for a legitimate medical purpose.

Pacifica Pharmacy and Pharmacist Tran denied the allegations. Pacifica Pharmacy asserted that a pharmacy cannot be liable under the corresponding responsibility statute because that statute applies only to a "pharmacist who fills the prescription." Pacifica Pharmacy claimed that the remaining allegations against are *de minimis* and unworthy of discipline. Respondents argued that the clear and convincing evidence did not establish that that Pharmacist Tran *knowingly* violated the corresponding responsibility statute, or that Pacifica Pharmacy dispensed any controlled substance for anything other than a legitimate medical purpose, or that Pharmacist Tran personally filled any of the prescriptions at issue. Furthermore, Respondents asserted that Pharmacist Tran and Pacifica Pharmacy stopped filling the prescriptions that Dr. T. wrote when notice was given that the prescriptions might not be for a legitimate medical purpose and promptly took other effective corrective action.

The many red flags surrounding the prescriptions written for OxyContin, Opana, Dilaudid, and Alprazolam by Dr. T., an osteopath whose medical office was located many miles away from Pacifica Pharmacy, required Pharmacist Tran and Pacifica Pharmacy to make some inquiry into whether the prescriptions had been written for legitimate medical purposes. The clear and convincing evidence established that Pharmacist Tran and Pacifica Pharmacy made no inquiry of Dr. T. or her patients before dispensing controlled substances. Respondents produced no compelling evidence in explanation, mitigation, or rehabilitation.

On this record, the only measure of discipline that will protect the public is the outright revocation of Pharmacist Tran's pharmacist license and Pacifica Pharmacy's pharmacy permit.

FACTUAL FINDINGS

Jurisdictional Matters

1. On January 3, 2012, Complainant Patricia F. Harris, the Board of Pharmacy's Executive Officer, signed the Second Amended Accusation in Case No. 3892, which was served thereafter on Respondent Pacifica Pharmacy Corp (Pacifica Pharmacy), Respondent Thang Q. Tran (Pharmacist Tran), and their attorney. New allegations were deemed controverted by Government Code section 11507.

The record in the disciplinary hearing was opened on January 23, 2012; the parties stipulated that the record in this disciplinary proceeding should be sealed; rulings were issued on several motions in limine; and an opening statement was given on Complainant's behalf. On January 23, 24, 25 and 31, 2012, official notice was taken; sworn testimony was received; and documentary evidence was produced. On February 1, 2012, closing arguments were given; the record was closed; and the matter was submitted.

The Parties' Contentions

2. The Second Amended Accusation alleged that Pacifica Pharmacy and Pharmacist Tran failed to comply with corresponding responsibility requirements (first cause for discipline); that Pacifica Pharmacy failed to maintain a current inventory (second cause for discipline); that Pacifica Pharmacy failed to provide a description of some medications as required by law (third cause for discipline); that Pacifica Pharmacy maintained expired drugs in its inventory (fourth cause for discipline); that Pacifica Pharmacy and Pharmacist Tran excessively furnished controlled substances from March 2008 through January 2010 (fifth cause for discipline); that Pharmacist Tran's dispensing practices involved gross negligence (sixth cause for discipline); that Pharmacist Tran's dispensing practices involved negligence (seventh cause for discipline); and that Pharmacist Tran engaged in general unprofessional conduct (eighth cause for discipline). Complainant sought the revocation of Pacifica Pharmacy's permit and Pharmacist Tran's license.

3. Respondents denied all allegations. Respondents asserted numerous factual and legal defenses, but at the heart of their argument was their assertion that Complainant had the obligation to establish that any prescription for any controlled substances at issue was not written for a legitimate medical purpose and failed to present one shred of evidence to establish that any prescription for a controlled substance was written for anything other than a legitimate medical purpose. Pacifica Pharmacy asserted the right to a dismissal. Pharmacist Tran argued that if discipline was imposed, nothing more than a letter of public reprimand should be issued.

Pacifica Pharmacy

4. On August 17, 2004, the Board of Pharmacy issued Original Permit No. PHY 46715 to Pacifica Pharmacy Corp. Thang Tran, RPH 41172, is Pacifica Pharmacy's President, Vice President, and Secretary. Pharmacist Tran has been Pacifica Pharmacy's Pharmacist-in-Charge since August 17, 2004.

There is no history of any prior discipline having been sought against Pacifica Pharmacy's permit.

5. Pacifica Pharmacy is a community pharmacy situated on Beach Boulevard in Huntington Beach. There are many other community pharmacies in Pacifica's trade area, some of which are small pharmacies, like Pacifica Pharmacy, and some of which are large chain drug stores. About 75 percent of Pacifica Pharmacy's customers are Vietnamese. Delivery service is provided to some of Pacifica Pharmacy's customers, and Pharmacist Tran personally provides delivery service after Pacifica Pharmacy's normal business hours.

Pacifica Pharmacy is approximately 500 square feet. It occupies a ground floor suite of a small office complex. A parking lot surrounds the complex where Pacifica Pharmacy is located, but only the parking lot area immediately in front of the pharmacy is visible from inside the pharmacy. Pacifica Pharmacy's interior includes a customer waiting area, which is

separated by a partition from a back area where prescriptions are processed and filled and where drugs and medications are stored.

Besides Pharmacist Tran, Pacifica Pharmacy employs four or five other persons, including a substitute pharmacist. Pacifica Pharmacy primarily sells directly to customers, but it also mails or ships some prescriptions to customers living outside Pacifica Pharmacy's immediate trade area.

Thang Q. Tran

6. On March 17, 1988, the Board issued Original Pharmacist License No. RPH 41172 to Thang Q. Tran.

There is no history of any prior discipline having been sought against Pharmacist Tran's license.

7. Pharmacist Tran has been licensed for more than 23 years. He has operated Pacifica Pharmacy for the past seven years. Pharmacist Tran is married to Khue Quan, D.D.S., a licensed dentist who is employed on a part-time basis by her mother, also a licensed dentist. Pharmacist Tran is a loving father to his 17-year-old stepdaughter (Ms. Quan's child from a previous relationship) and his and his wife's eight-year-old daughter.

8. Pharmacist Tran is well respected by his wife and employees. Dr. Quan described Pharmacist Tran as a generous, kind and loyal husband who is fair and honest. Dr. Quan mentioned that her husband does not understand others very well and does not express himself well. According to Dr. Quan, the disciplinary process has been very stressful on Pharmacist Tran and has resulted in many family problems.

A Pacifica Pharmacy employee, Dzung Cleary, described Pharmacist Tran as a good person who is very concerned about his staff and customers. Pharmacist Tran is well respected by his customers, some of whom travel many miles to trade at Pacifica Pharmacy. To show their gratitude and respect for the exemplary professional care they are given, many customers bring baked goods and desserts to the pharmacy during the holiday season.

The Citizen Complaint

9. BS is a concerned citizen who has no law enforcement experience. BS is a financial planner who maintains an upstairs office in the Beach Boulevard office complex where Pacifica Pharmacy is located. BS has a view of a portion of the building complex's parking lot from his office.

In November and December 2009, BS heard vehicles entering and leaving the parking lot and loud voices. On more than one occasion, BS looked out his window and observed cars parked randomly about the parking lot. He saw individuals going from the parking lot into and out of the area where Pacifica Pharmacy was located. The persons moving about

the parking lot were relatively young – in their 20s and 30s – and they walked between the cars that were parked there. On one occasion, he observed cash spread across the dashboard of a vehicle below his office; a man sitting inside that vehicle interacted with others who approached the vehicle from other areas of the parking lot. The abnormal activity in the parking lot continued for weeks. On at least one occasion, BS saw money and prescriptions changing hands in the parking lot.

BS maintained a computer log in which he documented his observations. BS contacted the building complex manager and the Huntington Beach Police Department concerning the abnormal activity in the parking lot, but he did not contact Pacifica Pharmacy. When BS's concerns were not satisfactorily addressed by the building manager or local law enforcement, BS filed a complaint with the Board of Pharmacy.

The January 13, 2010, Inspection

10. On January 13, 2010, Joseph Wong, Pharm.D. (Inspector Wong), a Pharmacy Board Inspector, conducted an inspection of Pacifica Pharmacy. The inspection was the result of BS's complaint. Inspector Wong was accompanied on the inspection by three other Pharmacy Board inspectors.

11. Investigator Wong received a doctor of pharmacy degree from the University of the Pacific School of Pharmacy in 2000. The Board of Pharmacy licensed Inspector Wong as a pharmacist in 2001. Inspector Wong worked as a pharmacist intern and then as a staff pharmacist and a pharmacist-in-charge at Walgreens outlets in Sacramento, Roseville, and Rockland before he began his employment with Board in 2006.

Inspector Wong is currently assigned to the Board's drug diversion and fraud team, an assignment he has held for the past four years. Investigator Wong estimated that he has participated in over 300 inspections, a few of which involved corresponding responsibility issues.

12. Before the inspection at Pacifica Pharmacy, Investigator Wong requested a report from Controlled Substance Utilization Review and Evaluation System (CURES)¹, a database maintained by the Department of Justice. Investigator Wong believed that improper dispensing practices might be occurring at Pacifica Pharmacy based on an inference he drew from BS's complaint and information made known to him by the Drug Enforcement Agency (DEA), which was investigating Dr. T. Inspector Wong requested a CURES report for prescriptions dispensed² by Pacifica Pharmacy that had been written by Dr. T. and another physician.

Pacifica Pharmacy submitted the data that was contained in the CURES report that Investigator Wong obtained and reviewed, and nothing established that Pacifica Pharmacy improperly submitted that data or that the CURES report that was provided to Inspector Wong contained any data that had not been provided by Pacifica Pharmacy.

Through the CURES report, Inspector Wong learned that Pacifica Pharmacy dispensed 1,844 prescriptions written by Dr. T. from January 1, 2009, through January 5,

¹ Notice is taken that California doctors and pharmacies must report to the California Department of Justice every schedule II, III and IV drug prescription that is written or dispensed within seven days. Pharmacies are required to do so under Health and Safety Code section 11165, subdivision (d). The information provided establishes the CURES database, which includes information about the drug dispensed, drug quantity and strength, patient name, address, prescriber name, and prescriber authorization number including DEA number and prescription number.

The Attorney General's Office provides authorized persons and agencies with Patient Activity Reports that reflect all controlled substances dispensed to an individual. These reports may be sued by doctors and pharmacies to identify persons attempting to collect multiple narcotics prescriptions from many different doctors. There was no real-time retrieval system before 2011, and pharmacies and others seeking information maintained by CURES before 2011 received data that was usually one to two weeks old.

² The term "dispense" is defined in Health and Safety Code section 11010 as follows:

"Dispense" means to deliver a controlled substance to an ultimate user . . . pursuant to the lawful order of a practitioner, including the prescribing, furnishing, packaging, labeling, or compounding necessary to prepare the substance for that delivery.

2010.³ The prescriptions were written for a variety of drugs including, but not limited to, OxyContin⁴, Opana⁵, Hydromorphone (Dilaudid)⁶, and Alprazolam.⁷ According to Inspector

³ Notice is taken that Dr. T maintained medical offices in Rowland Heights, California, an unincorporated area in Los Angeles County. The distance from Dr. T's office in Rowland Heights to the Pacifica Pharmacy in Huntington Beach was about 24 miles, passing by or through the cities of Diamond Bar, La Habra, Fullerton, Anaheim, Orange, Santa Ana and Fountain Valley along the way.

⁴ OxyContin is a brand name for oxycodone, a Schedule II controlled substance under Health and Safety Code section 11055 and a dangerous drug under Business and Professions Code section 4022. OxyContin is used to treat moderate to severe pain that is expected to last for an extended period of time. OxyContin is available in 10 mg, 20 mg, 40 mg, and 80 mg tablets. Some individuals abuse OxyContin for the euphoric effect it produces - an effect that is said to be similar to that associated with heroin use.

⁵ Opana is a brand name for oxycodone, a Schedule II controlled substance and a dangerous drug. Opana is used to treat moderate to severe pain that is not expected to last for an extended period of time and to treat breakthrough pain. Opana is available as 5 mg and 10 mg tablets.

Opana ER is an extended-release form of oxycodone that is available in tablets in strengths of 5 mg, 10 mg, 20 mg, 30 mg, and 40 mg. Opana ER is prescribed for pain that is expected to last for an extended period of time.

⁶ Hydromorphone, sold under the brand name Dilaudid, is a Schedule II controlled substance under Health and Safety Code section 11055 and a dangerous drug under Business and Professions Code section 4022. Hydromorphone is used as an alternative to morphine to treat moderate to severe pain and as a second- or third-line narcotic cough suppressant. Dilaudid comes in 8 mg tablets.

⁷ Alprazolam, sold under the brand name Xanax, is a Schedule IV controlled substance under Health and Safety Code section 11057 and a dangerous drug under Business and Professions Code section 4022. Alprazolam is used to treat anxiety disorders and panic disorder. Alprazolam is in a class of medications called benzodiazepines. Alprazolam comes as a tablet, an extended-release tablet, and an orally disintegrating tablet. The tablet and orally disintegrating table usually are taken two to four times a day. The extended-release tablet is taken once daily, usually in the morning. Alprazolam may heighten the euphoric effect resulting from the use of an oxycodone.

Wong, OxyContin 80 mg, Norco⁸, and Alprazolam are popular in the drug culture and are diverted and abused. According to Investigator Wong, OxyContin has a value of \$1 per mg on the black market, so that the cost of an OxyContin 80 mg tablet on the street is \$80.

Before the January 13, 2010, inspection, Investigator Wong decided to investigate the OxyContin 80 mg prescriptions written by Dr. T. and that had been dispensed by Pacifica Pharmacy. Investigator Wong did not advise Pharmacist Tran about the focus of his investigation when he conducted the inspection on January 13, 2010.

13. On January 13, 2010, the Board of Pharmacy investigators arrived at Pacifica Pharmacy shortly after it opened. The investigators spent most of the day at the pharmacy. They reviewed pharmacy records, CURES data, examined the prescription drugs on back shelves, looked at medication containers, conducted a drug inventory, and evaluated security. Investigator Wong spoke with Pharmacist Tran, the pharmacist-in-charge.

At the conclusion of the inspection, Investigator Wong requested that Pacifica Pharmacy provide further documentation including the original prescriptions for brand and generic OxyContin 80 mg from March 25, 2008, through January 13, 2010; drug utilization review reports for OxyContin 80 mg; drug utilization reports for several prescribers including Dr. T; patient profiles for 18 patients that Investigator Wong selected not at random; various invoices; and a summary for all dangerous drugs/controlled substances that were dispensed by Pacifica Pharmacy from March 25, 2008, to January 13, 2010.

14. During the inspection, investigators determined that there were some expired drugs on inventory shelves. Pre-filled containers were found that did not include the drug name, lot number, expiration date, or the name of the drug manufacturer. Investigators believed these matters were in violation of Business and Professions Code section 4342 and Business and Professions Code section 4976. In addition, Pacifica Pharmacy failed to maintain a current inventory and the pharmacy could not account for an overage of approximately 782 dosage units of OxyContin 80 mg and 93 dosage units of Oxycodone 80 mg for the period extending from March 25, 2008, to January 13, 2010, in violation of Business and Professions Code section 4301, subdivision (j), in conjunction with Business and Professions Code section 4081, subdivision (a) and California Code of Regulations, title 16, section 17189.

15. Inspector Wong and Investigator Venegas spoke with Pharmacist Tran at the conclusion of the inspection. According to Investigator Wong, as he corroborated in his report of inspection, Pharmacist Tran represented that he obtained a driver's license of

⁸ Norco is a schedule II controlled substance under Health and Safety Code section 11055 and a dangerous drug under Business and Professions Code section 4022. Norco contains a combination of acetaminophen and hydrocodone, a narcotic pain reliever. Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone. Norco is used to relieve moderate to severe pain.

individuals who dropped off prescriptions; that he sometimes checked doctor's licenses and National Provider Identifier numbers; that he sometimes contacted a prescriber to verify the prescription; that he evaluated pain patients by observing the diagnosis written on some of the prescriptions; that he documented early refills in patient profiles; that his "understanding of legitimate rxs was limited to verifying rx with md" and "no further evaluation of patient and history to determine legitimate"; that he stopped filling prescriptions written by Dr. F[] and Dr. G[] the month before the inspection because he believed that their prescriptions might not be written for legitimate medical purposes; that he "does not understand exactly what corresponding responsibility is"; that he "does not understand the prescribing practices of Dr. T[] (have not spoken personally with MD) or Dr F[], etc."; that he did not ask about patient diagnosis or other medical information unless that information was volunteered by the patient; that he felt that asking for additional information from patients infringed upon patient privacy; that he did not know about the use of CURES reports for the purpose of evaluating patient therapy and that he was aware only of his responsibility to transmit data; that he did not have issues filling prescriptions for patients who lived some distance from the pharmacy; that he did not have issues filling prescriptions written by physicians whose offices were located some distance from the pharmacy; that he did not have issues filling prescriptions for patients who lived some distance from the physician who prescribed controlled substances; that approximately 5 percent of the prescriptions Pacifica Pharmacy filled were written for OxyContin; and that Pacifica Pharmacy's primary source of record-keeping data was the computer.

During Inspector Wong and Inspector Venegas' interview with Pharmacist Tran, Pharmacist Tran did not claim that any other pharmacist at Pacifica Pharmacy filled Dr. T.'s prescriptions, or that Dr. T.'s patients did not pick up the prescriptions for controlled substances that were filled at Pacifica Pharmacy, or that the expired drugs found on the back shelves were being stored there and were not for sale, or that there was some good reason that auxiliary labels, known as backers, were not affixed to containers with medications.

16. Investigators took several photographs that depicted expired medications found on the back shelves where inventory was maintained and several photographs of unlabelled and/or improperly labeled containers of medications.

17. Inspector Wong prepared an Inspection Report that related to the January 13, 2010, inspection. That report contained the name and address of the pharmacy, the pharmacy permit number, the hours the pharmacy was open, and the date of the most recent DEA inventory. The report contained a summary of the conversation with Pharmacist Tran as set forth in Factual Finding 15. Investigator Wong provided Pharmacist Tran with a notice of non-compliance that directed Pacifica Pharmacy to take certain corrective action:

1. Required tablet descriptions were to be affixed to prescription labels, and auxiliary labels containing required information were to be affixed to prescription containers;

2. Pharmacist-in-charge Tran was directed to review and remove all outdated drug stock and dispose of expired drug stock in an appropriate manner.

Inspector Wong's Evaluation of Data

18. Inspector Wong evaluated the data contained in various CURES reports and the materials and data provided by Pacifica Pharmacy. His review of that data established:

- A. Drug Usage Reports for OxyContin 80 from 2008 to January 2010 revealed that the majority of the prescriptions filled by Pacifica Pharmacy were for 80 mg strength and that several prescribers, including Dr. T., wrote those prescriptions.
- B. From January 1, 2009, to January 6, 2010, Dr. T. wrote 11,486 controlled substance prescriptions, 917 of which were for OxyContin 80 mg, 654 of which were for Opana ER 40 mg, and 2,671 of which were for Alprazolam 2 mg.
- C. Pacifica Pharmacy filled 1,844 of Dr. T.'s 11,486 controlled substance prescriptions, about three times more than the next highest number filled in Pacifica Pharmacy's trade area.
- D. From March 25, 2008 to January 13, 2010, Pacifica Pharmacy dispensed more than 81,000 prescriptions. Controlled substances accounted for 14,063, or 17 percent of the prescriptions; OxyContin 80 mg accounted for 42 percent of all Schedule II controlled substance prescriptions. Pacifica Pharmacy filled more OxyContin 80 mg prescriptions than were filled by surrounding pharmacies – 803 OxyContin 80 mg prescriptions were filled by Pacifica Pharmacy; 389 were filled by Medical Towers Pharmacy; 281 were filled by Walgreens #5771; 129 were filled by CVS #8850; 38 were filled by CVS #6782, 21 were filled by Sav On #6124, and even fewer were filled by other pharmacies.
- E. Of the 18 Pacifica Pharmacy patients that Inspector Wong selected for review because he observed that those patients presented OxyContin 80 mg prescriptions written by Dr. T., 15 patients had traveled 35 or more miles from

their home to see Dr. T. and 15 of them lived 20 miles or more from Pacifica Pharmacy.

F. Dr. T.'s prescribing practices, based on a review of some prescriptions filled by Pacifica Pharmacy, showed duplication in therapy (e.g., OxyContin 80 mg. and Opana ER were prescribed in combination and were to be taken at the same time) and a combination of several drugs was often prescribed (e.g., the combination of Alprazolam and Opana or the combination of Alprazolam, hydromorphone and OxyContin).

G. Many of Dr. T.'s patients to whom OxyContin was dispensed paid in cash.

Joseph Wong's Expert Testimony

19. Based upon his education, training, experience, investigations, conversation with Dr. Tran, and review of the CURES reports and other data, Investigator Wong expressed several expert opinions.

Standards of Care

20. The standard of care requires a pharmacist to use professional judgment when dispensing controlled substances, a duty that entails more than filling a prescription. A pharmacist must evaluate the prescription to make certain it is valid; once it is concluded that the prescription is legitimate on its face, the pharmacist must evaluate the patient, the prescriber, and the medication therapy. If the patient is unknown, the pharmacist may insist that the patient produce valid identification. The pharmacist should be cognizant of the patient's age, demeanor, and the distance from the patient's home to the prescriber's office and to the pharmacy. With respect to the prescriber, the pharmacist should determine whether the prescriber is licensed by the DEA and whether the prescriber holds a medical specialty. In evaluating the medication therapy, the pharmacist should determine whether the medications prescribed correlate to the patient's diagnosis, as well as observing the length of the therapy, whether there are any adverse drug combinations, and whether there are any contraindications for use.

In meeting the corresponding responsibility obligation, a pharmacist is to be alert for "warning signs" or "red flags" that indicate that the prescription may not have been issued for a legitimate medical purpose. These warning signs include irregularities on the face of the prescription itself, nervous patient demeanor, cash payments, traveling long distances from the patient's home to the prescriber's office or pharmacy, irregularities in the prescriber's qualifications in relation to the medication(s) prescribed, prescriptions that are written outside of the prescriber's medical specialty, and the prescribing of medications that have no logical connection to the patient's diagnosis or course of treatment.

Whenever a pharmacist believes that a prescription may not have been written for a legitimate medical purpose, the pharmacist must inquire; when the results of a reasonable inquiry do not overcome the pharmacist's concern about a prescription having been written for a legitimate medical purpose, the pharmacist must not fill the prescription.

Pacifica Pharmacy and Pharmacist Tran's Deviations from the Standard of Care

21. Pacifica Pharmacy and Pharmacist Tran failed to meet the standard of care in that Pharmacist Tran never once contacted Dr. T. to determine if her prescriptions were written for legitimate medical purposes. There were a sufficient number of red flags surrounding to Dr. T.'s prescribing practices, particularly related to OxyContin 80 mg, and a sufficient number of red flags related to the patients who presented the OxyContin 80 mg prescriptions written by Dr. T. (patient youth, cash payment, the distance they lived from Dr. T.'s office and the pharmacy, a number of patients lived at the same address, and the request for early refills) that it was unreasonable for Pacifica Pharmacy and Pharmacist Tran to fill all of the prescriptions that were presented. Pharmacist Tran did not make any inquiry on his own behalf or in his role as pharmacist-in-charge.

22. On cross-examination, Inspector Wong conceded that he had investigated only two or three other corresponding responsibility cases before this one; that this case was the first corresponding responsibility case in which he testified; that CURES did not provide pharmacists with real-time information during the period covered by the Second Amended Accusation; that he never spoke with Dr. T. to find out why she prescribed the medications that she had prescribed; that he did not make any effort to determine if Dr. T. had a medical specialty; that he had no idea whether Dr. T. was a pain management specialist; that he did not speak with the DEA agents who were investigating Dr. T.; that prescribing OxyContin and Dilaudid in combination was not against the law; that no community pharmacist ever sees the patient chart that is maintained by a prescriber; that prescribers may be difficult to contact; that he was not aware of any prescription Pacifica Pharmacy filled that was invalid on its face; that the overage of OxyContin 80 tablets discovered during the inventory was less than one-half of a one percent; that an interim suspension order was not issued against either Pacifica Pharmacy or Pharmacist Tran following his investigation; and that pharmacists are required to fill valid prescriptions.

The cross-examination established that Inspector Wong's investigation could have been more thorough, as is always the case. The cross-examination did not establish that Inspector Wong's testimony about the standard of care and the conclusions he reached was unclear or less than convincing.

Dr. Fujimoto's Expert Testimony

23. Darlene Fujimoto, Pharm.D., described herself as a regulatory/compliance pharmacist. She received her doctorate of pharmacy degree from the University of Southern California. She became licensed as a pharmacist in California in 1984. Dr. Fujimoto

subsequently completed a residency in Administrative/Ambulatory Care Pharmacy Practice at the University of California, Irvine.

Dr. Fujimoto was employed by PharMerica as a consultant from July 1986 through October 1998; as Director of Medical Liaisons from November 1998 through April 2000; by Purdue Pharma⁹ from 1998 through 2003, where she worked and trained others in the areas of pain management, anesthesiology and the use of controlled substances; by Biogen Idec Pharmaceuticals from 2003 through 2008, where she managed a grant program and served on an Oncology Medical Product Review Committee; and as Assistant Chief, Pharmacy Regulatory/Compliance & Accreditation, Pharmacy Department, UCSD Health Systems, from 2009 to the present. Dr. Fujimoto has an interest in pain management and in the use of opioids. She serves on a safe medication practices committee. Dr. Fujimoto has provided professional education to dispensing pharmacists in the areas of appropriate pain medication and the use of opioids.

Dr. Fujimoto was a member of the California Board of Pharmacy from 1992 through 2001; she served as Board of Pharmacy President from 1996 through 1997. In her 25-plus year career in pharmacy, Dr. Fujimoto spent no more than seven years actually dispensing medications. Dr. Fujimoto had never worked as a pharmacist in a retail setting. Her interaction with patients has been very limited.

Dr. Fujimoto testified that as a result of her education, training, community rotation, and vocational experiences, she knew that commonly diverted prescription drugs included OxyContin, Opana, Dilaudid, benzodiazepines, and muscle relaxants.

Despite her relative inexperience as a dispensing pharmacist, Dr. Fujimoto's education, continuing education, training, employment history and service with the Board of Pharmacy established that she was qualified to provide expert testimony regarding various standards of care incumbent upon dispensing pharmacists in community pharmacies during the period referred to in the Second Amended Accusation.

24. Complainant contacted Dr. Fujimoto in early December 2011 to obtain expert opinion regarding whether Pharmacist Tran met applicable standards of care. Dr. Fujimoto defined the phrase "standard of care" as being what a reasonable and prudent pharmacist would do under the same or similar circumstances that existed at Pacifica Pharmacy during the period referred to in the Second Amended Accusation. In reaching her opinions, Dr. Fujimoto reviewed the Second Amended Accusation, Investigator Wong's reports, CURES data, patient drug history data, and copies of the prescriptions.

⁹ Purdue Pharma is a privately held pharmaceutical company that produces, among other medications, Dilaudid and OxyContin. According to Dr. Fujimoto, OxyContin is currently available in 10, 20, 40 and 80 mg tablets. A 160 mg OxyContin tablet was once available, but it was removed from the market due to its potential for abuse.

25. With regard to the prescription of OxyContin 80 mg, Dr. Fujimoto testified that 80 mg was not "a startup dose" and that OxyContin 80 mg should not be prescribed for use by an opioid naïve patient. A patient who was prescribed OxyContin for the first time should not be prescribed more than one OxyContin 10 mg tablet every 12 hours. A patient who becomes tolerant of OxyContin may be prescribed much higher doses, and there is no upper limit. Dr. Fujimoto implied that when a new patient presents with a prescription for OxyContin 80mg, some inquiry should be made to determine if that is an appropriate dosage.

26. A prescription that calls for a patient to take a combination of OxyContin and Opana ER (extended release) at the same time is very concerning because each medication is a form of oxycodone whose effects are designed to last for an extended period of time; these are potentially dangerous, habit forming drug; these are drugs that are diverted and abused. A prescription that directs that both medications be taken at the same time may involve a duplication of medication therapy and there is a potential for diversion that requires inquiry.

Standards of Care

27. While the responsibility for the proper prescribing of a controlled substance is upon the prescriber, a corresponding responsibility rests with the pharmacist who dispenses a prescription; in other words, a pharmacist does not meet the standard of care simply by selecting the proper pharmaceutical product, accurately labeling that product for use, and counseling the patient. Reasonable inquiry is required.

When a pharmacist is presented with a prescription, the pharmacist must first look at the four corners of the prescription to determine whether the prescription is valid. The prescription must be on security paper; it must be complete; and it must be signed. Nothing should appear on the face of the prescription that makes it questionable. If something appears wrong with the prescription, a pharmacist must call the prescriber to verify that the prescriber has issued the prescription as set forth on the face of the prescription.

After the pharmacist determines that the prescription is valid on its face, the pharmacist should verify that the person presenting the prescription is the patient or the patient's legitimate representative. If the patient is new to the pharmacy, the standard of care requires that some evidence be produced to show that the person picking up the prescription is the patient or is entitled to do so on the patient's behalf. It is helpful for the pharmacist at this point to observe where the patient lives and where the prescriber's office is located, as these matters may be red flags that indicate that a prescription may not have been issued for a legitimate medical purpose. It is also helpful to determine the patient's age, because some medications may not be age appropriate and because a patient's relative youth may suggest the possibility of misuse or diversion.

Before dispensing the medication, a pharmacist or a staff member should find out whether the patient is taking other medications to ensure that there is no allergy to the new medication and that there will not be an adverse drug interaction. With an established patient, the relevant information is probably in the patient profile maintained by the

pharmacy. Direct inquiry may be required of a new patient. The contact with the patient or the patient's representative may be helpful in determining the patient's diagnosis and/or the condition for which the prescription was written.

The pharmacist should evaluate whether the drug therapy is appropriate. In some instances, especially where large amounts of narcotics are being prescribed, the pharmacist should know something about the prescriber's medical practice; the pharmacist should make inquiry about that if the prescriber is unknown. The pharmacist must look at the number and kinds of medications that have been prescribed to determine whether additional inquiry is required to make the determination that the prescription is for a legitimate medical purpose. There should be some logical relationship between the drugs that have been prescribed and the condition that is being treated.

There are a number of warning signs – red flags – that should put a reasonable and prudent dispensing pharmacist on notice that a prescription may not have been issued for a legitimate medical purpose. For example, there may be missing information on the script (e.g. a DEA number); the script may be written for an unusually large quantity of drugs; the script(s) may be written for medications that address the same medical problem and appear unreasonably duplicative; the same combination of drugs may be written by the same prescriber for a number of different patients; concern exists when a prescriber starts a patient on OxyContin 80 mg because that is not a usual starting dose; the prescriber's office or the pharmacy may be located a long distance from the patient's home; patients living at the same address who present prescriptions for the same drugs is a cause of concern; young patients presenting prescriptions for chronic pain medications without any explanation raises cause for concern; large cash payments is a red flag; and patients who requests early refills without any good reason is problematic.

The standard of care requires a pharmacist to consider these matters before dispensing a controlled substance. At some point, when reasonable concerns reach a critical mass, the pharmacist must not fill the prescription without making inquiry and resolving those matters.

28. A dispensing pharmacist must verify every suspicious prescription. A pharmacist meets this duty when he or she contacts the prescriber and confirms that the prescription has been written for a legitimate medical purpose; however, accomplishing that mission is often easier said than done. Physicians are busy; they can be difficult to locate; some prescribers do not regard pharmacist verifications as high priority tasks; and physicians can be defensive when confronted with questions about their prescribing practices. The duty of verification may be met in some instances by making inquiry of the patient, who may be able to explain the underlying medical history, the diagnosis, what the patient was told by the prescriber, and/or other relevant matters. The duty of verification in the face of numerous red flags is not met by doing nothing.

Pharmacist Tran's Violations from the Standard of Care

29. Dr. Fujimoto concluded that the evidence she reviewed established that Pharmacist Tran violated the corresponding responsibility statute and engaged in gross negligence during the period in question. She believed that Pharmacist Tran ignored many red flags including Dr. T.'s frequent prescription of OxyContin 80; Dr. T. prescribing OxyContin 80 and Opana ER in combination at the same time; Dr. T. prescribing the same combination of drugs for a number of different patients, including identical prescriptions written for two siblings who were two years apart and living at the same address (chronic pain patients have prescriptions that are usually unique); the relative youth of the patients who presented the OxyContin 80 and other opioid prescriptions; the cash payments for controlled substances in many instances; the distance the patients lived from Dr. T.'s office and from Pacifica Pharmacy; Pharmacist Tran's unfamiliarity with Dr. T.'s prescribing practices; and Pharmacist Tran's failure to contact Dr. T.

30. On cross-examination, Dr. Fujimoto conceded, among other matters, that a prescriber may deviate from a box warning related to a medication when the prescriber determines that doing so is appropriate; that high daily dosages of OxyContin may be required to control chronic pain, and there is no ceiling on such dosages; that it is not uncommon for a prescriber to issue a 30-day supply of sleeping pills; and that the standard of care does not require a pharmacist to contact a prescriber in every instance a controlled substance is prescribed. The cross-examination did not establish that Dr. Fujimoto's testimony concerning the standards of care and the deviations she found was unclear or less than convincing.

Pharmacist Bobby Ho's Testimony

31. Respondents called Bobby Ho, a registered pharmacist who works at a Walgreens pharmacy. Pharmacist Ho has been licensed as a pharmacist for 14 years. The Walgreens pharmacy where Pharmacist Ho works is located about one-quarter mile from Pacifica Pharmacy.

Pharmacist Ho responded to a letter written by Investigator Wong in May 2010 that inquired about Walgreens' prescribing practices and requested the production of certain records. The letter contained a hypothetical question that asked whether a prescription would be filled that was written for 60 tablets of OxyContin 80 mg by a doctor with offices in Los Angeles for a patient who lived in Orange County. Pharmacist Ho, with the assistance of Walgreens' general counsel, wrote:

All prescriptions are filled in compliance with California and Federal regulations to ensure medications dispensed are pursuant to a valid prescription where in the professional judgment and good faith dispensing practices there is a true doctor-patient relationship. In addition, if the patient is "not known" to the pharmacy,

the ID of the patient would be checked to help ensure there is no fraud – forgery – diversion.

The written answer Pharmacist Ho provided to the survey question focused on the existence of a “true doctor-patient relationship” as the touchstone for determining whether a prescription was written for a legitimate medical purpose.

Pharmacist Ho’s testimony about what actually happened at Walgreens was far more enlightening. Pharmacist Ho testified that it was his practice and his outlet’s practice to verify a prescription for OxyContin 80 mg by calling the prescriber’s office, even if a patient diagnosis was set forth on the prescription itself. If a group of patients came in at the same time with prescriptions written for the same medications, Pharmacist Ho would call the prescriber’s office to verify that each prescription was issued for a legitimate purpose.

With regard to Dr. T., Pharmacist Ho said that he became very wary of her prescribing practices and that he and his Walgreens pharmacy colleagues stopped filling prescriptions that Dr. T. wrote because of the relative youth of the patients who presented those prescriptions and because the prescriptions for OxyContin 80 were written in combination for other drugs that raised too many questions about whether the prescriptions were written for legitimate medical purposes.

Dr. Johnson’s Expert Testimony

32. Shannon John Johnson, Pharm.D., received his doctor of pharmacy degree from the University of Pacific School of Pharmacy in 1998. He became licensed by the Board of Pharmacy in 1998. He became a certified geriatric pharmacist in 2005.

Dr. Johnson was called to testify by Respondents. He has been the recipient of many professional honors and awards. Dr. Johnson has been an expert witness in the area of pharmacy practices, and he has consulted in the area of pain management. Dr. Johnson is an active participant in multidisciplinary team/patient oriented care.

Dr. Johnson was a per diem staff pharmacist from 1997 through 1998; a clinical staff pharmacist at Sharp Chula Vista Medical Center from 1998-2000; a medication safety pharmacist and clinical staff pharmacist at Sharp Healthcare from 2000-2005; and has been the Director of Pharmacy, Sharp Healthcare, from 2005 to the present. Dr. Johnson does not dispense medications on a routine basis.

Dr. Johnson’s education, continuing education, training, experience, employment history, and consulting service established that he was sufficiently qualified to provide expert opinion on some of the issues raised by the Second Amended Accusation.

Testimony Concerning the Standard of Care

33. Dr. Johnson testified that a dispensing pharmacist in a community pharmacy works in a busy environment that requires the pharmacist to have contact with many patients, to respond to numerous telephone calls from physicians, and to engage in constant interaction with technicians and other staff. The dispensing physician must resolve insurance concerns, obtain the right product for a patient, and provide appropriate patient consultation and counseling. Since a technician usually inputs patient data on a pharmacy label, the pharmacist may not know where the patient lives.

Dr. Johnson testified that a pharmacist must contact the prescriber whenever a prescription is illegible or incomplete. A pharmacist does not need to call a prescriber simply because multiple prescriptions are written and the same script, e.g., for OxyContin, Soma and Xanax. The only other time a pharmacist must contact a prescriber is when the pharmacist has reasonable cause to believe that a prescription may not be legitimate or has cause to believe that it may not have been written for a legitimate medical purpose.

Testimony Concerning Deviations from the Standard of Care

34. Dr. Johnson reviewed documentation that caused him to believe that Pharmacist Tran sometimes called a prescriber.¹⁰ Real-time CURES reports were not available to Pacifica Pharmacy or to Pharmacist Tran during the period of time alleged in the Second Amended Accusation. Dr. Johnson testified that the Board of Pharmacy does not alert pharmacists concerning "red flags" or of the identity of dangerous prescribers through the Board's e-mail communications. Dr. Johnson conceded that while it might be argued that there were red flags in Dr. T.'s prescribing practices in hindsight, there was nothing that would have appeared out of the ordinary to a reasonable and prudent pharmacist when the prescriptions at issue were presented. The overage of OxyContin found during the audit was less than one-half of one percent, which was not a significant. Dr. Johnson was not provided with any Pacifica Pharmacy signature logs for review, and for that reason he was unable to determine who filled the prescriptions at issue or whether a patient actually picked up a prescription after it was filled.

35. Dr. Johnson could not reach any conclusions about whether Pharmacist Tran met his corresponding responsibility duty because he found no evidence that established that Pharmacist Tran actually dispensed any prescription and he found no evidence suggesting that any prescription for a controlled substance was provided for anything other than a legitimate medical purpose. Dr. Johnson testified that the evidence he reviewed did not establish that Pharmacist Tran filled the prescriptions at issue or that the prescriptions were picked up by patients.

¹⁰ Paragraph 22 of the Second Amended Accusation stated: "Occasionally, Respondent Tran would check the status of the prescribing physician's license or would contact the prescriber to verify the prescription. . . ." This allegation was supported by the evidence.

36. On cross-examination, Dr. Johnson conceded that certain matters - early refills, excessive quantities of narcotic medications, cash payments, excessive distances from the patient's home to the prescriber's office, and the filling prescriptions for several patients with the same address - could be "red flags" that might alert a pharmacist of the possibility that a prescription was not written for a legitimate purpose. He agreed that the corresponding responsibility duty required a pharmacist exercise reasonable professional judgment and to investigate questionable prescriptions.

Dr. Wallace's Expert Testimony

37. Mark S. Wallace, M.D., received his medical degree from Creighton University School of Medicine in 1987. He completed a one-year internship at the Washington Hospital Center in 1988, a two-year residency in Anesthesiology at the University of Maryland Hospital in 1991, and a two-year fellowship in Pain Medicine at the UCSD School of Medicine in 1994. Dr. Wallace has served as a Clinical Professor of Medicine at the University of Maryland Medical School and at the UCSD School of Medicine. Since 1996, Dr. Wallace has been the Program Director at the Center for Pain and Palliative Medicine at UCSD. Dr. Wallace holds board-certification in Anesthesiology, with added qualifications in Pain Management, and he is also board certified in Pain Medicine. Dr. Wallace has received numerous professional honors and awards, and he is a member of many professional organizations. He has published peer reviewed articles, primarily in the field of pain management.

38. Dr. Wallace provided many insights in the area of acute and chronic pain management.

Opioids have been used in the treatment of pain since the 1980s. There was an initial reluctance to treat pain with opioids, but the medical profession ultimately recognized that pain was undertreated, that opioids were effective in its treatment, that there was no justification for unnecessary pain, and that there were social and economic consequences related to untreated and undertreated pain. The pendulum swung from the under treatment of pain and a reluctance to prescribe opioids in the management of acute and chronic pain to the excessive prescribing of opioids - the result was that primary care physician and pharmacists "were caught in the middle." It was not until 2009 that national guidelines for the prescription and use of opioid medications were first adopted and published.

Because of problems associated with prescribing opioid medications and in caring for patients suffering from acute and chronic pain, many physicians do not undertake the care of these very difficult patients. These patients migrate to other physicians who will accept and care for them, even though a physician who ultimately provides pain management may not be formally educated or trained in that field. It is not uncommon for pain patients to travel some distance from their homes to obtain treatment.

The standard of care in treating acute and chronic pain permits a long-acting drug, such as OxyContin, to be prescribed in combination with a short-acting drug, such as Opana.

OxyContin is typically prescribed for a patient with acute or chronic pain within the 60 to 120 mg per day range; however, it was not established that was the starting dose. OxyContin may be prescribed as a PRN (as needed) medication in appropriate circumstances, and Dr. Wallace has prescribed it in that manner. About 40 percent of the patients diagnosed with acute or chronic pain take more medication than has been prescribed due to inadequate pain control, and early prescription refills are not necessarily a matter for concern or evidence of drug diversion.

Dr. Wallace rarely has had a dispensing pharmacist call him to inquire about the validity of a prescription he has written; this may be, in part, because he works in a pain clinic where staff pharmacists know his prescribing practices. Dr. Wallace has never shared a patient chart with a dispensing pharmacist.

Dr. Wallace looked at some of the prescriptions at issue; he could not state, without knowing more about the patient and the patient's medical situation, whether the prescriptions were written for a legitimate medical purpose; in order to reach that conclusion, he would need to review the patient's medical chart and records.

39. Dr. Wallace admitted that he holds no expertise concerning the standard of care that might be incumbent upon a dispensing pharmacist. He did not speak with Dr. T., and he did not consult with Pacifica Pharmacy or Pharmacist Tran.

Respondents' Evidence

40. Respondents cross-examined Complainant's witnesses and called Pharmacist Ho, Dr. Johnson, and Dr. Wallace to testify. In addition, Respondents called Dr. Quan and Ms. Cleary. The relevant testimony from these persons was outlined in the preceding Factual Findings. What Respondents did not produce was an explanation for the expired drugs being maintained in inventory with fresh drugs that were for sale, why there were many containers containing prescription medications that did not have a backer attached as required by law, whether the many prescriptions for OxyContin 80 mg were prescribed for experienced opioid users or whether the patients were opioid naïve, and why so many of Dr. T.'s patients selected Pacifica Pharmacy as the retail outlet to have prescriptions for controlled substances filled. No testimony was provided concerning any inquiry made of any prescriber to determine whether a prescription was written for a legitimate medical purpose. Respondents were in the best position to produce evidence that Pharmacist Tran did not fill the prescriptions at issue and/or that the patients for whom the prescriptions were filled did not pick up the prescriptions from Pacifica Pharmacy. Respondents were in the best position to produce evidence that the information Pacifica Pharmacy submitted to the Department of Justice was inaccurate, or to establish that the CURES reports on which the experts based their opinions were not reliable.

Assessment

41. Investigator Wong's testimony concerning the inspection of Pacifica Pharmacy was credible. Investigator Wong and Dr. Fujimoto's testimony concerning applicable standards of care was credible. Their expert testimony established that sometime between March 2008 and January 2010, sufficient suspicious circumstances surrounded Dr. T.'s prescriptions for OxyContin 80 mg and other controlled substances to the extent that a reasonable and prudent pharmacist would have made some inquiry to determine whether many of the prescriptions she wrote for OxyContin 80 and other controlled substances were issued for legitimate medical purposes. Pharmacist Tran admitted to Investigator Wong that he was unfamiliar with Dr. T., that he was unfamiliar with her prescribing practices, that he was unfamiliar with the corresponding responsibility concept and that he failed to make any inquiry of Dr. T. or her patients concerning the prescriptions she wrote. The totality of the circumstances required that Pharmacist Tran make some inquiry. He failed to do so. The clear and convincing evidence established that Pharmacist Tran, in his personal capacity as a pharmacist and in his designated capacity as pharmacist-in-charge at Pacifica Pharmacy, was negligent, grossly negligent, violated the corresponding responsibility law, and acted in an unprofessional manner.

Complainant's Costs

42. Complainant submitted a certification of costs which stated that 88 hours were expended in the investigation of this matter, and that investigative costs were \$102 per hour. The investigation was thorough and was relatively well documented. It was not established that the time spent in the investigation or the hourly rate charged for investigation was unreasonable. The Board's costs of investigation totaled \$8,976.

43. This matter was factually complicated and was vigorously defended by experienced, highly competent trial counsel who explored numerous factual and legal issues. The deputy who prosecuted this matter was well prepared and very professional.

The deputy who prosecuted this matter submitted a declaration to which a billing statement was attached. The billing statement detailed the legal services provided by the Attorney General's Office in the prosecution of this matter. Through January 19, 2012, the Office of the Attorney General billed the Board \$28,650 for legal services. The deputy who prosecuted this matter estimated that she would bill another 12 hours before the hearing began, with her time billed at the rate of \$170 per hour.

It is found that the Board's total costs of enforcement in this matter total \$30,690.

LEGAL CONCLUSIONS

The Regulation of Pharmacy

1. The Pharmacy Law governs the practice of pharmacy. Pharmacies must be licensed by the Board of Pharmacy, which has as its highest priority the protection of the public. Every pharmacy must have a "pharmacist-in-charge," an individual licensed by the Board who is responsible for a pharmacy's compliance with all state and federal laws. A pharmacist may be assisted by a pharmacy technician as specified in Business and Professions Code section 4115. (*Golden Drugs Co., Inc. v. Maxwell-Jolly* (2009) 179 Cal.App.4th 1455, 1458-1459.)

2. The Board of Pharmacy is guided by a statute that mandates that whenever the protection of the public is inconsistent with other interests sought to be promoted, protection of the public is paramount. (Bus. & Prof. Code, § 4001.1.)

The Purpose of Administrative Disciplinary Proceedings

3. A license revocation proceeding is civil in nature. Neither a criminal prosecution nor a malpractice action serves the purpose of a license revocation proceeding, which is not intended to punish the licensee but to afford protection to the public upon the rationale that public respect and confidence is merited by eliminating dishonest, immoral, disreputable or incompetent persons from the ranks of practitioners. (*Fahmy v. Medical Bd. of California* (1995) 38 Cal.App.4th 810, 817.)

The Burden and Standard of Proof

4. An individual who holds a license to practice a particular profession has a fundamental vested right to continue in that licensed activity. Procedural due process requires a regulatory board or agency seeking to suspend or revoke a professional license to prove the allegations of an accusation by clear and convincing evidence rather than proof by a preponderance of the evidence. (*Owen v. Sands* (2009) 176 Cal.App.4th 985, 991-992.)

5. Clear and convincing evidence requires a finding of high probability; the evidence must be so clear as to leave no substantial doubt; it must be sufficiently strong to command the unhesitating assent of every reasonable mind. This requirement presents a heavy burden, far in excess of the preponderance of evidence standard that is sufficient for most civil litigation. (*Christian Research Institute v. Alnor* (2007) 148 Cal.App.4th 71, 84.)

6. The terms "burden of proof" and "burden of persuasion" are synonymous. A party has the burden of proof as to each fact the existence or nonexistence of which is essential to the claim for relief or defense that he is asserting except as otherwise provided by law. To prevail, the party bearing the burden of proof must present evidence sufficient to establish in the mind of the trier of fact a requisite degree of belief. The burden of proof does not shift during trial - it remains with the party who originally bears it. Unlike the burden of

proof, the burden of producing evidence may shift throughout the trial. Initially, the burden of producing evidence as to a particular fact rests on the party with the burden of proof. When that party fails to produce sufficient evidence to make a prima facie case, that party risks an unfavorable determination. But once that party produces evidence sufficient to make its prima facie case, the burden of producing evidence shifts to the other party to refute the prima facie case. Even though the burden of producing evidence shifts, a party need not offer evidence in reply, but the failure to do so risks an adverse outcome. Once a prima facie showing is made, it is for the trier of fact to say whether or not the crucial and necessary facts have been established. (*Sargent Fletcher, Inc. v. Able Corp.* (2003) 110 Cal.App.4th 1658, 1667-1668.)

7. The burden of proof in this matter - the burden of persuasion - was on Complainant to establish the allegations in the second amended accusation by clear and convincing evidence.

The Second Amended Accusation Provided Due Process

8. Due process involves the opportunity to be heard at a meaningful time and in a meaningful manner. Due process is not a technical conception with a fixed content unrelated to time, place and circumstance. Rather, due process is flexible and calls for such procedural protections as the particular situation demands. (*Southern Cal. Underground Contractors, Inc. v. City of San Diego* (2003) 108 Cal.App.4th 533, 543.) So long as a party is informed of the substance of the charge and is afforded the basic, appropriate elements of procedural due process, that party cannot complain of a variance between administrative pleadings and proof. (*Stearns v. Fair Employment Practice Com.* (1971) 6 Cal.3d 205, 213.)

9. The Second Amended Accusation sought the revocation of Pharmacist Tran's pharmacist license on several grounds including his alleged failure to comply with the corresponding responsibility law, the excessive furnishing of controlled substances, gross negligence, negligence, and unprofessional conduct. Paragraph 3 of the Second Amended Accusation specifically alleges that Pharmacist Tran was Pacifica Pharmacy's "Pharmacist-in-Charge." But, the Second Amended Accusation also conveyed the impression that Pharmacist Tran personally filled prescriptions and dispensed the controlled substance at issue. (See, for example, Second Amended Accusation, paragraphs 22 and 23).

Pharmacist Tran did not claim a due process violation based on evidence establishing that he was Pacifica Pharmacy's pharmacist-in-charge. Instead, Respondents objected to the Second Amended Accusation because three new causes for discipline (gross negligence, negligence, and unprofessional conduct) were filed less than three weeks before the disciplinary hearing commenced.¹¹

¹¹ Respondent Tran evidently believed that these new disciplinary theories were alleged because they required a lesser standard of proof to establish the charges. (See, Respondents Pacifica Pharmacy Corp. and Thang Tran's Opposition to the Second Amended Accusation and Motion to Strike, p. 1, lines 24-27.) If so, that was a mistaken belief. Clear and

During the hearing, Complainant stressed Pharmacist Tran's status as pharmacist-in-charge and his responsibility for Pacifica Pharmacy's compliance with all state and federal laws. Respondents did not object to the evidence or argument in that regard. Instead, Respondents presented evidence to show that the prescribing of the medications at issue might have been for a legitimate medical purpose (Dr. Wallace) and argued that Complainant failed to establish that the filling and dispensing of the prescriptions for controlled substances was unreasonable (Dr. Johnson). During closing argument, Respondents downplayed Pharmacist Tran's role as pharmacist-in-charge, suggesting it was a titular position. Respondents' defense throughout this disciplinary proceeding was inconsistent with the due process violation identified in *Smith v. Board of Pharmacy* (1995) 37 Cal.App.4th 229.¹²

Where, as here, a licensee is charged with specific violations, where the licensee does not object to the evidence produced to establish the charges, and where the licensee does not assert that he would have presented additional evidence to rebut the charges had he known about them, there is no due process violation. (*Margarito v. State Athletic Com.* (2010) 189 Cal.App.4th 159, 170-171.)

The Corresponding Responsibility Law

10. At the heart of this disciplinary matter is the allegation that Pharmacist Tran and Pacifica Pharmacy violated the corresponding responsibility law. The corresponding responsibility law is both a standard of care and a duty recognized by statute.

The standard of care requires pharmacists and pharmacies to determine whether a prescription was issued for a legitimate medical purpose whenever the surrounding circumstances require such an inquiry. Inspector Wong and Pharmacist Fujimoto established the existence of this standard through their expert testimony. Pharmacist Ho confirmed the existence of this standard when he described his experience at Walgreens. Dr. Johnson

convincing evidence was required to establish charges of gross negligence, negligence, and unprofessional conduct.

12 In *Smith v. Board of Pharmacy*, a pharmacist was informed that the Board was going to revoke his license for intentional acts of dispensing and furnishing controlled drugs. As it turned out, the evidence demonstrated, at most, the pharmacist's negligent supervision of others. The pharmacist advised the administrative law judge that the accusation did not allege that the Board was relying on a negligence theory and he complained that he would have called an expert witness to testify concerning the appropriate standard of care had he known the true charges. Following the disciplinary hearing, the Board of Pharmacy revoked the pharmacist's license. The revocation was upheld by the superior court. But on appeal it was determined that the pharmacist's due process rights had been violated at the disciplinary hearing because "it is clear that without adequate notice of the charge seeking to fix his responsibility for the acts of others on the basis of his capacity as pharmacist-in-charge, [the pharmacist] was left unprepared to contest this theory." (*Id.* at pp. 243-244.)

believed there was such a standard; he testified he was unable to reach any conclusion concerning Respondents' deviation from the corresponding responsibility standard without additional evidence; his testimony did not establish that a corresponding responsibility standard of care did not exist.

11. Health and Safety Code section 11153 expresses a corresponding responsibility standard of care. That statute provides in part:

(a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

(b) Any person who knowingly violates this section shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or in a county jail not exceeding one year, or by a fine not exceeding twenty thousand dollars (\$20,000), or by both that fine and imprisonment. . . .

Legislative History

The previous version of Health and Safety Code section 11153 was repealed and a new version was enacted in 1982. The new version mirrored Federal Regulations.¹³ Supporters of the 1982 assembly bill (AB 3376) sought to bring Health and Safety Code section 11153 in line with parallel federal regulations to facilitate state prosecutions. The change was also prompted by concerns about the growing numbers of "prescription mills" through which medical practitioners issued prescriptions for large amounts of high abuse drugs that were filled at pharmacies willing to participate in a scheme that served to divert those drugs into the illegal street market. The newly enacted version of Health and Safety Code section 11153 clarified and strengthened the statute not only to reach practitioners who prescribed drugs for known addicts or habitual users, but also to target physicians and pharmacists who issued and filled high volume prescriptions for controlled substances with no legitimate medical purpose.

Health and Safety Code section 11153, subdivision (a), sets forth the statutory corresponding responsibility standard. Health and Safety Code section 115132, subdivision (b), sets forth the punishment that may be imposed upon "any person" who "knowingly" violates subdivision (a).

Appellate Interpretation

Health and Safety Code section 11153, subdivision (b), uses the unambiguous and all-inclusive term "any person." The term includes everyone, regardless of whether the person is licensed or unlicensed. The term is specific, free from ambiguity, and therefore is not

¹³ Code of Federal Regulations, title 21, section 1306.04, subdivision (a), provides:

(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

subject to any construction other than a literal one. (*People v. Gandotra* (1992) 11 Cal.App.4th 1355, 1363-1365 [holding that a licensed physician could not rely on medical appropriateness of unlicensed assistant's illegal prescription to escape liability for aiding and abetting unlawful furnishing of controlled substance; the statute does not require evidence establishing the medical inappropriateness of a drug to support a charge based upon unlicensed person's furnishing of controlled substance.])

In reviewing Health and Safety Code section 11153, several matters are obvious.

First, Health and Safety Code section 11153 sets forth a "corresponding responsibility" on a prescribing practitioner and upon a pharmacist who fills a prescription for a controlled substance. Clear and convincing evidence is required in an administrative disciplinary proceeding alleging a violation of the statute, but proof beyond a reasonable doubt is not required. A disciplinary proceeding may be maintained even though the accused has been acquitted on criminal charges covering the same facts or has obtained a dismissal of such charges. (*Wong v. State Bar* (1975) 15 Cal.3d 528, 531.)

Second, subdivision (a) uses the term "corresponding responsibility," and not the term "identical responsibility." A pharmacist's role in filling a prescription corresponds to the prescriber's role in issuing a prescription, but it is not identical. The pharmacist's burden is to be alert, to make reasonable inquiry when circumstances require, and to refuse to fill a questionable prescription for a controlled substance when nothing establishes that the prescription at issue was issued for a legitimate medical purpose after engaging in due diligence. To paraphrase the decision in *Vermont & 100th Medical Arts Pharmacy v. Board of Pharmacy* (1981) 125 Cal.App.3d 19, 25, pharmacists, as reasonable professional persons, should obey the law, and they must refuse to dispense drugs when their suspicions are aroused by unexplained ambiguities in the prescriptions or the sheer volume of controlled substances prescribed by a single practitioner for a small number of persons.

Third, subdivision (b) imposes a "knowingly" requirement for criminal prosecution. But, the "knowingly" requirement does require a showing that a pharmacist actually knew that the prescription was not issued for a legitimate medical purpose. This is the case because a section 11153 is a general intent crime. To constitute general criminal intent, it is not necessary to prove the intent to violate the law. When a person intentionally does that which the law declares to be a crime, he is acts with general criminal intent, even though he may not know that his act is unlawful. The requirement of acting "knowingly" is satisfied when the person committing the act has knowledge of the facts. "Knowingly" does not require knowledge of the unlawfulness of the act itself. The word "knowing" imports only an awareness of the facts that bring the act within the terms of the statute. (*People v. Lonergan* (1990) 219 Cal.App.3d 82, 95 [defining "knowingly" within the context of Health and Safety Code section 11153, subdivision (b), as indicated].)

The Parties' Arguments

Complainant asserted that a pharmacist has the duty to verify that a prescription written for controlled substances was issued for a legitimate medical purpose under existing standards of care and under the corresponding responsibility law as expressed in Health and Safety Code section 11153. To support this position, Complainant cited *Vermont & 110th Medial Arts Pharmacy v. Board of Pharmacy* (1981) 125 Cal.App.3d 19.¹⁴ In *Vermont* the appellate court concluded:

The statutory scheme plainly calls upon pharmacists to use their common sense and professional judgment. When their suspicions are aroused as reasonable professional persons by either ambiguities in the prescriptions, the sheer volume of controlled substances prescribed by a single practitioner for a small number of persons or, as in this case, when the control inherent in the prescription process is blatantly mocked by its obvious abuse as a means to dispense inordinate and incredible large amounts of drugs under the color and protection of law, pharmacists are called upon to obey the law and refuse to dispense. To fail to do so is either gross incompetence, gross negligence or moral turpitude. . .

A profession is a vocation or occupation requiring special and advanced education and skill predominately of an intellectual nature. The practice of pharmacy, like the practice of medicine, is a profession.

For this reason, society entrusts to persons in these professions the responsibility for control over a force

¹⁴ In *Vermont*, a pharmacy filled 10,000 prescriptions over a 45-day period which were written by a small group of doctors for four controlled substances that were popular in the illicit market. There were irregular circumstances surrounding the presentation of the prescriptions including 247 prescriptions being written on one day by an licensed practitioner, prescriptions written for patients with the same names but at different addresses, and prescriptions written for persons with such questionable names as "Henry Ford," "Wells Fargo," and "Pearl Harbor." All of the prescriptions were for controlled substances. In this situation, the Board of Pharmacy claimed that the pharmacists should have noticed the suspicious nature of the prescriptions being presented and should have concluded that the prescriptions could not have been made for legitimate medical purposes. In *Vermont* Respondents asserted that there were no guidelines setting forth their duties and which should have caused them to question the validity of a facially valid prescription.

which, when properly used, has great benefit for mankind, but when abused is a force for evil and human destruction.

It follows that society cannot tolerate the presence of individuals within these professions who abdicate their professional responsibility and permit themselves to be used as a conduit by which these controlled substances reach the illicit market and become that force of evil to which we allude.

More importantly, for this case, such prostitutes of their profession will not be heard to explain their dereliction by the juvenile-like complaint "Nobody told me it was wrong." A true professional does not have to be told such things. (*Vermont & 100th Medical Arts Pharmacy v. Board of Pharmacy*, *supra*, pp. 25-26.)

Complainant observed that the decision in *Vermont & 100th Medical Arts Pharmacy v. Board of Pharmacy* specifically involved the Board's revocation of a permit to operate a pharmacy for, among other matters, the pharmacy's violations of Business and Professions Code section 11153. On this basis, Complainant argued that the statute has been interpreted to extend beyond a pharmacist who filled the prescriptions in a disciplinary proceeding.

Respondents made several assertions. First, the language of subdivision (a) does not extend by its very terms beyond "the pharmacist who fills the prescription." Second, Respondents asserted that no evidence was produced to establish that that Pharmacist Tran *knowingly* violated the corresponding responsibility statute. Third, Respondents claimed that no competent evidence established that Pharmacist Tran or Pacifica Pharmacy dispensed any controlled substance for anything other than a legitimate medical purpose, that Complainant failed to meet its burden of proof. Respondents asserted that the prescriptions at issue were valid on their face; there was a duty on Pacifica Pharmacy to dispense these prescriptions

under Business and Professions Code section 733.¹⁵ Respondents asserted that the “red flags” mentioned by Investigator Wong and Dr. Fujimoto, as well as the arithmetic data, were “red herrings,” nothing more than irrelevant items designed to distract the trier of fact from the real issue before the Board, i.e., whether the prescriptions at issue were written for legitimate medical purposes. Fourth, Respondents provided a variety of innocent explanations for the existence of the “red flags.” Fifth, Respondents argued that the characterizing of innocent matters as “red flags” merely reflected Complainant’s experts’ inexperience in dispensing medications at the retail level. Sixth, while many other pharmacies and pharmacists in Pacifica Pharmacy’s trade area also filled Dr. T.’s prescriptions for controlled substances, no other pharmacy or pharmacist doing so was charged with unprofessional conduct. They argued that Complainant’s selective prosecution undermined the claim that there was a bright line, and that the Board’s investigation was nothing more than a kneejerk response to a citizen’s complaint.

Conclusions Regarding Corresponding Responsibility

The corresponding responsibility law is both a standard of care and a duty imposed by statute. In both cases, pharmacists and pharmacies must determine whether a prescription for a controlled substance was issued for a legitimate medical purpose whenever the surrounding circumstances require such an inquiry. The misconduct that gives rise to this professional duty need not be as egregious as that described in *Vermont & 100th Medical Arts Pharmacy v. Board of Pharmacy*. Reasonable judgment is all that is expected, but professional judgment must be exercised when required. Within the administrative disciplinary context, Health and Safety Code section 11153 applies to pharmacists, pharmacists-in-charge, and

¹⁵ Business and Professions Code section 733 provides in part:

(a) No licentiate shall obstruct a patient in obtaining a prescription drug . . . that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary or administrative action by his or her licensing agency.

(b) Notwithstanding any other provision of law, a licentiate shall dispense drugs . . . pursuant to a lawful order or prescription unless one of the following circumstances exists:

(1) Based solely on the licentiate’s professional training and judgment, dispensing pursuant to the order or the prescription is contrary to law, or the licentiate determines that the prescribed drug . . . would cause a harmful drug interaction or would otherwise adversely affect the patient’s medical condition. . . .

pharmacies. This interpretation promotes the statute's beneficial purpose and is consistent with the outcome reached in *Vermont & 100th Medical Arts Pharmacy v. Board of Pharmacy* (1981) 125 Cal.App.3d 19.

To establish a violation of the corresponding responsibility standard, Complainant was not required to establish that a prescription for a controlled substance was in fact written by a prescriber for an illegitimate purpose; rather to establish a violation of the standard of care and a violation of the statute, Complainant was merely required to establish that circumstances were present that would cause a reasonable and prudent pharmacist to question whether a prescription for a controlled substance was issued for a legitimate medical purpose and to show that the pharmacist failed to make the required inquiry. It is concluded that requiring such an inquiry to be made before dispensing a controlled substance does not violate the language or the spirit of Business and Professions Code section 733. But, when a pharmacist does nothing in the face of circumstances that require that some positive action be taken, the pharmacist is guilty of negligence, unprofessional conduct, and violates the corresponding responsibility law when he does nothing.

Unprofessional Conduct, Negligence, Gross Negligence

12. Unprofessional Conduct: Business and Professions Code section 4031 specifically provides that "Unprofessional conduct includes, but is not limited to" certain conduct.

Unprofessional conduct includes the conduct specifically enumerated by statute as well as other misconduct; however, this does not mean that an overly broad connotation should to be given to the term "unprofessional conduct;" it must relate to conduct which indicates an unfitness to practice a profession. Unprofessional conduct is that conduct which breaches the rules or ethical code of a profession, or conduct which is unbecoming a member in good standing of a profession. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

13. Negligence and Gross Negligence: Professionals must exercise that degree of skill, knowledge, and care ordinarily possessed and exercised by members of their profession under similar circumstances. (*Powell v. Kleinman* (2007) 151 Cal.App.4th 112, 122.)

Expert testimony is required to prove or disprove that a professional performed in accordance with the standard of care unless negligence is obvious to a layperson. Expert testimony must be based on such matters as may be reasonably relied upon by an expert in forming an opinion on the subject. With regard to a standard of care derived from a professional practice, the induction of a rule from practice necessarily requires the production of evidence of an ascertainable practice. (*Johnson v. Superior Court* (2006) 143 Cal.App.4th 297, 305.)

Ordinary or simple negligence – an unintentional tort – consists of a failure to exercise the degree of care in a given situation that a reasonable person under similar

circumstances would employ to protect others from harm. "Gross negligence" long has been defined in California and other jurisdictions as either a "want of even scant care" or "an extreme departure from the ordinary standard of conduct." (*City of Santa Barbara v. Superior Court* (2007) 41 Cal.4th 747, 753-754.)

Relevant Disciplinary Statutes and Regulation

14. Business and Professions Code section 4300 provides in part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board . . . whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper. . . .

15. Business and Professions Code section 4301 provides in part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct . . .

Unprofessional conduct shall include, but is not limited to, any of the following:

[¶] . . . [¶]

(c) Gross negligence.

(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

[¶] . . . [¶]

(j) 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. . . .

16. Business and Professions Code section 4036.5 provides:

“Pharmacist-in-charge” means a pharmacist proposed by a pharmacy and approved by the board as the supervisor or manager responsible for ensuring the pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.¹⁶

17. Business and Professions Code section 4076 provides in part:

(a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

[¶] . . . [¶]

(11)(A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules . . .

(B) This paragraph applies to outpatient pharmacies only.

(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container

¹⁶ California Code of Regulations, title 16, section 10709.1 provides in part:

(a) The pharmacist-in-charge of a pharmacy shall be employed at that location and shall have responsibility for the daily operation of the pharmacy.

(b) The pharmacy owner shall vest the pharmacist-in-charge with adequate authority to assure compliance with the laws governing the operation of a pharmacy. . . .

18. Business and Professions Code section 4081 provides in part:

(a) All records of . . . acquisition, or disposition of dangerous drugs . . . 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 . . . pharmacy . . . who maintains a stock of dangerous drugs or dangerous devices.¹⁷

(b) The owner, officer, and partner of a pharmacy . . . shall be jointly responsible, with the pharmacist-in-charge or designated representative-in-charge, for maintaining the records and inventory described in this section.

(c) The pharmacist-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 or designated representative-in-charge had no knowledge, or in which he or she did not knowingly participate.

19. Business and Professions Code section 4342 provides in part:

(a) The board may institute any action . . . as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary,

¹⁷ California Administrative Code, title 16, section 1718 provides:

"Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

The controlled substances inventories required by Title 21, CFR, Section 1304 shall be available for inspection upon request for at least 3 years after the date of the inventory.

or that violate any provision of the Sherman Food, Drug and Cosmetic Law . . .

20. California Code of Regulations, title 16, section 17189 provides:

“Current Inventory” as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

The controlled substances inventories required by Title 21, CFR, Section 1304 shall be available for inspection upon request for at least 3 years after the date of the inventory.

21. Health and Safety Code section 11153 was cited and discussed in Legal Conclusion 11.

Cause Exists to Impose Discipline Against Pacifica Pharmacy's Permit

22. First Cause for Discipline: The clear and convincing evidence established that the permit issued to Pacifica Pharmacy is subject to discipline under Business and Professions Code section 4031, subdivision (j), in conjunction with Health and Safety Code section 1153, subdivision (a). Pacifica Pharmacy failed to comply with the corresponding responsibility law. From March 8, 2008, through January 13, 2010, Pacifica Pharmacy, through its licensed personnel, had the duty to determine whether certain prescriptions for controlled substances were issued for legitimate medical purposes. The totality of suspicious circumstances surrounding Dr. T.'s prescriptions for OxyContin 80 mg and other controlled substances imposed a burden on Pacifica Pharmacy and its personnel to make reasonable inquiry into the purpose of one or more of the prescriptions for OxyContin 80 mg written by Dr. T. The Board was not required to establish that any particular prescription for a controlled substance was written for an illegitimate purpose given the nature and extent of the red flags that were established. Once Complainant produced sufficient evidence to support Pacifica Pharmacy's duty to make inquiry, the burden of producing evidence shifted to Pacifica Pharmacy to explain why no inquiry was made. Respondents' effort to explain away the "red flags" was insufficient to justify the failure to make any inquiry.

Pacifica Pharmacy's failure to meet its corresponding responsibility in the face of extensive and unmistakable evidence that required inquiry extended for nearly two years. In the absence any evidence in explanation or mitigation, and given the insignificant evidence of rehabilitation (all of which Pacifica Pharmacy had the burden to produce), it is concluded that only the outright revocation of Pacifica Pharmacy's permit will protect the public.

23. Second Cause for Discipline: The clear and convincing evidence established that the permit issued to Pacifica Pharmacy is subject to discipline under Business and Professions Code section 4301, subdivision (j), in conjunction with Business and Professions Code section 4081, subdivision (a) and California Code of Regulations, title 16, section 17189, in that Pacifica Pharmacy failed to maintain a current inventory and could not account for an overage of approximately 782 dosage units of OxyContin 80 mg and 93 dosage units of Oxycodone 80 mg for the period from March 25, 2008, to January 13, 2010. Pacifica Pharmacy did not offer any explanation for the overage, other than to establish that a discrepancy in the current inventory is not unusual and the amount of the overage at Pacifica Pharmacy was not extreme.

24. Third Cause for Discipline: The clear and convincing evidence established that the permit issued to Pacifica Pharmacy is subject to discipline under Business and Professions Code section 4301, subdivision (j), in conjunction with Business and Professions Code section 4076, subdivision (a)(11), in that Pacifica Pharmacy failed to have a physical description of the dispensed medication from the auxiliary label affixed to the prescription container on dispensed prescriptions. Respondents had the burden of establishing that an exemption or exception to this general rule existed, and they failed establish any exemption or exception to the rule.

25. Fourth Cause for Discipline: The clear and convincing evidence established that the permit issued to Pacifica Pharmacy is subject to discipline under Business and Professions Code section 4342, which prohibits the sale of pharmaceutical drugs lacking quality and strength, in that on January 13, 2010, Pacifica Pharmacy had in its inventory expired drugs and repacked drugs that lacked appropriate labeling. Respondent offered no explanation for the reason expired medications were comingled with medications in inventory that were for sale, or why some containers that were filled with medications did not have appropriate labels.

26. Fifth Cause for Discipline: The clear and convincing evidence established that the permit issued to Pacifica Pharmacy is subject to discipline under Business and Professions Code section 4301, subdivision (d), which provides that clearly excessive furnishing of controlled substances constitutes unprofessional conduct. Pacifica Pharmacy failed to comply with the corresponding responsibility law. The arithmetic data produced by Investigator Wong from his review of CURES data and the records produced by Pacifica Pharmacy established that Pacifica Pharmacy was the pharmacy of choice in Huntington Beach for the filling of controlled substance prescriptions written by Dr. T. Pacifica Pharmacy filled far more prescriptions for Schedule II controlled substances than any nearby pharmacy, including chain pharmacies. The patients' selection of Pacifica Pharmacy was not by accident. No questions were asked at Pacifica Pharmacy, and Dr. T.'s prescriptions for controlled substances were always filled so long as there was nothing unusual about the face of the prescription. To paraphrase *Vermont & 110th Medial Arts Pharmacy v. Board of Pharmacy* (1981) 125 Cal.App.3d 19, society cannot tolerate pharmacies which abdicate their professional responsibility and permit themselves to be used as a conduit by which controlled substances reach the illicit market and become a force of evil.

Pacifica Pharmacy clearly furnished excessive quantities of controlled substances without substantial justification for doing so. Public respect and confidence is merited by eliminating irresponsible and incompetent pharmacies. The outright revocation of Pacifica Pharmacy's permit will protect the public.

Cause Exists to Impose Discipline Against Pharmacist Tran's License

27. First Cause for Discipline: The clear and convincing evidence established that the license issued to Pharmacist Tran is subject to discipline under Business and Professions Code section 4031, subdivision (j), in conjunction with Health and Safety Code section 1153, subdivision (a). Pharmacist Tran, a licensed professional who was responsible for Pacifica Pharmacy's compliance with the law, was unfamiliar with the concept of corresponding responsibility. He made no inquiry of Dr. T. regarding her prescribing practices, which included numerous prescriptions for OxyContin 80 mg and other Schedule II controlled substances. He did not ask her patients why those drugs had been prescribed, erroneously claiming that a patient's right to privacy trumped any other consideration. From March 8, 2008, through January 13, 2010, Pharmacist Tran owned and operated Pacifica Pharmacy; he was the pharmacist-in-charge; given the size of the pharmacy, it is far more likely than not that he was the primary dispensing pharmacist. Complainant presented evidence sufficient to establish a requisite degree of belief that Pharmacist Tran filled most of the controlled substance prescriptions at issue, and that he was the pharmacist-in-charge when all of those prescriptions were filled; the burden of producing evidence to the contrary shifted to Pharmacist Tran to refute Complainant's prima facie case. No evidence to the contrary was provided.

In his defense, Pharmacist Tran could have produced testimony from those who actually filled the prescriptions at issue; or he could have produced testimony from others who observed pharmacists other than Pharmacist Tran fill the prescriptions at issue; or Pharmacist Tran could have established through documentary evidence that someone else filled the prescriptions at issue. Pharmacist Tran failed to produce that kind of evidence when it was within his power to do so.

The totality of circumstances surrounding Dr. T.'s prescription for OxyContin 80 mg and other controlled substances imposed a burden on Pharmacist Tran – personally and in his capacity as pharmacist-in-charge - to make reasonable inquiry into one or more of the prescriptions for controlled substances written by Dr. T. The effort to explain away the red flags and arithmetic data, which went to the issue of notice, was insufficient to justify Pharmacist Tran's lack of inquiry.

Very little evidence was offered in explanation or mitigation. Slightly more evidence was offered in rehabilitation, but experiencing a difficult family life as a result of stress imposed by disciplinary proceedings, being a good husband and parent, being a good employer, and producing some forms to document contact with a prescriber is not compelling evidence of rehabilitation.

On this record, it is concluded that the only measure of discipline that will protect the public is the outright revocation of Pharmacist Tran's license.

28. Fifth Cause for Discipline: The clear and convincing evidence established that the license issued to Pharmacist Tran is subject to discipline under Business and Professions Code section 4301, subdivision (d), which provides that the clearly excessive furnishing of controlled substances constitutes unprofessional conduct. Pharmacist Tran failed to comply with the corresponding responsibility law. The arithmetic data produced by Investigator Wong from his review of CURES data and the records produced by Pacifica Pharmacy established that Pacifica Pharmacy was the pharmacy of choice in Huntington Beach for the filling of controlled substance prescriptions written by Dr. T. Pacifica Pharmacy filled far more prescriptions for Schedule II controlled substances than any nearby pharmacy, including chain pharmacies. The patients' selection of Pacifica Pharmacy was not by accident. No questions were asked at Pacifica Pharmacy, and Dr. T.'s prescriptions for controlled substances were always filled so long as there was nothing unusual about the face of the prescription. Pharmacist Tran was the pharmacist-in-charge and was responsible for Pacifica Pharmacy's compliance with federal and state law. He likely filled a majority of the prescriptions written by Dr. T.

Pharmacist Tran clearly furnished excessive quantities of controlled substances without substantial justification for doing so. Public respect and confidence is merited by eliminating irresponsible and incompetent pharmacists. The outright revocation of Pharmacist Tran's license will protect the public.

29. Sixth Cause and Eighth Cause for Discipline: The clear and convincing evidence established that the license issued to Pharmacist Tran is subject to discipline under Business and Professions Code section 4031. The expert testimony established the existence of a corresponding responsibility – a pharmacist's professional duty to determine whether a prescription for a controlled substance has been issued for a legitimate medical purpose when the circumstances require that inquiry. The expert testimony established that suspicious circumstances existed at Pacifica Pharmacy from March 2008 through January 2010 that required Pharmacist Tran to make such an inquiry. Pharmacist Tran was negligent and engaged in unprofessional conduct in carrying out his responsibilities as a licensed pharmacist, both personally and in his capacity as a pharmacist-in-charge. Pharmacist Tran was unfamiliar with the concept of corresponding responsibility. He caused prescriptions to be filled and he permitted prescriptions to be filled for controlled substances under suspicious circumstances without making required inquiry of the prescriber or the patient about the medical purpose for the medication he was responsible for dispensing.

On this record, it is concluded that the only measure of discipline that will protect the public is the outright revocation of Pharmacist Tran's license.

30. Seventh Cause for Discipline: The clear and convincing evidence established that the license issued to Pharmacist Tran is subject to discipline under Business and Professions Code section 4031, subdivision (c). Pharmacist Tran was grossly negligent in

meeting his responsibilities as a licensed pharmacist personally and in his capacity as a pharmacist-in-charge. He was unfamiliar with the concept of corresponding responsibility. He exercised scant care. His conduct in causing and permitting prescriptions to be filled for controlled substances under suspicious circumstances without making any inquiry was an extreme departure from the standard of care.

On this record, it is concluded that the only measure of discipline that will protect the public is the outright revocation of Pharmacist Tran's license.

Complainant's Costs

31. Business and Professions Code section 125.3 provides in part:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department [of Consumer Affairs] . . . upon request of the entity bringing the proceeding, the administrative law judge may direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case.

32. The Board must exercise its discretion to reduce or eliminate cost awards in a manner that will ensure the award does not deter licensees with potentially meritorious claims or defenses from exercising their right to a hearing. (*Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal.App.4th 32, 45.)

It was not established that any of the Zukerman criteria applied in this matter.

33. It is concluded that the Board of Pharmacy's reasonable costs of investigation and enforcement total \$39,666.


ORDERS

Original Permit No. PHY 46715 issued to Pacifica Pharmacy Corp is revoked.

Original Pharmacist License No. RPH 41172 issued to Thang Q. Tran is revoked.

Pacifica Pharmacy Corp and Thang Q. Tran shall pay to the Board of Pharmacy costs of investigation and enforcement in the total amount of \$39,666.00.

DATED: February 29, 2012


JAMES AHLER
Administrative Law Judge
Office of Administrative Hearing

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8
9 **BEFORE THE**
BOARD OF PHARMACY
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Second Amended
Accusation Against:

Case No. 3802

12 **PACIFICA PHARMACY CORP**
13 18682 Beach Blvd., #115
Huntington Beach, CA 92648

SECOND AMENDED
A C C U S A T I O N

14 **Original Permit No. PHY 46715**

15 and

16 **THANG Q. TRAN**
17 18682 Beach Blvd., #115
Huntington Beach, CA 92648

18 **Original Pharmacist License No. RPH 41172**

19 Respondents.
20

21 Complainant alleges:
22

23 **PARTIES**

24 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

25 2. On or about August 17, 2004, the Board of Pharmacy issued Original Permit Number
26 PHY 46715 to Respondent Pacifica Pharmacy Corp, Thang Tran, President, Vice President and
27
28

1 Secretary. The Original Permit was in full force and effect at all times relevant to the charges
2 brought herein and will expire on August 1, 2012, unless renewed.

3 3. On March 17, 1988, the Board of Pharmacy issued Original Pharmacist License No.
4 RPH 41172 to Respondent Thang Q. Tran, Pharmacist-In-Charge. The Original Pharmacist
5 License was in full force and effect at all times relevant to the charges brought herein and will
6 expire on August 31, 2013, unless renewed.

7 JURISDICTION

8 4. This Accusation is brought before the Board of Pharmacy (Board), Department of
9 Consumer Affairs, under the authority of the following laws. All section references are to the
10 Business and Professions Code unless otherwise indicated.

11 5. Section 4300 of the Code states:

12 (a) Every license issued may be suspended or revoked.

13 (b) The board shall discipline the holder of any license issued by the board,
14 whose default has been entered or whose case has been heard by the board and
found guilty, by any of the following methods:

15 (1) Suspending judgment.

16 (2) Placing him or her upon probation.

17 (3) Suspending his or her right to practice for a period not exceeding one
18 year.

19 (4) Revoking his or her license.

20 (5) Taking any other action in relation to disciplining him or her as the board
in its discretion may deem proper.

21 ...

22 (e) The proceedings under this article shall be conducted in accordance with
23 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the
24 Government Code, and the board shall have all the powers granted therein. The
action shall be final, except that the propriety of the action is subject to review by
the superior court pursuant to Section 1094.5 of the Code of Civil Procedure.

25 6. Section 118, subdivision (b), of the Code provides that the suspension, expiration,
26 surrender, cancellation of a license shall not deprive the Board of jurisdiction to proceed with a
27 disciplinary action during the period within which the license may be renewed, restored, reissued
28 or reinstated.

STATUTORY AND REGULATORY PROVISIONS

7. Section 4076 of the Code states:

(a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

...

(11)(A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

(i) Prescriptions dispensed by a veterinarian.

(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

(iii) Dispensed medications for which no physical description exists in any commercially available database.

(B) This paragraph applies to outpatient pharmacies only.

(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph....

8. Section 4081 of the Code states:

(a) All records of manufacture and of sale, acquisition, 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, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, 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 any pharmacy, wholesaler, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge or designated representative-in-charge, for maintaining the records and inventory described in this section.

(c) The pharmacist-in-charge 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 or designated representative-in-charge had no knowledge, or in which he or she did not knowingly participate.

1
2 9. Section 4301 of the Code states:

3 The board shall take action against any holder of a license who is guilty of
4 unprofessional conduct or whose license has been procured by fraud or
5 misrepresentation or issued by mistake. Unprofessional conduct shall include, but is
6 not limited to, any of the following:

7 (c) Gross negligence.

8 (d) The clearly excessive furnishing of controlled substances in violation of
9 subdivision (a) of Section 11153 of the Health and Safety Code.

10 (j) The violation of any of the statutes of this state, or any other state, or of
11 the United States regulating controlled substances and dangerous drugs....

12 10. Section 4342 provides:

13 (a) The board may institute any action or actions as may be provided by law
14 and that, in its discretion, are necessary, to prevent the sale of pharmaceutical
15 preparations and drugs that do not conform to the standard and tests as to quality
16 and strength, provided in the latest edition of the United States Pharmacopoeia or
17 the National Formulary, or that violate any provision of the Sherman Food, Drug
18 and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of
19 the Health and Safety Code).

20 (b) Any knowing or willful violation of any regulation adopted pursuant to
21 Section 4006 shall be subject to punishment in the same manner as is provided in
22 Sections 4336 and 4321.

23 11. Section 1718 of title 16, California Code of Regulations provides:

24 "Current Inventory" as used in Sections 4081 and 4332 of the Business and
25 Professions Code shall be considered to include complete accountability for all
26 dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

27 The controlled substances inventories required by Title 21, CFR, Section
28 1304 shall be available for inspection upon request for at least 3 years after the date
of the inventory.

12. Section 11153 of the Healthy and Safety Code provides in part:

(a) A prescription for a controlled substance shall only be issued for a
legitimate medical purpose by an individual practitioner acting in the usual course
of his or her professional practice. The responsibility for the proper prescribing and
dispensing of controlled substances is upon the prescribing practitioner, but a
corresponding responsibility rests with the pharmacist who fills the prescription.
Except as authorized by this division, the following are not legal prescriptions: (1)
an order purporting to be a prescription which is issued not in the usual course of

professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use....

COST RECOVERY

13. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

14. Alprazolam, sold under the brand name Xanax, is a Schedule IV controlled substance as designated by Health and Safety Code section 11057(d)(1), and is a dangerous drug pursuant to Business and Professions Code section 4022. Alprazolam tablets are indicated for the management of anxiety disorder or the short-term relief of symptoms of anxiety.

15. Hydromorphone, sold under the brand name Dilaudid, is a Schedule II controlled substance as designated by Health and Safety Code Section 11055(b)(1)(K) and is a dangerous drug pursuant to Business and Professions Code section 4022. Dilaudid is a narcotic analgesic prescribed for the relief of moderate to severe pain.

16. Opana, a brand name for oxymorphone, is a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(O), and is a dangerous drug pursuant to Business and Professions Code section 4022.

17. Oxycontin, a brand name for oxycodone, is a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(N), and is a dangerous drug pursuant to Business and Professions Code section 4022.

FACTS

18. In or about December, 2009, the Board received a consumer complaint from B.S. regarding alleged suspicious activity at Pacifica Pharmacy Corp (hereinafter "Pacifica"). B.S. complained of abnormal activity in the parking lot of Pacifica over the course of several days,

1 including several occasions when groups of people entered and exited Pacifica at one time, or
2 were dropped off by a vehicle in Pacifica's parking lot.

3 19. On January 13, 2010, Board inspectors conducted an inspection of Pacifica. Drug
4 Usage Reports were requested from Pacifica and were reviewed, together with the pharmacy's
5 drug inventory, DEA inventories, patient prescription profiles, acquisition records, and
6 enrollment in the on-line Prescription Drug Monitoring Program, among other documents.

7 20. During the inspection, expired drug stock was found on inventory shelves. Pre-filled
8 containers with medication lacked the drug name, lot number, expiration date and name of
9 manufacturer. In addition, the dosage form descriptions on the prescription labels were auxiliary
10 labels and were not affixed to the prescription container when the medication was dispensed.

11 21. During the inspection, Respondent Tran stated that he does not evaluate a patient's
12 information with regard to drug diversion or addiction issues. He does not request CURES¹
13 reports to evaluate a patient's therapy. Respondent Tran stated that he was only aware of his
14 responsibility to transmit controlled substance information and does not use any reports to
15 determine drug diversion or addiction issues.

16 22. When filling a prescription for a controlled substance, Respondent Tran stated that
17 Pacifica obtains and photocopies the driver's license of the individual presenting the prescription
18 for their records. Occasionally, Respondent Tran would check the status of the prescribing
19 physician's license or would contact the prescriber to verify the prescription. He evaluated
20 patients' prescribed pain medication by review of the diagnosis written on some of the
21 prescriptions. For those patients who were prescribed other controlled substances, he would
22 document early refill authorizations or lost script issues on the patient's profile.

23
24 ¹ Controlled Substance Utilization Review and Evaluation System, C.U.R.E.S., is a
25 database that contains over 100 million entries of controlled substance drugs that were dispensed
26 in California. CURES is part of a program developed by the California Department of Justice,
27 Bureau of Narcotic Enforcement, which allows access to the Prescription Drug Monitoring
28 Program (PDMP) system. The PDMP allows pre-registered users including licensed healthcare
prescribers eligible to prescribe controlled substances, pharmacists authorized to dispense
controlled substances, law enforcement, and regulatory boards to access patient controlled
substance history information. (<http://ag.ca.gov/bne/cures.php>)

23. In the days following the inspection, the Board continued to receive complaints from B.S. about suspicious activity in Pacifica's parking lot. On February 1, 2010, Board inspectors requested records from Pacifica showing controlled substances furnished after the Board's inspection on January 13, 2010. Those records showed the continued filling of controlled substance prescriptions from several of the physicians in question, including Dr. T. Specifically, Respondent Tran continued to dispense Oxycontin 80 mg to Dr. T's patients. When asked whether the prescribing pattern written by the same physician for the same drug for many of Pacifica's patients seemed reasonable, Respondent Tran stated that the majority of prescriptions for Dr. T were for controlled substances and that about 5 percent of Pacifica's prescriptions were for Oxycontin.

24. Drug Usage Reports of Oxycontin from 2008 to January 2010 revealed that the majority of Oxycontin prescriptions filled by Pacifica were for the 80 mg strength during the last two years and that these prescriptions were written by several recurring physicians, in particular, Dr. T.

25. From January 1, 2009 to January 6, 2010, Dr. T. prescribed about 11,486 controlled substance prescriptions. Of these 11,486 controlled substance prescriptions, the number of prescriptions written by Dr. T. for Oxycontin, Opana and Alprazolam are shown below:

Drug	No. of Prescriptions	No. of dosage units
Oxycontin 80 mg	917	46,727
Opana ER 40 mg	654	25,005
Alprazolam 2 mg	2,671	175,584

26. Of these 11,486 controlled substance prescriptions, Pacifica filled 1,844 prescriptions, about three times more than what was filled by the pharmacy with the next highest volume: Bolsa Medical Arts Pharmacy filled 101 prescriptions, Dial Drug filled 566, White Front Drug and Discount filled 663. Other pharmacies accounted for less than 100 prescriptions.

1 27. An overall review of the dispensing practice of Pacifica showed that it dispensed
2 81,066 prescriptions for dangerous drugs and controlled substances from March 25, 2008 to
3 January 13, 2010. Controlled substance prescriptions accounted for 14,063 or 17% of all
4 prescriptions. Oxycontin 80 mg prescriptions accounted for 42% of all Schedule II controlled
5 substances. There were 5318 prescriptions for Schedule II controlled substances during this
6 period of time. In comparison to other surrounding pharmacies, Pacifica filled an inordinately
7 disproportionate number of Oxycontin 80 mg prescriptions: 803 prescriptions filled by Pacifica,
8 389 by Medical Towers Pharmacy, 281 by Walgreens No. 5771, 129 by CVS # 8850, 38 by CVS
9 #6782, 21 by Sav On #6124, and even less by others.

10 28. Further investigation of Drug History Reports revealed questionable dispensing
11 practices by Pacifica, such as early refills of controlled substance prescriptions, filling
12 prescriptions for patients outside the normal trade area and prescriptions by prescribers whose
13 offices were outside Pacifica's normal trade area. For example, Patient Drug History reports of
14 18 of Dr. T.'s patients showed that almost all had a home address outside of Pacifica's normal
15 trade area and that nearly all of them traveled approximately 40 miles to see Dr. T. A comparison
16 of other pharmacies surrounding Pacifica showed very few prescriptions filled for patients outside
17 their normal trade area.

18 29. A review of information from sources available to Respondents, such as the Patient
19 Drug History reports, would have revealed that several of these 18 patients had multiple
20 prescribers for controlled substances, had multiple dispensing pharmacies and had early refilling
21 of controlled substance prescriptions.

22 30. Furthermore, a review of Dr. T.'s prescribing practices for prescriptions filled by
23 Pacifica showed duplication of therapy (e.g. Opana and Oxycontin were both prescribed or
24 hydromorphone and Oxycontin were both prescribed) as well as combinations of drugs
25 commonly prescribed together by Dr. T. (e.g. the combination of alprazolam and Opana or the
26 combination of alprazolam, hydromorphone and Oxycontin).

27 31. Further review of Oxycontin prescription documents from the period March 28, 2008
28 to January 13, 2010 show a disproportionate number of Oxycontin prescriptions from Dr. T.,

1 whose patients also showed a disproportionate number of cash payments in relation to private
2 insurance, a government payor or other form of payment. Many of the prescriptions filled were
3 to addresses with multiple patients at the same address. In addition, there were discrepancies with
4 the addresses on the prescription backer label, the prescription and/or the patient's driver's
5 license/ID.

6 **FIRST CAUSE FOR DISCIPLINE**

7 **AS TO PACIFICA PHARMACY AND THANG Q. TRAN**

8 **(Failure to Comply with Corresponding Responsibility**
9 **for Legitimate Controlled Substance Prescriptions)**

10 32. Respondents Pacifica Pharmacy and Thang Q. Tran are subject to discipline pursuant
11 to Code section 4301, subdivision (j), in conjunction with Health and Safety Code section
12 11153(a) for unprofessional conduct in that Respondents failed to comply with their
13 corresponding responsibility to ensure that controlled substances are dispensed for a legitimate
14 medical purpose when Respondents failed to evaluate the totality of the circumstances
15 (information from the patient, physician and other sources) to determine the prescription's
16 legitimate medical purpose in light of information showing that prescriptions for controlled
17 substances were filled early, there was duplication of therapy, the same drug combinations were
18 repeatedly prescribed for multiple patients by the same prescriber, numerous patients had
19 addresses outside of Pacifica's normal trade area, and certain prescribers wrote a disproportionate
20 number of prescriptions for Oxycontin, among other things, as more fully set forth in paragraphs
21 18-31 above, and incorporated by this reference as though set forth in full herein.

22 **SECOND CAUSE FOR DISCIPLINE**

23 **AS TO PACIFICA PHARMACY ONLY**

24 **(Failure to Maintain Current Inventory)**

25 33. Respondent Pacifica Pharmacy is subject to discipline pursuant to Code section 4301,
26 subdivision (j), in conjunction with Code section 4081(a) and title 16, California Code of
27 Regulations section 1718, for unprofessional conduct in that Respondent Pacifica Pharmacy
28 failed to maintain a current inventory in that it could not account for an overage of approximately

1 782 dosage units of Oxycontin 80 mg and 93 dosage units of Oxycodone 80 mg for the period
2 March 25, 2008 to January 13, 2010.

3 **THIRD CAUSE FOR DISCIPLINE**

4 **AS TO PACIFICA PHARMACY ONLY**

5 **(Incomplete Labeling)**

6 34. Respondent Pacifica Pharmacy is subject to discipline pursuant to Code section 4301,
7 subdivision (j), in conjunction with Code section 4076(a)(11) for unprofessional conduct in that
8 on January 13, 2010, Respondent Pacifica Pharmacy failed to have the physical description of the
9 dispensed medication from the auxiliary label affixed to the prescription container on dispensed
10 prescriptions.

11 **FOURTH CAUSE FOR DISCIPLINE**

12 **AS TO PACIFICA PHARMACY ONLY**

13 **(Expired Drugs)**

14 35. Respondent Pacifica Pharmacy is subject to discipline pursuant to Code section 4342,
15 which prohibits the sale of pharmaceutical drugs lacking quality and strength, in that on January
16 13, 2010, Respondent Pacifica Pharmacy maintained expired dangerous drugs and controlled
17 substances as part of its drug stock on its inventory shelves. Additionally, repackaged (pre-
18 counted or poured) drugs lacked appropriate labeling of name of drug, strength, dosage form,
19 manufacturer's name and lot number, expiration date, and quantity per repackaged unit.

20 **FIFTH CAUSE FOR DISCIPLINE**

21 **AS TO PACIFICA PHARMACY AND THANG Q. TRAN**

22 **(Excessive Furnishing of Controlled Substances)**

23 36. Respondents Pacifica Pharmacy and Thang Q. Tran are subject to discipline pursuant
24 to Code section 4301, subdivision (d), for unprofessional conduct in that Respondents clearly
25 excessively furnished controlled substances during the period March 25, 2008 to January 13,
26 2010, as more fully set forth in paragraphs 18-31 above, and incorporated by this reference as
27 though set forth in full herein.

28 ///

SIXTH CAUSE FOR DISCIPLINE**AS TO THANG Q. TRAN****(Unprofessional Conduct – Gross Negligence)**

37. Respondent Thang Q. Tran is subject to discipline pursuant to Code section 4301, subdivision (c), for unprofessional conduct in that Respondent was grossly negligent in dispensing controlled substances during the period March 25, 2008 to January 13, 2010, in that Respondent knew or should have known that the controlled substances prescribed by Dr. T. were likely to be diverted or used for other than a legitimate medical purpose and that Respondent failed to take appropriate steps upon being presented with numerous prescriptions for the same controlled substances, including Oxycontin 80 mg, from a small group of prescribers, including but not limited to, contacting the prescribers, interviewing the patients and performing additional investigation to determine whether the prescriptions were issued for a legitimate medical purpose, as more fully set forth in paragraphs 18-31 above, and incorporated by this reference as though set forth in full herein.

SEVENTH CAUSE FOR DISCIPLINE**AS TO THANG Q. TRAN****(Unprofessional Conduct – Negligence)**

38. Respondent Thang Q. Tran is subject to discipline pursuant to Code section 4301, for unprofessional conduct in that Respondent was negligent in dispensing controlled substances during the period March 25, 2008 to January 13, 2010, in that Respondent knew or should have known that the controlled substances prescribed by Dr. T. were likely to be diverted or used for other than a legitimate medical purpose and that Respondent failed to take appropriate steps upon being presented with numerous prescriptions for the same controlled substances, including Oxycontin 80 mg, from a small group of prescribers, including but not limited to, contacting the prescribers, interviewing the patients and performing additional investigation to determine whether the prescriptions were issued for a legitimate medical purpose, as more fully set forth in paragraphs 18-31 above, and incorporated by this reference as though set forth in full herein.

///

EIGHTH CAUSE FOR DISCIPLINE

AS TO THANG Q. TRAN

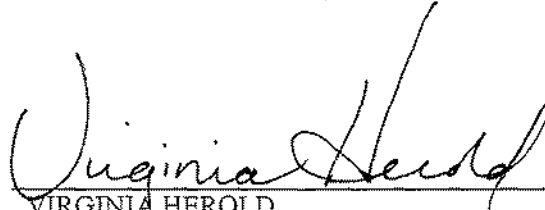
(Unprofessional Conduct)

39. Respondent Thang Q. Tran is subject to discipline pursuant to Code section 4301 for unprofessional conduct in that Respondent engaged in the activity described in paragraphs 18-31 above, and incorporated by this reference as though set forth in full herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Original Permit Number PHY 46715, issued to Pacifica Pharmacy Corp;
2. Revoking or suspending Original Pharmacist License Number RPH 41172, issued to Thang Q. Tran;
3. Ordering Pacifica Pharmacy Corp and Thang Tran, jointly and severally, to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
4. Taking such other and further action as deemed necessary and proper.

DATED: 1/3/12


VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SD2010702183
80569703.doc

Attachment C - 3

Corresponding Responsibility Brochure



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY



Corresponding Responsibility It's the Law.

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

California State Board of Pharmacy

1625 N. Market Blvd., N219

Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

For more information, visit our website at www.pharmacy.ca.gov



California State Board of Pharmacy

A Pharmacist Has a Corresponding Responsibility

Precedential Decision



You, a pharmacist, are the last line of defense in preventing controlled substances from getting into the wrong hands.

In August 2013, the Board of Pharmacy made a 2012 license revocation case a precedential decision.

In this case, the board revoked the licenses of both a Huntington Beach pharmacy and its pharmacist because the pharmacist failed to comply with **corresponding responsibility** requirements in the distribution of opioid drugs. Four patients died as a result. The decision can be read online at <http://www.pharmacy.ca.gov/enforcement/fy1011/ac103802.pdf>.

The Decision and Order concluded that a pharmacist must inquire whenever a pharmacist believes that a prescription may not have been written for a legitimate medical purpose.

The pharmacist must not fill the prescription when the results of a reasonable inquiry do not overcome concern about a prescription being written for a legitimate medical purpose.

Just say "No." A pharmacist has a right and responsibility to deny a prescription if it does not seem legitimate. First, check CURES then call the prescriber, but don't rely on the number on the prescription form as it could be phony. Once verified with the prescriber, if a pharmacist still does not feel comfortable, refuse to fill the prescription.

The Law



According to Health and Safety Code section 11153, "a prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice."

While the prescriber has the responsibility for the proper prescribing and dispensing of controlled substances, the pharmacist filling the prescription has a **corresponding responsibility** to ensure the prescription is legal and not for purposes of abuse.

The criminal punishment for knowingly violating this law is imprisonment in county jail of up to one year and a fine of up to \$20,000.

Red Flags



The precedential decision included a list of some of the "red flags" that warn pharmacists there could be a problem with the prescription. A pharmacist must also rely on his or her professional judgment to discern when a prescription seems suspicious.

- ▶ Irregularities on the face of the prescription itself
- ▶ Nervous patient demeanor
- ▶ Age or presentation of patient (e.g., youthful patients seeking chronic pain medications)
- ▶ Multiple patients all with the same address
- ▶ Multiple prescribers for the same patient for duplicate therapy
- ▶ Cash payments
- ▶ Requests for early refills of prescriptions
- ▶ Prescriptions written for an unusually large quantity of drugs
- ▶ Prescriptions written for duplicative drug therapy
- ▶ Initial prescriptions written for strong opiates
- ▶ Long distances traveled from the patient's home to the prescriber's office or to the pharmacy
- ▶ Irregularities in the prescriber's qualifications in relation to the type of medication(s) prescribed
- ▶ Prescriptions that are written outside of the prescriber's medical specialty
- ▶ Prescriptions for medications with no logical connection to an illness or condition

More Red Flags from the DEA



- ▶ Patients coming to the pharmacy in groups, especially if their home addresses are outside of the pharmacy's local trade area, each with the same prescriptions issued by the same prescriber
- ▶ The same diagnosis codes for many patients
- ▶ Prescriptions written for potentially duplicative drug therapy
- ▶ The same combinations of drugs prescribed for multiple patients
- ▶ Excessively celebratory patient demeanor

Attachment C - 4

Strategic Plan for the
California State Board of Pharmacy



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

California State Board of Pharmacy

STRATEGIC PLAN 2012-2017



California State Board of Pharmacy Members:

Stanley Weisser, R.Ph, President Randy
Kajioka, PharmD, Vice President Gregory N.
Lippe, Public Member, Treasurer

Anil Hiro Badlani, Pharmacist Member
Ryan Brooks, Public Member
Ramón Castellblanch, PhD, Public Member
Rosalyn Hackworth, Public Member
Deborah Veale, Pharmacist Member Shirley
Lee Wheat, Public Member Tappan Zee,
Esq., Public Member

Virginia Herold, Executive Officer

**California State Board of Pharmacy
1625 N. Market Boulevard, N-219
Sacramento, CA 95834
(916) 574-7900
www.pharmacy.ca.gov**

California State Board of Pharmacy Strategic Plan

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strategic plan 2012 - 2017

I. PRESIDENT'S MESSAGE

The strategic planning process of the California State Board of Pharmacy is a joint effort of Board members, Board staff, and the public to identify key issues and create action plans for addressing those issues in the years ahead. In preparing its strategic plan, the Board builds on its current strategic plan and analyzes trends in pharmacy practice, consumer needs and demands, and health care. The resulting strategic plan focuses the Board on established goals, while allowing flexibility to address new questions and challenges that lie ahead.

Board activity is organized through five policy committees: Enforcement, Communication and Public Education, Licensing, Legislation and Regulation, and Organizational Development. Much of the Board's work is carried out by these committees, which in turn develop objectives and actions that advance mission-related goals.

Each Board committee is responsible for overseeing implementation of a specific set of objectives to achieve its individual strategic plan goal. Collectively, the committees review progress in attaining each goal at quarterly full Board meetings. Careful planning and continuous monitoring of the strategic plan ensures that the Board achieves its stated objectives in an efficient and cost-effective manner.

The Board publishes advance notice for each strategic planning meeting and encourages participation and contribution by all interested citizens of California. Involvement of the Board, its staff and the public results in a strategic plan that represents the public interest while serving the needs of consumers and licensees throughout the State.



A handwritten signature in dark ink, reading "Stanley C. Weisser".

Stanley C. Weisser, R.Ph., President

II. ABOUT THE BOARD OF PHARMACY

The California State Board of Pharmacy is a consumer protection agency that regulates the individuals and businesses that dispense, compound, provide, store and distribute prescription drugs and devices and pharmaceutical services to the public or to other health care practitioners, in compliance with state and federal law. Today, the Board oversees all aspects of the practice of pharmacy in California: the practitioner (the pharmacists), the practice site (the pharmacies), and the product (drugs and devices). Additionally, the Board regulates drug wholesalers and other practitioners and specialized facilities that store and furnish prescription drugs. With an annual budget of nearly \$14.5 million and a staff of 84, the Board licenses over 130,000 individuals and firms, and enforces 13 distinct and varied regulatory programs.

The Board protects the public health, safety and welfare by ensuring the provision of quality pharmacists' care. Board activity is organized through five policy committees: Enforcement, Communication and Public Education, Licensing, Legislation and Regulation, and Organizational Development. Much of the Board's work is carried out by these committees, which in turn develop objectives and actions that advance mission-related goals.

As a consumer protection agency, the Board ensures that only those who possess prescribed requirements are licensed; seeks removal of licenses for those who don't comply with laws or maintain qualifications for licensure; investigates consumer complaints; and provides a focused effort to ensure consumer education and awareness. The Board is also involved in initiatives to improve the pharmacists care provided to patients, prevent diversion of drugs from the pharmaceutical supply chain, improve outcomes of patient medication therapy, and ensure the quality of the state's prescription medicine.

The Board supports an active website, www.pharmacy.ca.gov, that provides consumer education material, application material for licensing, and information for ensuring compliance with California Pharmacy Law. The website also provides times and information on Board meetings, as well as information on other critical forums vital to pharmacy services where public comments and input are sought and encouraged.

III. RECENT ACCOMPLISHMENTS

The strength and effectiveness of the Board's strategic planning efforts are demonstrated by its record of recent accomplishments, summarized in the pages that follow.

2006-2007

Disaster Response Policy

The Board developed and published a disaster response policy to advise licensees that it will waive pharmacy law requirements to ensure that patients receive medications during declared disasters and emergencies.

E-Pedigree

The Board sponsored 2006 legislation to amend existing requirements, also sponsored by the Board, to safeguard the integrity of prescription drugs sold in or shipped into California. This California law requires electronic tracking of medication at the sellable unit to combat the introduction of counterfeit or substandard drugs into the legitimate drug supply. As part of the larger effort to implement these provisions, the Board convened quarterly meetings with regulators, drug manufacturers, drug wholesalers, and pharmacies to implement electronic pedigree requirements that track ownership

of prescription medicine as it moves through the distribution channel, establishing a reviewable system to guard against illicit introduction of potentially damaged medicine into the state's pharmacies.

Applicant Tracking

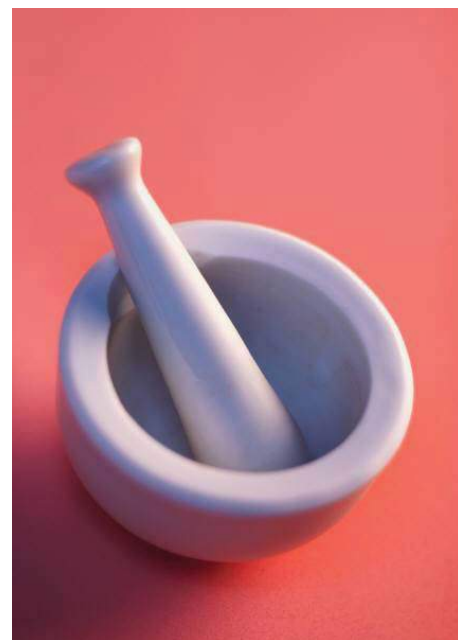
The Board converted its in-house developed applicant tracking systems for its 25 licensing programs to a system developed by the department, a precursor to securing online renewal of licenses.

Hosted NABP's District 7 and 8 Meeting in California

Over 100 people attended this regional meeting of national pharmacy regulators and educators, which occurs annually to share information and discuss program enhancements. Topics included California's e-pedigree requirements, the DEA's pseudoephedrine requirements, and ethics counseling requirements for pharmacists.

Intern Experience Requirements

The Board participated in discussions convened by California's schools of pharmacy to implement major changes in pharmacist internship experience. This occurred as part of pharmacy school curriculum revisions adapted by the U.S. accreditation agency for pharmacist education.





Regulation Activity

In 2006-07, the Board succeeded in securing the following regulatory changes:

- Pharmacy technicians were permitted to check the work of pharmacy technicians in acute care hospitals with clinical care programs that are provided by pharmacists.
- Automated machines to dispense refill prescription medication were authorized, provided that the patient consents.
- The Board's Disciplinary Guidelines were updated.

- Requirements were established for self-assessment of wholesaler premises.

Passage of Board-Sponsored Legislation

The following legislative changes occurred as a result of the Board's sponsorship and advocacy:

- Reporting to the Board about impaired staff in a pharmacy, or when an employee has stolen drugs from the pharmacy, became required.
- Board inspectors were authorized to embargo unsafe drugs in commerce.
- E-pedigree implementation in California was extended until 2009, with extension to 2011 (2006 legislation).
- Pharmacist protocol provisions for pharmacists to manage drug therapy elements of patient care were expanded.

2007-2008

Disaster Response and Communication with Licensees

The Board expanded its online subscriber alert system to notify interested parties, particularly licensees, about emerging health care

matters including recalls, implementation of new laws, and declarations of emergency.

E-Pedigree

The Board continued to safeguard the pharmaceutical supply chain by refining existing requirements for electronic pedigrees. The Board hosted a number of meetings to hear presentations by technology vendors identifying implementation strategies, standard setting organizations responsible for ensuring the interoperability of systems, as well as from members of the supply chain on their readiness for implementation of a full e-pedigree system. The Board's staff also spoke at national and international conferences on California's e-pedigree requirements to provide information and respond to inquiries.

Medication Error Prevention

The Board convened a forum during its July 2007 meeting to discuss medication errors and how to prevent them.

Regulation Activity

In 2007-08, the Board succeeded in securing regulatory changes for a new notice to consumers to ensure patients know their rights to obtain

lawfully prescribed medication from a pharmacy.

Passage of Board-Sponsored Legislation

The following legislative changes occurred as a result of the Board's sponsorship and advocacy:

- Modifications to implement e-pedigree requirements were extended on a staggered basis from January 2015 through July 2017, and a number of other adjustments to California's e-pedigree requirements were made.

2008-2009

E-Prescribing

The Board continued to work with various groups to ensure the earliest adoption possible of e-prescribing of prescription medication. During the year, the Board hosted a public forum on e-prescribing with the Medical Board of California. E-prescribing, which is strongly supported by a number of patient and health care advocates, can help reduce many of the medication errors that cost the health care system billions of dollars and cause thousands of deaths annually.



Disaster Response

The Board continued to work with local and state officials on emergency preparedness and planning for pandemics and disasters. For example, the Board worked closely with the California Department of Public Health disseminating information to pharmacies and other licensees regarding the H1N1 flu virus.

Notice to Consumers Posters

The Board published and distributed new notice to consumers posters that must be displayed in pharmacies. These posters contain information to advise consumers of their rights to

lawfully prescribed medication, and how to obtain optimal drug therapy from prescription medications.

Patient Disposal of Unwanted Medication

The Board participated with the California Integrated Waste Management Board in the development of guidelines for the take-back and destruction of prescription medication from patients. These guidelines were required by California law.

Filling of Internet Drug Orders by Pharmacies

The Board used its authority to cite and fine pharmacies \$25,000 per prescription for filling orders obtained from website operators where the medication was not legally prescribed for patients.

Regulation Activity

In 2009-10, the Board succeeded in securing the following regulatory changes:

- An ethics counseling program was established as an option for pharmacists in disciplinary settlement actions.
- Compounding requirements were established for pharmacies that compound drugs or sterile injectable drugs.

- All self-assessment forms for pharmacies, compounding pharmacies and drug wholesalers were updated.

Passage of Board-Sponsored Legislation

The following legislative changes occurred as a result of the Board's sponsorship and advocacy:

- “Purpose” was added as a prescription container label element, if it is entered onto the prescription document by the prescriber.
- A designated representative at wholesaler premises must sign for all deliveries of drugs.
- Mobile pharmacies may be used in times of emergency response, or for temporary use nearby a licensed pharmacy that has been destroyed.
- The Board may convert a pharmacist's license to inactive status for failure to provide proof of completion of pharmacy continuing education.

2009-2010

Improvements to the Drug Recall System

The Board undertook an in-depth review of the 2008 heparin contamination crisis, which killed at least 81 patients nationwide despite widespread recalls. In 2008, the Board performed site inspections of all 533 California hospitals pharmacies and identified recalled heparin in nearly 20 percent of the hospitals, where recalled heparin was still in use on patients. In 2009, the Board completed a comprehensive review of the recall system with key stakeholders and developed guidelines for recalls in hospitals to prevent reoccurrence of recall failures in California.

Additionally, to ensure that all pharmacies are aware of recalls, and to facilitate immediate communication by the Board to its licensees, the Board secured a statutory amendment to require all facilities to maintain registration with the Board's e-mail “subscriber alert” system. A principal use of this system is to share recalls at the pharmacy or patient level. In 2010/11, 161 recall alerts were distributed by the Board.

Such alerts provide an important notification to ensure all pharmacies and wholesalers are aware of manufacturer recalls of dangerous drugs and devices, and that they take necessary action to quarantine and remove them from the market.

Criminal Conviction Unit

The Board established a criminal complaint unit in July 2009 to investigate Board licensees and applicants who have arrests and convictions. During the year, over 1,900 cases were completed, resulting in:

- 10 percent of the cases being referred for formal discipline (license revocation or restriction).
- 14 percent of the investigations resulting in issuance of a citation and fine or letter of admonition.

Regulation Activity

In 2009-10, the Board succeeded in securing the following regulatory changes:

- Pharmacists must certify at time of renewal that they have not been arrested or convicted of any crime.
- Applicants who compromise the pharmacist licensure examina-

tions are prohibited from licensure and retaking the examination for three years in California.

Passage of Board-Sponsored Legislation

The following legislative changes occurred as a result of the Board's sponsorship and advocacy:

- A restored provision that requires pharmacist applicants to take 16 units of remedial education in a school of pharmacy if they fail either licensure examination four times.

2010-2011

Development of Standardized Patient-Centered Prescription Container Labels

Pursuant to legislation enacted to improve patient understanding and compliance with prescribed medication therapy, the Board promulgated the nation's first patient-centered prescription container labeling requirements that dedicate at least 50 percent of any label to the information most important to a patient. This patient-centered information must be in a specific order and enlarged type face size. The regulation also requires oral interpreter services in pharmacies for any patient with limited

English speaking skills. The Board is continuing its efforts in this area and will be posting online translations of standard directions for use in the future. New notice to consumer posters are also being developed to ensure the public has knowledge of these components.

Consumer Protection Enforcement Initiative

In response to an increase in the number and complexity of investigations, the Board partnered with the Department of Consumer Affairs (DCA) to develop and implement a multi-pronged solution to significantly reduce investigation times. The Board secured additional resources to perform investigations. The Board sponsored and secured legislative changes to remove barriers in its investigative process. The Board is providing significant staff resources to implement a new computer system for the department, replacing a legacy system developed in the early 1980s.

Consumer Education Videos

The Board developed two consumer education videos - - "Avoiding Medication Errors" and "Purchasing Drugs over the Internet." These

educational videos empower consumers to make better choices when considering purchases of drugs over the internet, and outline steps patients can take to avoid becoming a victim of a medication error. In addition to posting these videos on the Board's website, they are also available on the California Consumer Protection Channel.

Educational Efforts to Curb Thefts from Pharmacies

The Board worked with the Drug Enforcement Administration (DEA) to host three day-long workshops on steps pharmacies can take to stop prescription drug thefts and diversion from their facilities. The Board awarded five hours of continuing education credit for attending these events.

Regulation Activity

In 2010-11, the Board succeeded in securing the following regulatory changes:

- Revised the "notice to consumers" postings that must be displayed in pharmacies, which includes information to promote better patient understanding of





drug therapy, the right to lawfully prescribed medication, and the right to consultation with a pharmacist, larger font on patient prescription container labels, and interpreter services.

- Updated the self-assessment forms that are required for use by pharmacies, including pharmacies that compound, and drug wholesalers.
- Added requirements that applicants for licensure as pharmacists, intern pharmacists and pharmacy technicians submit a self-query report from the Health Information Practitioner Data Bank to ensure there is no prior disciplinary action taken against these applicants by other states' regulators.

Passage of Board-Sponsored Legislation

The following legislative changes occurred as a result of the Board's sponsorship and advocacy:

- Strengthened reporting deadlines to secure earlier mandatory reporting of drug thefts or firings of pharmacy staff for self use, diversion, or mental or physical impairment.
- Established time frames for providing copies of requested records to the Board.
- Prohibited a California revoked pharmacist from dispensing medication to patients in California from a nonresident pharmacy.

IV. STRATEGIC ISSUES AND PRIORITIES

The Board of Pharmacy regularly re-affirms ongoing strategic issues and identifies new issues to focus and prioritize Board activities and initiatives. These issues are summarized below.

Changing Demographics of California Consumers

California's senior population is growing, and that population is living longer. Aging consumers often have decreased cognitive skills, eyesight and mobility, and typically take more medication. Consequently, as the senior population increases so will the volume of prescriptions and the impact on pharmacists and pharmacy personnel to meet the demand.

California's population is also becoming more diverse with respect to race, ethnicity and primary language. This requires that pharmacists exhibit greater cultural awareness, and a broader range of communication skills than traditionally required of the profession. The increasing diversity of patients is coupled with a greater diversity of cultural beliefs related to healing and medicine, which may lead to purchase of prescriptions from non-traditional locations and providers.

Evolving Role of the Pharmacist

Pharmacist care is moving away from its role as a product-oriented profession to become more service-oriented, with a greater focus on patient care and outcomes. Maintaining the core competencies of the pharmacist profession as the role of the pharmacist evolves will be essential to improving health outcomes for Californians. A renewed emphasis on patient consultation and education will improve patient knowledge about their drug therapy and thus improve their overall health care.

Increasing Cost of Medical and Pharmaceutical Care

Demand for affordable health care services is increasing. At the same time, spiraling medical care and prescription drug costs may encourage people to take shortcuts in their drug therapy or seek medications from non-traditional pharmacy sources. With the increasing prevalence of the internet and web-based trade and services, patients can access drugs at different prices, worldwide. Patients seek lower cost medications from these sources assuming that these medications are the same quality they are accustomed to obtaining from their neighborhood pharmacies.

Drug shortages due to recalls, manufacturing delays, supply chain disruptions and/or outright market manipulation increase pressure on well-meaning pharmacists to obtain needed medications from questionable sources.

In addition, the high cost of drugs attracts unscrupulous individuals motivated by profit that can be made through illegal activities such as drug counterfeiting and drug diversion. This results in a flood of weak, ineffective or dangerous substances, thereby weakening public confidence in the present drug delivery system.

Increasing Online Drug Sales and Distribution

In addition to these many challenges ensuring a safe drug delivery system is the growing availability of prescription drugs over the internet. Easy access to drugs without authorized prescribers to evaluate patients or pharmacist participation places Californians at great risk. Entities promoting illegal drug distribution schemes have taken advantage of the internet, and the quality and authenticity of products and devices sold online is not verified. The State's ability to monitor and protect the

public from improper drug distribution online is severely impaired due to continued resource constraints at the federal and State level.

Increasing Level of Prescription Drug Abuse

Prescription drug abuse is a growing problem among youth, young adults and older adults in California and throughout the nation. Frequently abused classes of prescription drugs include pain relievers, tranquilizers and sedatives, and stimulants prescribed to treat common conditions such as obesity, asthma and, most notably, attention deficit hyperactivity disorder (ADHD).

Pain reliever prescriptions are now far more readily available on the internet, and consumers are able to fill multiple prescriptions at different pharmacies. Also, drug abuse among pharmacy staff continues, resulting in a growing need for data to help better understand the nature of this problem.

Lastly, California has not developed policy or systems to destroy unwanted and unneeded medication dispersed to patients. New laws are needed to deal with this problem

affordably without impact to the environment, and to provide reintroduction or diversion opportunities.

Increasing Prevalence of Counterfeit Drugs

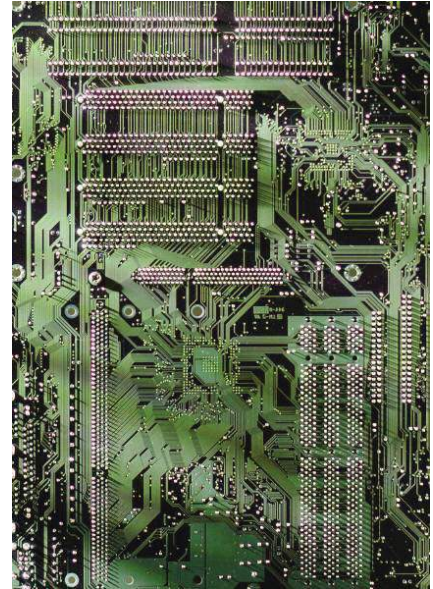
There is an increasing prevalence of counterfeit prescription drugs bought and sold in the US as part of the legitimate drug supply. Counterfeit prescription drugs are a worldwide problem, reaching as high as 30 percent of the supply in some countries. The World Health Organization estimates that in developed countries, counterfeit drugs are less than one percent of the market.

The State of California has passed a series of anti-counterfeiting and anti-diversion laws to prevent counterfeit medicine from entering the legitimate supply. Legislative requirements include provisions pertaining to the licensure and qualifications of wholesalers, restrictions on furnishing, and the requirement of an electronic pedigree to accompany and validate drug distributions. Implementation of this legislation began in 2005 and continues today. The e-pedigree for prescription drugs will reduce the growing incidence of counterfeit,

damaged, adulterated or misbranded medications in California's pharmacies, a critical part of ensuring the integrity of the drug delivery system. However, creating new strategies and adapting existing tools and systems to prevent counterfeit prescription drugs will remain a great challenge and high priority for the Board.

Expanding the Use of Information Technology

Technology will continue to impact the processing and dispensing of medication. Electronic prescribing and "channeling" to locations other than a traditional pharmacy may become the business model. Creation, maintenance and transfer of electronic, "paperless" patient records and prescription orders will be the norm in the future, resulting in new challenges ensuring that patient records remain confidential and secure. New and innovative tools to manage records will be required. Automated pharmacy systems and electronic prescribing will also impact pharmacies. New methods of dispensing medications raise additional issues with ensuring patient safety.



Prescription drug monitoring programs are being used by all states to prevent dispensing of controlled substances to "doctor-shopping" or drug abusing patients. In California, the future of the CURES program (California's prescription monitoring program) is in question due to funding issues. Maintaining this program is a priority for the Board.

V. STRATEGIC PLAN FRAMEWORK

The Board of Pharmacy's strategic plan serves as a blueprint for decision-making for the upcoming years. This plan framework includes the Board's vision and mission statements, shared values and strategic plan goals. The Board revisits the plan framework on a regular basis to re-affirm its primary roles and responsibilities, and the core principles by which it operates.

Vision, Mission and Values

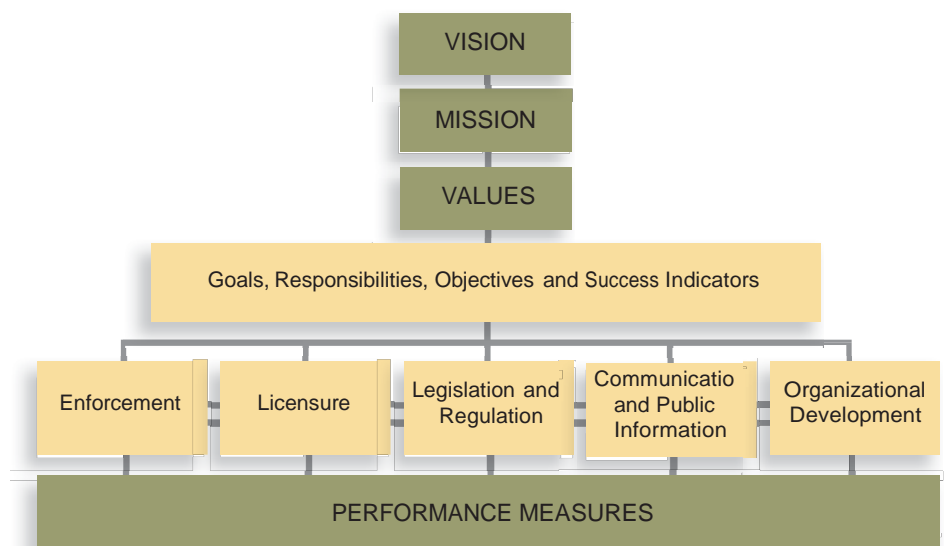
Vision Statement

Healthy Californians through safe, quality pharmacist care.

Mission Statement

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

Figure 1: Strategic Plan Framework



Shared Values

Board members and staff adhere to the following values when considering all matters affecting the consumers of California and the profession of pharmacy.

Integrity: The Board exhibits integrity in all its actions to ensure the integrity of California's drug delivery system.

Transparency: Transparency in communications is central to all Board operations, oversight and enforcement activities.

Responsiveness: The Board takes timely action in response to strategic issues, and responds proactively to

the changing needs of California consumers and licensees.

Compassion: The Board understands the diversity of Californians and their health care needs and advocates for strong consumer protection.

Goals

The Board of Pharmacy has established five goals that provide the framework for defining and implementing strategic objectives and monitoring Board progress:

Goal One: Enforcement

Exercise oversight on all pharmacy activities.

Goal Two: Licensure

Ensure the qualifications of licensees.

Goal Three: Legislation and Regulation

Advocate legislation and promulgate regulations that advance the vision and mission of the Board of Pharmacy.

Goal Four: Communication and Public Information

Provide relevant information to consumers and licensees.

Goal Five: Organizational Development

Achieve regulatory efficiency, customer service and consumer protection.



VI. CONSTITUENCIES OF THE BOARD

Meeting all constituency needs is central to the Board's mission and day-to-day operations. The following table provides an overview of Board of Pharmacy constituencies.

The Board reviews and updates its list of constituencies and their needs when updating the strategic plan to ensure that plan actions are designed to fulfill all related Board responsibilities.

Constituency	Constituency Needs
Consumers	A safe, affordable and high quality drug delivery system; qualified pharmacists; and positive health outcomes.
Applicants	Timely and fair access to licensure; and support and information.
Licensees	Regulation of practice; technical support and information; and enforcement of laws and regulations.
State Regulatory Agencies	Protection of the public interest and efficient administration of the program; and information and support.
Office of the Attorney General	Protection of the public interest and fair and efficient administration of all Board of Pharmacy programs.
Legislators	Consumer protection; responsiveness to enforcement of laws.
Professional Associations	Collaboration, support and information.

VII. PERFORMANCE MEASUREMENT

The Board of Pharmacy measures performance based on its ability to provide timely and efficient oversight and enforcement of all pharmacy activities, ensure the professional qualifications of all licensed pharmacists, and protect and engender the confidence of consumers in the safety and integrity of California's drug delivery system.

The Board has identified the following broad performance measures to help monitor and gauge Board performance and implementation of the strategic plan.

- Consumer Protection [CP]*
- Positive Health Outcomes [HE]
- Consumer Education [CE]
- Consumer Confidence [CC]

- Professional Competencies [PC]
- Efficiency in Operations [EF]
- Quality Enforcement [QE]
- Promulgation of Best Practices [BP]
- Regulatory Compliance [RC]

The Board has identified specific success indicators to measure progress towards achieving each strategic plan goal. Indicators are presented in the following section. Each indicator relates to one or more of the performance measures introduced above.



*Letters in brackets are abbreviations used later in this document.

VIII. IMPLEMENTATION AND ACTION PLAN

The Board's implementation and action plan includes the ongoing actions, strategic objectives, performance measures and success indicators to guide attainment of each of the plan's goals and to achieve the Board's vision and mission. Responsibilities, objectives and measures are organized according to the five strategic plan goals (each of which also refers to a Board strategic committee):

- **Enforcement**
- **Licensure**
- **Legislation and Regulation**
- **Communication and Public Information**
- **Organizational Development**

GOAL ONE: ENFORCEMENT**Exercise oversight on all pharmacy and drug distribution activities.**

The following responsibilities of the Enforcement Committee support achievement of Goal One:

- Increase regulatory compliance through the use of targeted outreach and education. (new)
- Increase inter-agency partnerships to strengthen enforcement and consumer protection. (1.5/8)
- Administer the Pharmacists Recovery Program. (1.2/1)
- Administer the probation monitoring program. (1.2/2)
- Obtain immediate public protection sanctions for egregious violations. 1.2/5)
- Inspect licensed premises to educate licensees proactively about legal requirements and practice standards to prevent serious violations that could harm the public. (1.4/1)
- Initiate investigations based upon violations discovered during routine inspections. (1.4/3)
- Foster the implementation of e-pedigree on all prescription medications sold in California. (1.5/1)
- Collaborate with and monitor the efforts of the Drug Enforcement Administration, Department of Health and Human Services and other entities to implement e-prescribing for controlled substances. (1.5/3)
- Participate in emerging issues at the State and national levels affecting the health of Californians regarding their prescription medicine. (1.5/5)
- Work with other California agencies to implement requirements for model programs to take back unwanted prescription medicine from the public. (1.5/9)
- Use the Healthcare Integrity and Protections Data Bank (HIPDB). (1.5/17)
- Address extra-jurisdictional issues that impact the safety and integrity of California's drug delivery system, including web-based pharmaceutical prescriptions and trade, out of State activities, etc. (new)
- Conduct annual comprehensive review of investigative and enforcement activities to identify and implement process improvements. (1.5/15)
- Secure the continuation of CURES, enhance use of this prescription monitoring program by dispensaries, and include access to data across state lines. (new)

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Strategic Objectives		Completion Date
1.1	Perform a trend analysis on violations of all types by type of licensee. (new)	January 2013
1.2	Establish a continuing education program on enforcement issues including security and drug abuse. (new)	January 2013 - Completed
1.3	Promulgate regulations required by SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) for recovery programs administered by Department of Consumer Affairs health care boards. (1.5/11)	July 2015 – Completed
1.4	Evaluate the effectiveness of the ethics course as an enforcement option. (1.5/4)	June 2014
1.5	Implement drug audits template for use by pharmacies. (5.4/7)	January 2014 - Completed
1.6	Develop regulations to implement e-pedigree. (new)	November 2013 – Pre-empted by Federal Legislation
1.7	Implementation of Sterile Compounding Inspections (new)	July 2015 - Completed
1.8	Develop New Compounding Regulations (new)	April 2016
1.9	Medicine Disposal (new)	April 2016
1.10	Reduce Loss of Controlled Substances and Maintain Inventory (new)	April 2016
1.11	Development and Implementation of CURES 2.0 (new)	July 2016
1.12	HR 3204 – DQSA – Drug Product Training Implementation (new)	July 2016
1.13	SB 1441 Uniform Standards Implementation Committee (new)	July 2016

Performance Measures and Success Indicators

The Board will assess the quality of its enforcement programs using the following performance measures and success indicators.

Performance Measures:

- Consumer Protection [CP]
- Consumer Confidence [CC]
- Efficiency in Operations [EF]
- Quality Enforcement [QE]
- Regulatory Compliance [RC]

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Success Indicators		Related Performance Measures
1A	Complete all desk investigations within 90 days. (1.1/1)	[CP, CC, EF, QE, RC]
1B	Complete all field investigations within 120 days. (1.1/2)	[CP, CC, EF, QE, RC]
1C	Close all Board investigations and mediations within 180 days. (1.1/3)	[CP, CC, EF, QE, RC]
1D	Issue citations and fines within 30 days. (1.2/3)	[CP, CC, EF, QE, RC]
1E	Issue letters of admonition within 30 days. (1.2/4)	[CP, CC, EF, QE, RC]
1F	Complete all field investigation for cases involving drug abuse within 60 days. (new)	[CP, HE, QE, RC]
1G	Refer all cases to the AG's office within 10 days. (new)	[CP, QE, RC]
1H	Secure pleadings from AG's office within 90 days after referral. (new)	[CP, QE, RC]
1I	Inspect 100 percent of all licensed facilities once every three years by June 20, 2011. (1.4)	[CP, QE, RC]
1J	Review draft pleadings within 10 days. (new)	[CP, QE, RC]
1K	Perform quarterly status reports or for all referral cases pending. (new)	[CP, QE, RC]
1L	Protest proposed decisions and stipulations within 30 days. (new)	[CP, QE, RC]
1M	Evaluate the Pharmacists Recovery Program. (new)	[CP, QE, RC]

GOAL TWO: LICENSURE

Ensure the qualifications of applicants and licensees.

The following responsibilities of the Licensing Committee support achievement of Goal Two:

- Issue professional and occupational licenses to those individuals and firms that meet minimum requirements. (2.1/4)
- Deny licenses to applicants not meeting Board requirements. (2.1/5)
- Deny applications to those who do not meet California standards. (2.1/6)
- Respond to e-mail status requests and inquiries to designated e-mail addresses. (2.1/7)
- Respond to telephone status request and inquiries. (2.1/8)
- Make address and name changes. (2.3/1)
- Process off-site storage applications. (2.3/2)
- Transfer intern hours and license verification to other states. (2.3/3)
- Work with local and State officials on emergency preparedness and planning for pandemics and disasters, including the storage and distribution of drugs to assure patient access and safety. (2.4/4)
- Participate in ACPE reviews of California Schools of Pharmacy. (2.4/11)
- Improve reporting and accounting procedures for intern hours. (2.4/14)
- Evaluate continuing education requirement for pharmacists. (2.4/24)
- Inspect sterile compounding pharmacies initially before licensure and annually before renewal. (1.4/2)

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Strategic Objectives		Completion Date
2.1	Work with the Department of Corrections on the licensure of pharmacies in prisons. Develop a regulation process to define licensure and drug distribution for prison pharmacists (2.4/3)	January 2013
2.2	Evaluate use of a second pharmacy technician certification examination (ExCPT) as a possible qualifying route for registration of technicians. (2.4/6)	June 2013
2.3	Evaluate licensing requirements for businesses seeking licensure that are under common ownership. (2.4/23)	June 2013
2.4	Implement the Department of Consumer Affairs BreEZe system to allow on-line licensing renewal application submission and enforcement tracking. (2.4/8)	January 2014 – Delayed
2.5	Expand background checks to include review of federal and other state records, arrest reports and prior convictions. (new)	July 2016
2.6	Initiate review of Veterinary Food Animal Drug Retailer Designated Representative training. (2.4/12)	January 2016
2.7	Develop 4 State Protocols for Advanced Practice Pharmacist (new)	April 2016
2.8	Develop 2 Regulations for Advanced Practice Pharmacist including Travel Medications and Immunization (new)	April 2016
2.9	Develop and Implement Advanced Practice Pharmacist Licensure (new)	April 2016
2.10	Develop and Implement Third- Party Logistics Providers (3PL) Licensure (new)	July 2015 - Completed
2.11	Develop and Implement Automation Delivery Devices Licensure (new)	January 2017
2.12	Streamline Pharmacist Examination Application Requirements (new)	January 2016
2.13	Develop and Implement Centralized Hospital Packaging Pharmacies License (new)	January 2014 - Completed

Performance Measures and Success Indicators

The Board will assess the quality of its licensing program using the following performance measures and success indicators.

Performance Measures:

- Consumer Confidence [CC]
- Professional Competencies [PC]
- Efficiency in Operations [EF]
- Promulgation of Best Practices [BP]
- Regulatory Compliance [RC]

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Success Indicators		Related Performance Measures
2A	Review initial applications within 30 days.	[PC, EF]
2B	Issue licenses within three working days of a completed application. (2.1)	[PC, EF]
2C	Review 100 percent of all applications within seven work days of receipt. (2.1/1)	[PC, EF]
2D	Process 100 percent of all deficiency documents within five work days of receipt. (2.1/2)	[PC, EF, RC]
2E	Cashier 100 percent of all revenue received within two working days. (2.2)	[EF]
2F	Update 100 percent of all information changes to licensing records within five working days. (2.3)	[EF]

GOAL THREE: LEGISLATION AND REGULATION

Advocate legislation and promulgate regulations that advance the vision and mission of the Board of Pharmacy.

The following responsibilities of the Legislation and Regulation Committee support achievement of Goal Three:

- Identify and advocate for legislative changes to keep pharmacy laws current and consistent with the Board's mission. (3.1)
- Identify and promulgate regulatory changes to keep pharmacy regulations current and consistent with the Board's mission. (3.2)
- Evaluate and secure statutory fee increase to ensure sufficient funding to fulfill all of the Board's statutory obligations as a consumer protection agency. (3.1/9)

Strategic Objectives		Completion Date
3.1	Produce new notice to consumers posters and produce video regarding patient-centered prescription labels. (3.2/19)	June 2012 - Completed
3.2	Update references to USP Standards (§1780). (3.2/20)	December 2012
3.3	Promulgate regulations for accreditation agencies for pharmacies that compound (§1751.x). (3.2/22)	December 2012 – Enactment of SB 294 removed the need to pursue this regulation
3.4	Revise and update the Board's Disciplinary Guidelines (section 1760). (3.2/5)	December 2012 – Completed – new revisions are underway
3.5	Prepare and participate in the 2012 sunset review. (new)	January 2013 - Completed
3.6	Evaluate regulations specifying container labels.	January 2014 - Completed
3.7	Update protocol for pharmacists furnishing emergency contraception (EC). (3.2/17)	July 2013 – Completed
3.8	Promulgate Board issued continuing education (CE) credit. (3.2/18)	December 2013
3.9	Strengthen renewal requirements for pharmacy technicians and designated representatives.	October 2015 – Completed
3.10	Implement e-pedigrees on prescription drugs dispensed in California. (3.1/7)	November 2013 – Pre-empted by Federal Legislation

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Strategic Objectives (Continued)		Completion Date
3.11	Add Self Query Report from the National Practitioner Data Bank –Healthcare Integrity and Protection Data Bank (NPDB- HIPDB) to the Pharmacist Intern Application & Pharmacist Examination Application (new)	July 2012 - Completed
3.12	Update Compounding Drug Product Regulation (new)	April 2013 - Completed
3.13	Update Emergency Contraception Regulation (new)	July 2013 - Completed
3.14	Update Partial Filling of Schedule II Prescriptions; Unprofessional Conduct Defined; and Criteria for Rehabilitation Regulations (new)	April 2014 - Completed
3.15	Update Fees to Statutory Maximums in Regulation (new)	July 2014 - Completed
3.16	Update Patient-Centered Label Requirement in Regulation (new)	April 2015 - Completed
3.17	Updated Requirements to Pharmacy Technician Application Regulation (new)	April 2016
3.18	Update Self-Assessment forms for Community Pharmacy, Hospital Pharmacy, and Wholesaler in Regulation (new)	April 2016
3.19	Develop and Adopt Emergency Regulations for the Protocol for Pharmacists to Furnish Naloxone Hydrochloride (“naloxone”) without a Prescription (new)	April 2015 - Completed
3.20	Update Requirements for Compounded Drug Products in Regulation (new)	April 2016
3.21	Adopt Self-Administered Hormonal Contraceptive Protocol in Regulation (new)	April 2016
3.22	Adopt Nicotine Replacement Product Protocol in Regulation (new)	April 2016
3.23	Permanently Adopt Regulations for the Protocol for Pharmacists to Furnish Naloxone Hydrochloride (“naloxone”) without a Prescription (new)	April 2016
3.24	Adopt Standards for Pharmacists to Initiate and/or Administer Vaccinations in Regulation (new)	April 2016
3.25	Adopt Licensing Regulations for the Advanced Practice Pharmacist (new)	April 2016

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Strategic Objectives (Continued)		Completion Date
3.26	Update Disciplinary Guidelines in Regulation (new)	April 2016
3.27	Require Drug Warning Labels in Regulation (new)	April 2016
3.28	Develop and Adopt Standards in Regulation for Pharmacists to Furnish Travel Medications (new)	April 2016
3.29	Require Reconciliation and Inventory Reporting of Controlled Substances in Regulation (new)	April 2016
3.30	Prepare and participate in the 2015 sunset review. (new)	January 2017
3.31	Develop and Implement Outsourcing Regulations (new)	January 2017

Performance Measures and Success Indicators

The Board will assess the quality of its legislation and regulation programs using the following performance measures and success indicators.

Performance Measures:

- Consumer Protection [CP]
- Consumer Confidence [CC]
- Promulgation of Best Practices [BP]

Success Indicators		Related Performance Measures
3A	Successful enactment of promoted legislative changes. (3.1/measure)	[CP, CC]
3B	Successful enactment of promoted regulatory changes. (3.2/measure)	[CP, CC]

GOAL FOUR: COMMUNICATION AND PUBLIC EDUCATION

Provide relevant information to consumers and licensees.

The following responsibilities of the Communication and Public Education Committee support achievement of Goal Four:

- Educate the public, licensees and health care professionals about critical health care issues. (4.1/4.2/4.3)
- Participate in forums, conferences and public education events. (4.4/1)
- Publish The Script. (4.2/1)
- Develop and conduct Board-sponsored continuing education programs. (4.2/2)
- Provide important and timely information on website. (4.2/3)
- Educate consumers about steps they can take to prevent medication errors. (4.1/10)

Strategic Objectives		Completion Date
4.1	Develop notice to consumers posters and video to comply with new regulations.	June 2012 - Completed
4.2	Restructure the Board's website to make it more user friendly. (4.1/2)	January 2016
4.3	Develop a communications plan. (new)	January 2013
4.4	Assess the effectiveness of the Board's educational materials and outreach: survey consumers to identify whether Board-produced materials are valued and what new materials are desired. (4.1/1)	June 2013
4.5	Collaborate with schools of pharmacy for pharmacist interns to develop consumer fact sheets on health topics. (4.1/4)	June 2014
4.6	Implement e-prescribing and educate consumers and licensees on related issues. (new)	September 2015
4.7	Use social media to reach key constituencies. (new)	January 2017
4.8	Produce Consumer Education Materials About Buying Prescription Drugs From the Internet (new)	January 2015 - Completed
4.9	Produce a Public Service Announcement About Prescription Drug Abuse (new)	April 2014 – Completed

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Strategic Objectives (Continued)		Completion Date
4.10	Develop a Prescription Drug Abuse Committee to Address National Epidemic (new)	September 2015 – Completed
4.11	Address Patient Consultation in Pharmacies	January 2017
4.12	Secure Legislation Regarding Label Translations	January 2016 – Completed
4.13	Refine Requirements for Patient-Centered Labels	April 2015 – Completed

Performance Measures and Success Indicators

The Board will assess the quality of its communication and education programs using the following performance measures and success indicators.

Performance Measures:

- Consumer Education [CE]
- Consumer Confidence [CC]
- Professional Competencies [PC]
- Promulgation of Best Practices [BP]
- Regulatory Compliance [RC]

Success Indicator		Related Performance Measures
4A	Increased access to Board educational materials.	[CE, CC]
4B	Publish The Script twice annually.	[BP, PC, RC]
4C	Evaluate requirements for patient-centered labels.	[CE, BP, RC]

GOAL FIVE: ORGANIZATIONAL DEVELOPMENT

Achieve regulatory efficiency, customer service and consumer protection.

The following responsibilities of the Organizational Development Committee support achievement of Goal Five:

- Streamline operations and maximize services. (5.1/1)
- Secure funding for high priority programs. (5.1/2)
- Use the strategic plan to guide all Board activities and committees. (new)
- Manage the Board's financial resources to ensure fiscal viability and program integrity. (5.1/4)
- Perform annual performance and training assessments of all staff. (5.2/3)
- Ensure that the Board has sufficient staff resources to carry out its mission. (new)
- Convene annual inspector meetings to ensure standardized investigation and inspection processes, and provide law and practice updates. (5.5/3)
- Perform succession planning to ensure continuity for Board operations. (5.7)
- Respond to subpoenas within the timeline specified. (5.8/2)
- Respond to specific requests for public information. (5.8/3)
- Analyze Board operations to identify potential process improvements. (new)
- Identify best practices and apply as appropriate. (new)

Strategic Objectives		Completion Date
5.1	Enhance the Board's orientation and training program for new Board members. (new)	January 2016
5.2	Develop a performance measurement framework for the Board that includes specific indicators, targets and data sources for each strategic plan goal. (new)	June 2012 - Completed
5.3	Implement BreZze. (new)	January 2014 – Delayed
5.4	Secure Updated Fee Structure Allowing for Increased Costs of Services (new)	October 2015
5.5	Implementation of Organizational Change Reflecting Staff Growth and Management Structure (new)	January 2016

Performance Measures and Success Indicators

The Board will assess the quality of its organizational development programs using the following performance measures and success indicators.

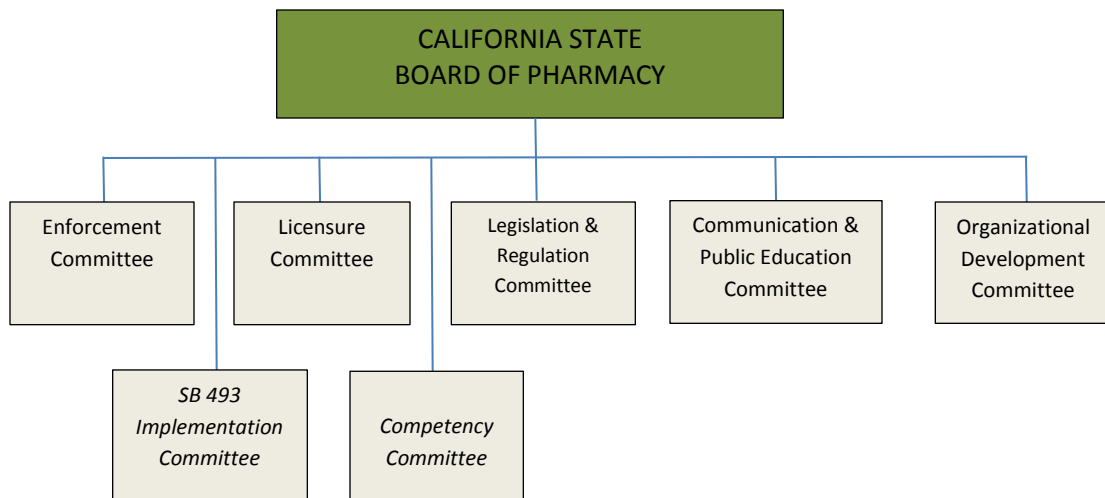
Performance Measures:

- Consumer Protection [CP]
- Positive Health Outcomes [HE]
- Consumer Education [CE]
- Consumer Confidence [CC]
- Professional Competencies [PC]
- Efficiency in Operations [EF]
- Quality Enforcement [QE]
- Promulgation of Best Practices [BP]
- Regulatory Compliance [RC]

Success Indicators		Related Performance Measures
5A	Obtain approval for identified program needs each budget year. (5.1)	[EF, BP]
5B	Fill vacant Board positions in a timely manner. (5.2)	[CC, EF, QE]
5C	Number of staff trained for advanced duties and/or promoted (5.7/measure)	[PC, EF]
5D	Respond to all public record requests within 10 days. (5.8)	[CC, EF]

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Appendix A | Board of Pharmacy Strategic Committee Structure



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PREPARED BY



FOR

CALIFORNIA STATE
BOARD OF PHARMACY



BE AWARE & TAKE CARE:
Talk to your pharmacist!



Attachment C - 5

California State Board of Pharmacy
Analysis of Fund Condition and Fee Structure



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

November 2015

California State Board of Pharmacy

Analysis of Fund Condition and Fee Structure

Introduction

The California State Board of Pharmacy (Board) partnered with the Department of Consumer Affairs (Department) Budget Office to conduct an analysis of the Board's fund condition and fee structure. The purpose of this analysis is to determine the sustainability of the Board's fund and to ensure that the Board is collecting sufficient revenue to fully reimburse the Board for the cost of regulating the Pharmaceutical industry.

This report is intended to provide the Board with the information necessary to make an informed decision in regards to addressing the Board's fund condition and assessing the Board's fee structure in the future. It does not take into consideration any future legislative impacts to the Board or any policy directions that may be taken by the Board.

Analysis of Fund Condition

The Board's fund is a special fund within the State of California and is fully supported by fees assessed to the Board's licensee population. In assessing the Board's fund, we looked at four main factors: Revenue, Expenditures, Fund Balance/Reserve and Months in Reserve. Months in Reserve (MIR) is a calculation used to determine how many months a program can operate using only their reserve. Business and Professions code section 128.5 requires the Board to carry a reserve of no more than two fiscal years' (FY) worth of operating expenses. A reserve of at least 3-12 months is recommended and Business and Professions code section 4400 (p) provides the intent of the legislature for the Board to maintain a reserve level of at least one year (twelve months).

In the period of FY 2011-12 to FY 2014-15, the Board's expenditures have outpaced the Board's revenue each year, reducing the Board's reserve balance from \$13,557,000 (11.7 MIR) in FY 2011-12 to \$11,741,000 (6.8 MIR) in FY 2014-15. During this same period, revenue for the Board increased by 43% while expenditures increased by 49%. The revenue increase was primarily a result of a regulatory fee increase that became effective July 1, 2014. The expenditure increases were a result of a series of budget augmentations between FY 2010-11 and FY 2014-15 which increased the Board's staffing levels and authorized expenditure authority. These increases are in addition to annual baseline budget adjustments

made for retirement rate, health benefit rate and employee compensation adjustments. The major budget adjustments that affected the Board are listed below:

FY 2010-11

- Consumer Protection Enforcement Initiative (CPEI): 22.5 positions & \$2.903 million
- Licensing Support: 2.0 positions, \$94,000

FY 2011-12

- BreEZe: \$51,000 (one-time)

FY 2012-13

- BreEZe: \$336,000 (one-time)

FY 2013-14

- Senate Bill (SB) 1095: 1.0 position & \$164,000
- BreEZe: \$534,000 (one-time)
- Attorney General Augmentation: \$1.742 million (one-time)

FY 2014-15

- Combatting Prescription Drug Abuse: 8.0 positions & \$1.3 million
- Enforcement Monitoring: 2.0 positions & \$185,000
- SB 493 - Staffing Augmentation: 3.0 positions & \$390,000
- SB 294 - Staffing Augmentation: 7.0 positions & \$1.264 million
- BreEZe: \$587,000 (one-time)
- Attorney General Augmentation: \$1.9 million (one time)

As a result of the Board's increased expenditures outpacing their revenue, the fund's MIR has declined by approximately five months since FY 2011-12 (from 11.7 MIR to 6.8 MIR) and is projected to drop to 0.3 MIR by FY 2017-18.

Cite and Fine Revenue

One of the difficulties in analyzing the Board's fund condition, as well as the license fees is how to address cite and fine revenue collected by the Board. By its nature, this type of revenue can fluctuate and is inherently not consistent. However, over the last five years, cite and fine revenue has represented approximately nine percent of the Board's annual revenue and has brought in over one million each year. While the Board is cautious to not depend on this revenue, the average amount that is collected annually has been included in all revenue estimates presented in this report.

Reimbursements

Another difficulty in analyzing the fund condition is the collection of reimbursements. The Board collects reimbursements from several sources, most notably from investigative cost recovery, sterile compounding facilities who reimburse the Board for the cost to inspect their facilities, and the processing of fingerprint hard-cards. Reimbursements are not treated as revenue and are instead treated as an offset to the Board's expenditures.

The Board has existing reimbursement authority of \$251,000, which is already factored into their fund condition, however the over collection of reimbursements past the amount authorized is not normally projected in a fund condition. Historically, the Board has over collected their authorized reimbursement authority by an average of \$453,000 over the last five years. While this over collection of reimbursements is potentially volatile, it should still be considered when looking at the Board's expenditures when determining the funds ongoing balance. For this reason, the fund condition provided in table 1.1 includes the estimated over collection of reimbursements in each projected year as an offset to the Board's expenditures.

Attorney General Costs

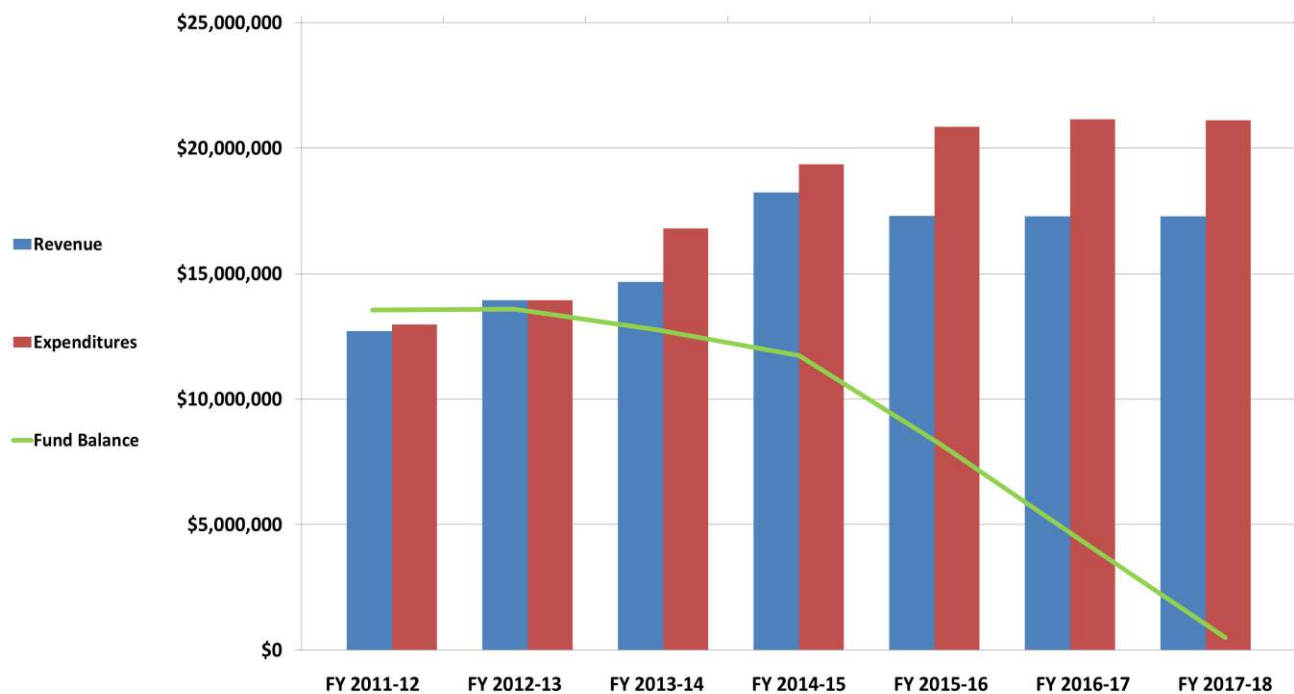
For the past two years, the Board has over-expended its Attorney General (AG) line item by approximately \$1.5 million. This has required the Board to pursue a current year budget augmentation to its AG line item in order to increase its appropriation to address the budget shortfall caused by the increased AG expenditures. Based on historical trends, it is a safe assumption that the Board will be required to pursue an AG augmentation of approximately \$1.5 million on an ongoing basis, which is projected in Table 1.1.

Fund Analysis Summary

The end result of this analysis is a fund that is structurally imbalanced, with expenditures estimated to exceed revenue by approximately \$3.5 million in FY 2015-16, and the disparity between revenues and expenditures is only estimated to become greater in each subsequent FY, assuming the Board fully expends their appropriation authority. Assuming this trend, the Board's MIR is estimated to drop to the three month recommendation by as early as FY 2016-17, as evidenced in Table 1.1. Despite the Board's cite and fine revenue and over collection of reimbursements, it appears that their current level of fees may prove to be inadequate to support the Board's current level of expenditures, especially if those expenditures continue to increase at a similar level to what has been experienced over the last five years.

Table 1.1 – Fund Condition

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
	Actual				Projected*		
Beginning Fund Balance	\$ 13,678,000	\$ 13,557,000	\$ 13,595,000	\$ 12,770,000	\$ 11,741,000	\$ 8,184,000	\$ 4,331,000
Prior Year Adjustment	\$ 147,000	\$ 40,000	\$ 290,000	\$ 108,000	\$ -	\$ -	\$ -
Total Revenue	\$ 12,703,000	\$ 13,933,000	\$ 14,674,000	\$ 18,227,000	\$ 17,295,000	\$ 17,288,000	\$ 17,281,000
Transfers/General Fund Loans	\$ -	\$ -	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -
Total Expenditures	\$ 12,971,000	\$ 13,935,000	\$ 16,789,000	\$ 19,364,000	\$ 20,852,000	\$ 21,141,000	\$ 21,114,000
Ending Fund Balance	\$ 13,557,000	\$ 13,595,000	\$ 12,770,000	\$ 11,741,000	\$ 8,184,000	\$ 4,331,000	\$ 498,000
Months in Reserve	11.7	9.7	7.9	6.8	4.6	2.5	0.3



* Projected years assume full budget appropriation is expended

Analysis of Fees

In the effort to analyze the Board's fee structure, it is necessary to determine the true cost of each fee based on the Board resources dedicated to each application type. The main goal of the analysis was to zero base the Board's budget down to the services behind processing each initial and renewal application the Board is required to process. To understand the scope behind our methodology, our analysis was required to identify the direct and indirect costs for each of the license types.

- **Direct Costs** - Costs associated with the actual processing of the license. The Board submitted various time tasking data on the various positions that are required to process each initial and renewal application. Also, the Board identified specific

operating expenses directly related to the cost of providing the service for each of the various license types. For example, the Board identified examination costs directly related to the initial application for Pharmacists or Inspectors and Supervising Inspectors directly related to the inspection of Sterile Compounding facilities required for an initial license and to renew a license.

- **Indirect Costs** - Costs that are not directly related to the cost of providing the service of processing initial and renewal applications. These costs are mainly related to enforcement actions that the Board makes to regulate the industry and protect consumers. For example, Attorney General costs that are related to prosecuting a licensee for a violation, and enforcement positions that are required to process enforcement related items for licensees that violate the Board's rules and regulations are items that would be considered an indirect enforcement cost. Another indirect costs is administrative costs such as prorata and general operating expense of the Board. These costs are not directly related to any specific license category but are necessary to effectively provide the services related to processing each of the license types.

In order to better determine the direct and indirect costs, the Board's budget was broken out into three main cost centers: Licensing, Enforcement, and Administrative.

- **Licensing Costs** - Costs to support the Board's licensing program. These costs are mainly salaries and staff benefits for licensing support staff and direct operating expenses such as examinations contracts, subject matter experts and exam proctors.
- **Enforcement Costs** - Costs to support the Board's enforcement program. These costs are mainly salaries and staff benefits for pharmacy inspectors and supervising inspectors and enforcement support staff in addition to operating expenses covering the Board's Attorney General, Office of Administrative Hearings, Evidence/Witness fees and Court Reporter costs.
- **Administrative Costs** - Costs to support the Board's operations. These costs are mainly salaries and staff benefits for executive and administrative support staff, departmental and statewide prorata, and miscellaneous operating expenses covering the Board's general expense, printing, postage, facility and communication costs.

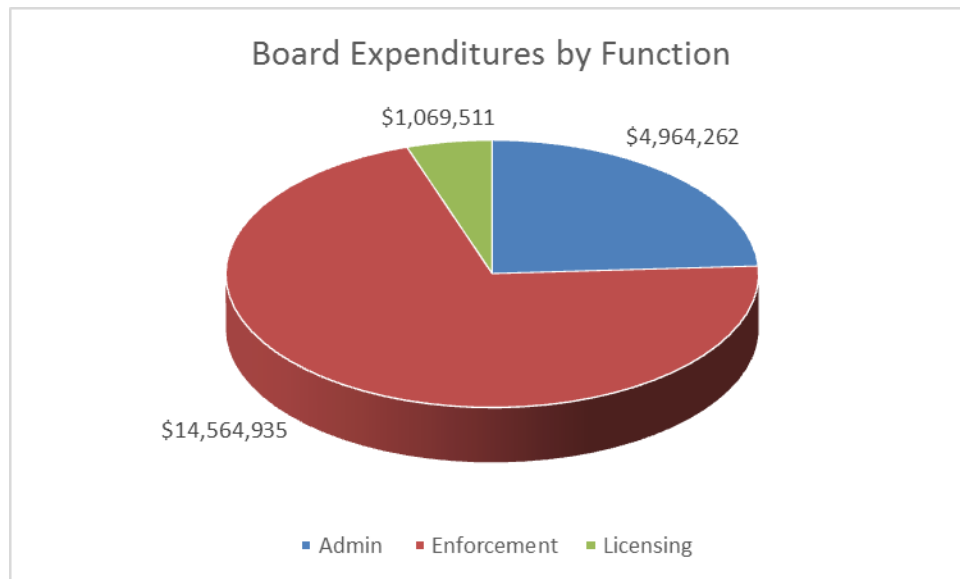
Most operating expenses and other non-staff costs are allocated into each cost center based on a ratio of each initial and renewal applications to the total count of initial and renewal applications received by the Board, except in cases where the operating expense directly correlates to a cost center. As an example, the Board's Attorney General and Office of Administrative Hearings costs are included with the Enforcement cost center as it directly represents enforcement related expenditures. The table below shows the applications broken down to the Board's various license categories

Table 1.2 – Application by License Type based on FY 2014-15

Application License Type	Initial	Renewal	Initial %	Renewal %
	17,572	62,327	22%	78%
Pharmacy (Community) Application	1,581		9%	
Pharmacy (Community) Renewal		5,878		9%
Registered Pharmacist Exam Application	3,122		18%	
Registered Pharmacist Licensing	2,093		12%	
Registered Pharmacist Renewal		19,103		31%
Non-Resident Compounding Application	22		0.1%	
Non-Resident Compounding Renewal		79		0.1%
Licensed Sterile Compounding Application	146		1%	
Licensed Sterile Compounding Renewal		824		1%
Veterinarian Retailer Application	1		0.01%	
Veterinarian Retailer Renewal		18		0.03%
Hypodermic Application	32		0.2%	
Hypodermic Renewal		260		0.4%
Non-Resident Pharmacy Application	167		1.0%	
Non-Resident Pharmacy Renewal		398		0.6%
Pharmacist Intern Application	2,329		13%	
Pharmacy Technician Application	7,151		41%	
Pharmacy Technician Renewal		30,718		49%
Clinic Application	117		1%	
Clinic Renewal		1,186		2%
Out-of-State Distributor Application	112		1%	
Out-of-State Distributor Renewal		666		1%
Wholesaler Application	86		0.5%	
Wholesaler Renewal		497		1%
Centralized Hospital Packaging Application	5		0.03%	
Centralized Hospital Packaging Renewal		1		0.002%
Designated Representative Application	608		3%	
Designated Representative Renewals		2,699		4%
Totals	17,572	62,327	100%	100%

Based on our findings, the majority of the Board's costs reside in its Enforcement cost center (71%). The table below displays the costs broken down by cost center.

Table 1.3 - Board Expenditures by Function



These cost centers represent either a direct cost to a licensing fee, or an indirect cost that needs to be allocated to each fee. Based on the structure of the Board, the Licensing cost center represents the direct cost to process each license type while Enforcement and Administration costs need to be allocated separately to each license type. Collectively, the direct and allocated costs ultimately identify the actual cost to the Board of each license fee.

In the analysis of the Board's fee structure, the focus was on the application and renewal fees for each license type. Cite and Fine revenue as well as reimbursements were not considered when analyzing the Board's cost for each application type, with the exception of reimbursements related to non-resident sterile compounding facilities, which was treated as a direct offset to the cost to provide services for those license types.

Direct Cost Methodology

The first step taken in the assessment of the fees was to determine what direct costs could be attributed to each license type for both initial and renewal applications. The Budget Office worked in close collaboration with the Board in their effort to conduct a time based study of the licensing workload associated with each license type. Based off the time tasking that was conducted by the Board, specific time durations and position level costs were able to be

identified for each license type allowing the total licensing costs to process each license type to be calculated.

Additional licensing expenses that were not captured in the time tasking analysis were distributed to each license type, based on a ratio of each initial and renewal applications to the total count of initial and renewal applications received by the Board as referenced on Table 1.3.

Allocation Methodology

In addition to licensing costs, the Board's budget was also broken into Administrative and Enforcement costs. Each of these cost centers has been distributed using a variety of cost distribution methodologies. Some costs were required to be broken out separately in an effort to more accurately distribute the costs across each license fee.

Allocation of Administrative Costs

Administrative costs include the Board's Executive staff, support staff and associated operating expenses, including Department and Statewide Prorata expenses. These costs were allocated using two different methodologies.

Department and Statewide prorata costs were distributed using a position allocation method, which specifically distributed costs to the Licensing, Enforcement and Administrative cost centers based on the number of authorized staff dedicated to process each license type.

All other administrative staff, benefit and operating expenses were allocated to each license type based on the ratio of each application to the total applications received by the Board.

Allocation of Enforcement Costs

Enforcement costs include the Board's inspector staff, support staff and associated operating expenses, including Attorney General, Office of Administrative Hearings, evidence and witness and court reporter expenses. The majority of the Board's Enforcement activity is directly related to the Board's existing licensee population, and as a result enforcement costs are weighted more heavily on renewal versus initial applications. The assumption is that the work to enforce a license should be borne by the existing licensee population versus individuals applying for a license.

Once this ratio was applied, all Enforcement costs were distributed based on the percentage of workload for each license type. The Enforcement staff costs are distributed by utilizing a combination of the time tasking and the workload associated with each license type. Since

time tasking was not provided for the majority of the Board's Enforcement positions, the costs and position authority not identified through time tasking needed to be reallocated based on the number of cases referred to the Attorney General's Office by the Board. For example, based on FY 2014-15 data, approximately 15% of the cases that were referred to the Attorney General related to Pharmacy Technicians. As a result, our analysis allocated 15% of the costs and position authority not identified through time tasking to the Pharmacy Technician Renewal application.

Conclusion and Recommendations

Based on this analysis, it is clear that the Board's current level of fees is not sufficient to keep the Board's fund solvent in the long term. Additionally, many fees appear to need to be adjusted to reflect the actual cost to the Board to provide service and process each license type. The Board should evaluate the application/renewal fee cost analysis (attachment 1) provided in this report to determine which fees should be adjusted and to what levels. Based on the information provided in table 1.1, the Board needs to be prudent in this decision process, as the Board's annual revenue needs to be increased to both match their existing level of expenditures and to account for future cost increases that may be incurred. Without an adjustment to the Board's revenue, it is estimated that the Board's fund may go insolvent as soon as FY 2018-19.

Due to the fact that all of the Board's fees are currently set to their statutory maximums, it is recommended that the Board pursue legislation to increase the Board's fee ceilings in statute. Without doing so, the Board lacks the ability to adjust fees and could risk having a funding shortfall. The Board should look to set the new fee ceilings at a rate that would allow the Board the flexibility to adjust fees through the more agile regulatory process and maintain the fund's solvency through the next ten years. The Board may also want to factor in anticipated increases to their costs, especially given that the Board's expenditures have increased by approximately 50% since FY 2011-12.

Based on attachment 1, the Board may elect to adjust the ceilings for all fees to provide the Board with the ability to adjust fees via the regulatory process versus through statute, or the Board can elect to adjust the ceilings for only those fees found to be insufficient to cover the Board's actual cost to provide service.

It is also recommended that the Board periodically audit their program costs and fee levels at least once every five years to ensure that the fee levels are consistent with the Board's cost of service for each license type.

Attachments

- Application/Renewal Fee Cost Analysis

California State Board of Pharmacy

Application/Renewal Fee Cost Analysis (FY 2014-15 Revenues and Authorized Budget)

Application Type	Statutory Cap	Current Fee	Revenue	Total Cost *	Difference	Adjusted Fee	Variance
Pharmacy (Community) Application	\$ 520	\$ 520	\$ 822,120	\$ 510,245	\$ -311,875	\$ 323	-38%
Pharmacy (Community) Renewal	\$ 325	\$ 325	\$ 1,910,350	\$ 3,894,244	\$ 1,983,894	\$ 663	104%
Registered Pharmacist Exam Application	\$ 260	\$ 260	\$ 811,720	\$ 635,468	\$ -176,252	\$ 204	-22%
Registered Pharmacist Licensing	\$ 195	\$ 195	\$ 408,135	\$ 314,030	\$ -94,105	\$ 150	-23%
Registered Pharmacist Renewal	\$ 195	\$ 195	\$ 3,725,085	\$ 6,849,154	\$ 3,124,069	\$ 359	84%
Non-Resident Compounding Application	\$ 780	\$ 780	\$ 17,160	\$ 52,307	\$ 35,147	\$ 2,378	205%
Non-Resident Compounding Renewal	\$ 780	\$ 780	\$ 61,620	\$ 179,041	\$ 117,421	\$ 2,266	191%
Licensed Sterile Compounding Application	\$ 780	\$ 780	\$ 130,260	\$ 274,267	\$ 144,007	\$ 1,642	111%
Licensed Sterile Compounding Renewal	\$ 780	\$ 780	\$ 642,720	\$ 1,090,319	\$ 447,599	\$ 1,323	70%
Veterinarian Retailer Application	\$ 425	\$ 425	\$ 425	\$ 434	\$ 9	\$ 434	2%
Veterinarian Retailer Renewal	\$ 325	\$ 325	\$ 5,850	\$ 5,900	\$ 50	\$ 328	1%
Hypodermic Application	\$ 165	\$ 165	\$ 5,280	\$ 5,305	\$ 25	\$ 166	0%
Hypodermic Renewal	\$ 165	\$ 165	\$ 42,900	\$ 51,953	\$ 9,053	\$ 200	21%
Non-Resident Pharmacy Application	\$ 520	\$ 520	\$ 75,920	\$ 51,801	\$ -24,119	\$ 355	-32%
Non-Resident Pharmacy Renewal	\$ 325	\$ 325	\$ 129,350	\$ 81,104	\$ -48,246	\$ 204	-37%
Pharmacist Intern Application	\$ 115	\$ 115	\$ 267,835	\$ 379,767	\$ 111,932	\$ 163	42%
Pharmacy Technician Application	\$ 105	\$ 105	\$ 750,855	\$ 965,123	\$ 214,268	\$ 135	29%
Pharmacy Technician Renewal	\$ 130	\$ 130	\$ 3,993,340	\$ 3,840,214	\$ -153,126	\$ 125	-4%
Clinic Application	\$ 520	\$ 520	\$ 60,840	\$ 20,941	\$ -39,899	\$ 179	-66%
Clinic Renewal	\$ 325	\$ 325	\$ 385,450	\$ 240,362	\$ -145,088	\$ 203	-38%
Out-of-State Distributor Application	\$ 780	\$ 780	\$ 87,360	\$ 15,999	\$ -71,361	\$ 143	-82%
Out-of-State Distributor Renewal	\$ 780	\$ 780	\$ 519,480	\$ 131,900	\$ -387,580	\$ 198	-75%
Wholesaler Application	\$ 780	\$ 780	\$ 67,080	\$ 10,642	\$ -56,438	\$ 124	-84%
Wholesaler Renewal	\$ 780	\$ 780	\$ 387,660	\$ 100,990	\$ -286,670	\$ 203	-74%
Centralized Hospital Packaging Application	\$ 800	\$ 800	\$ 4,000	\$ 4,095	\$ 95	\$ 819	2%
Centralized Hospital Packaging Renewal	\$ 800	\$ 800	\$ 800	\$ 805	\$ 5	\$ 805	1%
Designated Representative Application	\$ 330	\$ 330	\$ 200,640	\$ 89,477	\$ -111,163	\$ 147	-55%
Designated Representative Renewals	\$ 195	\$ 195	\$ 526,305	\$ 575,248	\$ 48,943	\$ 213	9%
Application/Renewal Totals			\$16,040,540	\$ 20,371,134	\$ 4,330,594		
Misc Revenue (Includes Cite and Fine)	Various	Various	\$ 2,236,460		N/A	Various	Various
Board Totals			\$18,277,000	\$ 20,371,134	\$ 2,094,134		

* Based on authorized net expenditures, costs do not include any over collection of reimbursements with the exception of non-resident sterile compounding reimbursements

Attachment C - 6

Notice to Consumers Poster

- English
- Spanish



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

Ask Your Pharmacist!

You have the right to ask the pharmacist for:

Easy-to-read type

You have the right to ask for and receive from any pharmacy prescription drug labels in 12-point font.

Interpreter services

Interpreter services are available to you upon request at no cost.

Drug pricing

You may ask this pharmacy for information on drug pricing and use of generic drugs.

California law requires a pharmacist to speak with you every time you get a **new** prescription.

Before taking your medicine, be sure you know:

- 1** The name of the medicine and what it does.
- 2** How and when to take it, for how long, and what to do if you miss a dose.
- 3** Possible side effects and what you should do if they occur.
- 4** Whether the new medicine will work safely with other medicines or supplements.
- 5** What foods, drinks, or activities should be avoided while taking the medicine.

Ask the pharmacist if you have any questions.

This pharmacy must provide any medicine or device legally prescribed for you, unless:

- It is not covered by your insurance;
- You are unable to pay the cost of a copayment;
- The pharmacist determines doing so would be against the law or potentially harmful to health.

If a medicine or device is not immediately available, the pharmacy will work with you to help you get your medicine or device in a timely manner.



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

1625 N. Market Blvd., Suite N-219 • Sacramento, CA 95834
(916) 574-7900 • www.pharmacy.ca.gov



¡Pregúntele a su farmacéutico!

Usted tiene derecho a pedirle al farmacéutico:

Un tipo de letra que sea fácil de leer

Usted tiene derecho a solicitar y recibir en cualquier farmacia etiquetas de medicamentos recetados en un tipo de letra de 12 puntos.

Servicios de interpretación

Servicios de interpretación están disponibles para usted a petición y sin costo alguno.

Los precios de los medicamentos

Puede solicitar a esta farmacia información sobre los precios de medicamentos y el uso de medicamentos genéricos.

La ley de California dicta que un farmacéutico debe hablar con usted cada vez que se le surte una **nueva** receta.

Antes de tomar su medicamento asegúrese de obtener la siguiente información:

- 1** El nombre del medicamento y para qué sirve.
- 2** Cómo y cuándo tomarlo, por cuánto tiempo y qué hacer si olvida tomar una dosis.
- 3** Los posibles efectos secundarios y lo que debe hacer si los tiene.
- 4** Si el nuevo medicamento funcionará de forma segura en combinación con otros medicamentos o suplementos.
- 5** Qué alimentos, bebidas o actividades debe evitar mientras toma el medicamento.

Hable con el farmacéutico si tiene alguna pregunta.

Esta farmacia debe proporcionarle cualquier medicamento o aparato que se le haya recetado de forma legal a menos que:

- No esté cubierto por su seguro;
- No pueda cubrir el copago;
- El farmacéutico determine que si lo hace sería contra la ley o potencialmente perjudicial para su salud.

Si algún medicamento o aparato no está disponible de inmediato, la farmacia colaborará con usted para ayudarlo a obtener su medicamento o aparato de manera oportuna.



MANTÉNGASE INFORMADO Y CUÍDESE:
¡Hable con su farmacéutico!
 CALIFORNIA STATE BOARD OF PHARMACY

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Attachment C - 7

Notice of Interpreter Availability



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

Point to your language.

Interpreter services will be provided to you upon request at no cost.

ARABIC	اختر لغتك. يتم تقديم خدمات الترجمة الفورية لك عند الطلب دون أي تكلفة.	Նշեք ձեր լեզուն: Թարգմանչի ծառայություններն անվճար կտրամադրվեն ձեզ՝ ըստ պահանջի:	ARMENIAN
CAMBODIAN	ចូរចង្អុលទៅកាន់ភាសារបស់អ្នក ។ មានផ្តល់សេវាកម្មបកប្រែភាសាដល់អ្នកតាមការស្នើសុំ ដោយឥតគិតថ្លៃ ។	廣州話 指向您的語言。 將根據您的要求免費為您提供翻譯服務。	CANTONESE
FARSI	زبان خود را مشخص کنید. خدمات ترجمه شفاهی بر حسب درخواست شما به صورت رایگان فراهم خواهد شد.	Taw rau koj yam lus. Kev pab cuam neeg txhais lus yuav muaj pub rau koj raws li kev thov yam tsis yuav nqi.	HMONG
KOREAN	언어를 지정해 주십시오. 요청 시 통역 서비스를 무료로 제공해 드립니다.	官話 指向您的语言。 将根据您的要求免费为您提供翻译服务。	MANDARIN
RUSSIAN	Указать на ваш язык. Услуги переводчика будут бесплатно предоставлены Вам по требованию.	Indique su idioma. Se le proporcionarán servicios de intérprete sin costo si lo solicita.	SPANISH
TAGALOG	Ituro ang iyong wika. Ang serbisyo ng interpreter ay ibibigay sa iyo kapag hihilingin nang walang bayad.	Xin hãy chỉ vào ngôn ngữ của quý vị. Dịch vụ thông dịch sẽ được cung cấp cho quý vị miễn phí theo yêu cầu.	VIETNAMESE



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY



Attachment C - 8

Counterfeit Prescription Drugs Brochure



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

ORDERING PRESCRIPTION MEDICINES ONLINE

Buying medicine on the Internet can be risky—97 percent of online pharmacies don't comply with pharmacy laws and standards. Here are some tips when purchasing online:

- Check to see if the pharmacy is licensed by the California State Board of Pharmacy at **www.pharmacy.ca.gov**.
- Use only pharmacy websites displaying the Verified Internet Pharmacy Practice Sites (VIPPS) seal. This guarantees the pharmacy is licensed and sells FDA-approved medicine. To find a VIPPS online pharmacy, go to **www.nabp.net**.
- Make sure a valid prescription is required and not available from an online doctor who is linked to the site.
- Beware of very low prices and locations outside the United States.
- Make sure a licensed pharmacist is available to answer questions.
- Check if there's a physical address, phone number or other contact information listed. Fifty percent of medicines bought from websites that hide their physical address are counterfeit, according to the World Health Organization. Also, many online pharmacies say they are located in Canada because people assume Canadian medicine is safe, but the pharmacies are really located somewhere else or the medicine is from another country.



LICENSING IS KEY

Buying your prescription medicine from a pharmacy licensed by the California State Board of Pharmacy is the best way to be sure it is safe. All pharmacies, including online pharmacies, that dispense prescription medicine to California patients must be licensed here to protect patients' health and safety.



These used bottles and vials, seized during a raid in Colombia, were being washed for reuse to hold counterfeit medicines.

Licensed pharmacies are regulated and inspected. Under California and federal laws, it is illegal to sell prescription medicine without a valid prescription. Also, if a pharmacy is located in a State outside of California and sells to California residents, it must be licensed in both its home state and here.



CALIFORNIA STATE BOARD OF PHARMACY

1625 N. Market Blvd., Suite N219
Sacramento, CA 95834

Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov



COUNTERFEIT PRESCRIPTION DRUGS

PROTECT YOURSELF,
YOUR FAMILY
AND YOUR PETS





You see an ad for prescription medicines at half of what you now pay. Sounds tempting, but be careful.

You could be buying counterfeit prescription medicine or medicine that may be expired, contain the wrong dosage or none of the active ingredient. These medicines may not work and could contain toxic ingredients that can cause allergic reactions, harmful side effects or even death.

COUNTERFEIT DRUGS EXPLAINED

Deadly ingredients that have been found in counterfeit medicine include rat poison, floor wax, brick dust, sheet rock, house paint, road paint, paint thinner, boric acid, antifreeze, PCBs, benzopyrenes, mercury, lead, cadmium, arsenic, chrome, uranium, strontium, selenium and aluminum.

Counterfeit medicine can be generic or brand-name and includes pet medicines, antibiotics, painkillers, and drugs to treat erectile dysfunction, weight-loss, heart conditions, mental health issues, HIV, AIDS, diabetes and cancer.

These fake medicines often come from countries where government enforcement is weak, but they can be manufactured anywhere.

IS IT A FAKE?

Counterfeits often look exactly like real medicine and can even fool health care professionals, but here are some signs that your prescription drugs could be counterfeit:

- The container label has a name for a drug you did not order.
- The pills are chipped or cracked.
- The container and packaging have changed.
- The label on the container is crooked.
- Foreign language text appears on the label.
- The medicine is in a baggie, not a prescription container.
- The drug looks or tastes differently than it did before.
- The drug causes a different reaction or does not work as well as the medicine you are used to.



Lipitor, a statin used to control cholesterol, is a Pfizer drug that is often counterfeited. Counterfeit pills, at left, are placed next to real pills, at right, for comparison. It is hard to tell a counterfeit just by looking at it, so only buy from a legitimate pharmacy.

This counterfeit drug manufacturing site in China produced fake Viagra and other drugs that were sold to customers in Europe and the United States.



Attachment C-8



LOWER YOUR RISK

Unfortunately, the making and selling of counterfeit medicine happens and it's hard to tell a fake without chemical testing.

Be aware and protect yourself by always getting a prescription from a licensed health care provider and filling it at a licensed pharmacy. Don't buy medicines off of Craigslist or from street vendors.

If you are traveling outside the United States, be sure to bring enough of your prescription medicines. Drugs in foreign countries may be counterfeit or you may receive the wrong drug.

If you suspect you received counterfeit medicine, contact the pharmacy where you purchased it and notify:

- The California State Board of Pharmacy (916) 574-7900
www.pharmacy.ca.gov
- The U.S. Food and Drug Administration (FDA) (800) 332-1088
www.fda.gov

Attachment D

Organizational Charts



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

Department of Consumer Affairs
Board of Pharmacy
June 2012

Executive Officer
1

FY 2011-2012
Authorized positions: 83.5

Assistant Executive Officer
1

ENFORCEMENT

Field Staff

Office Staff

Supervising Pharmacy Inspector
7

Pharmacy Inspector
33

Staff Services Manager I
2

AGPA
6

AGPA (RA)
1

SSA
4

MST
1

OT (T)
4

Student Assistant
1

LICENSING

Office Staff

Staff Services Manager I
2

AGPA
3

SSA
3

Assoc. Info.
Systems Analyst
2

OT (T)
10

OT (G)
.5

Student Assistant
2

ADMINISTRATION

Office Staff

Staff Services Manager I
1

AGPA
2

AGPA (RA)
1

SSA
2

SSA (RA)
1

Information Officer I
.5

Assoc. Prog. Spec.
1

Department of Consumer Affairs
Board of Pharmacy
June 2013

Executive Officer
1

Assistant Executive Officer
1

Staff Services Manager II
1

FY 2012-2013
Authorized positions: 80.8
BL 12-03 (999 Blanket): 3.7

Attachment D

ENFORCEMENT	
Field Staff	Office Staff

Supervising Pharmacy Inspector
6

Pharmacy Inspector
31

Staff Services Manager I
3

AGPA
9

AGPA (RA)
1

SSA
5

OT (T)
8

Seasonal Clerk
1

LICENSING Office Staff

Staff Services Manager I
1

AGPA
1

SSA
3

OT (T)
3

OT (G)
.5

ADMINISTRATION Office Staff

Staff Services Manager I
1

AGPA
3

SSA
1

SSA (RA)
1

OT (T)
2

Information Officer I
.5

Assoc. Prog. Spec.
1

Assoc. Info.
Systems Analyst
2

Department of Consumer Affairs
Board of Pharmacy
June 2014

Executive Officer
1

Assistant Executive Officer
1

Staff Services Manager II
1

FY 2013-2014
Authorized positions: 80.8
Not Including 20 BCP positions
BL 12-03 (999 Blanket): 3.7

ENFORCEMENT

Field Staff

Office Staff

Supervising Pharmacy Inspector
7

Pharmacy Inspector
31

Pharmacy Inspector (LT)
6

Staff Services Manager I
3

Research Program Specialist I (LT)
1

AGPA
9

AGPA (LT)
1

AGPA (RA)
1

SSA
7

OT (T)
6

Seasonal Clerk
3

**ENFORCEMENT / LICENSING
Sterile Compounding Field Staff**

Supervising Pharmacy
Inspector (LT)
1

Pharmacy Inspector (LT)
4

**LICENSING
Office Staff**

Staff Services Manager I
1

AGPA
2

AGPA (LT)
2

SSA
4

SSA (LT)
1.5

OT (T)
4

OT (T) (LT)
.5

**ADMINISTRATION
Office Staff**

Staff Services Manager I
1

AGPA
3

SSA
1

SSA (RA)
1

OT (T)
4

OT (T) (LT)
1

OT (G)
.5

Information Officer I
1

Assoc. Info.
Systems Analyst
2

Drug Diversion & Fraud
Drug Diversion for Self Use
Compliance
Probation Monitoring
Prescription Drug Abuse

Department of Consumer Affairs
Board of Pharmacy
June 2015

Executive Officer
1

Assistant Executive Officer
1

Staff Services Manager II
1

FY 2014-2015
Authorized positions: 100.8
BL 12-03 (999 Blanket): 3.7

Attachment D

ENFORCEMENT

Field Staff

Office Staff

Supervising Pharmacy Inspector
6

Supervising Pharmacy Inspector
(LT)
1

Pharmacy Inspector
29

Pharmacy Inspector (LT)
6

Pharmacy Inspector (RA)
1

Drug Diversion & Fraud
Drug Diversion for Self Use
Compliance
Probation Monitoring
Prescription Drug Abuse

Staff Services Manager I
3

Research Program Specialist I (LT)
1

AGPA
8

AGPA (LT)
1

AGPA (PI)
1

AGPA (RA)
1

SSA
6

OT (T)
5

Seasonal Clerk
1

**ENFORCEMENT / LICENSING
Sterile Compounding Field Staff**

Supervising Pharmacy Inspector
1

Pharmacy Inspector
2

Pharmacy Inspector (LT)
4

**LICENSING
Office Staff**

Staff Services Manager I
2

AGPA
2

AGPA (LT)
1

SSA
3.5

SSA (LT)
1.5

Program Tech III
1

OT (T)
3

OT (T) (LT)
.5

Seasonal Clerk
3

**ADMINISTRATION
Office Staff**

Staff Services Manager I
1

AGPA
3

AGPA (LT)
1

SSA
1

OT (T)
4

OT (T) (LT)
1

Information Officer I
1

Assoc. Info.
Systems Analyst
2

Seasonal Clerk
1