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LICENSING COMMITTEE REPORT

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LICENSING COMMITTEE REPORT

Report of the Licensing Committee meeting held on March 30, 2016.

a. Discussion of Pharmacy Technician Licensure Requirements and Practice

1. Overview of Pharmacy Technician Discipline and Applicant Denials

At prior meetings, the committee was provided information on the number of pharmacy technician application denials and licensee discipline for a 4-year period (FY 11/12 – FY 14/15) and determined that during that period – and of those pharmacy technicians that had been disciplined – a large percentage had qualified for licensure by completing a training program. Those numbers, however, did not reflect the overall populations of those denied and disciplined during that period.

The committee reviewed the tables provided at the March committee meeting below which reflect a comparison of pharmacy technician applicants denied, as well as pharmacy technician licensees revoked for the same 4-year period. For further comparison, staff provided the same for pharmacist exam applicants and pharmacist licensees.

With the exception of the pharmacy technician applicants in FY 2012/13, less than one percent of applicants or licensees were denied or revoked for both pharmacist and pharmacist technicians. During FY 2012/13, just over one percent of pharmacy technician applications were denied.

Applicant Population: Denied

Pharmacy Technician	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Application Received	9491	8741	8211	7151
Applications Denied	89	101	45	56
Percentage	0.94%	1.16%	0.55%	0.78%

License Population: Revoked

Pharmacy Technician	FY 11/12	FY 12/13	FY 13/14	FY 14/15
License Population	72338	73994	73558	74586
Licenses Revoked	99	85	170	169
Percentage	0.14%	0.11%	0.23%	0.23%

Applicant Population: Denied

Pharmacist	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Application Received	2467	2487	2682	3122
Applications Denied	7	9	8	9
Percentage	0.28%	0.36%	0.30%	0.29%

License Population: Revoked

Pharmacist	FY 11/12	FY 12/13	FY 13/14	FY 14/15
License Population	38526	39793	41176	42521
Licenses Revoked	11	12	21	15
Percentage	0.03%	0.03%	0.05%	0.02%

2. Presentation by the Pharmacy Technician Certification Board (PTCB)

Pursuant to Business and Professions Code section 4202(a)(4), certification by the Pharmacy Technician Certification Board (PTCB) is one method to qualify for licensure in California as a pharmacy technician. The committee heard a presentation on the PTCB by CEO Everett McAllister; Levi Borne, PhD; and Miriam Mobley-Smith, PharmD. The presentation included an update on PTCB program changes, as well as new certifications that are in development. **Attachment 1** contains a copy of PTCB's presentation, as well as PTCB's commentary on the OPES "Review of National Examinations for the Certification of Pharmacy Technicians."

3. Comparison of the PTCB and ExCPT Certifications

The committee reviewed the comparison chart of the eligibility requirements to apply for both PTCB and ExCPT certifications. **Attachment 2** contains information staff gathered from each of the entity's website.

4. Discussion and Consideration of Possible Requirements for Applicants Enrolling in a Pharmacy Technician Training Programs

In September 2015, the committee made a recommendation to the board to change the minimum educational requirements for licensure as a pharmacy technician. After reaching consensus to increase pharmacy technician knowledge, the board in October 2015 re-referred the review back to the committee for further vetting and discussion. The committee was asked to consider various topics, including but not limited to: discussion on whether education level correlates to the likelihood of discipline; feedback on pharmacy technician training programs; increasing requirements may have unintended consequences; and considering different levels of pharmacy technician licensure (i.e., hospital, compounding, community, etc.).

In the past, the committee received public feedback in support of increasing the knowledge base of pharmacy technicians, but not necessarily by increasing the minimum statutory educational requirements.

In January 2016, the committee put forth a recommendation that the board modify Title 16 CCR section 1793.6 to require all pharmacy technician programs prior to enrolling students into the program to:

(1) conduct a criminal background check;
(2) administer drug and alcohol testing;
(3) be at least 18 years of age; and
(4) require the individual to pass a final examination administered by the provider, and to provide proof of successfully passing the final examination to the board.

The board again requested in February 2016 that the committee vet this issue further.

At the March 2016 committee meeting, the committee reviewed the draft proposal language provided by staff based on the committee's recommendations at its January 2016 meeting. The committee discussed their concerns pertaining to the training requirement outlined in 1793.6(c). After discussion and hearing public comment, the committee requested staff to gather information on the ASHP and military training program requirements as well as update the draft proposed language to incorporate the discussion from this meeting for the committee to review at the May 2016 licensing committee meeting.

Attachment 3 contains the draft proposal language for section 1793.6 that the committee reviewed.

5. Pharmacy Technician Duties, Functions and Licensure Requirements. The Board may discuss the licensure requirements, functions, roles and responsibilities of the pharmacy technician as well as possible changes.

   Business and Professions Code section 4115 specifies that a pharmacy technician may perform packaging, manipulative, repetitive or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist. Further, Title 16 California Code of Regulations section 1793.2 specifies specific duties that may be performed by a pharmacy technician, as listed below.

   - Removing the drug or drugs from stock
   - Counting, pouring, or mixing pharmaceuticals
   - Placing the product into a container
   - Affixing the label or labels to the container
   - Packaging and repackaging

   Attachment 4 contains the various statutory and regulatory references related to pharmacy technicians.

b. Discussion and Consideration of Senate Bill 952, Anderson (Pharmacy Technicians: Licensure Requirements)

Currently, Business and Professions Code section 4202(a)(4) only allows for a pharmacy technician applicant to earn a certification from the Pharmacy Technician Certification Board (PTCB). SB 952 would amend Business and Professions Code section 4202(a)(4) to specify "Is certified by a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the board", which will allow other agencies with proper accreditation to provide the pharmacy technician exam certification.

SB 952 was introduced by Senator Anderson on February 4, 2016. A copy of the bill and the author's Fact Sheet is provided in **Attachment 5.** SB 952 passed out of the Senate policy committee on April 5, and was re-referred to Senate Appropriations.

c. Demonstration of the Video Instructions for Pharmacy Technician Applicants

In an effort to address deficiency rates of pharmacy technician applicants, the board has tried various approaches to educate applicants and to keep the pharmacy technician application up to date. To further these efforts, board staff has been working with the Department of Consumer Affairs (DCA) to make a video designed to assist pharmacy technician applicants with the application process.

After drafting a script, the department filmed on two occasions in December; several board staff played roles in the video.

At the March 2016 committee meeting, the committee viewed the video and agreed the video was very well done and thanked staff for their hard work. The committee directed staff to continue moving forward in creating additional instructional videos for other licensing types.

Since the meeting, board staff has been working with the DCA to ensure ADA compatibility as well as add closed captioning. Subsequently, the video will be posted to the board's Web site and on DCA's YouTube the week of April 18, 2016.

d. Consideration of Proposal to Allow Automated Dispensing Machines to Replenish Medications Administered by Fire Departments and Other Emergency Medical Services Personnel

For over two years, board staff has been discussing possible options for refilling the ambulances operated by fire departments, and more recently emergency medical services (EMS), from a stock of drugs that would be stored in an automated drug storage device. The drugs would be owned by the fire department or EMS agency.

Such a system would ensure the availability of replenishment medications for ambulances that would be stored in secured locations. Access to the medication within the automated drug delivery system (also referred to as Automated Dispensing Device (ADD)) would be restricted and controlled by the ADD.

Section 4119 of the California Business and Professions Code establishes provisions by which ambulances can be restocked by a pharmacy.

Since the last time this issue was discussed, the committee has learned that the fire departments and EMS have found a solution to this issue and the board no longer needs to be involved at this time.

Attachment 6 contains a copy of section 4119 of the Business and Professions Code related to pharmacies resupplying ambulances. Also included is section 4119.1 which establishes provisions for the use of automated drug delivery systems.

e. Discussion and Consideration of Ownership Structures for Pharmacies, including Trusts

The board tracks the beneficial interest of business owners for pharmacies, whether they be natural persons or entities. Board regulation specifies the reporting of a transfer in the beneficial interest in the business and specifies the threshold as to when a change of ownership must be submitted to the board.

Business and Professions Code section 4035 defines a "person" as follows:

"Person" includes firm, association, partnership, corporation, limited liability company, state governmental agency, or political subdivision.

When processing a pharmacy application, the board identifies and records all levels of ownership of the applicant business. This is done through a careful analysis of all information submitted in support of the application, and often times identifies inconsistencies with respect to the ownership reported. For some, what is initially reported as (what appears to be) a simple, two- or three-level ownership structure, often turns out to be multiple levels of ownership with multiple stakeholders when staff uncovers details and facets of ownership.

Board staff has also identified applications where (revocable or irrevocable) trust(s) is/are reported as owners of the applicant business. Pharmacy Law does not currently recognize a "trust" as a person to which the board is authorized to issue a license; however, in researching older licensing records, some trusts have been found to be on record as holders of the beneficial interest in some existing licenses.

At the March 2016 committee meeting, the committee discussed and considered appropriate ownership structures for pharmacies, to include whether or not a trust should be recognized within the ownership structure and determined that more information on trusts is needed prior to making a recommendation to the board. The committee asked Mr. Room to invite Matthew Heyn from the Department of Justice to the board meeting to provide the board with additional information pertaining to trusts.

A copy of various pharmacy statutes and regulation related to ownership is provided in **Attachment 7.**

f. Discussion and Consideration of Allowing Pharmacists to be Shareholders, Officers or Directors of Professional Corporations, Medical or Otherwise, Pursuant to the Moscone-Knox Professional Corporation Act

As part of the board's sunset review, a Background Paper was prepared for the Joint Oversight Hearing held March 14, 2016, wherein staff for the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions identified issues and provided recommendations regarding the Board of Pharmacy.

One of the issues identified in the oversight committee's Background Paper (Issue #7) questions whether or not pharmacists should be included on the list of individuals that may be a shareholder, officer, or director of a medical corporation.

Attachment 8 contains a copy of Issue #7 related to this topic.

At the March 2016 committee meeting, the committee made the following motion to bring forward to the board.

Committee Recommendation: Pharmacists should be added to the list for medical corporations. In addition, the Board should examine the other professional corporations authorized by the Moscone-Knox Professional Corporation Act and determine whether there are others to which it makes sense for pharmacists to be added as officers, shareholders, or directors.

This motion was supported by all five committee members in attendance.

g. Licensing Statistics

Licensing Statistics for July 1, 2015 – March 30, 2016

As of March 30, 2016, the board has 139,523 licensees, including 43,831 pharmacists and 73,875 pharmacy technicians.

The board has received 11,768 applications and issued 9,882 licenses during the first nine months of the fiscal year. During this same period, the board denied 76 applications. In addition, the board received 23,006 status inquiries via e-mail and responded to 18,029 status requests via email. Often times, the response numbers are lower to account for one response to multiple emails received (i.e., the person emails once a day until they get a response). The Licensing Statistics for Fiscal Year 2015/16 ending March 30, 2016, are provided in **Attachment 9**.

Since July 2015, the board has been closely tracking the licensing unit's processing times for various application types. The board continues to work with the department to develop more robust reporting reports. The department is implementing Licensing Performance Measures (LMP) processing times for the boards and bureaus. Staff has been validating the reports provided, and has been advised that the LPM should be in production soon. The LPM reports are designed to provide more detail on the board's processing times, deficiency rates, etc.

General processing information by license type is provided below. These numbers reflect the processing of new applications as of April 8, 2016. The numbers reflect the time an application is received by the board through the time either a deficiency letter is issued or a license is issued. If an incomplete application is received, there will be additional processing time involved.

Site Application Type	Number of Days
Pharmacy	25
Nonresident Pharmacy	25
Sterile Compounding	30
Nonresident Sterile Compounding	23
Hospital	30
Clinic	15
Wholesaler	9
Nonresident Wholesaler	25
Third-Party Logistics Provider	16
Nonresident Third-Party Logistics Provider	0

Individual Application Type	Number of Days
Pharmacist Exam	18
Pharmacist Initial License	4
Pharmacy Technician	18
Intern Pharmacist	14
Designated Representative	24
Designated Representative – 3PL	16

In addition, the processing time for evaluating deficiency mail for one category is 31 days; all others are between 1 and 7 days, depending on the license type.

h. Competency Committee Report Including Semi-Annual CPJE Examination Statistics

Committee Activities

The Competency Committee held two meetings in the winter of 2016 to continue examination development. The competency committee continues to recruit for pharmacists specializing in institutional or community practice to serve as subject matter experts and assist the board with examination development activities. Subject matter experts primarily provide development and oversight of the CPJE. The CPJE consists of 90 multiple-choice items that tests competency in patient communication skills, pharmacy law and clinical knowledge.

Practicing California pharmacists licensed within the last five years are particularly encouraged to apply to serve in this capacity. Experts generally meet five times annually for two days session. Attendance at each meeting is crucial. Experts are approved by the board and generally serve in this capacity for four years; however, individuals can serve in this capacity for a longer duration with approval of the board.

Interested individuals are encouraged to submit an application including their curriculum vitae, a cover letter describing the applicant's pharmaceutical experience or practice, and three letters of reference from pharmacists familiar with the applicant's work. Please

submit your applications to the board's address at the attention of CPJE Subject Matter Expert Recruitment.

Semi-Annual CPJE Examination Statistics

Examination scores for the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) and North American Pharmacist Licensure Examination (NAPLEX) are released twice a year, generally in spring and fall.

The Semi-Annual CPJE statistical report for October 1, 2015, through March 31, 2016, reflects the overall pass rate for the CPJE was 65.3%. The pass rate for graduates from the California Schools of Pharmacy was 72.7%. The overall pass rate for the NAPLEX was 89.6%. A copy of the Semi-Annual CPJE Statistical Report may be found in **Attachment 10**.

i. Future Committee Meeting Dates for 2016

The following dates have been established for future meetings:

May 26, 2016
September 21, 2016

Minutes of the Licensing Committee meeting held on March 30, 2016 are provided in **Attachment 11**.

ATTACHMENT 1

PTCB

- Setting the Standard
- Preparing for the Future
- Advancing Patient Safety

California Board of Pharmacy
Licensing Committee

March 30, 2016

Overview

- About PTCB
- Value of PTCB Certification
- PTCB Program Changes
- New Initiatives
- OPES Report
- Partnerships & Collaborations
- Questions/Comments

PTCB
Pharmacy Technician Certification Board®
1995–2015
20 YEARS

Mission Statement

PTCB develops, maintains, promotes and administers a nationally accredited certification program for pharmacy technicians to enable the most effective support of pharmacists to advance patient safety.

PTCB
Pharmacy Technician Certification Board

PTCB's Goals

BE PROUD

- Improve patient care, outcomes, and access
- Provide resources to further enable the evolution of pharmacy technician roles
- Elevate standards within the profession to meet the demands of the growing healthcare system

PTCB
Pharmacy Technician Certification Board

PTCB Certification Program

Pharmacy Technician Certification Exam (PTCE):

- Widely recognized and trusted throughout the profession
- Psychometrically superior – exceeds many industry standards
- 2013 Updated Blueprint & Exam

Current Certification Requirements:

- A high school diploma or equivalent
- Disclosure of all criminal & state board of pharmacy actions
- A passing score on the PTCE

Recertification Every Two Years

PTCB
Pharmacy Technician Certification Board

PTCB CERTIFIED
CPhT
PHARMACY TECHNICIAN

By the Numbers

- 587,000 Pharmacy Technician Certifications Since 1995
- 275,000 Active Certified Pharmacy Technicians
- 56,000 Exam in 2015
- 300+ Secure Testing Centers
  - Pearson Vue
  - CA (18)
- Administered & Accepted in all 50 States, DC, Guam, PR
- PTCB is Accepted in the Regulations of 45 States
- 5 States Accept Only PTCB Certification

PTCB
Pharmacy Technician Certification Board

By The Numbers

2014, Median Pay	$14.33 hr / $29,810 yr
2014, Number of Jobs	372,500
Job Outlook, 2012 -2022	9% growth
Employment Change, 2014-24	34,700

Employment increase is 9% faster than average for all occupations

- 74% (275,000) of technicians are PTCB certified
- Increased demand for prescription medications will lead to more demand for pharmacy services

PTCB Pharmacy Technician Certification Board

U.S. Bureau of Labor Statistics, Dec 2015 *http://www.bls.gov/oes/current/oes292052.htm*

Technician Requirements

No National Standards

employment - education - regulations

- Requirements may include:
  - Formal pharmacy technician education
  - Prior experience
  - National certification (Certified Technician -- CPhT)
  - State registration
  - Continuing ED; competency assessments

- Approximately 1200 programs in US
- 281 accredited by ASHP/ACPE

PTCB
Pharmacy Technician Certification Board

The Value

- Recognized Authority
- PTCB has consistently advocated for a single national standard
- Endorsed by several Major National Pharmacy Organizations
- Advocates on behalf of technicians – “We’re at the table”
- Certification is Portable
- Non-profit & Transparent
- NCCA Accreditation since 2006
- Competed & Awarded 2 Exclusive Contracts with Texas
- Partnering with NABP for Discipline Cases & CE

PTCB
Pharmacy Technician Certification Board

New PTCB requirements to become recertified:

- **2014**, one of the 20 required CE hours to be in patient safety, in addition to one already required in law
- **2015**, accept only *pharmacy-technician-targeted* CE
  - If not ACPE accredited, must be contained in blueprint
- **2016**, the number of CE courses allowed from college courses will be decreased
  - from 15 to 10 hours
- **2018**, the number of in-service hours allowed for CE will be phased out
  - from 10 to five in 2015, and from five to zero in 2018

New PTCB certification requirements:

- **2020:** Complete an **ASHP/ACPE-accredited education** program - *Pharmacy Technician Accreditation Commission (PTAC)*
- Why "2020"
  - Expanding Roles of Pharmacy Technicians
  - Quality and Necessity of Education
  - Profession Directed
- Path Forward
  - Stakeholder Meetings & Consensus building
  - Accreditation Training Standards Changes
  - Addressing demand; Distance Learning

PTCB
Pharmacy Technician Certification Board

New Initiatives

- Research Studies
  - Pharmacy Workforce Center
  - Public Perception
  - Certification Outcomes
- 2016 Job Analysis
- Specialty & Advanced Certifications
  - Sterile Compounding
  - Hospital & Community

PTCB
Pharmacy Technician Certification Board

Comments on OPES Report

- Major Report Limitations
  - Changing industry standards and their application
  - Does not identify important program differences
  - Generalizability of reviewer findings
  - Does not consider current program impact on pharmacy technicians in California
  - Length of the review process
- Other Comments
  - PTCB is adding education requirement in 2020
  - Recommended practice analysis is part of PTCB's 2016 job analysis

PTCB
Pharmacy Technician Certification Board

Connections & Partnerships

"2014 CPhT of the Year"

Building Program Partnerships

- Promotion and Advocacy for PTCB certification and recertification as the national standard: value and importance
- PTCB State Associates Program
  - Value/impact
  - 71 organizations representing 45 of 50 states
- PTCB Advocate Programs
  - Educator Program
    - 1120 educators
  - Employer Program
    - 709 employers
- Employer and Educator Sponsorship Program
  - 483 sponsors
- Relationships with 76 schools & hospital training programs and 21 employers in California

PTCB
Pharmacy Technician Certification Board

Building Program Partnerships

- Initiatives supporting pharmacy practice
  - Committee and task force involvement
  - Consensus conferences
  - Presentations at Board of Pharmacy and Pharmacy Professional Association meetings
- American Associations of Colleges of Pharmacy (AACP)
  - 2014 Professional Affairs Committee
    - Collaborations between colleges/schools of pharmacy and pharmacy technician education programs
    - Alignment of association education, training, certification policy statements with other major pharmacy professional associations
    - Accreditation Council for Pharmacy Education Standards 2016
      - Interprofessional Team-Based Care
      - Co-curricular requirements

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Pharmacy Technician Certification Board

Summary

- Roles Are Evolving & Scope of Practice is Expanding
- Setting the Standard – Advancing Patient Care
- PTCB The Difference Maker
  - Value, Respect, Accountable, Advocate & Partner
  - Providing Pathway to Advance Pharmacy Technicians


Q&A

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PTCB Commentary on
"Review of National Examinations for the Certification of Pharmacy Technicians"

PTCB became aware of the final report titled "Review of National Examinations for the Certification of Pharmacy Technicians" (Report) via the January 6th, 2016 Licensing Committee Agenda. PTCB is committed to administering a certification program for pharmacy technicians that enhances patient care through medication safety, and seeks to provide the Licensing Committee (Committee) and the Board of Pharmacy (Board) with the best information available to evaluate PTCB's program. To that end, PTCB has thoroughly reviewed the Report and offers the following commentary on its findings and the review process. Overall, PTCB does not feel that the Report alone provides the Committee or Board with sufficient information regarding the PTCB program, and therefore requests that this commentary be considered in the evaluation process and be made a matter of public record.

The Report's 11 chapters are discussed below in three separate sections. Chapters 2 through 8 document the review of program information submitted by PTCB compared to industry standards for examination programs. Chapter 9 documents the review of PTCB's certification exam blueprint by OPES-selected pharmacists and pharmacy technicians. Chapters 10 and 11 list OPES's conclusions regarding the PTCB program and three options for the Board of Pharmacy to consider regarding the licensure of pharmacy technicians.

Chapters 2 - 8: Industry Standards

The stated purpose of Chapters 2 through 8 was to determine whether the Pharmacy Technician Certification Exam (PTCE) and another exam "meet professional guidelines and technical standards outlined in Standards for Education and Psychological Testing and the California Business and Professions (B&P) Code Section 139" (page 1). At the end of each chapter, the Report findings show that both the PTCE and the other exam both meet the referenced standards. This is not a surprising finding, because both exams are part of NCCA-accredited certification programs and NCCA standards borrow heavily from the Standards for Education and Psychological Testing. Only one requirement from B&P Code Section 139 was referenced and it does not offer any incremental value above NCCA standards. The practical value of the findings in Chapters 2 through 8 is therefore questionable, as it only affirms what NCCA accreditation already denotes, namely that both the PTCE and the other exam meet established industry standards. However, any finding of standards compliance is limited in efficacy by changing standards and their application, and in utility by ignoring strengths and weaknesses.

The first limiting factor in determining compliance with standards are the standards themselves, which can and do change from time to time. The Report references the Standards for Education and Psychological Testing published in 1999. The current version of the Standards was published in July 2014, prior to the publication of the Report, yet the 2014 Standards were not utilized in the OPES review. Therefore the degree to which both programs meet current Standards is not fully addressed in the Report. Also, and partly in response to the new

Standards, NCCA revised its accreditation standards, which begin to take effect in 2016. When PTCB submits its accreditation renewal to NCCA in the summer of 2016, PTCB must demonstrate that it meets the updated standards. The other program will not have to demonstrate compliance with those updated standards until 2018. Standards change from time to time and even when they change they are not always applied equally.

Beyond the limitation posed by changing standards and their application, the Report's findings have limited utility because they do not address the comparative strengths and weaknesses of the two programs. The purpose set forth for Chapters 2 through 8 is very different from the Texas State Board of Pharmacy review of PTCB's program referenced on page i of the Executive Summary. The Texas review was a comparison that analyzed two program's strengths and weaknesses as they pertains to industry standards, with the goal of identifying the superior program as judged by independent psychometric experts. PTCB's program has won such a comparison both times that Texas has conducted a review. Even when the same standards are applied equally, meeting the same standards does not mean that two programs are equal. One example of how PTCB and the other program can both meet industry standards, but in very different ways is score reporting. Chapter 5 of the Report contains a review of both the PTCE and the other exam in regards to Standard 3.22, which includes procedures for scoring. Per the finding in the Report, both the PTCE and other exam appear to be equal, they both meet the standards. However they have drastically different approaches to score reporting. The other exam reports official scores at the test center immediately after testing. PTCB provides a preliminary score at the test center and official scores two weeks later. PTCB uses those two weeks to conduct an extensive quality assurance process that includes the review of every candidate comment and complaint of test content as well as every test center incident report, mirroring processes used by NABP with the NAPLEX. The Texas review process could identify this as an important point of differentiation, but the Report cannot. PTCB views industry standards as minimum standards, and implements superior processes in its program.

Chapter 9: Blueprint Review

The stated purpose of the Report in regards to Chapter 9 was to determine whether the PTCE and the other exam "adequately assess competencies relevant to practice in California" (page 1). To accomplish this purpose, OPES recruited 15 Subject Matter Expert (SME) pharmacists and pharmacy technicians who convened as two panels to review and comment on the PTCE blueprint and sample items. Very little detail is provided in the Report regarding the selection of the SMEs, or the findings reached by the panels. Without additional information, it is unclear to what degree the panel findings are generalizable to pharmacy in California or to what degree the Committee, Board, and PTCB should consider the feedback as valid. These are critical issues as the Committee and Board will potentially make decisions based on the Report findings that will affect all of pharmacy practice in California.

Regarding the selection of SMEs, it is unclear exactly how certain criteria listed in the Subject Matter Expert Selection Guidelines (Guidelines) provided in Appendix I were applied. The Guidelines state that "No SME with ties to either the PTCB or NHA/ExCPT should be recruited to attend the workshops." Does this mean that none of the pharmacy technicians that

participated in the panels were certified? If so, some 22,000 pharmacy technicians in California were excluded from participating based on their certification status with PTCB. Perhaps that would explain why, in spite of a stated preference in the Guidelines "... to have newer licenses attend," the least experienced panel member was licensed for six years and the mean number of years reported was 15. Because the Report does not address the issue, the reader is left to speculate.

The Guidelines also state that "No SME should be in a position either at the work site or in a more formal setting to teach candidates to help prepare candidates to sit for any certification exam." This criterion, as with the one previously mentioned, could exclude a large number of pharmacy technicians as well as pharmacists from being considered. Exactly what impact this requirement might have on the representativeness of the SMEs is not discussed in the Report. At minimum it is clear that no pharmacy educator voice was present on the panels.

An additional factor potentially affecting interpretation of the panel findings is the lack of clear information regarding which SMEs contributed to what panel findings. Page 15 of the Report includes the following sentence which is then reiterated on page 17: "Note that due to the small number of SMEs involved in the review process, conclusions by one or both panel meetings are included in this report." The statement seems to imply that not all SMEs discussed the same issues in the panel meetings and further implies then that not all reported findings are views held by all SMEs. It would be helpful to know which SMEs, not by name, but by practice setting, experience, and number attended the two panel meetings, and to know which finding originated in which panel meeting. This may help to explain certain inconsistent findings, such as the labeling of the PTCE knowledge statement 1.5 "Common and severe side or adverse effects, allergies, and therapeutic contraindications" as "Beyond entry level of difficulty," whereas knowledge statement 2.2.4 in the other exam "Common adverse drug reactions, interactions, and contraindications" is labeled "Below threshold of criticality to practice."

Based on the lack of detail regarding the selection and participation of SMEs in the panel meetings, caution is recommended in interpreting panel findings as generalizable to pharmacy in California. For example, the opinion that new licensees lack basic math skills is potentially an opinion held only by experienced, non-trainers/educators, who themselves have not become certified. If that is the case, the opinion cannot be considered to represent that of all or even a majority of pharmacy practitioners in California.

Beyond the degree to which the panel SMEs are adequately representative of pharmacy practitioners in California, there are also concerns with interpreting the panel findings based on the appropriateness of tasks SMEs were given. First, page 16 of the Report states that SMEs ranked the task and knowledge statements used in PTCB's 2011 job analysis in terms of their perceived importance and frequency. No rationale is provided for instructing the SMEs to engage in this activity, nor is any detail provided on the rating scales used for importance and frequency. The task statements were already rated by over 1,100 California pharmacy technicians in PTCB's 2011 job analysis. It is unclear what additional benefit the ratings by the 15 SMEs provides.

A second concern is that the panel SMEs did not possess the requisite training or experience to evaluate PTCE sample exam items. Though the SMEs are all very experienced practitioners, given that the selection Guidelines may have precluded any trainers or educators from participating, it is reasonable to conclude that the SMEs had no formal training in exam item writing or evaluating. Each of the sample PTCE items provided has gone through multiple rounds of editing and review by pharmacy experts that receive specific training in item writing from PTCB. Further, each of the sample items provided functions extremely well psychometrically. Without further evidence to demonstrate the SMEs expertise in item writing, it is difficult to interpret feedback such as “Concepts are good and relevant but are abstract and not constructed in real-life terms” (page 34) as meaningful.

Chapters 10 & 11: Conclusions & Recommendations

In spite of the concerns noted in the previous sections regarding panel findings, the panel SMEs did raise two important issues as documented in Chapter 10. First, the SMEs noted the challenge in assessing competence for divergent practice settings in one examination. PTCB plans to address this issue through the introduction of specialty and advanced certification programs. Second, the SMEs noted the current lack of post-secondary education as a requirement for PTCB certification. In February 2013, PTCB announced that beginning in 2020, completion of an accredited education program would be a PTCB requirement. Although that announcement was made many months prior to the panel meetings, it does not appear to have been known or discussed by the SMEs.

In concluding the Report, the authors provide the Committee and Board with three options to consider, but in Chapter 11 recommend as a prerequisite step that an occupational analysis be conducted. The type of analysis proposed is essentially the same as the job analysis process that PTCB uses to determine content for the PTCE, with the notable difference that the occupational analysis be focused solely on pharmacy practice in California. To a large degree, a new occupational analysis will be redundant with the national job analysis that PTCB is beginning in March 2016. PTCB is in an excellent position to gather the practice information that can assist the Board as recommended in the Report. As with the 2011 job analysis, PTCB will collect responses from pharmacy technicians in California regarding the importance and frequency of various pharmacy tasks. In 2011 PTCB received responses from over 1,100 pharmacy technicians in California. An analysis of responses showed that responses from California pharmacy technicians did not differ to a meaningful degree from responses of technicians elsewhere in the United States. Additionally, PTCB will have, as in 2011, a pharmacy practitioner from California on the task force guiding the project. PTCB is willing to share the data collected from California pharmacy technicians in the new job analysis to help inform the Board about the current state of pharmacy technician practice in California.

Additional Commentary

In concluding this commentary, several additional items related to, but not discussed in, the Report deserve consideration. First, nowhere in the Report was any space devoted to assessing

PTCB's certification as an entire program, rather the emphasis was solely on the PTCE. The PTCE is a central component of PTCB's program, but the program is more than that. For example, PTCB has and enforces a robust Code of Conduct to help reduce diversion. The Texas Board of Pharmacy shares its disciplinary information with PTCB so that technicians cannot simply cross state lines to circumvent conduct issues. PTCB encourages other state boards to do the same. PTCB is currently integrating its data systems with the NABP to further enhance its positive impact on reducing diversion. Second, the Report made no attempt to evaluate the current impact of PTCB's certification program on pharmacy in California. There are approximately 22,000 technicians currently certified by PTCB in California. PTCB has relationships with 76 schools and hospital training programs in California, and with 18 employers, not counting PTCB's national employer partners (e.g., Walgreens, CVS). PTCB's customer service call center is located in Oakland which helps us meet the needs of certificants in every time zone. Third, no organizational information was considered. PTCB is 100% percent focused on pharmacy technician certification. PTCB has over 280,000 active certified pharmacy technicians nationwide, and tests over 50,000 candidates per year. PTCB is governed by, and a partner in, the pharmacy industry. PTCB is a non-profit pharmacy organization governed by pharmacy non-profit organizations, as opposed to a for-profit (NHA) company, owned by another for-profit company (Ascend Learning), owned by a private equity firm (Providence Equity Partners).

Finally, PTCB applauds the Committee and the Board for the great interest and dedication they have demonstrated in attempting to identify the best licensure solution for pharmacy technicians in California. The length of time that it has taken for the Report to reach the Committee and Board may limit the utility of the OPES review. PTCB has recently begun a new job analysis to inform the next update of the PTCE, which may significantly alter future PTCE content. PTCB has invited all Boards of Pharmacy, including California through its Executive Director to provide initial input as we begin the project. PTCB sincerely hopes that the Board will avail itself of that opportunity and the invitation to review the results of the job analysis when available later this year.

ATTACHMENT 2

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

Comparison between the PTCB and the ExCPT

The chart below represents the PTCB and the ExCPT eligibility requirements to apply for their respective pharmacy technician certification examination.

In 2020, the PTCB will require candidates to have completed a training program accredited by the American Society of Health – System Pharmacists (ASHP) - *Pharmacy Technician Accreditation Commission (PTAC).*

Eligibility Requirements for Applying for the Certification Exam

Age and High School Requirement	**PTCB**	**ExCPT**
18 years old		
High School graduate or equivalent	x	
High School graduate or equivalent (be no more than 30 days from possessing a high school diploma or equivalent)		x

Training Program: A candidate must meet one of the following training programs.	**PTCB**	**ExCPT**
Pharmacy Technician Training Program Accredited by the ASHP	2020	
Pharmacy Technician Military Training Program		x
Employer Based Training Program		x
Pharmacy Training Program State Recognized		x
Pharmacy Related Work Experience		x

Additional Requirements	**PTCB**	**ExCPT**
Disclose any Criminal History	x	
Drug Testing		
Disclose any State Board Disciplinary Action	x	*X

Recertification Requirements	**PTCB**	**ExCPT**
Every 2 years	x	x
One hour of patient safety CE	x	
Twenty hours of pharmacy technician-specific CE (includes one hour of pharmacy law per two-year certification period)	**x	***x

*ExCPT requires disclosure of any state board disciplinary action at time of recertification only.
**PTCB - accepts CE pertaining to federal or state pharmacy law.
***ExCPT – CE in pharmacy law must comply with state requirements or earned from an approved CE provider.

PTCB Resources
PTCB Web site http://www.ptcb.org/
PTCB Candidate Handbook https://www.ptcb.org/docs/default-source/get-certified/Guidebook.pdf?sfvrsn=69
NHA ExCPT Certification Resources
NHA Web site http://www.nhanow.com/
NHA Candidate Handbook http://www.nhanow.com/docs/default-source/pdfs/handbooks/nha-candidate-handbook.pdf?sfvrsn=2

ATTACHMENT 3

Draft Proposal to Amend Section 1793.6

1793.6. Training Courses Specified by the Board.

A course of training that meets the requirements of Business and Professions Code section 4202 (a)(2) is:

(a) Any pharmacy technician training program accredited by the American Society of Health--System Pharmacists,

(b) Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion, or

(c) Any other course that provides a training period of at least 240 hours of instruction covering at least the following:

(1) Knowledge and understanding of different pharmacy practice settings.

(2) Knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards and ethics, laws and regulations governing the practice of pharmacy.

(3) Knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations and symbols commonly used in prescribing, dispensing and record keeping of medications.

(4) Knowledge of and the ability to carry out calculations required for common dosage determination, employing both the metric and apothecary systems.

(5) Knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms and storage requirements.

(6) Knowledge of and ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions.

(7) Knowledge of and ability to perform procedures and techniques relating to manufacturing, packaging, and labeling of drug products.

(8) Include a final examination that demonstrates students understanding and ability to perform the provisions in paragraphs (1) through (7) above.

(d) In addition to the content of coursework specified in subdivision (c) the training program must also satisfy the following:

(1) Prior to admission, the program must conduct a criminal background check

(2) Administer at least one drug and alcohol screening

(3) Require students to be at least 18 years of age.

Authority cited: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code. Reference: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code.

Regulation Language:

Need to further vet the drug testing (perhaps referencing DOT standards) and need to define what is a background check (what it means in terms of evaluation and action. Perhaps this could be covered by p&ps)

Applicant needs to be 18 do perform a criminal background check

Need to develop a transition plan

Attachment 4

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

Title 16 CCR Section 1793 - Definition
“Pharmacy technician” means an individual who, under the direct supervision and control of a pharmacist, performs packaging, manipulative, repetitive, or other nondiscretionary tasks related to the processing of a prescription in a pharmacy, but who does not perform duties restricted to a pharmacist under section 1793.1. Authority cited: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code. Reference: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code.

Title 16 CCR Section 1793.2. - Duties of a Pharmacy Technician.
“Nondiscretionary tasks” as used in Business and Professions Code section 4115, include:
(a) removing the drug or drugs from stock;
(b) counting, pouring, or mixing pharmaceuticals;
(c) placing the product into a container;
(d) affixing the label or labels to the container;
(e) packaging and repackaging.

Title 16 CCR Section 1793.2. - Duties of a Pharmacy Technician.
“Nondiscretionary tasks” as used in Business and Professions Code section 4115, include:
(a) removing the drug or drugs from stock;
(b) counting, pouring, or mixing pharmaceuticals;
(c) placing the product into a container;
(d) affixing the label or labels to the container;
(e) packaging and repackaging.

Title 16 CCR Section 1793.3. - Other Non-Licensed Pharmacy Personnel.
(a) In addition to employing a pharmacy technician to perform the tasks specified in section 1793.2, a pharmacy may employ a non-licensed person to type a prescription label or otherwise enter prescription information into a computer record system, but the responsibility for the accuracy of the prescription information and the prescription as dispensed lies with the registered pharmacist who initials the prescription or prescription record. At the direction of the registered pharmacist, a non-licensed person may also request and receive refill authorization.
(b) A pharmacist may supervise the number of non-licensed personnel performing the duties specified in subdivision (a) that the pharmacist determines, in the exercise of his or her professional judgment, does not interfere with the effective performance of the pharmacist's responsibilities under the Pharmacy Law.
(c) A pharmacist who, exercising his or her professional judgment pursuant to subdivision (b), refuses to supervise the number of non-licensed personnel scheduled by the pharmacy, shall notify the pharmacist-in-charge in writing of his or her determination, specifying the circumstances of concern with respect to the pharmacy or the non-licensed personnel that have led to the determination, within a reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule.
(d) No entity employing a pharmacist may discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this section.

Title 16 CCR Section 1793.5. - Pharmacy Technician Application.

The "Pharmacy Technician Application (Form 17A-5(Rev. 01/11)), incorporated by reference herein, required by this section is available from the Board of Pharmacy upon request.

(a) Each application for a pharmacy technician license shall include:

(1) Information sufficient to identify the applicant.

(2) A description of the applicant's qualifications, and supporting documentation for those qualifications.

(3) A criminal background check that will require submission of fingerprints in a manner specified by the board and the fee authorized in Penal Code section 11105(e).

(4) A sealed, original Self-Query from the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) dated no earlier than 60 days of the date an application is submitted to the board.

(b) The applicant shall sign the application under penalty of perjury and shall submit it to the Board of Pharmacy.

(c) The board shall notify the applicant within 30 days if an application is deficient; and what is needed to correct the deficiency. Once the application is complete, and upon completion of any investigation conducted pursuant to section 4207 of the Business and Professions Code, the board will notify the applicant within 60 days of a license decision.

(d) Before expiration of a pharmacy technician license, a pharmacy technician must renew that license by payment of the fee specified in subdivision (r) of section 4400 of the Business and Professions Code.

Title 16 CCR Section 1793.6. - Training Courses Specified by the Board.

A course of training that meets the requirements of Business and Professions Code section 4202 (a)(2) is:

(a) Any pharmacy technician training program accredited by the American Society of Health-System Pharmacists,

(b) Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion, or

(c) Any other course that provides a training period of at least 240 hours of instruction covering at least the following:

(1) Knowledge and understanding of different pharmacy practice settings.

(2) Knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards and ethics, laws and regulations governing the practice of pharmacy.

(3) Knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations and symbols commonly used in prescribing, dispensing and record keeping of medications.

(4) Knowledge of and the ability to carry out calculations required for common dosage determination, employing both the metric and apothecary systems.

(5) Knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms and storage requirements.

(6) Knowledge of and ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions.

(7) Knowledge of and ability to perform procedures and techniques relating to manufacturing, packaging, and labeling of drug products.

Title 16 CCR Section 1793.7. - Requirements for Pharmacies Employing Pharmacy Technicians.

(a) Except as otherwise provided in section 1793.8, any function performed by a pharmacy technician in connection with the dispensing of a prescription, including repackaging from bulk and storage of pharmaceuticals, must be verified and documented in writing by a pharmacist. Except for the preparation of

prescriptions for an inpatient of a hospital and for an inmate of a correctional facility, the pharmacist shall indicate verification of the prescription by initialing the prescription label before the medication is provided to the patient.
(b) Pharmacy technicians must work under the direct supervision of a pharmacist and in such a relationship that the supervising pharmacist is fully aware of all activities involved in the preparation and dispensing of medications, including the maintenance of appropriate records.
(c) A pharmacy technician must wear identification clearly identifying him or her as a pharmacy technician.
(d) Any pharmacy employing or using a pharmacy technician shall develop a job description and written policies and procedures adequate to ensure compliance with the provisions of Article 11 of this Chapter, and shall maintain, for at least three years from the time of making, records adequate to establish compliance with these sections and written policies and procedures.
(e) A pharmacist shall be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients.
(f) For the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty. Pursuant to Business and Professions Code section 4115(g)(1), this ratio shall not apply to the preparation of a prescription for an inmate of a correctional facility of the Department of the Youth Authority or the Department of Corrections, or for a person receiving treatment in a facility operated by the State Department of Mental Health, the State Department of Developmental Services, or the Department of Veterans Affairs.

Title 16 CCR Section 1793.8 - Technicians in Hospitals with Clinical Pharmacy Programs.
(a) A general acute care hospital, as defined in Health and Safety Code 1250 (a), that has an ongoing clinical pharmacy program may allow pharmacy technicians to check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for patients admitted to the hospital whose orders have previously been reviewed and approved by a licensed pharmacist. Only inpatient hospital pharmacies as defined in 4029(a) that maintain a clinical pharmacy services program as described in 4052.1 may have a technician checking technician program as described. The pharmacy shall have on file a description of the clinical pharmacy program prior to initiating a technician checking technician program.
(1) This section shall only apply to acute care inpatient hospital pharmacy settings.
(2) Hospital pharmacies that have a technician checking technician program shall deploy pharmacists to the inpatient care setting to provide clinical services.
(b) Compounded or repackaged products must have been previously checked by a pharmacist and then may be used by the technician to fill unit dose distribution systems, and floor and ward stock.
(c) To ensure quality patient care and reduce medication errors, programs that use pharmacy technicians to check the work of other pharmacy technicians pursuant to this section must include the following components:
(1) The overall operation of the program shall be the responsibility of the pharmacist-in-charge.
(2) The program shall be under the direct supervision of a pharmacist and the parameters for the direct supervision shall be specified in the facility's policies and procedures
(3) The pharmacy technician who performs the checking function has received specialized and advanced training as prescribed in the policies and procedures of the facility.
(4) To ensure quality there shall be ongoing evaluation of programs that use pharmacy technicians to check the work of other pharmacy technicians.

Business and Professions Code Section 4202. - Pharmacy Technician: License Requirements for Education, Experience; Board Regulations; Criminal Background Check; Discipline

(a) The board may issue a pharmacy technician license to an individual if he or she is a high school graduate or possesses a general educational development certificate equivalent, and meets any one of the following requirements:

(1) Has obtained an associate's degree in pharmacy technology.

(2) Has completed a course of training specified by the board.

(3) Has graduated from a school of pharmacy recognized by the board.

(4) Is certified by the Pharmacy Technician Certification Board.

(b) The board shall adopt regulations pursuant to this section for the licensure of pharmacy technicians and for the specification of training courses as set out in paragraph (2) of subdivision (a). Proof of the qualifications of any applicant for licensure as a pharmacy technician shall be made to the satisfaction of the board and shall be substantiated by any evidence required by the board.

(c) The board shall conduct a criminal background check of the applicant to determine if an applicant has committed acts that would constitute grounds for denial of licensure, pursuant to this chapter or Chapter 2 (commencing with Section 480) of Division 1.5.

(d) The board may suspend or revoke a license issued pursuant to this section on any ground specified in Section 4301.

(e) Once licensed as a pharmacist, the pharmacy technician registration is no longer valid and the pharmacy technician license shall be returned to the board within 15 days.

ATTACHMENT 5

SENATE BILL No. 952

Introduced by Senator Anderson

February 4, 2016

An act to amend Section 4202 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 952, as introduced, Anderson. Pharmacy technicians: licensure requirements.

The Pharmacy Law provides for the licensure and regulation of pharmacists and pharmacy technicians by the California State Board of Pharmacy. Existing law authorizes the California State Board of Pharmacy to issue a pharmacy technician license to an individual if that individual is a high school graduate or possesses a general educational development certificate equivalent and has obtained an associate's degree in pharmacy technology, completed a specified course of training, graduated from a specified school of pharmacy, or is certified by the Pharmacy Technician Certification Board.

This bill would substitute for the Pharmacy Technician Certification Board a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the California State Board of Pharmacy.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 4202 of the Business and Professions Code is amended to read:

4202. (a) The board may issue a pharmacy technician license to an individual if he or she is a high school graduate or possesses a general educational development certificate equivalent, and meets any one of the following requirements:

(1) Has obtained an associate's degree in pharmacy technology.

(2) Has completed a course of training specified by the board.

(3) Has graduated from a school of pharmacy recognized by the board.

(4) Is certified by ~~the Pharmacy Technician Certification Board.~~ *a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the board.*

(b) The board shall adopt regulations pursuant to this section for the licensure of pharmacy technicians and for the specification of training courses as set out in paragraph (2) of subdivision (a). Proof of the qualifications of any applicant for licensure as a pharmacy technician shall be made to the satisfaction of the board and shall be substantiated by any evidence required by the board.

(c) The board shall conduct a criminal background check of the applicant to determine if an applicant has committed acts that would constitute grounds for denial of licensure, pursuant to this chapter or Chapter 2 (commencing with Section 480) of Division 1.5.

(d) The board may suspend or revoke a license issued pursuant to this section on any ground specified in Section 4301.

(e) Once *an individual is* licensed as a pharmacist, the pharmacy technician registration is no longer valid and the pharmacy technician license shall be returned to the board within 15 days.

O

SENATOR JOEL ANDERSON

THIRTY-EIGHTH SENATE DISTRICT

www.senate.ca.gov/Anderson

SB 952: Pharmacy Technician Licensing Certification

SUMMARY

This bill eliminates a statutory monopoly for one company that administers certification examinations to pharmacy technicians, and instead allows the Board of Pharmacy to approve any accredited certifying organization.

BACKGROUND

Current law provides four alternative routes to obtaining a pharmacy technician license. One of the four routes involves certification from a specific vendor of certification exams, i.e. the Pharmacy Technician Certification Board, also known as PTCB. PTCB is a private corporation that provides the Pharmacy Technician Certification Exam (PTCE) for states across the country. When PTCB was established in 1995it had no competitors on a national level. However, over the last decade or so, at least one competitor has emerged: National Healthcareer Association (NHA) which administers the Exam for the Certification of Pharmacy Technicians (ExCPT). NHA is a national professional certification agency for healthcare workers in a variety of allied health fields.

Both NHA and PTCB are accredited by the same well-respected accrediting body, which ensures an objective third party assessment of program governance, psychometric soundness, and exam administration and security. Each must reapply for accreditation every 5 years, and must make annual reports during the accreditation period.

Currently, NHA's ExCPT exam is recognized in virtually all of the states that require or encourage certification for pharmacy technicians.

Recently, an audit was completed by the Department of Consumer Affairs' Office of Professional Examination Services which evaluated both the PTCB test and the ExCPT exam. The audit concluded that both exams were consistent with professional standards in a wide number of measured categories.

Nevertheless, because California law has created a statutory monopoly for PTCB, the Board of Pharmacy is unable to approve any other certification tests developed by anyone else, including NHA.

SOLUTION

SB 952 allows the Board of Pharmacy to approve any accredited certifying organization and thereby allow that organization to administer a pharmacy technician certification program as a pathway to licensure in California. This will give pharmacy technicians more flexibility in terms of testing locations. In addition, because the ExCPT is less expensive, pharmacy technicians will have the benefits of consumer choice. Finally, the bill will eliminate a statutory monopoly and allow a free market for any reputable certifying organizations.

SUPPORT

National Healthcareer Association (Sponsor)

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ATTACHMENT 6

Section 4119.

(a) Notwithstanding any other provision of law, a pharmacy may furnish a dangerous drug or

Regulations and the requirements set forth in Section 1261.5 of the Health and Safety Code. These

drugs in these emergency supplies to 24.

(b) Notwithstanding any other provision of law, a pharmacy may furnish a dangerous drug or a

met:

(1) The dangerous drug or dangerous device is furnished exclusively for use in conjunction

(2) The requested dangerous drug or dangerous device is within the licensed or certified

(3) The approved service provider within an emergency medical services system provides a

(4) The approved emergency medical services provider administers dangerous drugs and

(5) The approved emergency medical services provider documents, stores, and restocks

local emergency medical services agency.

Records of each request by, and dangerous drugs or dangerous devices furnished to, an approved service provider within an emergency medical services system, shall be maintained by

years.

The furnishing of controlled substances to an approved emergency medical services provider

Section 4119.1.

(a) A pharmacy may provide pharmacy services to a health facility licensed pursuant to subdivision (c), (d), or both, of Section 1250 of the Health and Safety Code, through the use of an automated drug delivery system that need not be located at the same location as the pharmacy.

(b) Drugs stored in an automated drug delivery system shall be part of the inventory of the

system shall be considered to have been dispensed by that pharmacy.

(c) (1) The pharmacy shall maintain records of the acquisition and disposition of dangerous drugs and dangerous devices stored in the automated drug delivery system separate from other pharmacy records.

(2) The pharmacy shall own and operate the automated drug delivery system.

(3) The pharmacy shall provide training regarding the operation and use of the automated drug delivery system to both pharmacy and health facility personnel using the system.

(4) The pharmacy shall operate the automated drug delivery system in compliance with Section 1261.6 of the Health and Safety Code.

(d) The operation of the automated drug delivery system shall be under the supervision of a licensed pharmacist. To qualify as a supervisor for an automated drug delivery system, the pharmacist need not be physically present at the site of the automated drug delivery system and may supervise the system electronically.

(e) Nothing in this section shall be construed to revise or limit the use of automated drug delivery systems as permitted by the board in any licensed health facility other than a facility defined in subdivision (c) or (d), or both, of Section 1250 of the Health and Safety Code.

ATTACHMENT 7

Pharmacy Ownership

Section 4035 – "Person" defined
Section 4111 – Restrictions on Prescriber Ownership
Section 4201 – "Beneficial Ownership"
Section 4207 – Investigation by the board – applicants
16 CCR Section 1709 – Names of Owners and Pharmacist-in-Charge

4035.
"Person" includes firm, association, partnership, corporation, limited liability company, state governmental agency, or political subdivision.

4111.
(a) Except as otherwise provided in subdivision (b), (d), or (e), the board shall not issue or renew

following:

(1) A person or persons authorized to prescribe or write a prescription, as specified in Section 4040, in the State of California.

(2) A person or persons with whom a person or persons specified in paragraph (1) shares a community or other financial interest in the permit sought.

(3) Any corporation that is controlled by, or in which 10 percent or more of the stock is owned by a person or persons prohibited from pharmacy ownership by paragraph (1) or (2).

(b) Subdivision (a) shall not preclude the issuance of a permit for an inpatient hospital pharmacy to the owner of the hospital in which it is located.

(c) The board may require any information the board deems is reasonably necessary for the enforcement of this section.

(d) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a person licensed on or before August 1, 1981, under the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and qualified on or before August 1, 1981, under subsection (d) of Section 1310 of Title XIII of the federal Public Health Service Act, as amended, whose ownership includes persons defined pursuant to paragraphs (1) and (2) of subdivision (a).

(e) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a pharmacist authorized to issue a drug order pursuant to Section 4052.1, 4052.2, or 4052.6.

4201.
(a) Each application to conduct a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be made on a form furnished by the board and shall state the name, address, usual occupation, and professional qualifications, if any, of the applicant. If the applicant is other than a natural person, the application shall state the information as to each person beneficially interested therein.

(b) As used in this section, and subject to subdivision (c), the term "person beneficially interested" means and includes:

(1) If the applicant is a partnership or other unincorporated association, each partner or member.

(2) If the applicant is a corporation, each of its officers, directors, and stockholders, provided that a natural person shall not be deemed to be beneficially interested in a nonprofit corporation.

(3) If the applicant is a limited liability company, each officer, manager, or member.

(c) If the applicant is a partnership or other

partners, members, or stockholders, as the case may be, exceeds five, the application shall so state, and shall further state the information required by subdivision (a) as to each of the five

partners, members, or stockholders who own the five largest interests in the applicant entity. Upon request by the executive officer, the applicant shall furnish the board with the information required by subdivision (a) as to partners, members, or stockholders not named in the application, or shall refer the board to an appropriate source of that information.

(d) The application shall contain a statement to the effect that the applicant has not been convicted of a felony and has not violated any of the provisions of this chapter. If the applicant cannot make this statement, the application shall contain a statement of the violation, if any, or reasons which will prevent the applicant from being able to comply with the requirements with respect to the statement.

(e) Upon the approval of the application by the board and payment of the fee required by this chapter for each pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer, the executive officer of the board shall issue a license to conduct a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer if all of the provisions of this chapter have been complied with.

(f) Notwithstanding any other law, the pharmacy license shall authorize the holder to conduct a pharmacy. The license shall be renewed annually and shall not be transferable.

(g) Notwithstanding any other law, the wholesaler license shall authorize the holder to wholesale dangerous drugs and dangerous devices. The license shall be renewed annually and shall not be transferable.

(h) Notwithstanding any other law, the third-party logistics provider license shall authorize the holder to provide or coordinate warehousing, distribution, or other similar services of dangerous drugs and dangerous devices. The license shall be renewed annually and shall not be transferable.

(i) Notwithstanding any other law, the veterinary food-animal drug retailer license shall authorize the holder to conduct a veterinary food-animal drug retailer and to sell and dispense veterinary food-animal drugs as defined in Section 4042.

(j) For licenses referred to in subdivisions (f), (g), (h), and (i), any change in the proposed beneficial ownership interest shall be reported to the board within 30 days thereafter upon a form to be furnished by the board.

4207.

(a) Upon receipt of an application for a license and the applicable fee, the board shall make a thorough investigation to determine whether the applicant is qualified for the license being

this article has been complied with, and shall investigate all matters directly related to the issuance of the license that may affect the public welfare.

(b) The board shall not investigate matters connected with the operation of a premises other than those matters solely related to the furnishing of dangerous drugs or dangerous devices that might adversely affect the public welfare.

(c) The board shall deny an application for a license if the applicant does not qualify for the license being sought.

(d) Notwithstanding any other provision of law, the board may request any information it deems necessary to complete the application

request for information that the board deems necessary in carrying out this section in any application or related form devised by the board shall not be required to be adopted by regulation pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

§ 1709. Names of Owners and Pharmacist in Charge.

(a) Each permit to operate a pharmacy shall show the name and address of the pharmacy, the form of ownership (individual, partnership or corporation) and the pharmacist-in-charge. Each pharmacy shall, in its initial application on the annual renewal form, report the name of the pharmacist-in-charge, the names of all owners and the names of the corporate officers (if a corporation). Any changes in the pharmacist-in-charge, or the owners, or corporate officers shall be reported to the Board within 30 days.

(b) Any transfer, in a single transaction or in a

the beneficial interest in a business entity licensed by the board to a person or entity who did not hold a beneficial interest at the time the original permit was issued, shall require written notification to the board within 30 days.

(c) The following shall constitute a transfer of permit and require application for a change of

a business entity licensed by the board, in a single transaction or in a series of transactions, to any person or entity, which transfer results in

beneficial interest in that license.

ATTACHMENT 8

Issue #7

Background: Corporations Code 13401.5 authorizes the formation of various healing arts professional corporations and establishes which healing arts licensees who are not of the same license type as the corporation may be shareholders, officers, and directors of that corporation. Any person licensed under the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act may be employed by these professional corporations. Thus, the services of professional corporations are not limited to the named profession. For example, a nursing corporation may have a director who is a chiropractor, a shareholder who is an acupuncturist, and employ an accountant, podiatrist, and a marriage and family therapist, none of which would traditionally be seen as providing the professional services of nursing.

Current law authorizes a medical corporation to have the following licensees as officers, directors, and shareholders:

(1) Licensed doctors of podiatric medicine.
(2) Licensed psychologists.
(3) Registered nurses.
(4) Licensed optometrists.
(5) Licensed marriage and family therapists.
(6) Licensed clinical social workers.
(7) Licensed physician assistants.
(8) Licensed chiropractors.
(9) Licensed acupuncturists.
(10) Naturopathic doctors.
(11) Licensed professional clinical counselors.
(12) Licensed physical therapists.

Stakeholders have requested that pharmacists be added to this list, given the recent expansion of the pharmacists' scope of practice by SB 493 (Hernandez, Chapter 469, Statutes of 2013). Pharmacy corporations were authorized in 1996 in the Pharmacy Practice Act, rather than the Corporations Code. Current law allows a pharmacy corporation's officers, directors, and shareholders to be anyone who is a "licensed person" as defined in Section 13401 of the Corporations Code:

> "Licensed person" means any natural person who is duly licensed under the provisions of the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act to render the same professional services as are or will be rendered by the professional corporation or foreign professional corporation of which he or she is, or intends to become, an officer, director, shareholder, or employee.

Since the "same professional services" rendered by the corporation is an expansive concept, it can be argued that a physician can be an officer, director, or shareholder of a pharmacy corporation. It follows, then, that it would be equitable for a pharmacist to be an officer, director, or shareholder of a medical corporation.

(Oversight Committee) **Staff Recommendation:** ***Pharmacists should be added to the list for medical corporations. In addition, the Board should examine the other professional corporations authorized by the Moscone-Knox Professional Corporation Act and determine whether there are others to which it makes sense for pharmacists to be added as officers, shareholders, or directors.***

Source: http://sbp.senate.ca.gov/sites/sbp.senate.ca.gov/files/Board%20of%20Pharmacy%20Background%20Paper%202016.pdf

ATTACHMENT 9

Board of Pharmacy Licensing Statistics - Fiscal Year 2015/16

APPLICATIONS

Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	42	63	44	41	38	33	27	31	35				354
Designated Representatives Vet (EXV)	0	1	0	0	0	0	0	0	0				1
Designated Representatives-3PL (DRL)	16	19	5	32	14	14	12	18	8				138
Intern Pharmacist (INT)	59	518	582	302	84	78	102	122	120				1967
Pharmacist (exam applications)	201	126	109	149	123	100	117	105	146				1176
Pharmacist (initial licensing applications)	139	661	107	397	153	139	63	70	101				1830
Pharmacy Technician (TCH)	596	486	607	558	440	438	424	555	497				4601
Centralized Hospital Packaging (CHP)	0	0	0	0	0	0	1	0	0				1
Clinics (CLN)	6	6	17	13	10	9	3	8	8				80
Clinics Exempt (CLE)	3	3	4	1	1	0	1	0	3				16
Drug Room (DRM)	0	0	0	0	0	0	1	0	0				1
Drug Room Exempt (DRE)	0	0	0	0	0	0	0	0	0				0
Hospitals (HSP)	7	0	0	2	0	1	0	2	8				20
Hospitals - Temp	5	0	0	0	0	0	0	0	4				9
Hospitals Exempt (HPE)	0	0	0	0	0	1	0	0	0				1
Hypodermic Needle and Syringes (HYP)	0	0	1	0	2	3	2	3	0				11
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0	0	0	0	0	0	0				0
Correctional Pharmacy (LCF)	0	0	0	0	0	0	0	0	1				1
Pharmacy (PHY)	35	49	49	86	246	60	41	34	38				638
Pharmacy - Temp	5	17	22	60	225	21	12	11	8				381
Pharmacy Exempt (PHE)	0	0	0	1	0	2	1	0	0				4
Pharmacy Nonresident (NRP)	12	16	19	12	17	14	8	14	9				121
Pharmacy Nonresident Temp	1	0	2	3	3	3	3	4	0				19
Sterile Compounding (LSC)	10	13	11	11	6	2	6	6	7				72
Sterile Compounding - Temp	6	5	6	5	2	2	1	1	5				33
Sterile Compounding Exempt (LSE)	0	0	0	0	0	3	0	0	0				3
Sterile Compounding Nonresident (NSC)	2	3	2	6	4	4	2	5	3				31
Sterile Compounding Nonresident Temp	0	0	0	1	0	0	3	1	2				7
Third-Party Logistics Providers (TPL)	2	2	1	1	0	0	1	3	1				11
Third-Party Logistics Providers - Temp	0	0	0	0	0	0	0	0	0				0
Third-Party Logistics Providers Nonresident (NPL)	5	3	2	11	5	2	1	5	3				37
Third-Party Logistics Providers Nonresident Temp	0	0	0	0	0	0	0	0	0				0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	1	5	0	0	0				6
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	5	0	0	0				5
Wholesalers (WLS)	13	7	11	2	9	19	6	2	9				78
Wholesalers - Temp	4	0	1	1	0	6	0	0	0				12
Wholesalers Exempt (WLE)	0	0	0	0	0	0	0	0	0				0
Wholesalers Nonresident (OSD)	10	13	13	12	1	11	9	7	6				82
Wholesalers Nonresident - Temp	2	0	2	5	5	3	0	3	1				21
Total	1181	2011	1617	1712	1389	978	847	1010	1023	0	0	0	11768

All change of location applications are reported under the license type as a new license is issued effective 11/1/2014

APPLICATIONS (continued)

Issued	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	34	39	36	54	26	27	29	53	31				329
Designated Representatives Vet (EXV)	0	0	0	0	1	0	0	0	0				1
Designated Representatives-3PL (DRL)	34	19	19	14	25	8	22	13	6				160
Intern Pharmacist (INT)	103	222	639	408	105	59	57	40	140				1773
Pharmacist (initial licensing applications)	146	451	342	223	280	175	68	52	80				1817
Pharmacy Technician (TCH)	717	592	488	591	633	475	296	413	501				4706
Centralized Hospital Packaging (CHP)	1	0	0	0	0	0	0	1	1				3
Clinics (CLN)	12	7	10	9	10	8	7	11	7				81
Clinics Exempt (CLE)	1	0	0	4	3	2	1	1	0				12
Drug Room (DRM)	1	0	0	0	0	0	0	0	0				1
Drug Room Exempt (DRE)	0	0	0	0	0	0	0	0	0				0
Hospitals (HSP)	0	5	1	2	1	0	0	1	1				11
Hospitals - Temp	1	0	0	0	0	1	0	0	0				2
Hospitals Exempt (HPE)	0	1	0	0	1	0	0	0	1				3
Hypodermic Needle and Syringes (HYP)	0	6	1	0	0	0	0	4	0				11
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0	0	0	0	0	0	0				0
Correctional Pharmacy (LCF)	0	0	0	0	0	0	0	0	1				1
Pharmacy (PHY)	30	36	38	49	35	282	34	47	30				581
Pharmacy - Temp	7	2	4	0	9	7	1	5	5				40
Pharmacy Exempt (PHE)	1	0	1	1	0	1	1	0	1				6
Pharmacy Nonresident (NRP)	3	9	5	7	6	5	12	9	18				74
Pharmacy Nonresident Temp	5	5	0	1	0	2	4	1	0				18
Sterile Compounding (LSC)	3	1	3	4	6	1	2	7	6				33
Sterile Compounding - Temp	2	6	0	0	4	0	0	0	0				12
Sterile Compounding Exempt (LSE)	0	0	1	1	0	0	0	0	0				2
Sterile Compounding Nonresident (NSC)	2	1	3	1	1	3	1	1	0				13
Sterile Compounding Nonresident Temp	0	0	0	1	0	1	3	1	0				6
Third-Party Logistics Providers (TPL)	3	1	2	1	2	1	1	0	2				13
Third-Party Logistics Providers-Temp	0	0	0	1	0	0	0	0	0				1
Third-Party Logistics Providers Nonresident (NPL)	10	2	6	3	8	2	15	9	1				56
Third-Party Logistics Providers Nonresident Temp	0	0	0	0	0	0	0	0	0				0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0	0	0	0	0				0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0				0
Wholesalers (WLS)	7	3	7	4	8	6	6	3	2				46
Wholesalers - Temp	0	0	0	0	0	0	0	0	0				0
Wholesalers Exempt (WLE)	0	0	0	0	0	0	0	0	0				0
Wholesalers Nonresident (OSD)	11	4	9	8	5	9	9	7	6				68
Wholesalers Nonresident - Temp	0	0	0	1	0	1	0	0	0				2
Total	1134	1412	1615	1388	1169	1076	569	679	840	0	0	0	9882

APPLICATIONS (continued)

Pending	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Designated Representatives (EXC)	228	257	263	24	257	255	249	225	214			
Designated Representatives Vet (EXV)	3	4	2	2	2	2	2	1	1			
Designated Representatives-3PL (DRL)	120	109	95	92	78	72	63	68	73			
Intern Pharmacist (INT)	102	384	313	184	146	162	175	263	230			
Pharmacist (exam applications)	905	805	750	824	849	828	826	873	941			
Pharmacist (eligible exam)	1981	1709	1501	1259	1013	873	854	817	784			
Pharmacy Technician (TCH)	1228	992	1130	1081	879	852	824	929	1068			
Centralized Hospital Packaging (CHP)	16	16	16	13	13	13	13	12	9			
Clinics (CLN)	66	72	74	73	73	77	75	71	68			
Clinics Exempt (CLE)	10	11	15	14	12	10	11	9	12			
Drug Room (DRM)	1	1	1	2	3	3	5	5	4			
Drug Room Exempt (DRE)	0	0	0	1	1	1	1	0	0			
Hospitals (HSP)	22	14	14	14	12	10	12	14	21			
Hospitals Exempt (HPE)	4	4	4	3	2	3	3	3	2			
Hypodermic Needle and Syringes (HYP)	14	8	8	9	10	13	12	10	10			
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0	0	0	0	0	0	0			
Correctional Pharmacy (LCF)	0	0	0	0	0	0	0	1	1			
Pharmacy (PHY)	210	208	207	182	424	196	197	178	169			
Pharmacy Exempt (PHE)	4	5	4	4	4	5	5	6	4			
Pharmacy Nonresident (NRP)	203	204	212	215	226	233	223	223	177			
Sterile Compounding (LSC)	44	44	49	53	48	46	46	46	44			
Sterile Compounding - Exempt (LSE)	6	7	6	5	5	8	8	8	7			
Sterile Compounding Nonresident (NSC)	38	40	41	42	46	42	39	41	39			
Third-Party Logistics Providers (TPL)	12	13	11	10	8	8	8	11	10			
Third-Party Logistics Providers Nonresident (NPL)	52	54	49	56	54	51	38	34	35			
Veterinary Food-Animal Drug Retailer (VET)	1	1	1	1	1	6	6	7	7			
Wholesalers (WLS)	57	61	65	61	63	77	74	74	76			
Wholesalers Exempt (WLE)	0	0	0	0	0	0	0	0	0			
Wholesalers Nonresident (OSD)	73	83	86	88	95	96	98	102	100			
Total	5400	5106	4917	4312	4324	3942	3867	4031	4106	0	0	0

The number of temporary applications are included in the primary license type.

APPLICATIONS (continued)

Withdrawn	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	1	5	2	2	2	7	4	6	14				43
Designated Representatives Vet (EXV)	0	0	2	0	0	0	0	1	0				3
Designated Representatives-3PL (DRL)	0	0	1	0	0	1	0	0	1				3
Intern Pharmacist (INT)	0	0	0	0	0	0	0	1	0				1
Pharmacist (exam applications)	0	1	0	0	0	1	1	0	0				3
Pharmacist (initial licensing applications)	0	0	0	0	0	0	0	0	0				0
Pharmacy Technician (TCH)	132	53	11	13	16	10	11	13	0				259
Centralized Hospital Packaging (CHP)	0	0	0	0	0	0	0	0	2				2
Clinics (CLN)	0	1	0	3	0	0	0	0	1				5
Clinics Exempt (CLE)	0	0	0	0	0	0	0	0	0				0
Drug Room (DRM)	0	0	0	0	0	0	0	0	0				0
Drug Room Exempt (DRE)	0	0	0	0	0	0	0	0	0				0
Hospitals (HSP)	0	4	0	0	0	0	0	0	0				4
Hospitals Exempt (HPE)	0	0	0	0	0	0	0	0	0				0
Hypodermic Needle and Syringes (HYP)	4	0	0	0	0	0	2	1	0				7
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0	0	0	0	0	0	0				0
Correctional Pharmacy (LCF)	0	0	0	0	0	0	0	0	0				0
Pharmacy (PHY)	0	1	3	4	8	1	1	3	4				25
Pharmacy Exempt (PHE)	0	0	0	0	0	0	0	0	0				0
Pharmacy Nonresident (NRP)	20	1	2	3	0	0	4	2	34				66
Sterile Compounding (LSC)	1	4	1	0	3	2	0	1	4				16
Sterile Compounding Exempt (LSE)	0	0	0	0	0	0	0	0	1				1
Sterile Compounding Nonresident (NSC)	0	0	1	1	0	1	1	0	3				7
Third-Party Logistics Providers (TPL)	0	0	1	0	0	0	0	0	0				1
Third-Party Logistics Providers Nonresident (NPL)	0	0	1	1	0	0	0	0	1				3
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0	0	0	0	0				0
Wholesalers (WLS)	1	0	0	2	0	0	1	1	2				7
Wholesalers Exempt (WLE)	0	0	0	0	0	0	0	0	0				0
Wholesalers Nonresident (OSD)	0	2	1	1	0	2	2	0	2				10
Total	159	72	26	30	29	25	27	29	69	0	0	0	466

The number of temporary applications withdrawn is reflected in the primary license type.

APPLICATIONS (continued)

Denied	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	1	0	0	0	0	0	0	0	0				1
Designated Representatives Vet (EXV)	0	0	0	0	0	0	0	0	0				0
Designated Representatives-3PL (DRL)	0	0	0	0	0	0	0	0	0				0
Intern Pharmacist (INT)	0	0	0	1	0	1	1	1	0				4
Pharmacist (exam applications)	2	0	0	1	0	3	2	0	1				9
Pharmacist (initial licensing applications)	0	0	0	0	1	0	0	0	0				1
Pharmacy Technician (TCH)	3	8	10	2	4	7	2	4	7				47
Centralized Hospital Packaging (CHP)	0	0	0	0	0	0	0	0	0				0
Clinics (CLN)	0	0	0	0	0	0	0	0	0				0
Clinics Exempt (CLE)	0	0	0	0	0	0	0	0	0				0
Drug Room (DRM)	0	0	0	0	0	0	0	0	0				0
Drug Room Exempt (DRE)	0	0	0	0	0	0	0	0	0				0
Hospitals (HSP)	0	0	0	0	0	0	0	0	0				0
Hospitals Exempt (HPE)	0	0	0	0	0	0	0	0	0				0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0	0	0	0	0				0
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0	0	0	0	0	0	0				0
Correctional Pharmacy (LCF)	0	0	0	0	0	0	0	0	0				0
Pharmacy (PHY)	1	6	0	0	2	0	1	1	1				12
Pharmacy Exempt (PHE)	0	0	0	0	0	0	0	0	0				0
Pharmacy Nonresident (NRP)	0	1	0	0	0	0	0	0	0				1
Sterile Compounding (LSC)	0	0	0	0	0	0	0	0	0				0
Sterile Compounding Exempt (LSE)	0	0	0	0	0	0	0	0	0				0
Sterile Compounding Nonresident (NSC)	0	0	0	0	0	0	0	0	1				1
Third-Party Logistics Providers (TPL)	0	0	0	0	0	0	0	0	0				0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0	0	0	0	0				0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0	0	0	0	0				0
Wholesalers (WLS)	0	0	0	0	0	0	0	0	0				0
Wholesalers Exempt (WLE)	0	0	0	0	0	0	0	0	0				0
Wholesalers Nonresident (OSD)	0	0	0	0	0	0	0	0	0				0
Total	7	15	10	4	7	11	6	6	10	0	0	0	76

RESPOND TO STATUS REQUESTS

A. Email Inquiries	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Pharmacist/Intern Received	633	520	433	546	387	294	326	417	506				4062
Pharmacist/Intern Responded	550	452	400	455	361	285	273	360	392				3528
Pharmacy Technician Received	29	31	107	248	229	179	220	238	338				1619
Pharmacy Technician Responded	36	41	72	167	251	190	214	121	292				1384
Pharmacy Received	480	458	429	548	444	441	575	619	759				4753
Pharmacy Responded	384	370	404	381	320	204	369	376	357				3165
Sterile Compounding Received	187	190	167	204	154	263	155	313	401				2034
Sterile Compounding Responded	88	129	135	125	112	160	119	261	365				1494
Wholesale/Clinic/Hypodermic/3PL Received	255	260	428	306	315	344	446	545	651				3550
Wholesale/Clinic/Hypodermic/3PL Responded	164	468	296	240	416	240	310	512	518				3164
Pharmacist-in-Charge Received	245	186	162	210	148	118	178	138	163				1548
Pharmacist-in-Charge Responded	190	150	139	143	98	68	126	102	114				1130
Change of Permit Received	272	399	502	555	348	379	396	421	318				3590
Change of Permit Responded	355	287	329	381	250	280	323	321	212				2738
Renewals Received	127	202	170	255	201	165	289	227	214				1850
Renewals Responded	109	186	157	213	129	104	220	136	172				1426

B. Telephone Calls Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Pharmacist/Intern	204	191	141	112	121	117	93	102	191				1272
Pharmacy	348	185	132	134	115	96	92	105	113				1320
Sterile Compounding	72	39	21	70	27	22	22	24	24				321
Wholesale/Clinic/Hypodermic/3PL	109	120	134	136	96	133	122	113	124				1087
Pharmacist-in-Charge	91	64	76	132	90	74	69	90	91				777
Change of Permit	32	60	79	85	50	22	35	61	53				477
Renewals	631	655	650	788	477	611	706	620	682				5820

UPDATE LICENSING RECORDS

A. Change of Pharmacist-in-Charge	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	177	181	218	165	219	231	177	209	163				1740
Processed	196	233	208	197	86	142	229	253	287				1831
Pending	284	246	114	225	332	429	402	356	207				332

B. Change of Desig. Representative-in-Charge	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	18	18	14	15	15	16	9	16	11				132
Processed	20	25	11	15	16	8	15	13	16				139
Pending	51	56	50	52	39	46	42	42	29				39

C. Change of Permits	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	164	77	142	149	112	95	167	171	145				1222
Processed	152	311	56	83	73	273	3	103	357				1411
Pending	621	403	459	583	601	513	651	688	680				601

D. Discontinuance of Business	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Received	33	43	46	39	30	29	33	27	42				322
Processed	34	29	51	37	12	40	30	35	35				303
Pending	78	88	82	93	87	95	112	114	104				87

E. Requests Approved	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Address/Name Changes	1053	1209	1022	1027	832	878	959	1001	1036				9017
Off-site Storage	52			50			29						131
Transfer of Intern Hours	3	7	5	3	1	5	8	12	9				53
License Verification	139	116	121	115	231	151	123	304	155				1455

Board of Pharmacy Licensing Statistics - Fiscal Year 2015/16

Revenue Received

A. Revenue Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Applications	203,149	282,959	383,966	293,075	380,040	369,048	171,101	214,960	113,716				$2,412,013
Renewals	843,082	1,573,955	1,016,429	2,287,772	973,220	1,134,359	948,319	1,015,399	1,122,330				$10,914,866
Cite and Fine	93,883	97,483	193,670	147,727	176,949	271,973	144,563	152,659	170,634				$1,449,541
Probation/Cost Recovery	61,591	84,166	200,259	39,882	41,522	16,753	104,439	46,985	36,624				$632,221
Request for Information/Lic. Verification	1,640	1,740	2,705	1,978	4,230	3,660	2,965	6,570	1,735				$27,223
Fingerprint Fee	7,595	6,811	7,203	9,212	5,710	8,428	6,321	8,526	5,978				$65,784

B. Licenses Renewed	JUL	AUG*	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	173	245	208	195	178	212	156	228	244				1839
Designated Representatives Vet (EXV)	12	5	5	2	1	5	2	5	4				41
Designated Representatives-3PL (DRL)	0	0	0	0	0	0	0	0	3				3
Pharmacist (RPH)	1648	1629	1895	1739	1525	1830	1483	1543	1687				14979
Pharmacy Technician (TCH)	2569	2531	2708	2481	2329	2532	2358	2440	2774				22722
Centralized Hospital Packaging (CHP)	0	0	0	0	0	0	0	0	0				0
Clinics (CLN)	83	78	68	69	54	59	91	99	86				687
Clinics Exempt (CLE)	2	4	85	96	5	5	2	1	7				207
Drug Room (DRM)	2	0	2	0	1	2	2	2	3				14
Drug Room Exempt (DRE)	0	2	2	7	2	0	0	0	0				13
Hospitals (HSP)	19	16	26	82	21	30	42	32	32				300
Hospitals Exempt (HPE)	0	8	42	24	3	1	1	0	0				79
Hypodermic Needle and Syringes (HYP)	18	18	21	24	31	19	22	26	26				205
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0	0	0	0	0	0	0				0
Correctional Pharmacy (LCF)	0	2	30	20	0	0	0	0	1				53
Pharmacy (PHY)	213	338	171	1489	279	644	485	458	736				4813
Pharmacy Exempt (PHE)	0	7	76	34	1	0	1	2	0				121
Pharmacy Nonresident (NRP)	29	30	25	31	38	32	39	30	30				284
Sterile Compounding (LSC)	57	35	50	156	44	51	52	79	57				581
Sterile Compounding Exempt (LSE)	0	1	11	95	0	2	0	0	0				109
Sterile Compounding Nonresident (NSC)	7	6	5	7	6	8	6	5	5				55
Third-Party Logistics Providers (TPL)	0	0	0	0	0	0	0	0	0				0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0	0	2	0	0				2
Veterinary Food-Animal Drug Retailer (VET)	3	4	4	3	1	2	1	0	3				21
Wholesalers (WLS)	44	51	41	37	24	37	18	40	33				325
Wholesalers Exempt (WLE)	0	2	0	3	2	1	0	0	0				8
Wholesalers Nonresident (OSD)	59	50	58	52	54	47	36	36	56				448
Total	4938	5062	5533	6646	4599	5519	4799	5026	5787	0	0	0	47909

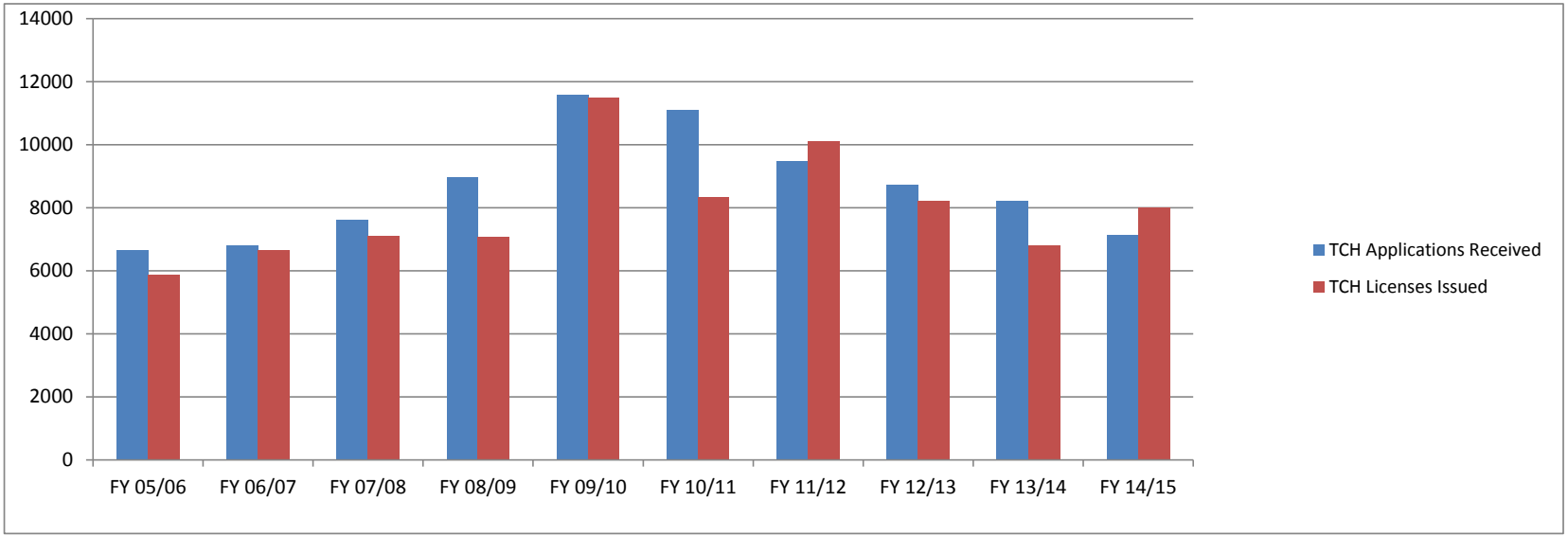
Current Licensees

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	3080	3121	3159	3204	3235	3016	3066	3096	3127				3127
Designated Representatives Vet (EXV)	69	69	69	69	70	65	65	65	65				65
Designated Representatives-3PL (DRL)	45	66	85	97	123	130	161	165	171				171
Intern Pharmacist (INT)	6305	6166	6459	6586	6420	6378	6391	6389	6456				6456
Pharmacist (RPH)	42638	43100	43294	43472	43744	43822	43819	43818	43831				43831
Pharmacy Technician (TCH)	74728	74875	74664	74656	74863	74561	74306	74059	73875				73875
Centralized Hospital Packaging (CHP)	5	5	5	3	3	3	3	3	8				8
Clinics (CLN)	1168	1168	1170	1175	1182	1188	1193	1200	1200				1200
Clinics Exempt (CLE)	244	243	247	247	249	252	251	252	252				252
Drug Room (DRM)	25	25	25	25	24	24	24	23	24				24
Drug Room Exempt (DRE)	14	14	13	13	13	13	13	14	14				14
Hospitals (HSP)	400	400	399	398	398	398	398	399	399				399
Hospitals Exempt (HPE)	85	86	86	86	86	86	86	85	86				86
Hypodermic Needle and Syringes (HYP)	278	281	281	281	281	281	282	283	282				282
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0	0	0	0	0	0	0				0
Correctional Pharmacy (LCF)	53	53	53	53	53	53	53	53	54				54
Pharmacy (PHY)	6451	6439	6453	6463	6445	6454	6472	6486	6485				6485
Pharmacy Exempt (PHE)	124	124	124	124	124	125	126	124	124				124
Pharmacy Nonresident (NRP)	456	455	458	462	468	470	479	487	498				498
Sterile Compounding (LSC)	816	816	810	810	809	804	805	812	813				813
Sterile Compounding Exempt (LSE)	121	121	121	121	120	120	118	117	117				117
Sterile Compounding Nonresident (NSC)	91	91	94	95	95	97	98	98	97				97
Third-Party Logistics Providers (TPL)	3	4	6	8	10	11	12	12	14				14
Third-Party Logistics Providers Nonresident (NPL)	10	14	18	21	29	33	50	57	58				58
Veterinary Food-Animal Drug Retailer (VET)	24	24	24	24	24	24	23	23	23				23
Wholesalers (WLS)	626	623	622	622	628	629	628	629	625				625
Wholesalers Exempt (WLE)	16	16	16	16	16	16	16	16	16				16
Wholesalers Nonresident (OSD)	833	826	819	818	815	820	817	811	809				809
Total	138708	139225	139574	139949	140327	139873	139755	139576	139523	0	0	0	139523

PHARMACY TECHNICIAN APPLICATIONS RECEIVED AND LICENSES ISSUED - 10 YEAR COMPARISON

Pharmacy Technician	FY 05/06	FY 06/07	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	% CHANGE
Applications Received	6665	6810	7609	8978	11601	11090	9491	8741	8211	7151	-62%
Applications Issued	5875	6665	7118	7096	11488	8336	10120	8241	6818	8028	-43%

The "% Change" above represents the percentage of change between the peak of FY 10/11 to FY 14/15



ATTACHMENT 10

California State Board of Pharmacy
CPJE Statistics 10/1/15 – 3/31/16

The charts below display data for all candidates who took the CPJE examination between 10/1/15 – 3/31/16, inclusive.

The board also displays NAPLEX scores associated with any candidate who took the CPJE during this six-month period and was reported to the board, regardless of when the NAPLEX may have been taken (it could have occurred outside the six-month reporting period noted above). Typically, the board reports CPJE performance data at six-month intervals.

Overall Pass Rates

CPJE

		Frequency	Percent
	F	289	34.7
	P	545	65.3
	Total	834	100.0

NAPLEX

		Frequency	Percent
	F	83	10.4
	P	714	89.6
	Total	797	100.0

Location of School

CPJE

			CPJE		CPJE Total	NAPLEX		NAPLEX Total
			Fail	Pass		Fail	Pass	
School	California	Count	35	93	128	18	108	126
		%	27.3%	72.7%	100.0%	14.3%	85.7%	100.0%
	Other US	Count	195	375	570	36	501	537
		%	34.2%	65.8%	100.0%	6.7%	93.3%	100.0%
	Foreign	Count	58	77	135	29	104	133
		%	43.0%	57.0%	100.0%	21.8%	78.2%	100.0%
	Unclassified	Count	1	0	1	0	1	1
		%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%
Total		Count	289	545	834	83	714	797
			34.7%	65.3%	100.0%	10.4%	89.6%	100.0%

Gender

			CPJE pass fail status		CPJE Total	NAPLEX pass fail status		NAPLEX Total
			Fail	Pass		Fail	Pass	
gender	F	Count	182	365	547	53	470	523
		%	33.3%	66.7%	100.0%	10.1%	89.9%	100.0%
	M	Count	107	180	287	30	244	274
		%	37.3%	62.7%	100.0%	10.9%	89.1%	100.0%
Total		Count	289	545	834	83	714	797
		within PF	34.7%	65.3%	100.0%	10.4%	89.6%	100.0%

California Schools

			CPJE pass fail status		CPJE Total	NAPLEX pass fail status		NAPLEX Total
			Fail	Pass		Fail	Pass	
school	UCSF	Count	5	15	20	0	19	19
		%	25.0%	75.0%	100.0%	0.0%	100.0%	100.0%
	UOP	Count	8	15	23	4	18	22
		%	34.8%	65.2%	100.0%	18.2%	81.8%	100.0%
	USC	Count	3	11	14	0	14	14
		%	21.4%	78.6%	100.0%	0.0%	100.0%	100.0%
	Western	Count	4	18	22	2	20	22
		%	18.2%	81.8%	100.0%	9.1%	90.9%	100.0%
	Loma Linda	Count	5	5	10	1	9	10
		%	50.0%	50.0%	100.0%	10.0%	90.0%	100.0%
	UCSD	Count	1	3	4	0	4	4
		%	25.0%	75.0%	100.0%	0.0%	100.0%	100.0%
	Touro	Count	6	12	18	7	11	18
		%	33.3%	66.7%	100.0%	38.9%	61.1%	100.0%
	Cal Northstate	Count	3	14	17	4	13	17
		%	17.6%	82.4%	100.0%	23.5%	76.5%	100.0%
Total		Count	35	93	128	18	108	126
		%	27.3%	72.7%	100.0%	14.3%	85.7%	100.0%

US Schools of Pharmacy

	Pass/Fail		Total
	F	P	
Samford	1	0	1
U of AZ	3	3	6
UCSF	5	15	20
U of Pacific	8	15	23
USC	3	11	14
U of CO	5	13	18
U of Conn	0	2	2
Howard DC	0	2	2
FL A&M	4	3	7
U of FL	0	4	4
Mercer	1	2	3
Idaho SU	3	1	4
U of IL Chi	6	6	12
Butler U	1	1	2
Purdue	2	8	10
Drake	3	3	6
U of IA	1	1	2
U of KS	0	1	1
U of KY	1	1	2
NE LA U	0	1	1
Xavier	4	1	5
U of MD	5	5	10
MA Col Pharm	8	16	24
NE-MA	3	6	9
Ferris	0	1	1
U of MI	3	5	8
Wayne SU	0	1	1
U of MN	3	6	9
U of MS	2	2	4
St. Louis Col of PH	4	2	6
UMKC	1	2	3
U of MT	1	1	2
Creighton	2	5	7
U of NE	1	0	1
Rutgers	0	6	6
U of NM	1	8	9
Western	4	18	22

	Pass/Fail		Total
	F	P	
Midwstern U Chicago	5	10	15
A&M Schwartz	4	4	8
St. Johns	2	3	5
SUNY-Buff	2	5	7
Union U	6	9	15
UNC	1	0	1
ND SU	2	1	3
OH Nrthrn U	0	2	2
OH State U	3	6	9
U of Cinn	1	1	2
U of Toledo	1	2	3
SW OK State	0	2	2
U of OK	2	3	5
OR State U	1	4	5
Duquesne	2	1	3
Phl C of Pharm	4	3	7
Temple	0	4	4
U of Pitt	1	1	2
U of RI	2	2	4
SD SU	0	1	1
U of TN	0	3	3
TX SO U	2	2	4
U of Hous	2	3	5
U of TX	0	3	3
U of UT	0	1	1
Med C of VA	0	2	2
U of WA	1	1	2
WA State U	4	7	11
U of WI-Mad	2	1	3
U of WY	1	0	1
Nova Southeastern	0	3	3
Wilkes University	1	0	1
Texas Tech	2	0	2
Bernard J Dunn	0	3	3
Midwestern AZ	4	15	19

	Pass/Fail		Total
	F	P	
Nevada College of Pharm	6	20	26
Loma Linda U	5	5	10
UCSD	1	3	4
MA School of Pharm - Worcester	11	17	28
Palm Beach Atlantic University	0	2	2
Lake Erie Col	6	19	25
Touro U	6	12	18
U of Charleston	0	2	2
South U School of Pharm	1	4	5
Hampton U (VA)	2	0	2
Pac U of Or	4	12	16
Wingate U	2	2	4
U of Incarnate Word	0	2	2
Sullivan U	4	9	13
Cal Northstate	3	14	17
Unclassified	1	0	1
Other/FG	58	77	135
U of HI - Hilo	9	14	23
NE Ohio Universities	0	3	3
Thomas Jefferson U	1	5	6
Belmont U	1	0	1
Harding U	1	0	1
Husson U	3	4	7
Appalachian College of Pharm	0	2	2
Chicago St U	1	4	5
U of New England	1	6	7
Regis University	1	5	6
Notre Dame of MD	1	1	2
Rosalind Franklin U	1	4	5
U of Saint Joseph	0	2	2
Roosevelt U	1	0	1

	Pass/Fail		Total
	F	P	
Presbyterian	0	2	2
Touro New York	7	4	11
South College	2	2	4
U of S. Florida	1	0	1
U of the Sciences	1	1	2
Total	289	545	834

Country

	Pass/Fail		Total
	F	P	
Armenia	1	1	2
Bulgaria	0	1	1
Canada	0	2	2
Switzerland	1	0	1
China	2	1	3
Algeria	0	1	1
Egypt	15	24	39
Spain	0	1	1
France	1	1	2
India	9	4	13
Iraq	2	2	4
Iran	0	6	6
Jordan	1	8	9
Kenya	0	1	1
S. Korea	1	0	1
Lebanon	3	0	3
Nigeria/New Guinea	1	1	2
Netherlands	1	0	1
Panama	0	1	1
Peru	1	0	1
Philippines	13	12	25
Pakistan	3	1	4
Romania	0	2	2
Russia	1	2	3
Sweden	0	1	1
Somalia	0	1	1
Syria	1	1	2
Ukranian	0	2	2
UK	1	0	1
USA	230	468	698
Venezuela	1	0	1
Total	289	545	834

ATTACHMENT 11

California State Board of Pharmacy
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STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING COMMITTEE MEETING
MINUTES

DATE: March 30, 2016

LOCATION: Department of Consumer Affairs
1st Floor Hearing Room
1625 North Market Blvd. Ste. N-219
Sacramento, CA 95834

COMMITTEE MEMBERS PRESENT:
Stanley Weisser, RPh, Committee Chair
Albert Wong, PharmD.
Victor Law, RPh
Allen Schaad, RPh
Ricardo Sanchez, Public Member

COMMITTEE MEMBERS NOT PRESENT: Greg Murphy, Vice Chairperson

STAFF PRESENT:
Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Laura Hendricks, Staff Analyst
Debi Mitchel, Staff Manager
Laura Freedman, DCA Legal Counsel
Joshua Room, Supervising Deputy Attorney General

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1. Call to Order and Establishment of Quorum

Chairperson Weisser called the meeting to order at 8:30 a.m.

Chairperson Weisser conducted a roll call. Committee members present: Stanley Weisser, and Ricardo Sanchez.

Note: Victor Law and Albert Wong arrived at 8:52 a.m. Allen Schaad arrived at 9:14 a.m.

2. Demonstration of the Video Instructions for Pharmacy Technician Applicants

Chairperson Weisser noted that because most of the committee members where not present they would take the agenda out of order and view the pharmacy technician applicant video.

Chairperson Weisser explained that in an effort to address deficiency rates of pharmacy technician applicants, the board has tried various approaches to educate applicants, and to keep the pharmacy technician application up to date. To further these efforts, board staff has been working with the Department of Consumer Affairs to make a video designed to assist pharmacy technician applicants with the application process.

The committee viewed the video and stated that the video was well done and would help guide pharmacy technician applicants through the application process. They stated that they would like staff to begin working on videos for other applications.

Members of the public expressed their support of the video and stated that they would use it as a training tool for pharmacy technicians.

A member of the public asked if the video was available with closed captioning and asked if the colors used where ADA complainant. Board staff answered that the video would be available with closed captioning and added that they would verify that the colors used are ADA complaint.

Dr. Wong and Mr. Law arrived at 8:52 a.m.

3. Licensing Statistics

Chairperson Weisser briefly reviewed the licensing statistics as provided in the meeting materials.

Mr. Wong asked if board staff has seen a trend of community pharmacy applications declining while larger chain store applications increase. Staff stated that they would pull data on these statistics and provide it to the committee at the next meeting.

Chairperson Weisser noted that chain stores are looking to increase their presence in communities and are increasing the healthcare services they offer patients.

4. Public Comment on Items Not on the Agenda

Mr. Law asked board staff to provide staff with five years of data showing the trends of community vs. chain store applications.

There were no comments from the public.

5. Discussion of Pharmacy Technician Discipline and Applicant Denials

Chairperson Weisser explained that at prior meetings, the committee was provided information on the number of pharmacy technician application denials and licensee discipline in a 4-year period (FY 11/12 – FY 14/15) and determined that during that period – and of those pharmacy technicians that had been disciplined – a large percentage had qualified for licensure by completing a training program. Those numbers, however, did not reflect the overall populations of those denied and disciplined during that period.

Chairperson Weisser reported that the tables below reflect comparisons of pharmacy technician applicants denied, as well as pharmacy technician licensees revoked for the same 4-year period. For further comparison, the same is provided for pharmacist exam applicants and pharmacist licensees.

Chairperson Weisser stated that with the exception of Technician applicants in FY 2012/13, less than one percent of applicants or licensees were denied or revoked for both pharmacist and pharmacist technicians. During FY 2012/13, just over one percent of pharmacy technician applicants were denied.

Applicant Population: Denied

Pharmacy Technician	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Application Received	9491	8741	8211	7151
Applications Denied	89	101	45	56
Percentage	0.94%	1.16%	0.55%	0.78%

License Population: Revoked

Pharmacy Technician	FY 11/12	FY 12/13	FY 13/14	FY 14/15
License Population	72338	73994	73558	74586
Licenses Revoked	99	85	170	170
Percentage	0.14%	0.11%	0.23%	0.23%

Applicant Population: Denied

Pharmacist	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Application Received	2467	2487	2682	3122
Applications Denied	7	9	8	9
Percentage	0.28%	0.36%	0.30%	0.29%

License Population: Revoked

Pharmacist	FY 11/12	FY 12/13	FY 13/14	FY 14/15
License Population	38526	39793	41176	42521
Licenses Revoked	11	12	21	10
Percentage	0.03%	0.03%	0.05%	0.02%

Mr. Law stated that there has been a dramatic increase in the number of pharmacy technicians who have had their licenses revoked and stated that most of these technicians had qualified for licensure by completing a training program. Chairperson Weisser stated that this would be discussed in more detail later in the meeting.

There were no comments from the public.

6. Presentation by the Pharmacy Technician Certification Board (PTCB)

Note: Mr. Schaad arrived at 9:14 a.m.

Chairperson Weisser explained that the Pharmacy Technician Certification Board (PTCB) administers the PTCB exam for the certification of pharmacy technicians. Currently, certification from the PTCB is one of the methods by which an applicant for a pharmacy technician license may qualify for a California Pharmacy Technician license.

Everett McAllister, CEO of the PTCB, Levi Borne, PhD and Miriam Mobley-Smith, PharmD, provided a presentation to the committee on the PTCB program.

The entire presentation can be found immediately following these minutes.

Following the presentation the representative from the PTCB answered questions from the committee.

Chairperson Weisser asked why the PTCB does not conduct background checks. Mr. McAllister answered that the PTCB has found that a challenge to conducting background checks is that there are many variations on the type of background checks that can be conducted. He also noted that ideally background checks should be completed when the person is applying to enroll in a training program, not when they have reached the point of taking the certification test through the PTCB.

Chairperson Weisser asked if the PTCB would conduct background checks if the board made it a requirement for pharmacy technicians. Mr. McAllister confirmed that the PTCB would conduct background checks if it became a requirement.

Chairperson Weiser asked if other states require continuing education for pharmacy technicians. Dr. Modley-Smith explained that the requirements for pharmacy technicians

vary by state; however she noted that when a state does require continuing education, licensees often use the PTCB's continuing education programs.

Mr. Law asked how the PTCB tracks continuing education. Mr. McAllister explained that the PTCB conducts random audits of licensees to ensure that they are complying with the PTCB's continuing education requirements (similar to the audits the board conducts for pharmacist licensees). Dr. Modley-Smith added that the PTCB is working with the NABP to create a continuing education database. Dr. Borne noted that the PTCB can provide a state with verification of continuing education upon request.

Dr. Wong stated that the role of pharmacy technicians is becoming more important as pharmacists begin providing more healthcare services to patients and the board needs to ensure that they receive the proper training.

Chairperson Weisser asked if the PTCB is tracking SB 952. Mr. McAllister confirmed that they are tracking the bill and noted that the PTCB and ExCPT exam coexist in many states.

Chairperson Weisser asked how the PTCB feels about technicians having hands on experience prior to entering the work force. Dr. Modley-Smith stated that experience is very important, however in the past the PTCB has found that less reputable programs will sign-off on experience hours without actually giving the applicant any actual real-world experience.

Chairperson Weisser asked if currently it would be possible for someone to pass the PTCB exam without stepping foot into a pharmacy or hands-on training program. Mr. McAllister confirmed that this was possible and added that as the profession changes they may need to reconsider requiring experiential hours.

The committee recessed for a break at 10:24 a.m. and resumed at 10:44 a.m.

Dr. Tracy Montez, Chief of the Division of Programs and Policy Review for the DCA, stated that much of this discussion regarding the PTCB and ExCPT exams stemmed from a report that had been released by DCA's Office of Professional Examination Services (OPES) comparing the two exams. She explained that while she had not worked on the report, she did review the report. Dr. Montez noted that much of the detail that is a lacking in the report is due to confidentiality agreements that had to be signed prior to OPES conducting their research. Dr. Montez concluded by offering her support and expertise as the board continues comparing the two programs and considers conducting a job analysis of pharmacy technicians.

Pat Whalen, representing NHA and the ExCPT exam, stated that they would be conducting their own pharmacy technician job analysis.

Dr. Steve Gray, representing Kaiser, asked the committee to consider why they are reviewing pharmacy technician licensure requirements – are they concerned with diversion by pharmacy technicians or the quality of work provided by pharmacy technicians? He stated that if the committee is most concerned with diversion by technicians they should focus on background checks.

Dr. Gray also noted that there is a federal requirement for employers to post signage stating that employees are required to report diversion to their supervisor. Mr. Room clarified that the DEA has a regulation that requires staff to report diversion to their employer. The employer can choose how they want to notify their employees of this requirement (via signage, training, procedure manuals etc.).

7. <u>Comparison of the PTCB and ExCPT Certifications</u>

Chairperson Weisser explained that the committee requested that staff provide a comparison of the eligibility requirements to apply for both PTCB and ExCPT certifications.

Ms. Sodergren stated that the comparison chart that had been provided in the meeting materials was laid out in a confusing manner. She explained that staff had created a new version that provides the information in a clearer fashion.

Note: the new comparison is provided immediate following these minutes.

Licensing staff manager Debi Mitchel explained that she used information from the PTCB and ExCPT websites to gather the information.

Mr. Law asked if the PTCB and ExCPT exams ensure that the continuing education covers pharmacy law relevant to the state the person is licensed in. A representative from the ExCPT exam explained that usually when licensees need to complete continuing education they complete it through one of their local associations. She added that if a state has a specific requirement for their continuing education ExCPT makes sure that any continuing education they provide in that state meets the requirement. A representative from the PTCB stated that they ensure that their continuing education complies with relevant state or federal law.

Dr. Wong noted that drug testing is not a requirement for the PTCB or ExCPT programs. Representatives from the PTCB and ExCPT both confirmed that they do not require drug testing. The PTCB representative noted that if someone is on probation the PTCB monitors them to ensure they are complying with the terms (which might include drug testing).

Paul Salverstein, a teacher at a pharmacy technician training program, provided an example of a student who completed a training program only to be denied licensure by the board due to a prior criminal conviction. He explained that that student didn't disclose the

conviction when they enrolled in the training program because they thought that the conviction was so long ago that it wouldn't affect his licensure.

Mr. Room and Ms. Freedman noted that applicants face significant hardships when they are denied licensure and they often have invested significant money to complete the training program only to discover that a prior criminal conviction will prevent them from becoming licensed.

8. <u>Discussion and Consideration of Possible Requirements for Applicants Enrolling in Pharmacy Technician Training Programs</u>

Chairperson Weisser reported that in September 2015, the committee made a recommendation to the board to change the minimum educational requirements for licensure. After reaching consensus to increase pharmacy technician knowledge, the board in October 2015 referred the review back to the committee for further vetting and discussion. The committee was asked to consider various topics, to include (but not limited to) discussion on whether education level correlates to the likelihood of discipline, to receive feedback on pharmacy technician training programs, to consider whether increasing requirements may have unintended consequences, and if the board should consider different levels of pharmacy technician licensure (i.e., hospital, compounding, community, etc.).

Chairperson Weisser explained that in the past, the committee received public feedback in support of increasing the knowledge base of pharmacy technicians, but not necessarily by increasing the minimum statutory educational requirements.

Chairperson Weisser stated that in January 2016 the committee put forth a recommendation that the board modify Title 16 CCR section 1793.6 to require all pharmacy technician programs prior to enrolling students into the program to (1) conduct a criminal background check; (2) administer drug and alcohol testing; (3) be at least 18 years of age; and (4) require the individual to pass a final examination administered by the provider, and to provide proof of successfully passing the final examination to the board. Chairperson Weisser noted that the board requested that the committee continue to vet this issue further.

Ms. Sodergren explained that following the February Board meeting staff drafted some language for the committee to review and discuss at this meeting. Ms. Sodergren noted that the draft language included requirements for applicants to be at least 18 years old and to pass both a background check and a drug screening.

Ms. Sodergren reviewed the draft language and explained that the requirements in the draft language would only apply to the 240-hour training programs.

Note: the draft language was provided to the committee and the public at the meeting and is also provided below.

Draft Proposal to Amend Section 1793.6

1793.6. Training Courses Specified by the Board.

A course of training that meets the requirements of Business and Professions Code section 4202 (a)(2) is:

(a) Any pharmacy technician training program accredited by the American Society of Health--System Pharmacists,

(b) Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion, or

(c) Any other course that provides a training period of at least 240 hours of instruction covering at least the following:

(1) Knowledge and understanding of different pharmacy practice settings.

(2) Knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards and ethics, laws and regulations governing the practice of pharmacy.

(3) Knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations and symbols commonly used in prescribing, dispensing and record keeping of medications.

(4) Knowledge of and the ability to carry out calculations required for common dosage determination, employing both the metric and apothecary systems.

(5) Knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms and storage requirements.

(6) Knowledge of and ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions.

(7) Knowledge of and ability to perform procedures and techniques relating to manufacturing, packaging, and labeling of drug products.

(8) Include a final examination that demonstrates students understanding and ability to perform the provisions in paragraphs (1) through (7) above.

(d) In addition to the content of coursework specified in subdivision (c) the training program must also satisfy the following:

(1) Prior to admission, the program must conduct a criminal background check

(2) Administer at least one drug and alcohol screening

(3) Require students to be at least 18 years of age.

Authority cited: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code.
Reference: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code.

Mr. Schaad asked if the final examination should be more clearly defined. Ms. Sodergren stated that staff would research ways to better define final examination in the language and bring it to the next committee meeting. She asked if the committee would prefer that the final examination be written or a practical exam. Mr. Schaad responded that a written exam would be sufficient. Mr. Room recommended looking at the advanced practice pharmacist examination requirements for sample language.

Mr. Law stated that 240 hours for the training program is no longer adequate to provide applicants with the knowledge base to become a pharmacy technician. He added that he is concerned that the board does not have any oversight of the training programs. He recommended that the board utilize a third-party accreditation agency to oversee the training programs.

Ms. Herold noted that many employers have created 240 hour technician training programs and if the board requires the 240 hour programs to be certified by an accreditation agency they would no longer be able to have these programs.

Mr. Law made a motion to modify Business and Professions Code section 4202 as provided below.

> 4202. (a) The board may issue a pharmacy technician license to an individual if he or she is a high school graduate or possesses a general educational development certificate equivalent, and meets any one of the following requirements:
> (1) Has obtained an associate's degree in pharmacy technology.
> ~~(2) Has completed a course of training specified by the board.~~
> (3) Has graduated from a school of pharmacy recognized by the board.
> (4) Is certified by the Pharmacy Technician Certification Board

Ms. Freedman explained that modifying Business and Professions Code section 4202 would require a statutory change.

Ms. Herold explained that by changing Business and Professions Code section 4202 military training programs and ASHP accredited programs would also be eliminated as pathways to licensure.

Mr. Law stated that he does not want to eliminate military training or ASHP accredited training programs, just the unaccredited 240 hour training programs.

Ms. Sodergren explained that to accomplish this it would be better to leave Business and Professions Code section 4202 unchanged and instead consider changing Section 1793.6 to eliminate just the 240 hour training programs.

Chairperson Weisser asked if the committee would like to the criminal background check and drug and alcohol screening to apply those who qualify through military training and completing an AA degree. Ms. Herold noted that requiring someone to complete drug screening and background checks prior to enrolling in an AA degree program would be difficult and would not be very useful as the programs take at least two years to complete and in that time the applicant may have been arrested or began using illegal drugs.

Mr. Law stated that the board should require drug screening and background checks prior to applying for licensure with the board. Ms. Sodergren clarified that this would require a statutory change and would require the board to be responsible for conducting the drug testing.

Chairperson Weisser stated that the board does not currently require drug testing for pharmacists prior to licensure and expressed concern that this creates a discrepancy between the requirements for the two licensure programs. The committee elected to not require drug and alcohol screening for pharmacy technicians.

Chairperson Weisser asked if the committee would like to require continuing education for all pharmacy technicians. The committee decided not to require continuing education at this time.

Chairperson Weisser asked the committee if they would like to create a timeline for these changes to be implemented so that programs can become accredited. Mr. Law stated that becoming accredited takes at least two years and recommended that the board make the implementation date three years in the future to allow time for programs to become accredited.

Mr. Schaad expressed his concern with eliminating the 240 hour training programs. He stated that eliminating this pathway to licensure may create a shortage of pharmacy technicians. He also noted that many pharmacy chains have quality 240 hour training programs and he stated that he would not like to eliminate these programs.

Mr. Schaad stated that the committee should consider increasing the number of hours required for the training programs and requiring a final examination for the training programs. He explained that this would raise the bar for pharmacy technician knowledge without creating a barrier to entry into the profession.

Mr. Law recommended requiring *all* applicants to pass the PTCB prior to licensure rather than eliminating the 240 hours training programs. Mr. Schaad agreed that this may be a good way to ensure that all applicants have taken a final examination.

Ms. Sodergren recommended that board staff gather information on the ASHP and military training programs and bring it to the committee for consideration. She stated that staff could also draft new language based on the committee's discussion. The committee agreed with the recommendation.

Dr. Gray encouraged the committee to retain their option to approve training programs other than those offered by PTCB and ASHP. Dr. Gray stated that he would not like the board to over-train entry level pharmacy technicians; instead he recommended creating different levels of pharmacy technician licensure.

Chairperson Weisser asked Dr. Gray if upon hiring Kaiser would require new technicians complete a training program. Dr. Gray responded that Kaiser only hires people who are already licensed as a pharmacy technician and upon hiring them Kaiser has them take training on Kaiser systems, Kaiser policies, privacy policies etc.

Mr. Law asked Dr. Gray asked if Kaiser had statistics on how many of their pharmacy technicians qualified for licensure via a 240 hour training program or by passing the PTCB. Dr. Gray responded that Kaiser does not have these statistics.

Representatives from the National Association of Chain Drug Stores and the California Retailers Association expressed concern with the board eliminating the 240 hour training programs that their members use to train their pharmacy technicians. Mr. Law clarified that the committee had decided not to eliminate the training programs, rather all applicants would be required to pass the PTCB.

Mr. McAllister stated that the same discussion the committee is having regarding pharmacy technician qualification methods is also being discussed at the national level.

The committee recessed for a break at 12:49 p.m. and resumed at 1:15 p.m.

9. <u>Pharmacy Technician Duties, Functions and Licensure Requirements. The Board may discuss the licensure requirements, functions, roles and responsibilities of the pharmacy technician as well as possible changes</u>

Chairperson Weisser explained that this item was placed on the agenda to provide the committee with information on the current pharmacy technician duties, functions and licensure requirements.

There were no comments from the committee or from the public.

10. <u>Discussion and Consideration of Senate Bill 952, Anderson (Pharmacy Technicians: Licensure Requirements)</u>

Chairperson Weisser explained that currently Business and Professions Code section 4202(a)(4) only allows for a pharmacy technician applicant to earn a certification from the Pharmacy Technician Certification Board (PTCB). SB 952 would amend Business and Professions Code section 4202(a)(4) to specify "Is certified by a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the board", which will allow other agencies with proper accreditation to provide the pharmacy technician exam certification.

Chairperson Weisser noted that SB 952 was introduced by Senator Anderson on February 4, 2016.

Mr. Law asked if the bill had been heard by any committee at the capitol. Pat Whalen, representing NHA and ExCPT, explained that the bill was up for its first policy hearing on April 4.

Dr. Gray, representing Kaiser, stated that the board has had issues with accreditation agencies in the past and stated that the board should not give too much power to accreditation agencies.

Dr. Levi Borne, representing the PTCB, explained that there are other accreditation agencies besides the NCCA. He cautioned the board from placing too much credence in that sole accreditation agency and asked them to consider allow for other accreditation agencies.

Mr. McAllister, representing the PTCB, offered to answer any questions that the committee members may have regarding the differences between the PTCB and ExCPT exam.

Mr. Law asked if the board could add other accreditation agencies. Mr. Room responded that as written the bill does not allow for that flexibility. A representative from ExCPT stated that they would be open to adding other reputable accreditation agencies to the bill. Mr. Room cautioned that committee from simply opening it up to all accreditation agencies.

Mr. Whalen asked if the committee had anything that they would like him to report on their behalf at the April 4 committee hearing at the capitol. Chairperson Weisser thanked Mr. Whalen for the offer but stated that the board would provide any comments on the bill directly to the committee members.

11. <u>Consideration of Proposal to Allow Automated Dispensing Machines to Replenish Medications Administered by Fire Departments and Other Emergency Medical Services Personnel</u>

Chairperson Weisser reported that for over two years, board staff has been discussing possible options for refilling the ambulances operated by fire departments, and more recently emergency medical services (EMS), from a stock of drugs that would be stored in

an automated drug storage device. The drugs would be owned by the fire department or EMS agency.

Chairperson Weisser explained that such a system would ensure the availability of replenishment medications for ambulances that would be stored in secured locations. Access to the medication within the ADDs would be restricted and controlled by the ADD.

Ms. Herold stated that since the last time this item was discussed the fire departments and EMS have found a solution to the issue. She added that the board no longer needs to be involved, however if they require assistance board staff is prepared to help.

12. <u>Discussion and Consideration of Ownership Structures for Pharmacies, including Trusts</u>

Chairperson Weisser explained that the board tracks the beneficial interest of business owners for pharmacies, whether they be natural persons or entities. Board regulation specifies the reporting of a transfer in the beneficial interest in the business and specifies the threshold as to when a change of ownership must be submitted to the board.

> Business and Professions Code section 4035 defines a "person" as follows:
> *"Person" includes firm, association, partnership, corporation, limited liability company, state governmental agency, or political subdivision.*

Chairperson Weisser reported that when processing a pharmacy application, the board identifies and records all levels of ownership of the applicant business. This is done through a careful analysis of all information submitted in support of the application, and often times identifies inconsistencies with respect to the ownership reported. For some, what is initially reported as (what appears to be) a simple, two- or three-level ownership structure, when staff uncovers details, it often turns out to be multiple levels of ownership with multiple stakeholders. Chairperson Weisser noted that it is common for applicants with complex ownership structures to argue that the board doesn't need to know all of the information related to a pharmacy's ownership.

Chairperson Weisser stated that board staff has also identified where (revocable or irrevocable) trust(s) is/are reported as owners of the applicant business. Pharmacy Law does not currently recognize a "trust" as a person to which the board is authorized to issue a license; however, in researching older licensing records, some trusts have been found to be on record as "shareholders" of existing licensees.

Chairperson Weisser explained that at this meeting, the committee will discuss and consider appropriate ownership structures for pharmacies, to include whether or not a trust should be recognized within the ownership structure.

Mr. Room stated that when considering applicants for licensure it is always the board's responsibility to ensure that the applicant is qualified for licensure. He explained that the

applicants' ownership structures are becoming increasing complex and staff has had to increase their knowledge of ownership structures and increase the investigations they conduct regarding ownership structures.

Mr. Room explained that as the statute is currently written, trusts are not a person. Mr. Room stated that the issue with trusts from a regulatory and enforcement standpoint is that they exist only as a contractual entity: they can be changed at any time and it is very difficult to track who is controlling the trust and.

Mr. Law asked if the board impose certain reporting requirements on trusts. Mr. Room responded that the board could create requirements for trusts through statutory changes.

Mr. Room stated that the board has two options: 1) the board could not allow trusts to own pharmacies or, 2) the board could create reporting requirements specific to trusts.

Mr. Law stated that it is not uncommon for pharmacies to be owned by trusts and he stated that the board should create reporting requirements for trusts.

Chairperson Weisser stated that many people use trusts legitimately to protect their assets from probate.

Mr. Room explained that a trust could potentially give ownership of a pharmacy to someone who would not otherwise qualify to own a pharmacy (i.e. a prescriber, someone who has prior convictions for drug diversion, etc.).

Christine Cassetta, representing Quarles and Brady LLP, stated that trusts ownerships have never been an issue. She explained that a trust is a frequently used estate planning tool that is designed to protect the interest of those who will benefit from the assets of the trust and is a common way to avoid probate. Ms. Cassetta asked the committee to decline to adopt any changes to the board's long-standing practice of allowing trusts to be members or managers of limited liability companies or shareholders of a corporation.

Stacie Neroni, representing Hooper, Lundy and Bookman, stated that the same risks that trusts could potentially create are also potential problems with other ownership structures such a LLC's. Ms. Neroni stated that when she submits an application for a trust she provides all of the information on the trustees so that the board is aware of who owns the pharmacy. Ms. Neroni added disallowing trusts would create significant ramifications for licensees.

Mr. Law asked how many trust-owned pharmacies have been disciplined by the board. Ms. Sodergren stated that staff would have to gather the information and report back to the committee.

Chairperson Weisser asked if it would be difficult to disclose the identity of all trustees, beneficiaries and grantors of a trust and to require disclosure whenever there was a change in the amount of beneficial interest. Ms. Cassetta responded that she does not feel that the board needs information on the beneficiaries of a trust. Ms. Neroni stated that she already provides all of this information on applications; however, she noted that corporations and LLC's only have to report changes of 10 percent or more.

The committee decided that they needed more information on trusts prior to making any changes. Mr. Room noted that Matthew Heyn with the Department of Justice could provide the board with more information on trusts at the upcoming board meeting.

13. <u>Discussion and Consideration of Allowing Pharmacists to be Shareholders, Officers or Directors of Professional Corporations, Medical or Otherwise, Pursuant to the Moscone Knox Professional Corporation Act</u>

Chairperson Weisser explained that as part of the board's sunset review, a Background Paper was prepared for the Joint Oversight Hearing held March 14, 2016, wherein staff for the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions (hereafter called the Oversight Committee) identified issues and recommendations regarding the Board of Pharmacy.

Chairperson Weisser reported that one of the issues identified in the Background Paper (Issue #7) questions whether or not pharmacists should be included on the list of individuals that may be a shareholder, officer, or director of a medical corporation.

Ms. Freedman explained that Moscone Knox Professional Corporation Act makes an exception to corporate law to allow specific health care practitioners to be shareholders, officers, and directors of a medical corporation. Ms. Freedman stated that pharmacists are not currently included in this list and the Oversight Committee is recommending that they be added to the list in Corporations Code section 13401.5. Ms. Freedman explained that the concern is that there is a conflict in allowing a pharmacist to own a medical corporation that can issue prescriptions which could then be filled by the pharmacy.

Note: the specifically authorized practitioners in Corporations Code section 13401.5 are listed below.

- Licensed doctors of podiatric medicine.
- Licensed psychologists.
- Licensed chiropractors.
- Registered nurses.
- Licensed acupuncturists.
- Licensed optometrists.
- Naturopathic doctors.
- Licensed marriage and family counselors.

- Licensed professional clinical therapists.
- Licensed clinical social workers.
- Licensed physician assistants.

Chairperson Weisser stated that as the role of pharmacists are evolving to make them more involved in the healthcare team it seems appropriate to afford them the same liability protections as physicians and other healthcare practitioners. Mr. Room explained that pharmacists can already incorporate, adding them to the Moscone Knox list would allow them to own a *medical* corporation.

Dr. Gray supported adding pharmacists to the list of authorized healthcare professionals in Corporations Code section 13401.5.

Ms. Sodergren explained that the board needs to respond (either to add pharmacists to the list or not to add pharmacists to the list, or to remain neutral) to the Oversight Committee as part of the Sunset Review process.

Motion: Pharmacists should be added to the list for medical corporations. In addition, the Board should examine the other professional corporations authorized by the Moscone-Knox Professional Corporation Act and determine whether there are others to which it makes sense for pharmacists to be added as officers, shareholders, or directors.

M/S: Law/Wong

Support: 5 Oppose: 0 Abstain: 0

Board Member	Support	Oppose	Abstain	Not Present
Law	x			
Murphy				x
Sanchez	x			
Schaad	x			
Weisser	x			
Wong	x			

Mr. Room offered to review other professional corporations to determine if pharmacists should be added.

14. <u>Future Committee Meeting Dates</u>

Chairperson Weisser announced the following future committee dates: May 26, 2016 and September 21, 2016.

Chairperson Weisser adjourned the meeting at 3:00 p.m.