



## Organizational Development Committee

Gregory Lippe, Public Member, Acting Board President

### a. Budget Report/Update

#### Fiscal Year 2017/2018 and 2018/2019

The Chief of Fiscal Operations for DCA released a memo in April 2019 regarding the FISCAL system and the delay in the final 2017/18 year-end budget information. As indicated in that memo, due to challenges in the reconciliation and closing of fiscal year 2017/18, the year-end statistics will not be available until after June 2019. Regrettably this timeframe was not met and to date, the neither fiscal year 2017/18 nor fiscal year 2018/19 are final. Final budget reports for these two fiscal years will be provided when available.

#### Fiscal Year 2019/2020

On June 28, 2018, the Governor signed the budget for FY 2019/20. The new budget year began July 1, 2019. The board’s spending authorization for the year is \$26,007,000, which is an 11.3% increase from the prior year.

As previously noted there continues to be a delay in receiving budget information due to the problems with the FISCAL accounting system. Based on the preliminary reporting the board believes it has received \$10,057,900 in revenue originating from the following:

Revenue Sources Table

Source	Amount	Percentage
Licensing	\$9,190,200	91%
Cost Recovery	\$706,100	7%
Citation Fines	\$158,500	2%
Interest	\$3,100	0%

Further, the board estimates it has expended \$5,300,577 through September 2019. The largest expenditure categories are detailed below.

Expenditures Table

Source	Amount	Percentage
Personnel	\$4,181,877	79%
Enforcement	\$583,662	11%
Facilities Operations	\$176,823	3%
Exam	\$170,725	3%

Below is a summary of the fund condition report prepared by the department with the available budget reports. The fund condition assumes that the new fees will be in place no later than July 1, 2020.

Fund Condition Table

Fiscal Year	Fund Balance	Months in Reserve
2017/2018	\$8,614,000	3.7
2018/2019	\$4,444,000	1.9
2019/2020	\$829,000	0.4

**Attachment 1** includes the fund condition prepared by the department and detailed budget charts.

**b. Board Member Attendance Information**

**Attachment 2** includes a summary of board member attendance at committee and board meetings this fiscal year.

**c. Update on Implementation of the Acceptance of Credit Cards for Renewal Payments**

On December 17, 2018, the board implemented the online credit card renewal payment process for pharmacy technicians. Between December 17, 2018, and September 30, 2019, the board received 7,991 pharmacy technician renewal payments through the credit card process.

On February 27, 2019, the board implemented the online credit card renewal payment process for pharmacists (including advanced practice pharmacists). Between February 27th and September 30, 2019, the board received 3,015 pharmacist renewal payments and 32

advanced practice pharmacist renewal payments through the credit card process.

On June 4, 2019, the board implemented the online credit card renewal payment process for designated representatives. Between June 4th and September 30, 2019, the board received 215 designated representative renewal payments through the credit card process.

From April to September, the percentage of renewals that were paid online each month (versus via mail) are as follows:

- April 26%
- May 37%
- June 39%
- July 30%
- August 34%
- September 28%

**d. Review and Consideration of Draft Sunset Report**

**Attachment 3**

As previously discussed, about every four years the board undergoes the Sunset Review Process. As a precursor to the process, the board is typically asked to prepare a report. The board received its formal notice requesting preparation of the report late July 2019. Attached is a draft of the board's Sunset Report. Throughout the draft document ?? indicate data points being complied or attachment numbers that are being finalized. Additionally, some appendices are still being drafted. Where possible, samples are included. The report is due to the Legislature December 2, 2019.

As part of its discussion the board may wish to discuss the New Issues portion of the report and provide direction to staff. Board action is necessary to finalize the report. Similar to the approach taken on other board actions, it may be appropriate to delegate to select members authority to work with staff to finalize the report in advance of submission to the legislature.

**Attachment 3** includes a copy of the draft Sunset Report.

**e. Personnel Update**

The board currently has 14 vacant positions detailed below.

- Executive Officer
- Four Inspector positions
- Four Licensing positions
- Four Enforcement positions
- One Administrative position

# **Attachment 1**

**A copy of these documents will be made available for public inspection at the meeting and are available upon request. Requests may be emailed to [debbie.damoth@dca.ca.gov](mailto:debbie.damoth@dca.ca.gov).**

# **Attachment 2**

**Full Board Meetings – FY 2019/2020**

<b>Board Member</b>	<b>7/24</b>	<b>7/25</b>	<b>9/13</b>
Brooks			X
Butler	X	X	
Kim	X		X
Lippe	X	X	X
Muñoz			
Sanchez	X	X	
Schaad	X	X	X
Serpa	X	X	X
Veale	X	X	X
Wong	X	X	

**Committee Meetings 2019/2020**

**Enforcement Committee Meetings – FY 2019/2020**

<b>Board Member</b>	<b>7/10</b>
Lippe	X
Sanchez	X
Schaad	X
Serpa	N/A
Wong	X

N/A denotes not appointed to the committee at the time

Compounding Committee Meetings – FY 2019/2020

<b>Board Member</b>	<b>7/11</b>	<b>9/5</b>	<b>9/24</b>
Lippe	N/A	X	X
Schaad	X	X	X
Serpa	X	X	X

Legislation and Regulation Committee Meetings – FY 2019/2020

<b>Board Member</b>	<b>7/24</b>
Brooks	
Butler	X
Kim	X
Lippe	X
Serpa	X

Licensing Committee Meetings – FY 2019/2020

<b>Board Member</b>	<b>9/25</b>
Butler	
Schaad	X
Veale	X
Wong	X

Communication and Public Education Committee Meetings – 2019/2020

<b>Board Member</b>	<b>7/24</b>
Brooks	
Kim	X
Muñoz	
Sanchez	X
Veale	X

N/A denotes not appointed to the committee at the time

# **Attachment 3**



## Section 1

# Background and Description of the Board and Regulated Professions

- ❖ Brief History and Function
- ❖ Makeup and Functions of Each of the Board's Committees
- ❖ Meeting Quorums
- ❖ Major Changes
- ❖ Major Studies
- ❖ National Associations

### Related Appendices

- ◆ Appendix 1 – Table 1a Attendance
- ◆ Appendix 2 – Table 1b Board Committee Roster
- ◆ Appendix 3 – Committee Accomplishments

## Brief History and Function

Established in 1891, the California State Board of Pharmacy registered a total of 1,063 pharmacists and 369 pharmacist assistants in its first six years. Since then, the board and the professionals and businesses it regulates have expanded tremendously. However, consumer protection remains at the forefront of its activities.

Today, the board has 32 licensing programs with over 47,000 pharmacists, 550 advanced practice pharmacists, 6,500 intern pharmacists, and 70,000 pharmacy technicians. Its regulatory jurisdiction is varied and complex, ranging from large institutions to small programs. For example, in addition to nonresident sterile compounding pharmacies and outsourcing facilities that ship products into California, the board physically inspects the locations of automated drug delivery system machines used to store prescription medications.

The board has a highly diverse and complex licensing program for individuals and businesses. This structure reflects the careful and deliberative manner in which the manufacturing, distribution and dispensing of prescription products are regulated in the United States. As the practice of pharmacy and the drug distribution system have evolved, the board's regulatory programs have expanded. Likewise, as the complexity of services provided by pharmacies and drug distributors has grown, so has the board's jurisdiction. The board regulates licensees involved in distributing and dispensing medications from the time a drug leaves the manufacturer until it reaches the consumer.

BACKGROUND AND DESCRIPTION OF THE BOARD AND REGULATED PROFESSIONS

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

*Business License Types Located Within California*

<b>Business License Type</b>	<b>Authority</b>	<b>Definition</b>
Automated Drug Delivery System	4017.3 4105.5 4119.1	A mechanical system that performs operations or activities, other than compounding or administration, relative to storage, dispensing, or distribution of drugs. ADDS includes “automated unit dose systems” (AUDS) for unit dose administration and “automated patient dispensing systems” (APDS) for dispensing drugs directly to patients.
Centralized Hospital Packaging	4029 4128	A specialty license that allows a hospital to prepare unit-dose medications for its inpatients as well as inpatients of hospitals under common ownership.
Clinic <ul style="list-style-type: none"> <li>• Community</li> <li>• Surgical</li> </ul>	4180 4190	A community, nonprofit, ambulatory surgery center, or other specific facility that purchases drugs at wholesale prices for administration or dispensing from a common drug supply to patients registered for care at the clinic.
Correctional Clinic	4187	A primary care clinic operated by the Department of Corrections and Rehabilitation to provide health care to eligible patients.
Correctional Pharmacy	4021.5	A pharmacy located within a correctional facility to provide pharmaceutical care to inmates and provide drugs to correctional clinics.
Emergency Medical Services Automated Drug Delivery Services	4034.5	An automated drug delivery system that stores and distributes drugs for the sole purpose of restocking a secured emergency pharmaceutical supplies container that is used by an emergency medical services agency.
Exempt Hospital Pharmacy	4056	A pharmacy located within a hospital that contains 100 beds or fewer and does not employ a full-time pharmacist.

BACKGROUND AND DESCRIPTION OF THE BOARD AND REGULATED PROFESSIONS

<b>Business License Type</b>	<b>Authority</b>	<b>Definition</b>
Hospital Pharmacy	4029	A pharmacy located within a licensed hospital, institution, or establishment to which persons may be admitted for overnight stay.
Hypodermic Needle and Syringe	4205	
Outsourcing Facility	4034	A facility engaged in the compounding of sterile and nonsterile drugs.
Pharmacy <ul style="list-style-type: none"> <li>• Community</li> <li>• Hospital Outpatient</li> <li>• Closed Door</li> </ul>	4110	
Remote Dispensing Site Pharmacy	4044.3	A pharmacy that is exclusively overseen and operated by a supervising pharmacy and staffed by one or more qualified pharmacy technicians.
Sterile Compounding Pharmacy	4127.1	A specialty license issued to a pharmacy that compounds sterile drug products.
Surplus Medication Collection and Distribution Intermediary	4169.5	An entity that facilitates the donation of medications or transfer of medications between participating entities to be dispensed to indigent patients.
Third-Party Logistics Provider	4160 4162	
Veterinary Food-Animal Drug Retailer	4196	A specialty license that allows a wholesaler that distributes veterinary drugs for food-producing animals to directly label and provide these drugs when prescribed by a veterinarian.

## BACKGROUND AND DESCRIPTION OF THE BOARD AND REGULATED PROFESSIONS

<b>Business License Type</b>	<b>Authority</b>	<b>Definition</b>
Wholesaler	4160 4162	An entity who sells for resale, or negotiates for distribution, or takes possession, of any dangerous drug or device.  Additionally, dialysis patients may receive dialysis prescription drugs and dialysis medical devices from a wholesaler.

### *Business License Types Located Outside California*

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

## BACKGROUND AND DESCRIPTION OF THE BOARD AND REGULATED PROFESSIONS

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

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

## Makeup and Functions of Each of the Board's Committees

### Board Composition

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

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

### Board Committees and Their Functions

The board performs much of its work in committees. These committees develop and recommend policies that advance mission-related goals in the board's strategic plan. The board discusses, modified and acts upon committee recommendations at public meetings. In addition to standing committees, the board has temporary task force or ad hoc committees and one specialized standing committee.

The board's strategic plan establishes five standing committees. The board manages, plans, and tracks its operations through its strategic plan, which is annually updated and fully reassessed about every five years. The current plan was established in 2016.

### Committee Membership

With the exception of Organizational Development, each committee comprises licensee and public members. The board president designates the chairperson and vice-chairperson. The chairperson coordinates the committee's work, leads the meetings, provides a report to the board, and ensures progress on the board's strategic priorities. Agendas and meeting materials are posted online before meetings.

Committees typically meet quarterly; the public is encouraged to attend and provide comment. The chairperson provides a report on issues for members to discuss and consider. After detailed study at one or more meetings, the committee may vote on a policy recommendation to the board. Recommendations do not become board policy until the topic is publicly noticed, discussed and voted upon by the full board.

Committee meetings enable members, staff and the public to discuss and resolve issues related to the board's jurisdiction. The process encourages public participation and assists the board in evaluating policy changes and carrying out its strategic goals.



## Licensing Committee

This committee oversees the professional qualifications of licensees entering the practice of pharmacy, establishes minimum standards for board-licensed facilities, and ensures appropriate practice standards.

Current members:

Debbie Veale, Chair, Licensee Member

Lavanza Butler, Vice-Chair, Licensee Member

Albert Wong, Licensee Member

Allen Schaad, Licensee Member

## Enforcement Committee

This committee exercises oversight of all drug distribution and dispensing activities – including drug compounding – and enforcement of state and federal pharmacy laws.

Current members:

Allen Schaad, Chair, Licensee Member

Maria Serpa, Vice-Chair, Licensee Member

Ricardo Sanchez, Public Member

Albert Wong, Licensee Member

Greg Lippe, Public Member

## Communication and Public Education Committee

This committee is responsible for outreach and information for consumers, including the importance of discussing medications with their pharmacists, patients complying with their prescription treatment regimens, and becoming better informed about drug therapy and health. The committee also ensures development of educational materials for licensees regarding new laws, board policies, and emerging issues.

Current members:

Ricardo Sanchez, Chair, Public Member

Valerie Munoz, Vice-Chair, Public Member

Shirley Kim, Public Member

Ryan Brooks, Public Member

Debbie Veale, Licensee

## Legislation and Regulation Committee

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

Current members:

Greg Lippe, Chair, Public Member

Lavanza Butler, Vice Chair, Professional Member

Ryan Brooks, Public Member

Shirley Kim, Public Member

Maria Serpa, Licensee

## Organizational Development Committee

This board president and vice president are the only members of this committee, which typically does not meet in public. The committee is responsible for strategic planning, budget management, and staff development activities. The committee reports on the board’s expenditures, revenue, and fund condition at quarterly board meetings.

Current members:

Greg Lippe, Acting President, Public Member

## Ad hoc Committees

The board occasionally establishes ad hoc committees to closely study an issue that is complex, innovative, controversial or specialized. This structure allows thorough discussion about a specific topic. Ad hoc committees meet in public and encourages public participation. Agendas and meeting materials are posted online in advance, and meeting summaries are reported at the next board meeting.

The board currently is using this structure to evaluate compounding standards. Current members:

Maria Serpa, Chairperson, Licensee Member

Allan Schaad, Vice Chair, Licensee Member

Greg Lippe, Public Member

Appendix 3 provides Committee Accomplishments for each of the committees during the reporting period.

## Competency Committee

The Competency Committee is a special standing committee under the auspices of the Licensing Committee. At least one board member typically attends the committee meetings and also provide updates on the status of the pharmacist examination during board meetings.

Along with a contracted psychometrician, this committee is responsible for developing and scoring the board’s pharmacist licensure examination, the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). Membership on this committee is highly selective and represents the breadth of California pharmacy practice. The work is professionally challenging and time-consuming; members meet seven times annually in two-day meetings. These meetings are not public because they deal with licensure examination content and are explicitly exempt from the Open Meetings Act.

## Meeting Quorums

Business and Professions Code section 4002 requires seven board members to take action at meetings. To minimize scheduling conflicts and secure meeting space, the board generally schedules meetings for the coming year in April or July. Typically, the board meets eight times annually. Items submitted by committees are considered at quarterly meetings, while the other meetings focus on petitions for reinstatement of licensure or early termination/other reduction in penalty.

The board occasionally schedules additional meetings to address emergent issues. In addition, teleconference meetings may be convened to conduct closed sessions on disciplinary matters or pending litigation.

A total of 41 board meetings and 60 committee meetings were held during this reporting period.

<b>Fiscal Year</b>	<b>Number of Board Meetings</b>	<b>Board Meeting Days</b>	<b>Committee Meetings</b>
FY 2015/16	10	17	13
FY 2016/17	11	15	14
FY 2017/18	10	14	16
FY 2018/19	10	14	17
<b>Total</b>	<b>41</b>	<b>60</b>	<b>60</b>

## Major Changes

### Relocation

The board recently relocated to a new office after almost 15 years. The board developed a comprehensive communication plan to ensure all stakeholders were aware of the change.

### Change in Leadership

After 29 years of leadership with the board, Executive Officer Virginia Herold retired at the end of 2018. Ms. Herold had served as the board's assistant executive officer from 1990 until assuming the role of Executive Officer in 2007. The board appointed an Interim Executive Officer to serve until recruitment and appointment of a permanent replacement. The board has completed its process and is awaiting approval from the DCA Director as required by statute.

### Strategic Plan

In 2016 the board completed development of a new strategic plan. The plan was a joint effort between board members, staff and the public to identify key issues and create action plans. As part of its process, the board leveraged its prior strategic plan and analyzed trends in pharmacy practice, consumer needs and health care. The board's vision statement, "Healthy Californians through safe, quality pharmacist care" remains relevant and reflects how the board establishes its priorities and policies.

## Board-Sponsored Legislation and Legislation Affecting the Board

Consumer protection involves more than enforcing legal requirements. It includes devising and implementing strategies that also serve to protect consumers, address the misuse and abuse of prescription drugs, and secure the integrity of the drug supply chain to prevent the introduction of counterfeit drugs. As a regulator of a dynamic profession, the board remains vigilant to ensure outdated laws are updated or repealed and new laws – reflecting new practices or responding to emerging issues – are advocated and enacted. Legislation involving licensing and enforcement activities is continually evaluated, and the board works to secure enforcement tools necessary to effectuate consumer protection. Provided below is a summary of board-sponsored legislation and significant legislation affecting the board.

## 2016 Legislation

### Enacted Legislation Impacting the Board

- ❖ Senate Bill 1193 (Hill, Chapter 484, Statutes of 2016) extended the operations of the board until January 1, 2021, and included several changes to pharmacy law.
- ❖ Senate Bill 1039 (Hill, Chapter 799, Statutes of 2016) established a new fee schedule needed to sustain board operations.
- ❖ AB 1069 (Gordon, Chapter 316, Statutes of 2016) authorized pharmacies to repackage donated medications for dispensing to indigent patients under specified conditions.
- ❖ AB 1114 (Eggman, Chapter 206, Statutes of 2016) established the process for pharmacists to be reimbursed for specified services provided as a benefit under Medi-Cal.
- ❖ AB 1386 (Low, Chapter 374, Statutes of 2016) authorized pharmacies to furnish epinephrine auto-injectors to authorized entities.
- ❖ AB 1748 (Mayes, Chapter 557, Statutes of 2016) authorized pharmacies to furnish naloxone hydrochloride or other opioid antagonists to a school district, county office of education, or charter school under certain conditions.
- ❖ SB 482 (Lara, Chapter 708, Statutes of 2016) required prescribers to access the CURES system under specified conditions, including before prescribing a Schedule II, III, or IV medication for the first time.
- ❖ SB 952 (Anderson, Chapter 150, Statutes of 2016) modified the licensure requirements for pharmacy technicians by expanding the certification requirement to include other agencies as a pathway to licensure.
- ❖ SB 999 (Pavley, Chapter 499, Statutes of 2016) authorized pharmacists to dispense prescribed self-administered hormonal contraceptives in a 12-month supply under specified conditions.
- ❖ SB 1229 (Jackson, Chapter 238, Statutes of 2016) provided that a collector of home-generated pharmaceutical waste is not liable for damages for any injury or harm that results from the collector maintaining a secure drug take-back bin.

## 2017 Legislation

### Board Sponsored

- ❖ SB 800 (Chapter 573, Statutes of 2017) provided omnibus changes to pharmacy law, including clarification of the board's authority to issue a cease and desist order for unlicensed activity.

- ❖ SB 351 (Roth, Chapter 623, Statutes of 2017) created an option for hospitals to obtain additional licenses from the board for purposes of providing pharmaceutical care.
- ❖ SB 443 (Hernandez, Chapter 647, Statutes of 2017) created an option for emergency medical services agencies to restock ambulances through the use of automated drug delivery systems located within county fire departments.
- ❖ SB 510 (Stone, Chapter 649, Statutes of 2017) repealed an outdated statutory requirement specifying the environments in which a pharmacy must compound sterile drug products.
- ❖ SB 752 (Stone, Chapter 598, Statutes of 2017) established the designated representative-reverse distributor license category and reduced the waiting period to retake the pharmacist licensure examination.

### Enacted Legislation Impacting the Board

- ❖ AB 40 (Santiago, Chapter 607, Statutes of 2017) required the Department of Justice to establish a mechanism for practitioners to access the CURES system through an online portal or authorized health information technology system.
- ❖ AB 208 (Eggman, Chapter 208, Statutes of 2017) changed the deferred entry of judgment program to a pretrial diversion program.
- ❖ AB 401 (Aguiar-Curry, Chapter 548, Statutes of 2017) established the regulatory framework for remote dispensing site pharmacies and established a mandatory reporting by wholesalers of suspicious drug orders.
- ❖ AB 602 (Bonta, Chapter 139, Statutes of 2017) created requirements for pharmacies that dispense diabetes test strips pursuant to a prescription to retain records and for the board to post the names of authorized distributors of such test strips.
- ❖ SB 547 (Hill, Chapter 429, Statutes of 2017) authorized the board to hire its own counsel.

## 2018 Legislation

### Board Sponsored

- ❖ SB 1447 (Hernandez, Chapter 666, Statutes of 2018) replaced the board's automated drug delivery system registration requirement with a licensing program that expanded the provisions for use.

### Enacted Legislation Impacting the Board

- ❖ AB 1751 (Low, Chapter 478, Statutes of 2018) provided the DOJ with the authority to enter into an agreement with an entity operating an interstate data sharing

hub for purposes on interstate sharing of controlled substances reporting information.

- ❖ AB 1753 (Low, Chapter 479, Statutes of 2018) changed the security features of controlled substances security forms.
- ❖ AB 1953 (Wood, Chapter 383, Statutes of 2018) established disclosure requirements for applicants of skilled nursing facilities relating to common ownership of entities providing services to the skilled nursing facility.
- ❖ AB 2037 (Bonta, Chapter 647, Statutes of 2018) authorized pharmacies to provide pharmacy services to specified clinics using an automated drug delivery system.
- ❖ AB 2086 (Gallagher, Chapter 274, Statutes of 2018) authorized prescribers to request a list of patients for whom they are listed as the prescriber in the CURES database.
- ❖ AB 2138 (Chui/Low, Chapter 995, Statutes of 2018) placed restrictions on the convictions and other acts the board may consider to deny, revoke or suspend a license.
- ❖ AB 2256 (Santiago, Chapter 259, Statutes of 2018) authorized law enforcement agencies to acquire naloxone from pharmacies, wholesalers and drug manufacturers without a prescription.
- ❖ AB 2576 (Aguiar-Curry, Chapter 716, Statutes of 2018) authorized clinics to furnish drugs to specified entities and expanded the board’s authority to waive requirements during a declared state of emergency.
- ❖ AB 2783 (O’Donnell, Chapter 589, Statutes of 2018) reclassified hydrocodone containing products to a Schedule II controlled substance.
- ❖ AB 2789 (Wood, Chapter 438, Statutes of 2018) established the framework for mandatory eprescribing for specified prescriptions by January 1, 2022.
- ❖ AB 2859 (Caballero, Chapter 240, Statutes of 2018) required pharmacies to display safe storage products under specified conditions.
- ❖ AB 2863 (Nazarian, Chapter 770, Statutes of 2018) required pharmacies to inform consumers of the lower price of a covered drug.
- ❖ SB 212 (Jackson, Chapter 1004, Statutes of 2018) created the Pharmaceutical and Sharps Waste Stewardship program in California.
- ❖ SB 1021 (Wiener, Chapter 787, Statutes of 2018) made permanent provisions regarding maximum month copays for prescription drug coverage.
- ❖ SB 1109 (Bates, Chapter 693, Statutes of 2018) required a specified warning notice to be included on all opioid prescription drugs.
- ❖ SB 1254 (Stone, Chapter 697, Statutes of 2018) required a pharmacist or other authorized staff to obtain an accurate medication profile or list for each high-risk patient upon admission and discharge of a patient.
- ❖ SB 1442 (Wiener, Chapter 569, Statutes of 2018) specified that a community pharmacy cannot require a pharmacist to engage in the practice of pharmacy unless the pharmacist can be assisted at all times by another employee.

## 2019 Legislation

### Board Sponsored

- ❖ AB 690 (Aguiar-Curry, Chapter 679, Statutes 2019) establishes a limited exception to the prohibition on licensure transferability for a pharmacy that is severely damaged or destroyed in a declared disaster.
- ❖ AB 973 (Irwin, Chapter 184, Statutes of 2019) specifies relevant compounding chapters of the United States Pharmacopeia-National Formulary as the minimum standards for the compounding of drug preparations.
- ❖ SB 569 (Stone, Chapter 705, Statutes of 2019) authorizes pharmacists, during a declared emergency, to fill a prescription for a controlled substance on a prescription form that does not conform with security prescription form requirements.
- ❖ SB 655 (Roth, Chapter 213 Statutes of 2019) updated several provisions of pharmacy law, including alignment of application and renewal requirements and other technical clean-up provisions.

### Enacted Legislation Impacting the Board

- ❖ AB 528 (Low, Chapter 677, Statutes of 2019) expands reporting requirements to include Schedule V drugs and reduces the reporting period to CURES to one business day.
- ❖ AB 1076 (Ting, Chapter 578, Statutes of 2019) requires DOJ to review summary criminal history information and identify individuals who are eligible for automatic relief by having their arrest and criminal records withheld from disclosure.
- ❖ AB 1723 (Wood, Chapter 323, Statutes of 2019) increases the number of hours a primary care or free clinic is authorized to be open.
- ❖ SB 159 (Wiener, Chapter 532, Statutes of 2019) authorizes pharmacists to initiate and furnish preexposure prophylaxis and postexposure prophylaxis under specified conditions.
- ❖ SB 601 (Morrell, Chapter 854, Statutes of 2019) authorizes the board to reduce or waive fees to renew or replace a license for any licensee that has been displaced or experienced economic hardship as a result of an emergency.



## Regulation Changes Since the Last Review

### 2016 Regulation Changes

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

Effective Date: April 20, 2016

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

Effective Date: December 13, 2016

- ❖ Add Section 1730.2 – Provided specific requirements for advanced practice pharmacist general clinical pharmacy certification programs.

Effective Date: August 10, 2016

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

Effective Date: April 8, 2016

- ❖ Add Section 1746.2 – Created a state protocol to allow pharmacists to dispense nicotine replacement products.

Effective Date: January 25, 2016

- ❖ Add Section 1746.3 – Adopted a permanent state protocol to allow pharmacists to furnish naloxone hydrochloride under a protocol without a doctor's prescription, replacing the protocol adopted under emergency rulemaking provisions.

Effective Date: January 27, 2016

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

Effective Date: August 25, 2016

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

Effective Date: January 1, 2016

## 2017 Regulation Changes

- ❖ Amend Articles 4.5 & 7 and Add Article 7.5 – Strengthened the board’s regulation relating to the compounding of drug preparations, including sterile drug preparations, and improving the board’s enforcement of such regulations.

Effective Date: January 1, 2017

- ❖ Amend Section 1703 – Authorized the Executive Officer of the Board to make regulation changes without regulatory section (Section 100 changes) and to approve waivers pursuant to Business and Professions Code section 4076.5(e).

Effective Date: July 1, 2017

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

Effective Date: July 1, 2017

- ❖ Amend Sections 1732.05, 1732.2, 1732.5 – Required six units of specific types of continuing education that must be earned to renew a pharmacist’s license.

Effective Date: July 1, 2017

- ❖ Amend Section 1735.2(i) – Emergency regulation to clarify the beyond-use date requirements for non-sterile compounded drug preparations.

Effective Date: December 19, 2017

- ❖ Add Section 1744 – Specified requirements for drug warnings that appear on prescription drug containers.

Effective Date: April 1, 2017

- ❖ Add Section 1746.5 – Specified provisions for pharmacists who dispense travel medications.

Effective Date: June 8, 2017

- ❖ Add Section 1776 et seq. – Set requirements for drug take-back programs within California.

Effective Date: June 6, 2017

## 2018 Regulation Changes

- ❖ Amend Sections 1702, 1702.1, 1702.2, and 1702.5 – Required pharmacists to disclose out of state discipline as a condition of renewal. Required pharmacy technicians and designated representatives to complete electronic fingerprinting and to disclose

criminal convictions or out of state discipline as a condition of renewal. Required nonresident wholesalers and nonresident pharmacies to disclose out-of-state discipline as a condition of renewal.

Effective Date: January 1, 2018

- ❖ Add Section 1715.65 – Added requirements for the reconciliation and inventory reporting of controlled substances.

Effective Date: April 1, 2018

- ❖ Amend Section 1735.2(i) – Re-adoption of the emergency regulation to clarify the beyond-use date requirements for nonsterile compounded drug preparations.

Effective Date: June 19, 2018, and September 17, 2018

- ❖ Amend Section 1749 – Adjusted board fees to the statutory minimums.

Effective Date: April 20, 2018

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

Effective Date: April 1, 2018

## 2019 Regulation Changes

- ❖ Amend Sections 1735.1, 1735.2, 1735.6, 1751.1, and 1751.4 – Makes permanent the emergency compounding regulation and makes clarifying changes to the board’s regulations for consistency with the California Mechanical Code and Chapter <795> of the United States Pharmacopeia - National Formulary.

Effective Date: January 30, 2019

## The Board Currently Has 15 Regulations in Various Stages of Promulgation:

- ❖ Add Sections 1702.6 and 1702.7 – Establish the board’s renewal requirements regulation to include address all current and future license types.

Submitted to DCA for pre-review: October 16, 2018

- ❖ Amend Section 1706.2 – Update the board’s abandonment of applications regulation to include new license types established since 2007 (the last update) and all future license types.

Initial Notice: August 30, 2019

- ❖ Amend Section 1707 – Update the board’s off-site storage regulation to remove the restriction prohibiting approval if the licensee has a records violation within the last five years.

Submitted to DCA for pre-review: August 22, 2018

- ❖ Amend Section 1707.2 – Require pharmacy consultation for mail-order prescriptions.

Initial Notice: August 16, 2019

- ❖ Amend Section 1709 – Set requirements for premises licensees owned or managed by a Trust.

Submitted to DCA for pre-review: December 20, 2018

- ❖ Amend and Add Sections 1711, 1713, and 1715.1 – Create licensing and operation requirements for automated drug delivery systems.

Submitted to DCA for pre-review: April 30, 2019

- ❖ Add Section 1714.3 – Establish requirements for community pharmacy staffing that would require a designated assistant when the pharmacist is working alone in the pharmacy.

Submitted to DCA for pre-review: August 26, 2019

- ❖ Amend Section 1715 – Update the self-assessment forms used by licensees as a self-inspection tool to assist compliance with pharmacy law.

Submitted to DCA for pre-review: December 24, 2018

- ❖ Add Section 1717.5 – Set requirements for automatic refill programs.

Submitted to DCA for pre-review: December 5, 2018

- ❖ Amend Section 1746.3 – Authorize the executive officer to approve a fact sheet consistent with the requirements of section 1746.3.

Initial Notice: April 26, 2019

- ❖ Amend Section 1749 – Adjust board fees to the statutory maximums.

Initial Notice: April 26, 2019

- ❖ Amend Sections 1780-1783 – Establish licensing requirements for third-party logistics providers.

Submitted to DCA for pre-review: December 20, 2018

- ❖ Amend Section 1784 – Update the self-assessment form used by licensees as a self-inspection tool to assist compliance with pharmacy law.

Submitted to DCA for pre-review: December 26, 2018

- ❖ Amend Section 1793.5, 1793.6, and Add 1793.65 - Update the pharmacy technician application form, which is incorporated by reference, to conform to new statutory requirements as well as provide better guidance to applicants about requirements for licensure. Update the pharmacy technician training course requirements and establish certification programs approved by the board.

Submitted to DCA for pre-review: October 26, 2018

- ❖ Add Section 1793.9 – Establish the licensing requirements for pharmacy technicians working in a remote-site dispensing pharmacy.

Initial Notice: April 12, 2019

## Major Studies

Review of National Examinations for the Certification of Pharmacy Technicians – Released January 2016. A copy of this report is included in Attachment ??.

## National Associations

The board is a member of the National Association of Boards of Pharmacy. As a full member, the board has one vote in matters before the association. The board is also a member of the National Association of State Controlled Substances Authorities and the National Council on Patient Information and Education. Recently the board joined the Council on Licensure, Enforcement and Regulation (CLEAR).

Meetings of National Associations Attended:

- NABP 113th Annual Meeting (May 2017) – Orlando, FL
- NABP 115th Annual Meeting (May 2019) – Minneapolis, MN

Committees, Workshops and Working Group Involvement:

- DEA State Regulators Meeting on the Practice of Telemedicine (July 2015) – Arlington, VA

- CDC International Conference on Emerging Infectious Diseases (August 2015) – Atlanta, GA
- NABP Task Force on Pharmacist Prescriptive Authority (September 2015) – Mount Prospect, IL
- NABP Interactive Executive Officer Forum: Strengthening Board of Pharmacy Collaboration (October 2015) – Northbrook, IL
- FDA Intergovernmental Meeting on Pharmacy Compounding (November 2015) – Silver Spring, MD
- NABP Interactive Compliance Officer and Legal Counsel Forum: Strengthening Board of Pharmacy Collaboration (December 2015) – Northbrook, IL
- NABP .PHARMACY Domain Name Committee Meeting (July 2016) – Mount Prospect, IL
- FDA Intergovernmental Meeting on Pharmacy Compounding (September 2016) – Silver Spring, MD
- NABP Interactive Executive Officer Forum (October 2016) – Rosemont, IL
- PTCB Pharmacy Technician Stakeholder Consensus Conference (February 2017) – Irving, TX
- Wisconsin Health Literacy 2017 Pharmacy Labeling Pre-Summit (April 2017) – Madison, WI
- CLEAR Executive Leadership Program: Building Regulatory Leaders (September 2017) – Denver, CO
- FDA Intergovernmental Meeting on Pharmacy Compounding (September 2017) – Silver Spring, MD
- NABP Interactive Executive Officer Forum (October 2017) – Mount Prospect, IL
- NABP .Pharmacy Executive Board Meeting (October 2017) – Mount Prospect, IL
- NABP Committee on Law Enforcement/Legislation Meeting (January 2018) – Mount Prospect, IL
- NABP Committee on Law Enforcement/Legislation Meeting (January 2018) – Mount Prospect, IL
- United States Pharmacopeia (USP) Workshop on Safe Compounding (May 2018) – Rockville, MD
- NABP Meeting of the Suspicious Orders Work Group (August 2018) – Mount Prospect, IL
- FDA Intergovernmental Meeting on Pharmacy Compounding (September 2018) – Silver Spring, MD
- NABP Interactive Executive Officer Forum (October 2018) – Mount Prospect, IL
- NABP .Pharmacy Executive Board Meeting (October 2018) – Mount Prospect, IL
- 

## National Exam Involvement

The board does not have specific representation on the national exam committee. However, former members of the Competency Committee (which develops the

California exam) participate in the scoring and analysis of the NAPLEX. The board is otherwise not involved.

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## Section 2

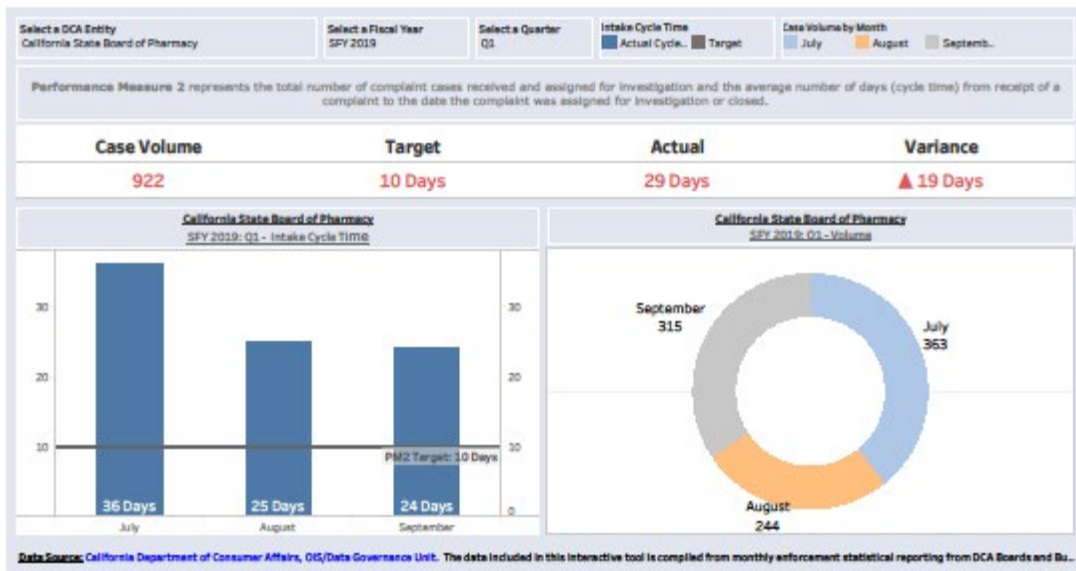
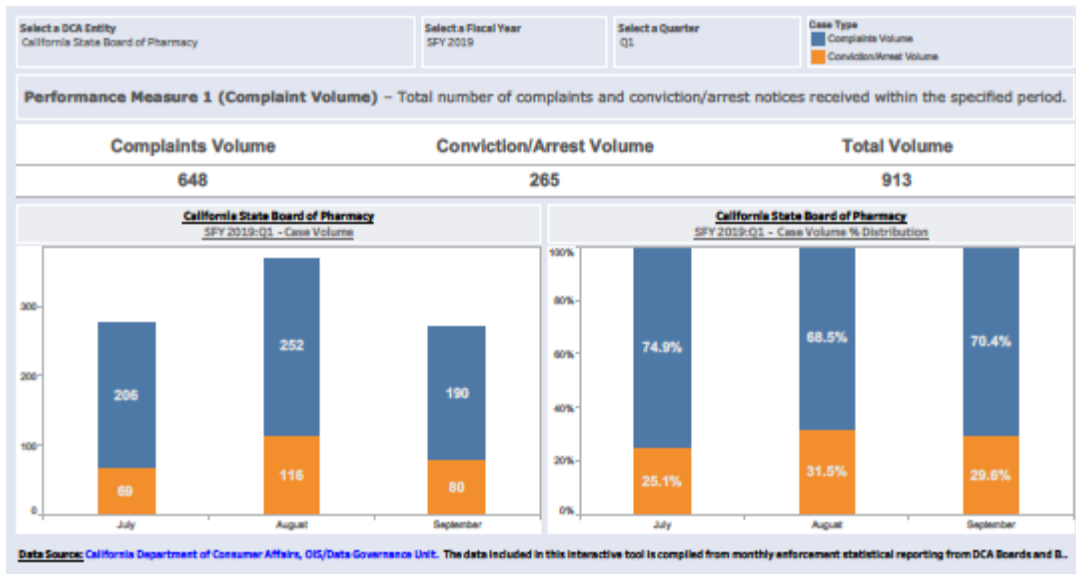
# Performance Measures and Customer Satisfaction Surveys

- ❖ Enforcement Performance Measures
- ❖ Licensing Performance Measures
- ❖ Customer Satisfaction Surveys

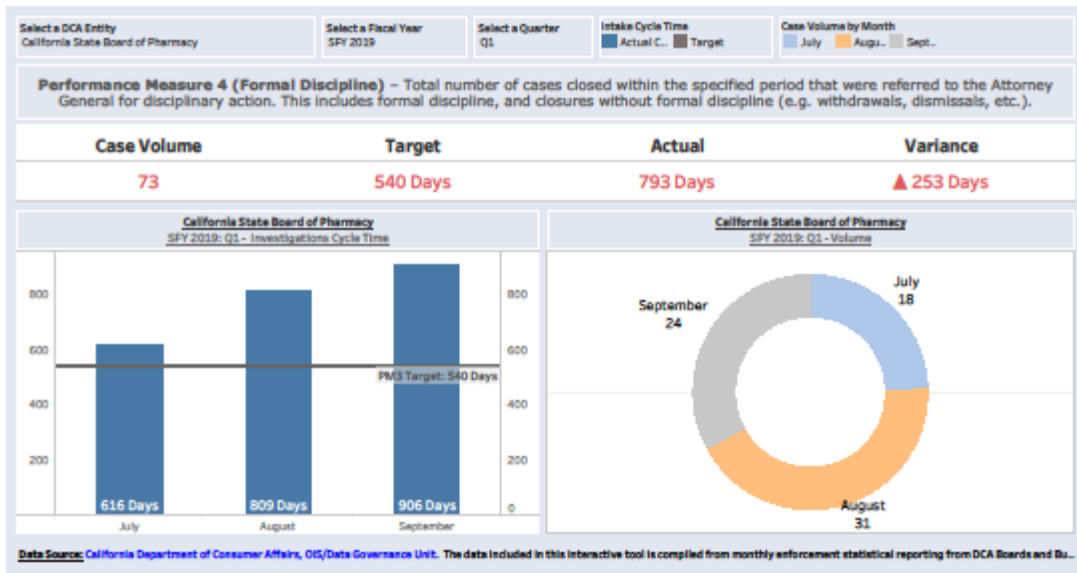
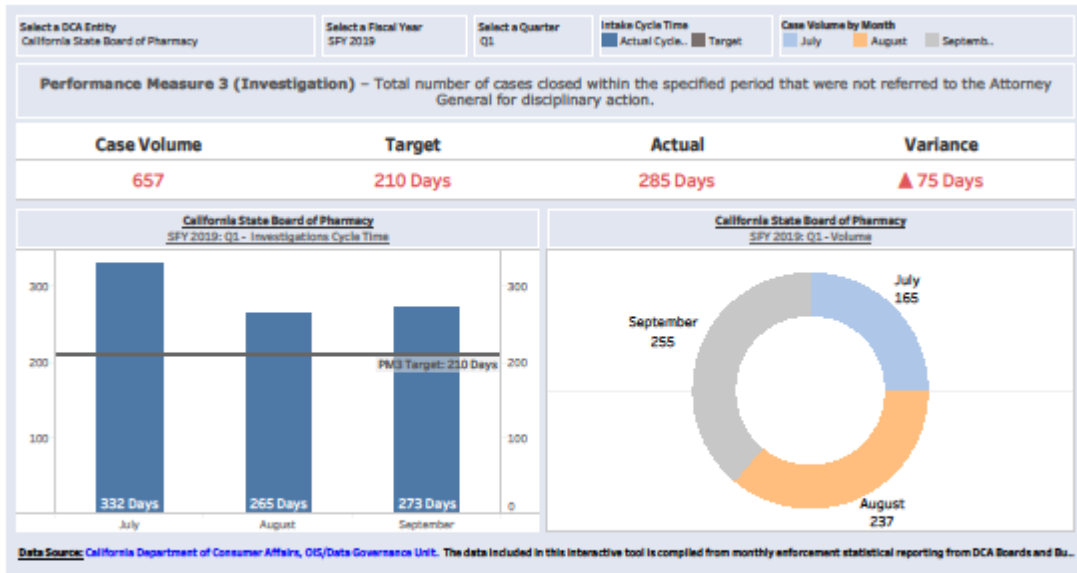
### Related Appendices

- ◆ Appendix 4 – Enforcement Performance Measures
- ◆ Appendix 5 – Licensing Performance Measures
- ◆ Appendix 6 – Board Consumer Satisfaction Survey

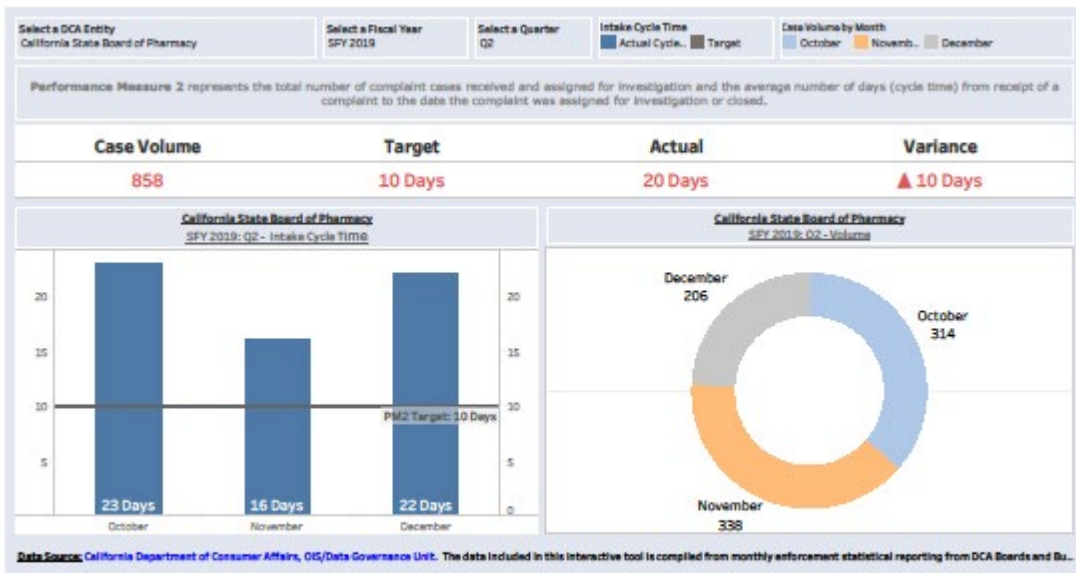
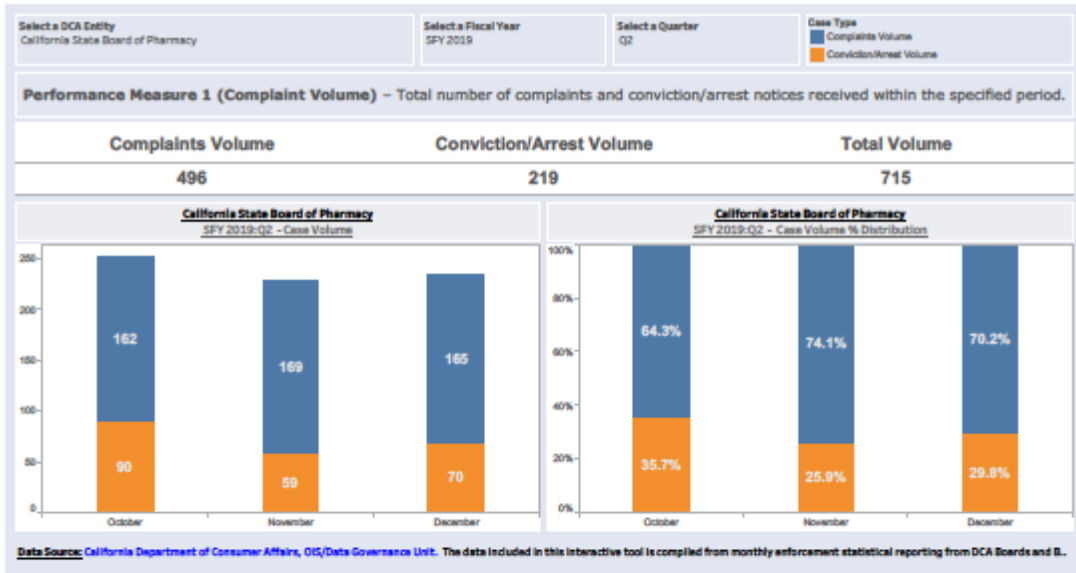
# Enforcement Performance Measures FY 2018/2019



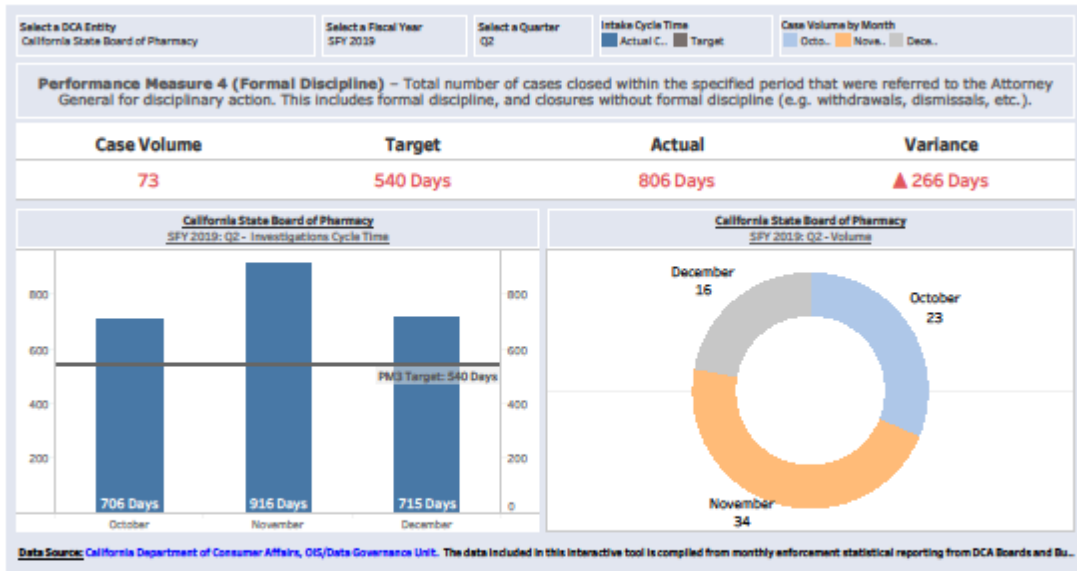
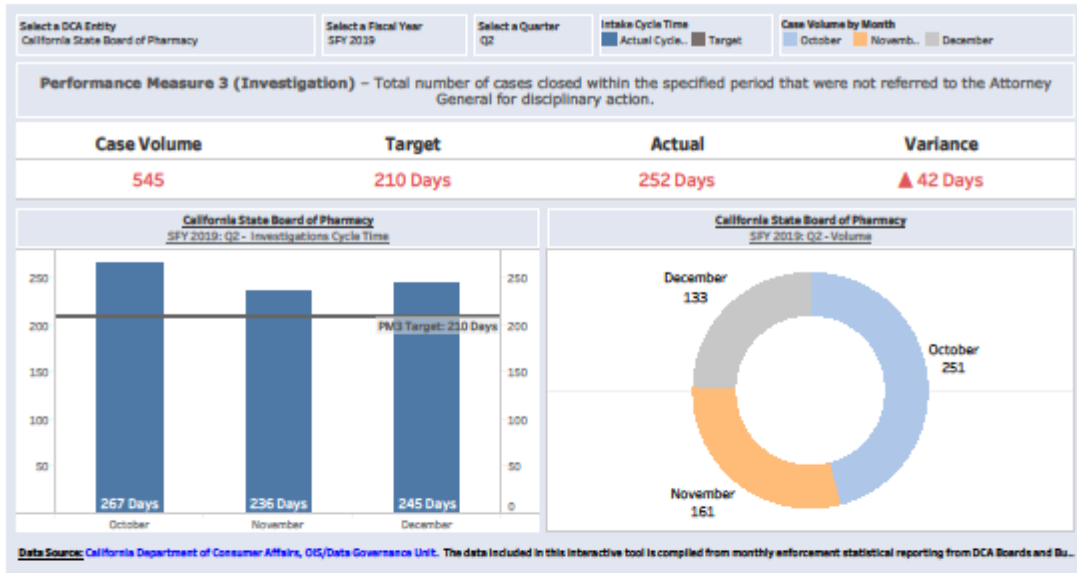
# PERFORMANCE MEASURES AND CUSTOMER SATISFACTION SURVEYS



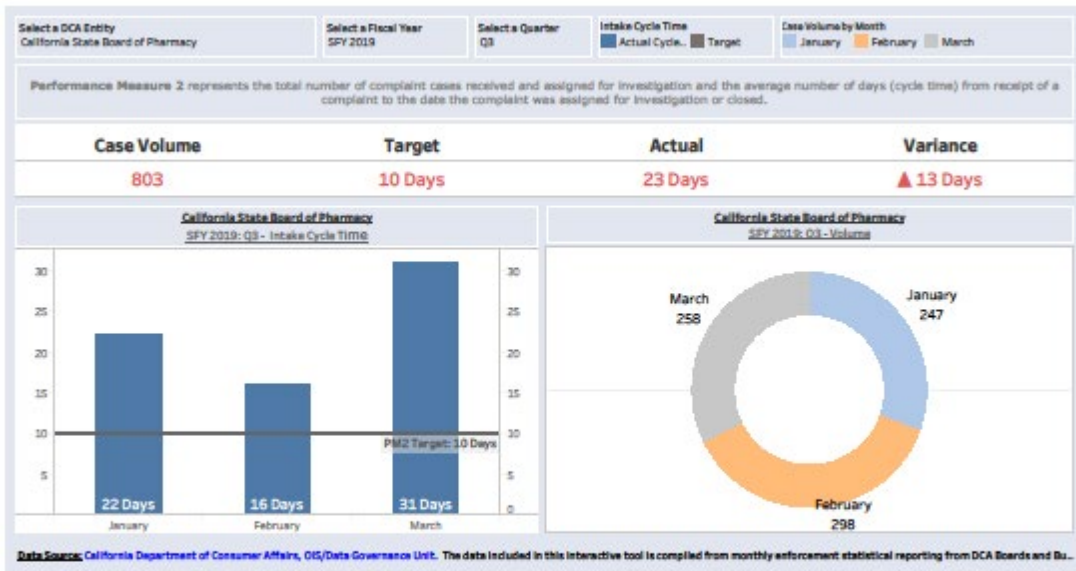
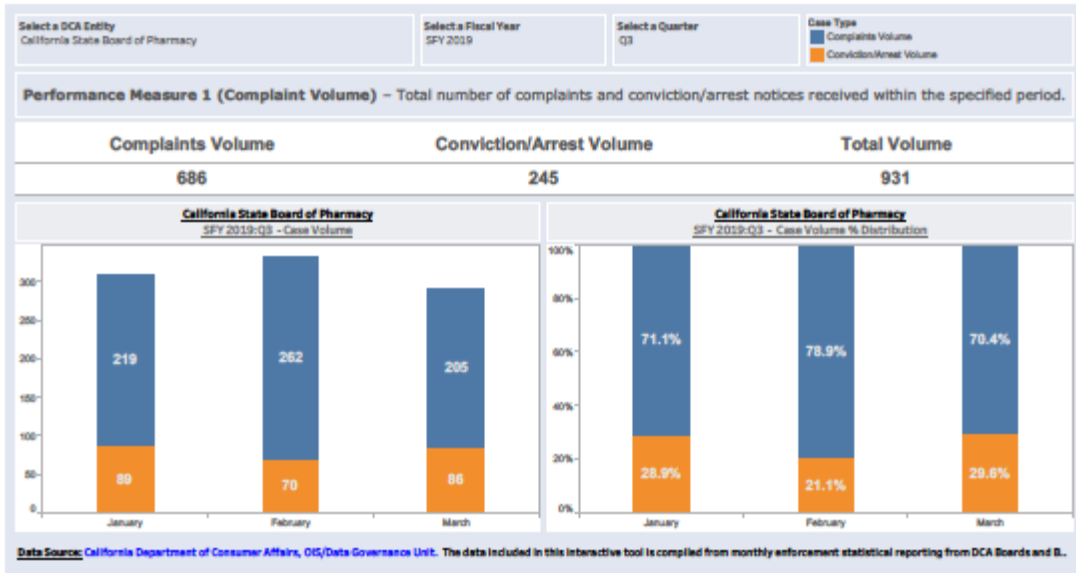
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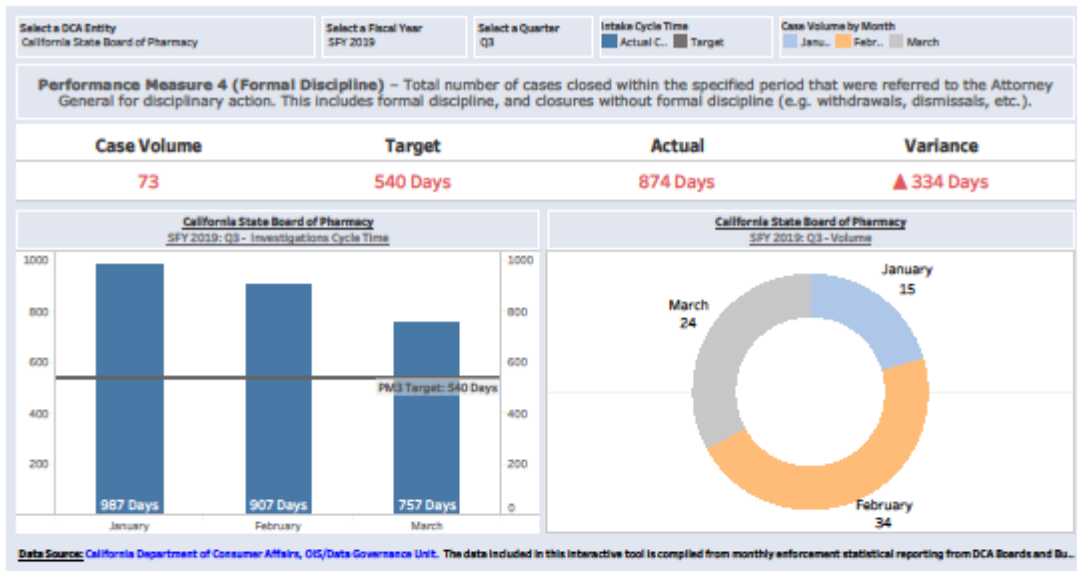
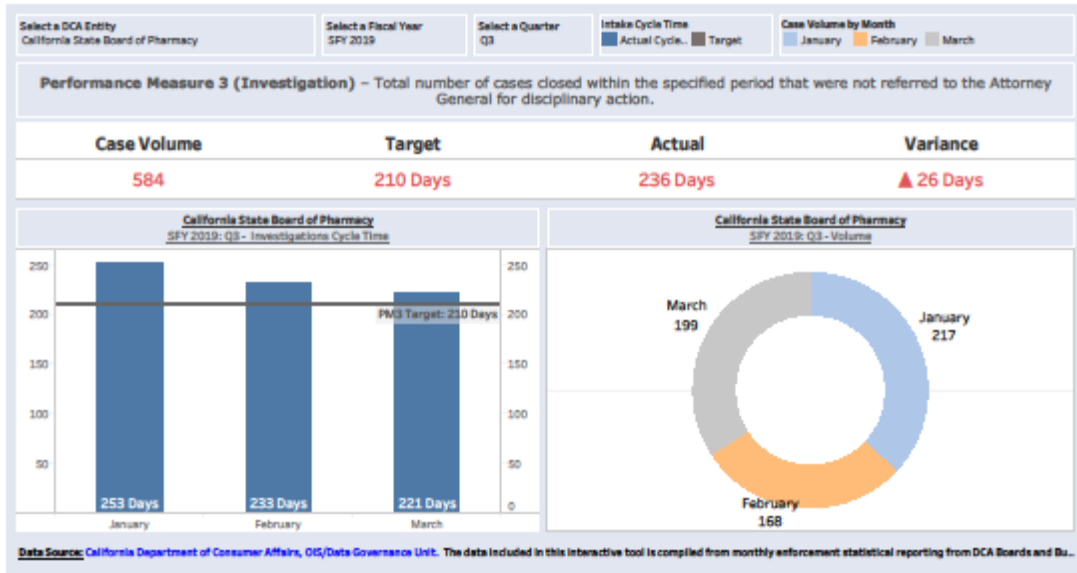
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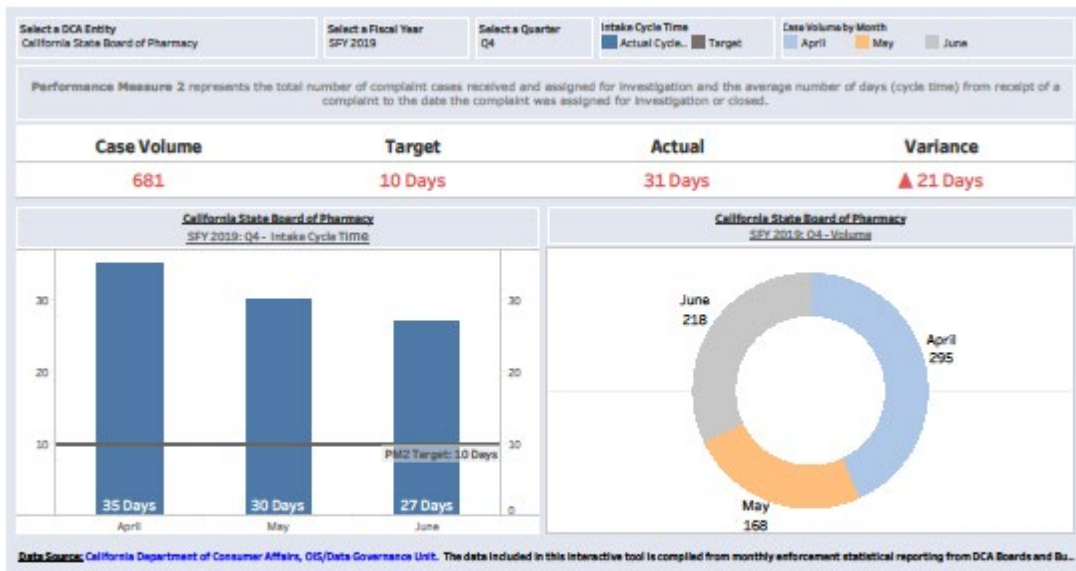
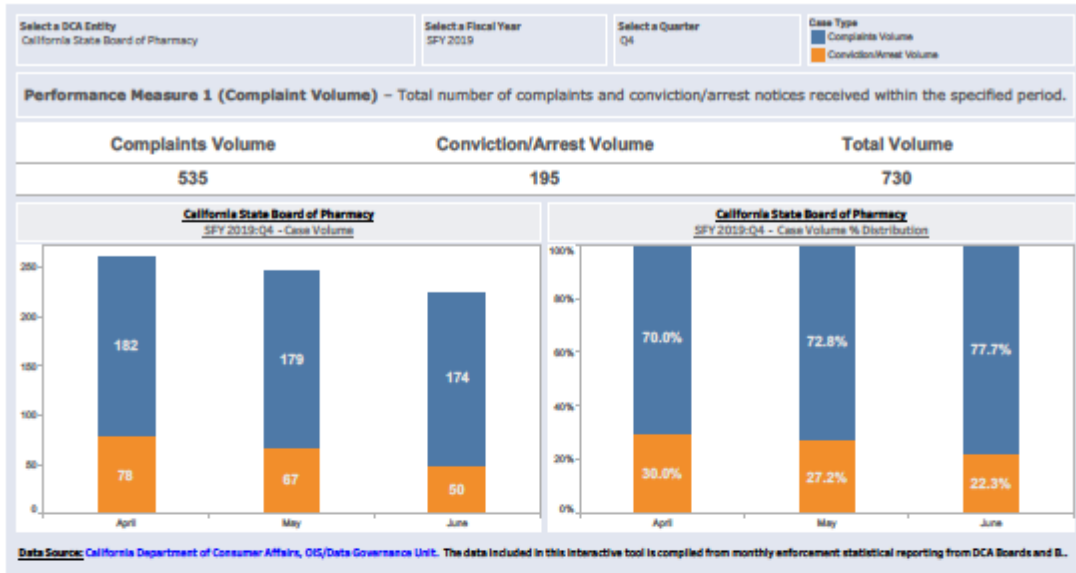
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# PERFORMANCE MEASURES AND CUSTOMER SATISFACTION SURVEYS

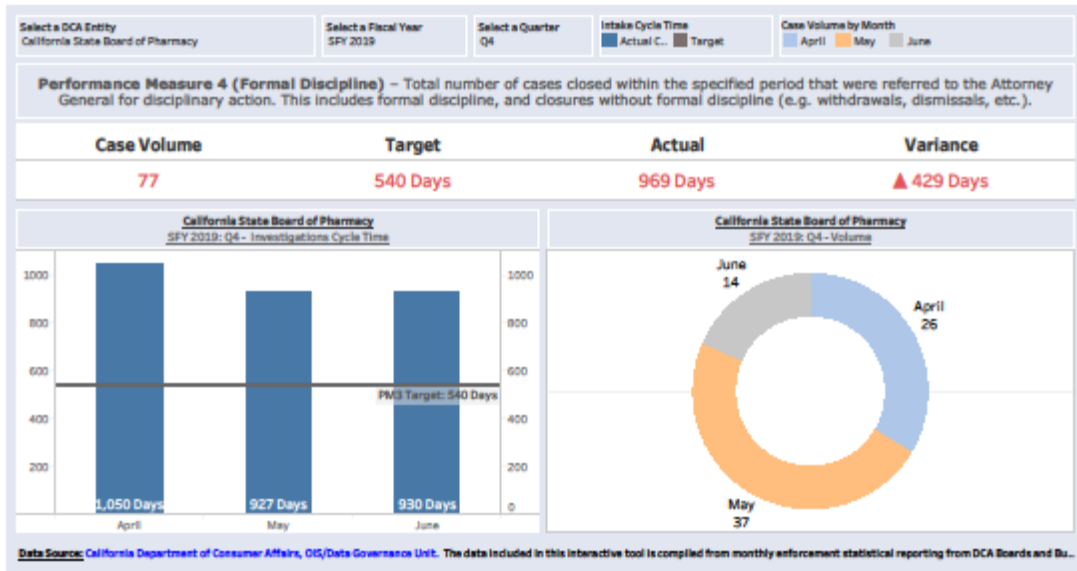
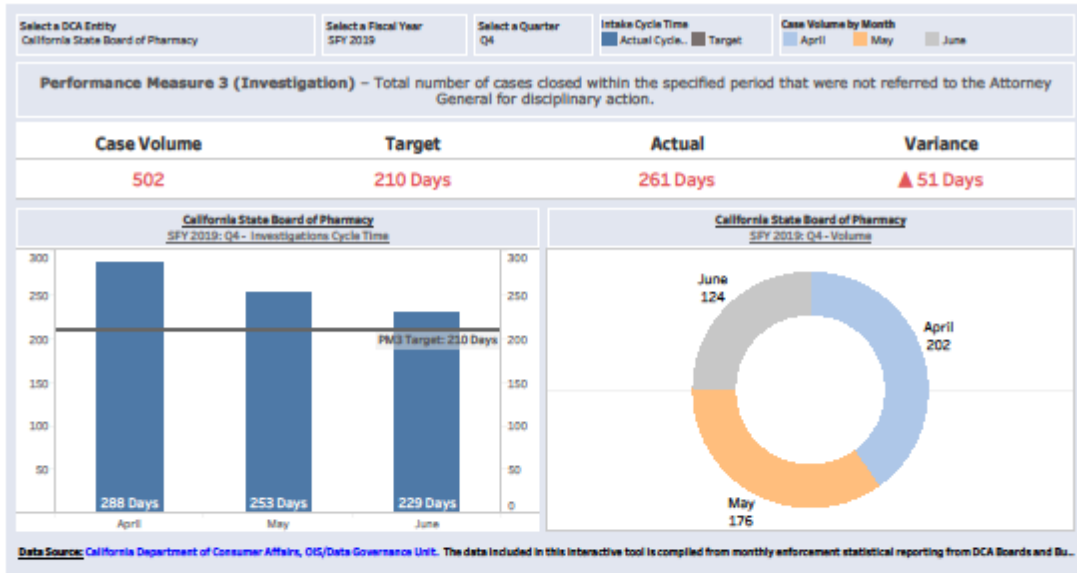


# PERFORMANCE MEASURES AND CUSTOMER SATISFACTION SURVEYS





# PERFORMANCE MEASURES AND CUSTOMER SATISFACTION SURVEYS



## Licensing Performance Measures FY 2018/2019

Licensing Performance Measures – FY 2018/19

License Type	Application Type	Target Cycle Time Complete Applications	Volume Complete Applications	Cycle Time Complete Applications	Volume Incomplete Applications	Cycle Time Incomplete Applications
Advanced Practice Pharmacist	Advanced Practice Pharmacist Application	30	12	54	204	165
Automated Patient Dispensing System 340B Clinic	Automated Patient Dispensing System 340B Clinic Application	30	1	60	0	0
Centralized Hospital Packaging	Centralized Hospital Packaging Pharmacy License Application	45	0	0	0	0
Clinic	Clinic Permit Application	30	67	38	148	112
Designated Paramedic	Application for a Designated Paramedic License	30	0	0	0	0
Designated Representative – 3PL	Application for Designated Representative – Representative – 3PL	30	15	92	48	224
Designated Representative - Reverse Distributor	Application for a Designated Representative Reverse Distributor License	30	0	0	2	115
Designated Representative – Veterinary Food- Animal Drug Retailer	Designated Representative – Veterinary Food-Animal Drug Retailer Application	30	4	32	0	0
Designated Representative - Wholesaler	Application for a Designated Representative License	30	83	61	184	170
Drug Room	Drug Room Application	30	2	51	1	113
Hospital	Hospital Pharmacy Permit Application	30	2	47	48	78
Hospital Satellite Sterile Compounding	Hospital Satellite Sterile Compounding Pharmacy License	45	0	0	1	175

PERFORMANCE MEASURES AND CUSTOMER SATISFACTION SURVEYS

License Type	Application Type	Target Cycle Time Complete Applications	Volume Complete Applications	Cycle Time Complete Applications	Volume Incomplete Applications	Cycle Time Incomplete Applications
Hypodermic Needle and Syringe	Application for Hypodermic Needle and Syringe Permit	30	5	48	20	234
Intern Pharmacist	Application for Registration as an Intern Pharmacist	15	1,507	21	521	81
Licensed Correctional Facility	Licensed Correctional Facility	30	0	0	0	0
Outsourcing Facility	Outsourcing Facility Application	45	0	0	3	632
Outsourcing Facility-Nonresident	Outsourcing Facility-Nonresident Application	45	2	38	5	488
Pharmacist	Application for Pharmacist Examination and Licensure	15	1,619	34	643	101
Pharmacist	Application for Pharmacist Initial License	5	1,987	11	36	36
Pharmacy	Pharmacy Permit Application	30	179	36	218	121
Pharmacy - Nonresident	Nonresident Pharmacy Permit Application	30	60	46	64	239
Pharmacy Technician	Pharmacy Technician Application	30	2,733	33	2,177	83
Remote Dispensing Pharmacy	Remote Dispensing Pharmacy Permit Application	30	0	0	0	0
Sterile Compounding Pharmacy	Application for a Sterile Compounding Pharmacy License	45	16	129	105	170
Sterile Compounding Pharmacy - Nonresident	Application for a Nonresident Pharmacy Sterile Compounding License	45	0	0	23	294
Surplus Medication Collection and Distribution Intermediary	Application for Surplus Medication Collection and Distribution Intermediary	45	0	0	0	0

PERFORMANCE MEASURES AND CUSTOMER SATISFACTION SURVEYS

License Type	Application Type	Target Cycle Time Complete Applications	Volume Complete Applications	Cycle Time Complete Applications	Volume Incomplete Applications	Cycle Time Incomplete Applications
Third-Party Logistics Provider	Application for Third-Party Logistics Provider License	30	1	37	6	405
Third-Party Logistics Provider - Non Resident	Application for Nonresident Third-Party Logistics Provider License	30	0	0	11	469
Veterinary Food- Animal Drug Retailer	Veterinary Food-Animal Drug Retailer Application	30	1	6	1	193
Wholesaler	Application for Wholesaler License	30	9	23	47	120
Wholesaler - Nonresident	Application for Nonresident Wholesaler License	30	13	31	76	266

## Customer Satisfaction Survey

During the reporting period the board received 81 customer satisfaction survey responses. The board believes that the low response is insufficient to draw meaningful conclusions.

Below is a summary of the questions and responses provided:

Question 1: How well did we explain the complaint process to you?

Responses: Very Poor: 4

Poor: 2

Good: 22

Very Good: 50

Question 2: How clearly was the outcome of your complaint explained to you?

Responses: Very Poor: 3

Poor: 4

Good: 15

Very Good: 58

Question 3: How well did we meet the time frame provided to you?

Responses: Very Poor: 16

Poor: 4

Good: 29

Very Good: 29

Question 4: How courteous and helpful was staff?

Responses: Very Poor: 4

Poor: 0

Good: 9

Very Good: 63

Question 5: Overall, How well did we handle your complaint?

Responses: Very Poor: 6

Poor: 4

Good: 14

Very Good: 54

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## Section 3

# Fiscal Issues

- ❖ Fiscal Issues
- ❖ Staffing Issues

### Related Appendices

- ◆ Appendix 7 – Table 2 Fund Condition
- ◆ Appendix 8 – Table 3 Expenditures by Program
- ◆ Appendix 9 – Table 4 Fee Schedule and Revenue
- ◆ Appendix 10 – Table 5 Budget Change Proposals

## Fund Appropriation

As provided in Pharmacy Law, all fees collected on behalf of the board are credited to the Pharmacy Board Contingent Fund. The fund shall only be made available upon appropriation of the Legislature.

## Reserve Level/Spending

Business and Professions Code section 4400(p), provides that it is the intent of the Legislature that, in setting fees, the board shall see to maintain a reserve in its fund equal to approximately one year's operating expenditure. The board is currently significantly below this level. At the end of fiscal year 2018/19, the board's reserve level is at 1.9 months, which is about \$4.4M. The board's authorized expenditures for the year were \$26.5M. Information request in Table 2 is provided in Appendix 7, and summary information is provided below.

## Future Fee Increases

As indicated in the above summary chart, absent a fee increase, the board's fund would go insolvent in fiscal year 2019/20. To prevent such an occurrence, in December 2018 the board voted to increase many of its fees to the statutory maximum levels. Such an increase will increase the board's revenue by an estimated \$8 million dollars a year.

Recently the Attorney General's Office increased its billing rates for various client services. With this increase the board's fund will not restore at the anticipated levels. Although hopeful the pending fee increase will allow the fund to absorb this increase, the board will need to continue to monitor its fund to determine if any subsequent action is necessary in response to both this and other outside forces that directly impact expenditures.

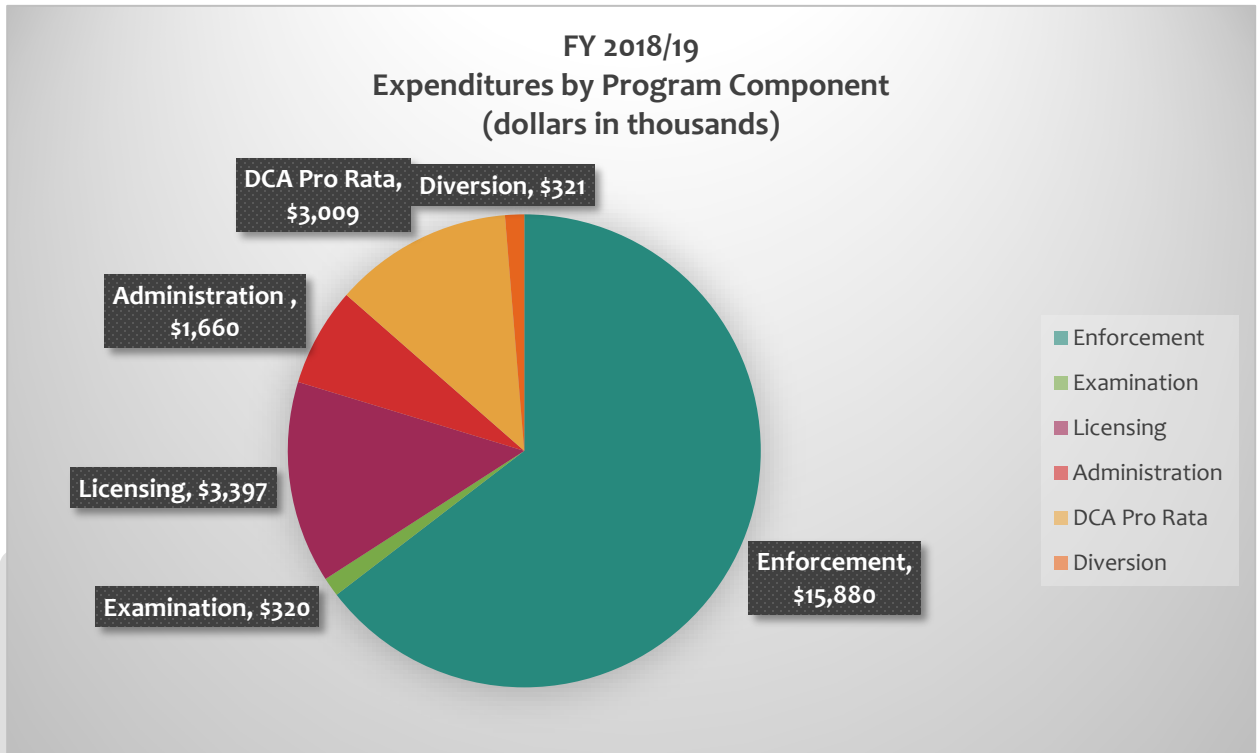
## General Fund Loans

The board has not loaned any money to the general fund since FY 2008/09. That loan was repaid in FY 2013/14.

## Program Expenditures

The chart below displays the board's projected expenditures for FY 2018/19. These numbers are preliminary, as final year-end figures for FY 2017/18 and FY 2018/19 are delayed due to the DCA transition to Fi\$Cal.





The enforcement program is the largest budget expenditure, about 65 percent, followed by the licensing program, about 14 percent, and DCA prorata at about 12 percent. Historical data for expenditures since FY 2015/16 is provided in Appendix 8, Table 3.

### BreEZe Contribution

For several years the board contributed money to the BreEZe program. As reported elsewhere in this report, the board was initially scheduled for inclusion in the second release of the system but was subsequently removed. From FY 2009/10 – FY 2016/17, the board spent \$1,679,528 to the BreEZe program. The board was budgeted to an additional \$317,000 for BreEZe in FY 2017/18, however it is anticipated the board will not be charged due to year end savings in project costs. The board is not scheduled to pay for BreEZe costs in FY 2018/19 and ongoing.

### License Renewal Cycles/Fee Changes in the Last 10 Years

The board’s fee structure is established in Business and Professions Code section 4400. Current fees are established in California Code of Regulations, Title 16, section 1749.

With the exception of pharmacy intern licenses, the board’s license categories have continuous renewal cycles. Pharmacists, advanced practice pharmacists, and pharmacy technicians are renewed biennially, while all other licenses renew on an annual basis.

In 2009, the board sponsored legislation to reset the statutory minimum and maximum fee levels consistent with recommendations of a board commissioned independent fee audit. That was the first time the board sought a legislative change to its fee structures since 1987.

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

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

The board's fee schedule is provided in Appendix 9, Table 4.

## Budget Change Proposals

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

Appendix 10, Table 5 provides a summary of approved BCPs for the last four fiscal years. As indicated in the table, these BCPs were primarily for:

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

## Staffing Issues

Pharmacy law recognizes the dynamic nature of the pharmacy profession. Inherent in the board's consumer protection mandate is the need to quickly and efficiently respond to this ever-changing profession. The board's most important resource is its staff, without which it could not achieve its mandate. While the Bureau of Labor Statistics reported in January 2018 the median employee tenure was about four years, the board has 61 employees with over 5 years of tenure. With these years of experience comes a

depth of knowledge and understanding that supports organizational awareness that reinforces the board's mission.

The board has 120 authorized positions, including 56 licensed pharmacists whose education and experience in various of practice settings provide insight into investigations and potential risks to patients. Board inspectors can quickly assess practice environments for violations placing consumers at risk and also provide technical advice to licensees about compliance with state and federal laws.

Staff is encouraged to participate in the individual development process (IDP) to avail themselves of programs such as the department's upward mobility program and analyst certification program. The board believes in this process and notes that 28 of its non-pharmacist staff have received at least one promotion during their tenure with the board. The board provides cross training not only to expand staff knowledge but also to address succession planning.

In January 2019 the board's executive officer retired after 29 years of service in a leadership capacity. Until the recruitment is completed, the board appointed an interim executive officer. In addition, the board currently has the following vacancies:

- ❖ 4 inspector positions
- ❖ 1 Research Data Specialist positions
- ❖ 4 AGPA positions (2 permanent full time, 2 limited term)
- ❖ 3 SSA positions

The board strives for timely recruitment and onboarding of new employees as delays in filling vacancies create a backlog of work, resulting in unavoidable delays in board business activities.

## Staff Development

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

The board relies on training provided by board staff, DCA, and outside trainers. As an example, the board provides specialized training to inspector and supervising inspector staff on sterile compounding practices, current Good Manufacturing Practices (cGMPs), and investigative and inspection techniques. The board uses a variety of training modalities for all staff, including web-based and in-person training. Additionally, the board uses team meetings and conference calls to reduce costs associated with travel.

Summary information of trainings and costs are provided below.

FISCAL ISSUES

	Number of Courses FY 2015/16	Number of Attendees FY 2015/16	Number of Courses FY 2016/17	Number of Attendees FY 2016/17	Number of Courses FY 2017/18	Number of Attendees FY 2017/18	Number of Courses FY 2018/19	Number of Attendees FY 2018/19
External Vendor Training	11	38	20	61	16	133	25	109

Training Expenses (travel costs not included)

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Outside Vendor Training Costs	\$4,728	\$19,263	\$22,840	\$80,434

## Section 4

# Licensing Programs

- ❖ Licensing Programs
- ❖ Performance Targets
- ❖ Licenses Issued/Renewed
- ❖ Examination School Approval
- ❖ Continuing Education/Competency Requirements

### Related Appendices

- ◆ Appendix 11 – Table 6 Licensee Population
- ◆ Appendix 12 – Table 7a Licensing Data by Type
- ◆ Appendix 13 – Table 7b Total Licensing Data
- ◆ Appendix 14 – Table 8 Examination Data

## Licensing Program

The board’s licensees compound, transport, dispense, and store prescription drugs and devices that are essential for patient care and treatment. Pharmacists, as experts in pharmaceutical care and management, convey critical information about drug therapy management to patients and other health care providers. In addition, because of their extensive education (at least eight years of education after high school) and accessibility to consumers, the scope of practice for pharmacists is evolving and expanding.

### Total Licensees

FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
138,400	139,164	139,640	139,473

Appendix 11 includes Table 6, Licensing Population. Appendix 12 includes Table 7a, Licensing Data by Type. Appendix 13 includes Table 7b, Total Licensing Data.

## Performance Targets

The board publicly reports its performance at quarterly meetings. The board established extremely aggressive targets that balance the board’s mandate to protect consumers with the needs of individuals and businesses entering the marketplace.

The board’s performance targets are provided below.

### Board of Pharmacy Licensing Performance Measures - Target Dates

License Type	Application Type	Target (In Days) For Complete Applications
Advanced Practice Pharmacist	Advanced Practice Pharmacist Application	30
Automated Patient Dispensing System 340B Clinic	Automated Patient Dispensing System 340B Clinic Application	30
Centralized Hospital Packaging Clinic	Centralized Hospital Packaging Pharmacy License Application	45
Designated Paramedic	Application for Designated Paramedic License	30
Designated Representative – Reverse Distributor	Application for a Designated Representative Reverse Distributor License	30
Designated Representative – Reverse Distributor	Application for a Designated Representative Reverse Distributor License	30

LICENSING PROGRAMS

License Type	Application Type	Target (In Days) For Complete Applications
Designated Representative – Wholesaler	Application for a Designated Representative License	30
Designated Representative – 3PL	Application for Designated Representative – 3PL	30
Designated Representative – Veterinary Food-Animal Drug Retailer	Designated Representative – Veterinary Food-Animal Drug Retailer Application	30
Drug Room	Drug Room Application	30
Hospital	Hospital Pharmacy Permit Application	30
Hospital Satellite Sterile Compounding	Hospital Satellite Sterile Compounding License	45
Hypodermic Needle and Syringe	Application for Hypodermic Needle and Syringe Permit	30
Intern Pharmacist	Application for Registration as an Intern Pharmacist	15
Licensed Correctional Pharmacy	Licensed Correctional Pharmacy	30
Outsourcing Facility	Outsourcing Facility Application	45
Outsourcing Facility – Nonresident	Outsourcing Facility-Nonresident Application	45
Pharmacist	Application for Pharmacist Examination and Licensure	15
Pharmacist	Application for Pharmacist Initial License	5
Pharmacy	Pharmacy Permit Application	30
Pharmacy - Nonresident	Nonresident Pharmacy Permit Application	30
Pharmacy Technician	Pharmacy Technician Application	30
Sterile Compounding Pharmacy	Application for a Sterile Compounding Pharmacy License	45
Sterile Compounding Pharmacy - Nonresident	Application for a Nonresident Pharmacy Sterile Compounding License	45
Surplus Medication Collection and Distribution Intermediary	Application for Surplus Medication Collection and Distribution Intermediary License	45

## LICENSING PROGRAMS

License Type	Application Type	Target (In Days) For Complete Applications
Third-Party Logistics Provider	Application for Third-Party Logistics Provider License	30
Third-Party Logistics Provider – Non Resident	Application for Nonresident Third-Party Logistics Provider License	30
Veterinary Food-Animal Drug Retailer	Veterinary Food-Animal Drug Retailer Application	30
Wholesaler	Application for Wholesaler License	30
Wholesaler - Nonresident	Application for Nonresident Wholesaler License	30

At the end of FY 2018/19, the board was not meeting these aggressive performance standards. The board is taking steps to reduce processing times by improving application instructions and educating applicants about the requirements for licensure. The board will need to determine if the standards for some facility licenses are achievable, given the complexity of the application requirements and the need in some cases for inspections before licensing.

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

The board's Licensing Performance Measures are included in Section 2. Review of the application volumes over the reporting period indicate that the volume has remained relatively flat over the four-year period. Application processing times vary within the application types due to complexity and licensing requirements.

### Licenses Issued/Renewed

The board issues a license upon determining an applicant has satisfied the requirements for licensure. Although the overall number of licenses has decreased, this is mostly because of a 15% reduction in pharmacy technician licenses, which is the board's highest volume of applications.

#### *Licenses Issued*

FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
11,917	11,784	11,064	10,672



## LICENSING PROGRAMS

Renewal of licenses has remained relatively constant during the reporting period. However, the board expects renewals will increase as additional licensing programs are added to the board's jurisdiction.

### *Licenses Renewed*

FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
64,729	64,206	64,644	64,474

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

### *Mandatory Change Notifications*

FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
4,689	4,287	3,853	4,053

In addition, the board processed 1,602 discontinuance of business notifications and over 48,000 name and address changes during the reporting period.

## Licenses or Registrations Denied Based on Criminal History

During the reporting period the board received over 67,000 applications. The board issued over 55,000 licenses during the reporting period and denied 316 application. The causes for denial vary based on the type of application. For example, an outsourcing application may be denied because the facility does not operate in compliance with current good manufacturing practices, while a pharmacist technician application may be denied for conviction of a crime the board has determined to be substantially related to the position.

### *Application Denials*

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Criminal Conviction	66	48	47	47
Total Denial	99	77	77	63

Provided below is a breakdown of the general categories of the convictions for which an application was denied.

*Categories of Convictions*

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Acts Involving Drugs/Alcohol	42	31	27	30
Acts Involving Theft/Fraud	29	19	19	17
Criminal Sexual Behavior	1	1	3	4
Violent Crime	1	1	4	1

Summary case information is provided in Attachment ??

## Verification of Information from Applicants

### Application Information

The board uses multiple processes to secure information about applicants to confirm their eligibility for licensure. The board has fingerprinted pharmacists since the 1940s and checks all applicants’ fingerprints with the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

The board also conducts a criminal background check on the top five owners and designated managers for all site license applications. In addition, these individuals are required to report under oath any arrest or conviction and any previous or close association to anyone disciplined by any regulatory agency.

Applicants who self-report a criminal conviction or prior discipline by a regulatory agency are required to submit documentation describing the action and resolution. If the applicant does not submit documentation, the board investigates and reviews the information before deciding the license application.

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

### National Databank

The board requires all pharmacist, intern pharmacist, and pharmacy technician applicants to provide a “self-query report” from the National Practitioner Data Bank (NPDB) when applying for examination and/or licensure. These reports detail any

action taken by another regulator that has been reported to this national databank. The board does not check the NPDB before renewing an individual license.

The NPDB provides a continuous query service for enrolled individual practitioners. However, the board does not have expenditure authority to use this service, which would cost an estimated \$250,000 annually.

The board does receive notice of disciplinary actions from an information clearinghouse operated by the National Association of Boards of Pharmacy.

As part of the license renewal process, individuals are required to report any disciplinary action against any license issued by a government agency or conviction. In addition, nonresident pharmacies and nonresident wholesalers are required to report any disciplinary action taken by any government agency since their last renewal.

### Primary Source Documentation

In addition to the criminal and disciplinary background checks, the board verifies information submitted on all applications through both primary and secondary source documentation. Pharmacy school transcripts must be primary source documents and must be sent directly from the pharmacy school. In other instances, the board will accept secondary source documentation that is certified from the source of origin. An example of secondary source documentation are articles of incorporation endorsed and provided by the Secretary of State to the applicant, who submits them to the board. The board also accepts self-certified items such as photos, affidavits, and applications.

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

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

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

## Military Education and Training

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

Because of limitations its legacy computer system, the board identifies and track applicants who are veterans in a separate manner. During the reporting period, the board received 399 applications from veterans.

The board has waived renewal fees and continuing education requirements for 13 individuals pursuant to BPC section 114.3 during the reporting period. This has not caused a significant impact on revenues.

The board has expedited the processing of 152 applications pursuant to BPC section 115.5 during the reporting period. The board also expedited 66 applications for individuals serving in the military, pursuant to BPC 114.5.

## No Longer Interested Notifications

The board sends “No Longer Interested” notifications to the DOJ’s web portal; however, this process is slow. In 2017, the board began working with the department to improve this process and expects process will be automated in early 2020.

## Examinations

### Examinations Required for Licensure

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

### Pass Rates for First Time vs. Retakes

Twice a year the board publishes passing rate information for both the CPJE as well as the NAPLEX for California applicants who have taken both exams. Provided in Appendix 14, Table 8 Examination Data is a comprehensive report detailing exam performance for the past four fiscal years.

## Computer-Based Testing

Both the NAPLEX and CPJE are administered via computer-based testing on a continuous basis at locations nationwide. The board uses a vendor secured as part of a department-wide contract to administer the CPJE, PSI Services Inc. The NAPLEX is administered through a contractor secured by the NABP, Pearson Vue.

Upon application approval, applicants receive a letter from the board confirming eligibility to take the examination(s). Applicants are responsible for scheduling the exam through PSI or Pearson Vue. The board has strict standards for admittance into testing areas as well as security procedures in use during test administration for the CPJE.

Testing sites for the CPJE are in Anaheim, Carson, El Monte, Fresno, Hayward, Riverside, Sacramento, San Francisco, San Diego, Santa Rosa, Santa Clara, Ventura, Visalia, and Walnut Creek. Testing sites are also available throughout the contiguous United States, including Albuquerque, NM; Atlanta, GA; Boston, MA; Charlotte, NC; Cherry Hill, NJ; Chicago, IL; Cranberry Township, PA; Dallas, TX; Glendale (Queens), NY; Houston, TX; Las Vegas, NV; Milford, CT; Nashville, TN; North Orem (Provo); UT, North Salt Lake City, UT; Phoenix, AZ; Portland, OR; Richmond, VA; Southfield (Detroit Area) Examination Center, MI; West Des Moines, IA; West Hartford, CT; and Woodbury, MN.

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

Computer-based testing provides an easy and convenient way for candidates to take examinations. However, even with tight security at examination sites, such testing is not without risk of subversion. Recently the board discovered wide-scale subversion of its computer-based CPJE. Additional information is provided in Section 11 of this report.

## Statutes That Hinder Processing of Applications/Examinations

The board's Licensing Committee is charged with routinely evaluating licensing and application processes for efficiencies. The committee completed post implementation review of its Advanced Practice Pharmacist licensing program and will be offering statutory amendments to clarify the pathways to licensure. The committee also reviewed the various designated representative licensing programs and will be offering recommendations to the board to seek conformity within the various programs where appropriate.

The board also continues to update applications and instructions to improve guidance for applicants and to comply with changes in legal requirements.

## School Approvals

The board does not approve schools of pharmacy. Instead, Pharmacy Law defines “recognized school of pharmacy” as a school of pharmacy accredited or granted candidate status by the Accreditation Council for Pharmacy Education (ACPE). The ACPE is the sole accrediting body for pharmacist education in the United States. The board does not have an official role with the ACPE; however, a board member attends and observes accrediting and reaccrediting visits at California schools of pharmacy. Additionally, the board receives updates from ACPE on changes in school accreditation status.

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

There are currently 11 fully accredited schools of pharmacy in California:

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

There are two schools that have received candidate status by the ACPE:

- ❖ California Health Sciences University College of Pharmacy, Clovis, CA
- ❖ Marshall B. Ketchum University College of Pharmacy, Fullerton, CA

One school is currently in pre-candidate status:

- ❖ American University of Health Sciences School of Pharmacy, Signal Hill, CA

The board has no legal requirements regarding approval of international schools.

## Continuing Education/Competency Requirements

Pharmacists and advanced practice pharmacists are required to earn continuing education as a condition of renewal. Pharmacists are required to earn 30 units of CE every two years, and advanced practice pharmacists are required to earn an additional 10 units every two years. Pharmacists and advanced practice pharmacists are exempt from continuing education during their first renewal cycle.

### CE Verification

As a condition of renewal, pharmacists and advanced practice pharmacists self-certify completion of continuing education. Although not required, many pharmacists use the CPE monitor offered by the National Association of Boards of Pharmacy to record and maintain their CE information in a central location.

The board does not currently use the DCA cloud for this purpose. However, the board may use the cloud as part of its larger business modernization implementation efforts.

### CE Audits

#### Auditing for Compliance

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

Where an audit reveals a deficiency, the board typically instructs the licensee to obtain the required CE units and issues a citation and fine for misrepresenting completion of CE on the renewal form. For pharmacists who do not comply, their licenses are converted from active to inactive status as authorized in statute, and they cannot work as pharmacists. To reactivate a license, a pharmacist must repay the renewal fee and submit satisfactory proof of completing 30 hours of CE.

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Audits Performed	464	603	629	612
Passed	405	545	571	586
Failed	59	58	58	26

The board conducted 2,308 CE audits in the prior four fiscal years, with 201 pharmacists (8.7 percent) failing because they could not provide full evidence of 30

units of CE. Licenses for these pharmacists were placed on inactive status. The board notes that the failure rate decreased from the last reporting period, when it was about 15 percent.

## Accreditation Agencies

Board regulations designate two primary accreditation agencies for continuing education providers and courses: the Accreditation Council for Pharmacy Education and the California Pharmacists Association (formerly known as the Pharmacy Foundation of California). The board does not approve course providers; however, by law the board does accept CE approved by other healing arts boards if it meets standards of relevance to pharmacy practice.

## Board Policy

Beginning in July 2017, the board formalized its policy to award continuing education credit to licensees who attend a full day board meeting or committee meeting. In addition, the regulation provides that an individual may receive continuing education credit for successfully passing the examination administered by the Commission for Certification in Geriatric Pharmacy.

Also beginning in July 2017, at least two hours of continuing education must be completed by participation in a CE course in law and ethics provided by the board. Webinars that provide these courses have been created and posted on the board's website. Although not mandatory, the board also provides a naloxone training webinar to fulfill the requirements of Section 1746.3 relating to pharmacists furnishing of naloxone.

The board also formally approves continuing education credit for other training it provides. Licensees who participate receive certificates documenting completion of the course.

Pharmacists may also petition the board for the approval of CE courses offered by non-recognized providers, so long as the course meets content standards specified in law. The board reviews such applications.

The board does not audit CE providers.



DRAFT



## Section 5

# Enforcement Programs

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

### Related Appendices

- ◆ Appendix 15 – Table 9a, 9b Enforcement Statistics
- ◆ Appendix 16 – Table 10 Enforcement Aging
- ◆ Appendix 17 – Table 11 Cost Recovery
- ◆ Appendix 18 – Table 12 Restitution

## Enforcement Programs Overview

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

From 2015/16 through 2018/19, the board:

- ❖ Completed 12,092 investigations.
- ❖ Referred 1335 licensees and applicants for formal discipline.
- ❖ Issued 7,223 citations.
- ❖ Revoked or accepted surrender of 854 licenses.
- ❖ Placed 488 licensees on probation.

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

- ❖ 23 interim suspension orders.
- ❖ 52 Penal Code 23 restrictions.
- ❖ 11 cease and desist Orders.

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

Appendix 15 includes enforcement data requested by the Sunset Review Committee - Tables 9a and 9b.

### Performance Measures: Investigations

The board performance objectives for its investigation activities are:

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

At the conclusion of the 2018/19 fiscal year, the board was:

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

Additional information about the board's investigation performance is provide in the table below.

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

	<b>Performance Standard</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
Desk Investigations	90 days	43%	54%	49%	55%
Field Investigation	120 days	71%	53%	55%	44%
Total Investigation Time Including Supervisor’s Review	180 days	50%	40%	33%	29%

### Disciplinary Actions

The most egregious violations of Pharmacy Law are referred to the Office of the Attorney General to pursue administrative discipline. Penalties for disciplinary actions range from a public letter of reprimand to revocation of the license.

Subject to judicial review, the board has final authority over its disciplinary cases. The board approves Disciplinary Guidelines intended to help ensure that decisions, penalties, and probation terms and conditions are consistent in all cases. The guidelines also are an important reference source for board members and staff, deputy attorneys general, administrative law judges, and lawyers.

### Performance Measures: Administrative Cases

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

- ❖ Submit petitions to revoke probation within 30 days once non-compliance with terms of probation is substantiated.
- ❖ Close all administrative cases within one year (excluding board investigation time).

At the conclusion of the 2018/19 fiscal year the board was:

- ❖ Submitting ?? percent of all petitions to revoke probation within 30 days once non-compliance with terms of probation has been substantiated.

Closing about 21 percent of its cases at the Office of the Attorney General within one year.

Information about closure times for cases referred to the Office of the Attorney General for the past four years is in the table below. During our last report, 82 percent of all cases were closed within the first two years. As detailed below that percentage has dropped about 58 percent of cases were closed within that time frame.

## ENFORCEMENT PROGRAMS

### Enforcement Aging – Attorney General Cases (Average %)

Closed Within:	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	Cases Closed	Average %
1 Year	121	124	103	92	440	17.7
2 Years	71	81	76	138	1005	40.5%
3 Years	37	34	34	49	154	6.2%
4 Years	21	26	16	7	70	2.8%
Over 4 Years	33	44	33	10	120	4.8%
<b>Total Cases Closed</b>	<b>283</b>	<b>309</b>	<b>264</b>	<b>296</b>	<b>2480</b>	

Appendix 16 includes Table 10, Enforcement Aging

### Enforcement Trends: Investigations

There are several triggering events for the board to initiate an investigation, including external and internal sources. Over the reporting period the board notes an increase in the percentages of complaints it receives from the public. There does not appear to be a significant change in the number of investigations initiated by reports from law enforcement. The number of investigations initiated by mandatory settlement reports also remained relatively flat during the reporting period.

A review of the frequency of violations reveals that the top violations in fiscal year 2015/16 included failure to maintain adequate facilities, failure to maintain adequate security, violations involving dishonesty, and self-use of alcohol and DUIs. In fiscal year 2018/19 violations involving dishonesty, and self-use of alcohol and DUIs remain the top violations and increased in percentage.

### Disciplinary Actions

The most egregious violations of Pharmacy Law are referred to the Office of the Attorney General to pursue administrative discipline. Penalties for disciplinary actions range from a public letter of reprimand to revocation of the license.

Subject to judicial review, the board has final authority over its disciplinary cases. The board approves Disciplinary Guidelines intended to help ensure that decisions, penalties, and probation terms and conditions are consistent in all cases. The guidelines also are an important reference source for board members and staff, deputy attorneys general, administrative law judges, and lawyers.

The number of cases referred to the Attorney General’s Office remained relatively flat compared to the board’s last report. However, growth is noted in the following areas:

- ❖ Number of accusations filed: 1,030 (6 percent increase)

- ❖ Number of disciplinary actions secured against respondents: 1,353 (15 percent increase)
- ❖ Number of new probationers: 488 (45 percent increase)

## Case Prioritization

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

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

The board believes its priorities are generally consistent with DCA's priorities.

## Mandatory Reporting

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

- ❖ *Business and Professions Code Section 801(a)* – Requires every insurer who provides liability insurance to a Board of Pharmacy licensee to report to the board any settlement or arbitration award over \$3,000 in a claim or action for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice or for unauthorized professional services. A report, written and signed by all parties, must be submitted to the board within 30 days after service of the arbitration award on all parties.
- ❖ *Business and Professions Code Section 802* – Requires board licensees or their legal representatives to report every settlement or arbitration award over \$3,000 due to a "claim or action for damages for death or personal injury caused by negligence, error or omission in practice." The board receives notification of these settlements from the insurance company settling the claim or from a licensee's counsel.
- ❖ *Business and Professions Code Section 803* – Requires the clerk of a court that renders a judgment that a licensee has committed a crime; or is liable for any death or

personal injury resulting in a judgment for an amount over \$30,000 caused by the licensee's negligence, error or omission in practice; or his or her rendering of unauthorized professional services, to report that judgment to the board within 10 days after the judgment is entered.

- ❖ *Business and Professions Code Section 4104 (c)* – Requires every pharmacy report to the board within 14 days of the receipt or development of information that a licensed individual employed by or with the pharmacy has made or has received: (1) any admission by a licensed individual of chemical, mental, or physical impairment to the extent it affects his or her ability to practice pharmacy; or (2) any admission of theft, diversion, or self-use of dangerous drugs; or (3) any video or documentary evidence demonstrating chemical, mental, or physical impairment to the extent it affects his or her ability to practice pharmacy; or (4) any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs; or (5) any termination based on theft, diversion, or self-use of dangerous drugs.
- ❖ *Business and Professions Code Section 4126.9* – Requires notice to the board within 12 hours of any recall notice issued by a pharmacy for a nonsterile compounded drug product.
- ❖ *Business and Professions Code Section 4127.1* – Requires notice to the board within 12 hours of any recall notice issued by a pharmacy for sterile drug products it has compounded. Further, adverse effects reported or potentially attributable to a pharmacy's sterile drug products must also be reported to the board.
- ❖ *Business and Professions Code Section 4129.9* – Requires notice to the board within 24 hours of a recall notice under specified conditions.
- ❖ *Business and Professions Code Section 4169.1* – Requires a wholesaler to notify the board of any suspicious orders of controlled substances placed by a California-licensed pharmacy or wholesaler.
- ❖ *Title 16, California Code of Regulations Section 1715.6* – Requires a facility owner to report to the board within 30 days of the discovery of a loss of any controlled substance, including their amounts and strengths.

Over the last four years, the board has received 358 Section 800 reports and 321 reports of employee impairment.

In addition, the board has received 29,194 reports of drug losses. The table below shows an increase in drug reports during the past four years, as the board began highlighting in public discussions the need for better inventory control and management. The board adopted a regulation that took effect in April 2018 requiring pharmacies to perform regular inventory reconciliation.



*Drug Loss Reports*

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Reports Received	3,585	7,194	8,940	9,475??

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

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

### Settlements Entered with Licensees

The board does not have authority to settle cases in advance of filing of an accusation. The board’s Enforcement Committee is currently evaluating this issue and developing an alternative enforcement model that provide a mechanism for settlements pre-accusation.

The number of cases, post-accusation, that were settled over the past four years is provided in the table below.

*Post-Accusation Case Settlements*

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	Total
Settlements	178	247	222	205	852

The board settles approximately 72 percent of its disciplinary cases.

### Statute of Limitations

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

### Unlicensed Activity and the Underground Economy

The board aggressively investigates unlicensed activity. The table below quantifies investigations involving allegations of unlicensed activity.

*Unlicensed Activity Investigations*

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	Total Indicated
Investigations	232	167	169	195	763

Examples of unlicensed activity include individuals or businesses operating without a license; unlicensed out-of-state operators providing services to Californians; and consumers buying drugs online from unlicensed vendors.

Section 10 contains additional information regarding unlicensed activity and the underground economy.

## Cite and Fine

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

*Citation and Fines/Letters of Admonishment*

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Letters of Admonishment	234	475	256	288
Citations with No Fine	376	439	504	342
Citation with Fine	1,599	1,497	1,664	803
Fines Assessed	\$2,264,650	\$2,354,525	\$2,268,625	\$1,176,950
Fines Collected	\$2,145,397	\$2,071,478	\$2,079,806	\$1,227,977

The board also may issue citations containing orders of abatement. The abatement order may require the cited licensee to detail plans to comply with Pharmacy Law. The board has been using these orders routinely Since May 2018.

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

1. Any violation of Pharmacy Law (Business and Professions Code 4000 et seq.).
2. A violation of a regulation adopted by the board.
3. A violation of the Confidentiality of Medical Information Act (Civil Code 56 et seq.).
4. Defaulting on a United States Department of Health and Human Services education loan (capped at \$2,500).
5. A violation of other statutes or regulations for which the board may issue a citation.

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

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

- ❖ Gravity of the violation.
- ❖ Good or bad faith of the cited person or entity.
- ❖ History of previous violations.
- ❖ Evidence that the violation was or was not willful.
- ❖ Extent to which the cited person or entity has cooperated with the board's investigation.
- ❖ Extent to which the cited person or entity has mitigated or attempted to mitigate any damage or injury caused by the violation.
- ❖ Number of violations found in the investigation.
- ❖ Other matters as may be appropriate.

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

The board also has the authority to issue fines of up to \$5,000 per occurrence for specified violations. For example, California Business and Professions Code 4127.4 allows the board to issue fines of up to \$2,500 per occurrence for violations involving sterile injectable compounding.

## Appeal Process

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

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

In the last four fiscal years, the board issued 7,224 citations with and without fines and held 1,100 informal office conferences for citation and fine cases. As a result of the office conferences, ?? were affirmed; 257 were either dismissed or reduced to a letter of

admonishment; and the remaining 733 were modified. Note: Some cases are still pending.

The board issued 1,253 letters of admonishment during the last four fiscal years, including 146 that were contested at an informal office conference.

During the last four fiscal years, the board referred 194 citation and fine appeals to the Office of the Attorney General to proceed with a request for hearing.

## Five Most Common Violations for which Citations are Issued

### 2015/16

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

### 2016/17

1. Operational standards and security relating to pharmacist responsibility for pharmacy security.
2. Medication error.
3. Operational standards and security relating to maintaining facilities.
4. Unprofessional conduct, knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.
5. Failure to report change of pharmacist-in-charge.

### 2017/18

1. Medication error.
2. Controlled substances prescription form.
3. Operational standards and security relating to pharmacist responsibility for pharmacy security
4. Operational standards and security relating to maintaining facilities.
5. Reporting of names of owners, officers and pharmacist-in-charge.

## 2018/19

1. Medication error.
2. Operational standards and security relating to maintaining facilities.
3. Failure to report change of pharmacist-in-charge.
4. Unauthorized disclosure of prescription and medical information in the pharmacy.
5. Unprofessional conduct, knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.

## Average Fine Pre- and Post- Appeal

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## Franchise Tax Board Intercepts

DCA notifies the board when the Franchise Tax Board (FTB) has intercepted California tax refunds to pay monies owed to the board. (The FTB cannot intercept corporation or partnership funds but can intercept funds from sole ownership.) During the reporting period, the board opened 306 intercept accounts and closed 226 accounts.

## Cost Recovery and Restitution

### Cost Recovery

California Business and Professions Code section 125.3 authorizes the recovery of investigation costs associated with the formal discipline of a license.

The board's policy is to seek cost recovery in all cases where authorized.

Reimbursement of board costs is a standard term of probation listed in the board's *Disciplinary Guidelines*. The board seeks cost recovery in settlements as well as administrative decisions. In cases resulting in surrender or revocation of license, the board seeks costs but does not require payment unless the licensee seeks relicensing or reinstatement of license. Costs awarded to the board in probation cases typically are paid in installments and may not be fully collected until the end of the probation period - perhaps three to five years.

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

?? insert cost data

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

The board has not used the Intercept Program to collect cost recovery. Rather, when a licensee on probation fails to submit cost recovery payments, generally the board will pursue further administrative discipline for violation of probation.

Included in Appendix 17 is Table 11 providing cost recovery information requested by the Sunset Review Committee.

## Restitution

The board has no legal authority to order restitution. Instead, the board orders community service as a way to compensate the public for violations of Pharmacy Law. As an example, earlier this year the board reached a settlement requiring McKesson Corporation to provide \$1.5 million worth of free naloxone to first responders and similar nonprofit agencies.

Appendix 18 contains Table 12 Restitution, which has no data because the board lacks this authority.

## Inspection Program

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

The board's policy is to inspect all pharmacies at least once every four years. In FY 2018/19 the board completed 3,474 inspections, including 1,804 routine pharmacy inspections that including assessment and evaluation of the overall practice. As part of those, 849 inspections conducted were for the sole purpose of assessing operations, as opposed to complaint investigation or probation monitoring. About 50 percent of the inspections resulted in orders of correction, and about 10 percent resulted in a violation notice.

The top corrections ordered include:

- ❖ Prescription labeling requirements.
- ❖ Maintaining pharmacies in a clean and orderly condition.
- ❖ Policies and procedures to provide interpretive services.

Top violations identified include:

- ❖ Operational standards and security relating to maintain facilities.
- ❖ Maintenance of compounding log.

- ❖ Quality assurance program.

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## Section 6

# Public Information Policies

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

## Internet Use and Meeting Materials

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

All announcements, activities, documents and public records of importance to consumers and licensees – including meetings, rulemakings, new laws and regulations, drug recalls, licensure forms, reports and publications, and enforcement actions – are posted on the board’s website, [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov). In addition, notices with links to important information are emailed via six separate listservs to a total of about 65,000 individuals and organizations who have signed up to receive “subscriber alerts” from the board.

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

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

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

In addition to posting comprehensive meeting materials online, the board releases a monthly news roundup via subscriber alerts in an effort to keep consumers, licensees, and stakeholders informed about important activities and events. A sample is included in Attachment ??.

## Webcasts

All board meetings (except teleconference meetings) are webcast live by the Department of Consumer Affairs. In addition, if DCA staff is available, committee meetings on matters of widespread public interest are webcast.

Webcast recordings are posted online on DCA’s YouTube page; links to the recordings are posted on the board’s meeting page. Currently, DCA maintains webcasts online for three years.

In July 2019, the board moved to a new office in Sacramento with a conference room for board and committee meetings. The room has been equipped with audio and video technology allow possible webcasting for all committee meetings as well as board meetings.

## Meeting Schedule

The board schedules two-day meetings each quarter and one-day meetings in various months. The board approves an annual calendar in July for meetings throughout the following calendar year, and the schedule is posted upon approval. Committees typically meet once per quarter on dates approved by the committee chairperson and immediately posted online.

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

## Complaint Disclosure Policy and Posting of Enforcement Actions

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

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

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

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

## Public Information about Licensees

The board provides key information online to enable the public to quickly search and verify the status of a license and any disciplinary action against a licensee. A link to the license search function on the board's website is prominently listed in the "Quick Hits" column on the homepage.

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

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

In the interest of licensee safety, the board recently removed addresses of record for individual licensees. However, addresses of record are public information that remain available by contacting the board.

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

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

## Consumer Outreach

As a consumer protection agency, the board relies on a variety of important communication tools to reach and educate the public.

The board’s website remains the primary channel for mass communication. Recently the board created a homepage section, “Important Information for Consumers,” to highlight news, brochures and other useful information for consumers in an easy-to-find location. The board also has added a “News Archive” section to the website to maintain news releases issued by date as a resource for public information. A sample of these materials is included in Attachment ??.

In addition to its website, the board has launched a Twitter social media account to reach individuals who receive information and communicate on mobile phones. To keep the general public informed about important activities and events, the board created a new subscriber alert listserv to disseminate general news and information to consumers, news media, stakeholders and other non-licensee audiences.

The board also has stepped up its efforts to raise public awareness about prescription drug abuse with a statewide billboard campaign. Using billboards donated by Outfront Media in the Sacramento, Fresno and Los Angeles markets, the board crafted a “Use, Don’t Abuse”

message to encourage consumers to safely dispose of unused, unwanted or expired medications. The billboard design also appears on the board's website as a link to an online locator that consumers can use to find drug take-back services in their communities. A photo of the billboard image is included in Attachment ??

In addition, the board performs outreach in person in an effort to educate consumers as well as receive public feedback about pharmacy-related issues. Staff represent the board at consumer information events throughout the state and present information about the risks of buying drugs on the internet, how to file a complaint with the board, understanding how to take their medications, and other important consumer topics.

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

Besides informing and educating consumers, the board has expanded its professional outreach and continuing education programs (CE) for licensees. Since March 2017, the board has sponsored 13 free full-day CE forums for pharmacists throughout California. More than 1,500 pharmacists have attended these events, which providing training focusing on Prescription Drug Abuse Prevention and other related areas of pharmacy practice. Attendees can also earn certification to prescribe naloxone.

The board also has created webinars on pharmacy law, ethics and prescribing naloxone. These video tutorials are posted online, where pharmacists can view them and earn CE credit at their convenience. The board also has produced non-CE information videos for pharmacists about corresponding responsibility and how to prepare for a Board of Pharmacy inspection. Staff also produced a new brochure to explain and help pharmacists prepare for board inspections. A sample is included in Attachment ??



## Section 7

# Online Practice Issues

- ❖ Patients Buying Drugs Online
- ❖ Pharmacies Filling Internet Prescriptions
- ❖ Offshoring of Prescription Dispensing Functions

## Online Practice Issues

There are two primary categories of unlicensed online practice within the board's jurisdiction. The first is activity by patients buying prescription drugs from unlicensed sellers, often without a prescription. The second is activity by practitioners licensed outside California who ship prescription products into or perform prescription order verification for California consumers without being licensed.

### Patients Buying Drugs Online

As the cost of prescription drugs continues to rise, it is not uncommon for consumers to look for cheaper medications online. In addition, unlicensed and unregulated entities often advertise cheaper drugs in unsolicited emails.

Although buying prescription drugs online can be done safely, it also can be very dangerous. In its 2017 letter to Congress, the National Association of Boards of Pharmacy noted that its review of over 11,000 online pharmacies found 96% were operating out of compliance with state and federal law and/or NABP patient safety and pharmacy practice standards. That is a staggering percentage.

Identifying website operators is difficult and may involve individuals doing business outside the United States, where the board has no authority to enforce sanctions. The NABP investigation into foreign drug sellers masquerading as Canadian online pharmacies revealed that the medications dispensed were neither approved by the FDA or Health Canada.

Consumer education about the risks of purchasing from pharmacy websites is essential. As included in our prior report, the board has partnered with NABP on consumer protection activities, including development of an information video on the board's website. In addition, the board worked with NABP to develop the .pharmacy Top Level Domain Program to help patients identify legitimate online pharmacies and pharmacy-related resources. Businesses using the .pharmacy domain are certified by NABP as appropriately licensed and regulated operations.

Unfortunately, the board is unable to investigate many complaints involving unlicensed online activity. It is usually difficult to identify who is operating online pharmacies or where they are located, because many operate offshore and outside the board's jurisdiction. Often the board will refer these complaints to the FDA and the National Association of Boards of Pharmacy for investigation.

### Pharmacies Filling Internet Prescriptions

Board inspectors have uncovered some California-licensed pharmacies filling prescriptions for website operators without a legitimate prescription. In many cases,



entrepreneurs who are not pharmacists establish websites selling prescription drugs without a prescription or to consumers who simply complete an online questionnaire; the questionnaire then is purportedly reviewed by a prescriber in one state and shipped to a pharmacy to fill in another state without an appropriate medical examination. In these cases, consumers receive medication from an appropriately licensed pharmacy but without the medical supervision required for prescription medication.

### Offshoring of Prescription Dispensing Functions

The board has identified efforts by a growing number of online pharmacies to reduce operating costs by “offshoring” portions of the prescription dispensing process. The board uses its issue a cease and desist authority against these operators.

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## Section 8

# Workforce Development

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

## Workforce Development

Although past trends indicated a pharmacist shortage, current signs portend an oversupply. This development creates an opportunity to assess other areas of direct pharmacist care to improve patient health and outcomes. Pharmacists are highly trained professionals that in many respects are underutilized. Policy makers and regulators alike have recognized this and sought legislative changes to create additional patient care opportunities.

In response to legislation, the board has worked to implement additional scope of practice options for pharmacists, many of which were under development at our last review. The transition to pharmacist provided services continues to evolve, most recently with the passage of Senate Bill 159 (Weiner, Chapter 532, Statutes of 2019).

The board has also evaluated opportunities to expand pharmacist services, including allowing pharmacists to provide medication assisted treatment (MAT) and expanding the conditions in which a pharmacist can work under a collaborative practice agreement with a physician. These proposals are consistent with the knowledge, skills, and abilities of pharmacists; in addition, they can help reduce demands on an overburdened medical care system and ultimately improve patient care.

As pharmacist care activities expand, it is necessary to identify opportunities to transfer some pharmacist functions to other highly trained individuals. To that end, the board completed an assessment of functions that pharmacists perform in various settings and identified tasks that do not typically require professional judgment but do require a certain level of skill and training. Based upon this assessment, the board developed a legislative proposal to create a new mid-level practitioner that could, if appropriately licensed, perform these tasks. This new practitioner would benefit consumers by enabling pharmacists to be redirected to patient care activities. Regrettably, this proposal has not been realized because not all stakeholders share the board's vision.

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

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

## Impact of Licensing Delays

The board understands its role in helping businesses and individuals enter the marketplace and strives to make licensing decisions quickly and efficiently. To ensure timely access to pharmacist care and prescription medications, the board in 2017 expanded the conditions under which a business could secure a temporary license. (This temporary license allows a business to begin operations while a full application review is underway.)

Temporary license applications are prioritized for processing because applicants report a need to serve their patients; however, this delays processing for other types of licenses. Further, because temporary licenses expire sooner, a second pressure point occurs when staff is redirected again as the expiration date nears.

Data reported quarterly reveal the board does not meet its goal to process most license applications within 30 days. Although the causes are many, two key reasons are program expansion without commensurate increases in staff, and outdated computer systems.

Ultimately, the long-term solution will be an integrated computer system that will facilitate a more streamlined application process and improved user interface. As detailed in this report, the board is in the beginning phase of business modernization, a process intended to assess current operations and identify ways to achieve efficiency by changing processes, replacing legacy computer systems, or doing both. As this process continues, the board will implement improvements that do not require a new computer system.

## Informing Potential Licensees of the Licensing Requirements and Licensing Process

The number of pharmacy schools in California continues to grow. There are currently 13 approved pharmacy schools, and another school is developing a program to enroll students this year. The board works with faculty at the schools to streamline the application process and participates in biannual meetings with the deans. In addition, the board is collaborating with schools to expedite processing of pharmacist applicants entering residencies. This helps ensure an applicant is licensed in time to complete residency programs consistent with accreditation guidelines.

The board also provides presentations and holds some meetings at pharmacy schools. In addition, the board is developing a program of conferences at pharmacy schools that would allow interaction with interns at the beginning of their pharmacy education and at graduation. Besides providing information about application and licensing requirements, these conferences will serve as opportunities to impart the board's expectations of licensees, including both professional and ethical obligations of serving consumers.

## Barriers to Licensure and/or Employment

The board is not aware of any systemic barriers to licensure. Recently, the board sponsored legislation to remove a conflict between a pathway to licensure and the accredited program completion requirements for pharmacy technicians. This removes a barrier to licensure and enables pharmacy technician applicants to complete training programs accredited by the American Society of Hospital Pharmacists.

Recently, in response to a compromise of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE), the board delayed releasing results to about 1,400 individuals. The board deemed this unprecedented action necessary based on significant credible information regarding the compromised exam.

## Workforce Development Data

### Workforce Shortages

The board is not aware of any workforce shortages. A recent article in the American Journal of Pharmaceutical Education, “Trends in the Pharmacist Workforce and Pharmacy Education,” concluded that longitudinal trends in national data indicate a significant shift from critical shortage to imminent oversupply of pharmacists. These findings are consistent with anecdotal evidence.

### Successful Training Programs

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

## Section 9

### Current Issues

- ❖ Uniform Standards for Substance Abusing Licensees
- ❖ Consumer Protection Enforcement Initiative
- ❖ BreEZe

## Uniform Standards for Substance Abusing Licensees

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

As reported during our last Sunset Review, the board's implementation of SB 1441 occurred over several years. These efforts were provided in detail during our last report, and the relevant information is included in Attachment ?? for reference.

Since that time, and upon approval of the Office of Administrative Law, the revisions to board's Disciplinary Guidelines became effect in February 2017. Although finality of the guidelines was completed at that time, settlements secured via the APA processes incorporated the standards in advance.

Since that time, and in response to a legislative mandate, the Department of Consumer Affairs reconvened and tasked the SB 1441 Committee with reassessing Uniform Standard 4, relating to drug testing. After a series of public meetings, the committee voted to amend the uniform standard. Because of the implementation strategy initially employed by the board, this change was easily implemented.

The board continues to provide statistics on a quarterly basis to the board as part of its quarterly meetings and until recently posted the information on its website as part of the meeting materials. In such cases where the information is not posted, individuals interested in a copy are provided with a board contact. Provided in Attachment ?? is summary data. This data reveals that 154 licensees were subject to the uniform standards during the reporting period, almost 14,000 drug screens were administered, and 136 cease practice or other suspensions were issued. Alcohol is the primary drug of choice identified for all three major licensing categories: pharmacists, pharmacy interns, and pharmacy technicians.

## Consumer Protection Enforcement Initiative (CPEI)

The CPEI comprised a three-pronged solution designed to ensure that investigations are completed and final action is taken against a licensee within 12 to 18 months. In general terms the CPEI solution included policy changes designed to remove barriers to investigations, a new computer system that would meet the boards' needs to collect information and monitor performance, and additional staff resources.

As reported in the board's prior Sunset report, CPEI regulations were promulgated and took effect in 2014.

The board remains committed to both the intent and spirit of the CPEI and continues to identify barriers to timely investigations. The board also recognizes the policy priority of the



Legislature, especially as it relates to criminal convictions and the lasting impacts that result from convictions.

Specifically, the board understands that individuals deserve a second chance and that the policy goal of such measures is to help remove housing and employment barriers for rehabilitated violators.

However, health care professions present unique risks to patients, who often are vulnerable. The board seeks to balance the Legislature's priority with the board's legislative mandate to protect consumers. It is for these reasons the board believes it is important to regain some authority in the following areas:

1. Consideration of convictions of felony financial crimes.
2. Consideration of acts that would be grounds for denial of a federal registration to distribute controlled substances.
3. Consideration of acts that involve fraud in violation of state or federal law related to health care.
4. Consideration of convictions related to identify theft.
5. Consideration of convictions related to the sale of counterfeit products.

## BreEZe

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

The board recently initiated the Business Modernization effort. The board is hopeful that though this new process, the opportunities for IT solutions are no longer limited to a single outcome. In the interim, the board continues to use legacy and workaround systems.

Meanwhile, the board has updated its website technology to allow individual licensees to submit renewal payments online. In addition, the board has deployed its first direct registration process via a web-based platform allowing pharmacies to register drug-take back locations. The board will continue to assess opportunities for online transactions for other mandatory notices for which a fee is not required.



## Section 10

# Board Action and Response to Prior Sunset Issues

- ❖ Issue 1: BreEZe
- ❖ Issue 2: Regulation Issues
- ❖ Issue 3: Budget Issues
- ❖ Issue 4: Licensing Issues
- ❖ Issue 5: Outsourcing Facilities
- ❖ Issue 6: Automated Delivery Devices
- ❖ Issue 7: Professional Corporations
- ❖ Issue 8: Enforcement Prioritization
- ❖ Issue 9: Case Timelines
- ❖ Issue 10: Timely Receipt of Information
- ❖ Issue 11: Cease and Desist for Unlicensed Activity
- ❖ Issue 12: Uniform Standards for Substance Abuse and the Board's Pharmacist Recovery Program
- ❖ Issue 13: Prescription Label Standards
- ❖ Issue 14: Implementation of Recently Enacted Legislation
- ❖ Issue 15: Technical Changes
- ❖ Issue 16: Continued Regulation by the Board of Pharmacy

## Board Action and Response to Prior Sunset Issues

During its last Sunset Review, the board was asked to respond to 16 current issues covering areas of operations, including administration and budget issues, licensing issues, enforcement issues, pharmacy related statutory implementation efforts, and technical changes. Attachment ?? includes a copy of the prior issues identified and board response. Below is a brief summary of each of the issues raised by the Committee, subsequent action taken by the board, and recommendations offered by the board.

### Issue 1: BreEZe

**Sunset Review Committee Recommendation:** The Committee asked the board to provide an update on the status of Release 3 of BreEZe, along with a breakdown of charges the board would be paying for BreEZe in FY 2016/17 and ongoing. The Committee also asked whether the board is using any workaround systems to meet data tracking needs.

**Action Taken by the Board:** The board was originally slated to be part of the DCA's second release of a new information technology system; however, the board instead was included in the third. BreEZe costs paid by the board are reported in Section 3 of this report.

Until a new IT system can be secured, the board continues to work with the DCA to improve its online interaction with stakeholders as well as to develop more robust data management with existing computer systems. The board continues to use databases to augment the functional limitations of legacy computer systems. In October 2018 the board started transitioning to a new reporting tool supported by the DCA that allows more robust ad hoc data reports as well as leveraging of department-wide reporting parameters.

One of the most important IT improvements is electronic payment for license renewal. The board has recently developed a method to accept online payments by credit card for several types of individual licenses, including pharmacists, pharmacy technicians, advanced practice pharmacists and designated representatives. To date the board has received 11,996 payments, which represents 33 percent of the licensees eligible for renewal during this time frame.

The board also recently initiated business modernization efforts that will ultimately replace legacy and workaround computer systems with an integrated IT solution. This new system will improve stakeholder interaction and system and workflow processes, and data management. The first phase of is expected to be completed by October 31, 2021. As detailed in the chart below, the current project completion date is July 1, 2025; however, the board is hopeful the timeline can be reduced.

**Recommendation for the Future:** The board looks forward to continuing business modernization efforts. The board will need to ensure appropriate resources are available throughout the life of the project.

## Issue 2: Regulation Issues

**Sunset Review Committee Recommendation:** The Committee requested information how the board prioritizes rulemaking packages and determines when to proceed with initiating a new rule or amending current rules. The Committee asked the board to report on regulations necessary to implement new legislation and whether the board takes preemptive regulatory action when the Legislature is considering statutory changes.

**Action Taken by the Board:** The practice of pharmacy is a dynamic profession that requires the board to routinely amend or create laws and regulations to oversee. As indicated in the previous report, the board has regulations that are short and specific and others that are technical, complex and lengthy.

The board has adopted 22 regulatory proposals and has 15 pending regulations in various states of promulgation. The board provides transparency in the rulemaking process by including information on all regulation packages at its quarterly board meeting. In addition, the status of pending regulations as they move through the rulemaking process – from the initial comment period through administrative review – is updated on the board’s website.

The board does not have staff dedicated exclusively to process rulemakings. Instead, these functions are handled by various staff who balance regular assignments with processing regulations. Regrettably, because of this limitation, regulation development and preparation are sometimes delayed.

Further, since our last review, a pre-review process has been implemented to reduce the number of DCA-wide regulations rejected by the Office of Administrative Law. Regrettably the pre-review process has increased the regulation promulgation time frame. To remedy this, the DCA received additional legal staff to address this workload. The board is hopeful this additional staff will reduce review times.

**Recommendations:** The board will continue to report on regulation time frames and work with the department to reduce review time.

## Issue 3: Budget Issues

**Sunset Review Committee Recommendation:** The Committee asked the board to outline efforts to maintain a healthy fund condition. The committee further indicated it may require the board to conduct workload analyses to determine where certain processes

can be streamlined for less complicated licenses. The committee also considered if Pharmacy Law should be amended to raise fees to the statutory cap.

**Action Taken by the Board:** As reported in Section 3 of this report, the board restructured its fee schedule to remove subsidies between licensing programs and to ensure the fees more closely aligned with the cost to deliver services. This restructuring resulted in ?? additional revenue but that did not keep pace with increasing expenditures.

To address the structural imbalance, the board recently approved a fee increase through a regulation change. The regulation package is currently under review by the Office of Administrative Law and, if approved, will become effective April 1, 2020. It is estimated that when implemented, this will result in ?? in additional annual revenue.

Regrettably, the board has been advised of a significant increase in the billing rate for Attorney General services that will cost about \$1.3 million annually. Although this will not result in a need for additional fee increases, any further unanticipated expenses could be problematic.

**Recommendation:** The board will continue to monitor its fund and provide reports on its fund condition at quarterly board meetings.

## Issue 4: Licensing Issues

**Sunset Review Committee Recommendation:** During its prior review the board was asked to provide the status of its licensing backlog. The Committee may wish to amend Pharmacy Law to require clinic applications to be processed within 30 days; to create a streamlined process for commonly owned clinics to report organization-wide changes in corporate officers, consulting pharmacists and medical directors; and to create one renewal date for all clinic permits, ensuring that commonly owned clinics could be renewed in a timely manner.

**Action Taken by the Board:** The board implemented a streamlined process for commonly owned clinics and established a process for centralized renewal and reporting requirements for such clinics.

The board's processing times have improved but occasionally fluctuate. There are many factors that impact the board's licensing processing times, including:

1. An increase in the number of independent pharmacy applicants seeking a temporary license.
2. Large corporate mergers.
3. An increase in the complexity of ownership structures.
4. Applications submitted with incomplete information.
5. Implementation of new legislative mandates in advance of resources.

While some of these issues can be anticipated, many happen outside the board's control. Where possible, the board provides cross training to allow for the redirection of staff for a short period of time. Further, the board has redesigned applications and instructions to improve ease of use. The board will be providing outreach and education about the application process and requirements and the importance of submitting complete information. Incomplete information is the greatest obstacle to meeting the board's performance measure for initial application processing times.

Although improved forms for individual licenses and more education should reduce the number of incomplete applications, the board believes a new, robust computer system will provide a long-term solution. Programmed correctly, the system can better guide applicants through the process and eliminate or significantly reduce incomplete applications. This will allow staff to focus on validating applications instead of confirming the applicant has provided correct information and payment.

For site applications, the issue is more challenging. The deficiency rate is extremely high, especially for pharmacy applications – partly because information is incomplete but also inconsistent, especially with supporting documents. These types of issues will not be resolved with a new computer system. However, allowing submission of information in an online platform, online application status checks, and more frequent electronic communications to reduce processing times could potentially result in improved processing times and better stakeholder engagement.

**Recommendation:** Until a new computer system is secured, the board will continue to evaluate opportunities to improve processes, educate applicants on the process and requirements, and partner with the DCA's Organizational Improvement Office to identify process improvements.

## Issue 5: Outsourcing Facilities

**Sunset Review Committee Recommendation:** The Committee suggested adding an outsourcing facility license to the Pharmacy Law and recommended that the board conduct a careful calculation of costs associated with regulating these facilities to ensure that budget imbalances do not result in the event that the workload and travel necessary for the scope of this work exceeds the revenue from fees.

**Action Taken by the Board:** The board began issuing outsourcing facility licenses in June 2017, following staff training for the entirely new program. The enacting legislation requires board inspections before license issuance or renewal for facilities doing business within or into California, and compliance with federal current good manufacturing practices. The board received three inspector positions for outsourcing facilities. In January 2018, the board submitted a report to the Legislature detailing its efforts to implement the new licensing program for facilities located outside of California.

Since implementing this program, the board has issued 31 outsourcing licenses and performed 77 inspections. Not all inspections result in license issuance or renewal; the board has denied nine applications or renewal for facilities that cannot demonstrate compliance with cGMP.

As indicated in its 2018 report, the board underestimated the resources necessary to implement this program, which has resulted in a large discrepancy between revenue from the application and renewal fees and the cost of services. About 48 inspector hours are required to complete an outsourcing facility inspection. This does not include staff time to process applications, review policies and procedures, or review supplemental information submitted to remedy application deficiencies.

**Recommendation:** The board will work with the DCA or an independent contractor to conduct a fee analysis to determine the appropriate application and renewal fees and seek a statutory increase in fees to more closely reflect the cost to perform services.

## Issue 6: Automated Delivery Devices

**Sunset Review Committee Recommendation:** The Committee previously considered authorization for the board to establish a registration requirement that links automated drug delivery systems (ADDS) to the pharmacy that owns and is responsible for the medications stored in the device. As part of the registration, the Committee suggested that the proposal include submission of policies and procedures that demonstrate appropriate security of the device and how patient consultation is being provided. The committee noted that registration of these systems would require a reporting function to ensure that the board is made aware of drug losses from the machines, similar to the requirement for pharmacies to report drug losses.

**Action Taken by the Board:** The board implemented the new ADDS registration. In addition, the board approved a project by the University of San Diego School of Pharmacy to study the expanded use of an automated drug delivery system. At the time, existing law limited use of ADDS to dispensing or administering medication to patients and limited the type of health care settings in which ADDS could be utilized.

In response to increasing interest in the use of ADDS, several measures recently were enacted to establish licensing programs for various facilities and conditions under which ADDS could be used. Under these provisions, devices can now be used in all of the following general locations under specified conditions:

- ❖ Licensed acute care hospital facility.
- ❖ Licensed acute psychiatric hospital facility.
- ❖ Adjacent to the secured pharmacy area of the pharmacy.
- ❖ A health facility.
- ❖ A clinic licensed.



- ❖ Medical office or other location where patients are regularly seen for purposes of diagnosis and treatment.
- ❖ A premises of a covered entity or on the premises of a medical professional practices
- ❖ Correctional clinics.

Recently the board's Licensing Committee completed a discussion and review of implementation efforts. The committee considered additional locations that have been identified through the application process that may also be appropriate for a pharmacy to operate an ADDS:

- ❖ Mental health rehabilitation center.
- ❖ Psychiatric health facility.
- ❖ Jail.
- ❖ Juvenile hall clinic.
- ❖ Correctional treatment center.
- ❖ Hospice facility.

**Recommendation:** The board recommends amending existing statutes to expand authority for pharmacies to license and operate devices in additional settings.

## Issue 7: Professional Corporations

**Sunset Review Committee Recommendation:** As part of the board's last review the Committee indicated that 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.

The board has not had an opportunity to discuss or review this policy issue.

## Issue 8: Enforcement Prioritization

**Sunset Review Committee Recommendation:** During the last review the Committees sought information on the board's case and complaint priorities and how inspectors, licensees and the public are made aware of these. Further, the committee asked the board to report on other cases that may be adopted as a precedential decision and what this means for enforcement efforts. The Committee also sought information on how the board maintains consistency in investigations and enforcement outcomes.

**Actions Taken by the Board:** Senior staff assigns cases to the board's inspection teams based on the type of allegations. When making initial assignments, senior staff also determines case priority and whether an immediate protection order should be

considered. Although allegations in cases may be similar, each case is unique and warrants separate and independent assessment.

Further, the board discusses its enforcement priorities and expectations at public board and committee meetings. For example, a complaint involving a medication error that does not result in patient harm has a lower priority than a case involving a pharmacist working under the influence (which typically includes the board requesting an interim suspension order). A case's priority also may change if warranted by information obtained in the investigation; in such circumstances, supervisors are consulted.

Since its last review, the board has designated one case as precedential, involving an appeal of a citation issued to a nonresident pharmacy. This precedential decision clarifies that nonresident pharmacies are bound by California laws because they do business in California pursuant to a California license. The decision states the board may issue a citation or discipline to a nonresident licensee when the laws of the state where the licensee is permanently located allow for administrative action based on a violation of California pharmacy law.

This issue is likely to recur frequently, and the portions of the decision to be designated as precedential contain legal determinations that are significant and clarify the board's authority as it applies to nonresident pharmacy permit holders. This decision also provides guidance to California consumers who may be patients of a nonresident pharmacy permit holder.

The board seeks to maintain consistency of its investigations and outcomes, board staff uses a team approach on development of investigation plan and assessment that ensures consistent factors are evaluated based on the nature of the complaint. Further, upon completion of the investigation report, the supervisor reviews the case and either approves it or sends it back for additional investigation. The case then may be closed no further action, referred for a midlevel sanction (e.g. a citation) or referred for formal discipline. In any of these circumstances a second level of review is also completed in a team setting for norming. As part of these norming sessions senior staff consider the findings of the investigation including the scope and severity, determine culpability as well as prior license history, inspectors rotate through the meetings to hear the discussion and integrate into future inspections and investigations.

## Issue 9: Case Timelines

**Sunset Review Committee Recommendation:** The board should update the Committee on the steps it is taking to increase efficiencies in enforcement.

**Actions Taken by the Board:** The board has improved efficiency in enforcement by standardizing elements of investigations and writing reports. As part of public meetings, the board is provided with the timelines for key benchmarks with the investigation

process. Review of this data reveals an overall reduction in investigation times. The board's Enforcement Committee is currently in the process of developing an alternative enforcement model. While still in its development stages, the alternative model would allow for streamlined discipline under specific conditions at the request of the respondent.

**Recommendation:** The board will continue to publicly report investigation timelines, continue its efforts to develop an alternative enforcement model, and pursue necessary to statutory changes to implement.

## Issue 10: Timely Receipt of Information

**Sunset Review Committee Recommendation:** The Committee noted the board must receive timely information to determine violations of law by licensees. The Committee established a reporting requirement to assist the board in receiving records in a timely manner while protecting the confidentiality of personal identifying information. The Committee may wish to clarify that records from a healing arts board can be produced before receiving payment so that the procedures involved in approval of payment do not delay important information for the board.

**Actions Taken by the Board:** The board advised law enforcement agencies of the board's authority to receive information. Regrettably, many agencies within California take weeks or months to respond to board requests. The board appreciates the amendment to BPC 144.5; however, many law enforcement agencies continue to refuse to release reports outright or under certain circumstances.

## Issue 11: Cease and Desist for Unlicensed Activity

**Sunset Review Committee Recommendation:** As part of the last review, the Committee recommended amending Pharmacy Law to allow the board to issue a cease and desist order for unlicensed activity.

**Actions Taken by the Board:** The board has issued five cease and desist orders for unlicensed activity.

## Issue 12: Uniform Standards for Substance Abuse and the Board's Pharmacist Recovery Program

**Sunset Review Committee Recommendation:** The board should update the Committee on the status of the regulations to incorporate the Uniform Standards into the Disciplinary Guidelines. The board should provide information for the next sunset review indicating how often it deviates from the Uniform Standards. The board should provide

an update on the audit of the PRP, as required by the Uniform Standards, and provide the Committee with a copy of the audit report upon completion.

**Actions Taken by the Board:** The DCA contracted for a performance audit of the DCA Diversion Program provided by Maximus Health Services. The audit found that overall Maximus is effectively and efficiently managing the various board diversion programs and recommends the program be continued. The audit identified a variety of noncompliant issues and opportunities for improvement but nothing systematic in nature. It is the board expects the next audit of the program could begin in 2020. The audit is include in Appendix ??

### ISSUE 13: Prescription Label Standards

**Sunset Review Committee Recommendation:** The board should update the Committee when the regulations are finalized. Does the board track decreases in medication errors stemming from the label standard?

**Actions Taken by the Board:** The patient-centered labeling requirements were amended effective July 1, 2017. The board has no baseline for tracking medication errors as there is no requirement for a pharmacy to report medication errors to the board unless the error has resulted in a settlement of \$3,000 or more.

### ISSUE 14: Implementation of Recently Enacted Legislation

**Sunset Review Committee Recommendation:** During its last review the committee requested the status of regulations necessary to implement SB 493 and discussion about why the regulations were taking so long.

**Actions Taken by the Board:** The board has completed promulgation of all the regulations necessary to implement the provisions of SB 493 (Chapter 469, Statutes of 2013).

### ISSUE 15: Technical Changes

**Sunset Review Committee Recommendation:** The Committee may wish to amend the Act to include technical clarifications.

**Actions Taken by the Board:** The board appreciates the Committee's amendments to make technical changes to pharmacy law.

**Recommendation:** The board would again welcome to opportunity to discuss technical changes needed in Pharmacy Law noted below:

1. Amend Business and Professions Code Sections 4127.3, 4129.4, and 4316 to allow for a hearing on a cease and desist matter to occur within 5 business days.

2. Amend Business and Professions Code Section 4343 to prohibit a website from displaying any words like pharmacy, pharmacist, etc. unless the website is for a licensed pharmacy.
3. Amend Business and Professions Code section 4312 to include all licensed premises and to allow for a license to be cancelled by operation of law if a nonresident sterile compounding pharmacy ceases to ship products into California.
4. Amend Business and Professions Code section 4400 to allow the board to assess a fee to conduct an inspection resulting from the remodel of a sterile compounding pharmacy.
5. Amend Business and Professions Code section 4314 to clarify that the board does not consider the issuance of a citation as a disciplinary matter.

### ISSUE 16: Continued Regulation by the Board of Pharmacy

The board thanks the Committee for its recommendation to extend the sunset date of the board.



## Section 11

### New Issues

- ❖ Issues Raised Under Prior Sunset Review That Have Not Been Addressed
- ❖ New Issues Identified by the Board in This Report
- ❖ New Issues Not Previously Discussed

## Issues Raised Under Prior Sunset Review That Have Not Been Addressed

The board has addressed all issues raised by the previous Sunset Review except the matter related to professional corporations. The board's Licensing Committee will review this policy issue in 2020 and provide information to the Committee if requested.

## New Issues Identified by the Board in This Report

### Automated Drug Delivery Systems

The board recommends amending existing statutes to expand authority for pharmacies to license and operate automated unit dose dispensing devices in additional settings to provide medication management services. Such entities would include jails, correctional treatment centers, hospice facilities, psychiatric health facilities, and other locations.

## New Issues Not Previously Discussed in This Report

### Subversion of the California Practice Standards and Jurisprudence Examination for Pharmacists

Under California law, the board is required to administer the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) to assess an applicant's minimum competency to safely practice pharmacy. As a cornerstone of the board's mission, the examination must be psychometrically sound, valid, and reliable in order to be a measurement of competency.

In July 2019, the board received credible information about two incidents of possible subversion of the CPJE. The board believed these incidents were discrete and limited, and the information was referred to the DCA Division of Investigation. However, in September 2019, the board received credible information about more pervasive acts of subversion, indicating the validity and reliability of the CPJE was compromised. In response, the board launched an investigation and announced CPJE scores would not be released until further notice.

The investigation found significant public exposure of CPJE questions that thereby invalidated the exam as a reliable measure of applicants' knowledge, skills and ability to safely practice as pharmacists. As a result, the exam did not meet the standards for examination validity and reliability required by both Pharmacy Law and general provisions of the Business and Professions Code. Therefore, in October 2019, the board



invalidated the current CPJE and established a plan to enable those applicants to retake the examination at no additional cost in November 2019. In addition, the board identifying additional dates for December 2019 for all eligible CPJE candidates to resume taking the exam.

The board will continue to work with experts to implement necessary changes to prevent reoccurrence.

## Enforcement of Pharmacies Operating Under Common Ownership or Management

Under Pharmacy Law, each pharmacy and its pharmacist-in-charge are responsible for operations at the individual site. In many cases, however, policies set at a corporate level may lead to administrative or disciplinary action at an individual store that is unfair or inadequate. The board's current remediation and sanctions against an individual pharmacy appears inadequate to address a system wide issue and to encourage that chain to take a larger action

For example, in response to a large number of store violations regarding patient consultations several years ago, the board worked with several local district attorneys to secure large penalties against the pharmacy chains. However, this coordination is not always possible. In addition, violations regarding patient consultations continue, despite citations issued by the board and fines assessed by district attorneys.

Currently the board is limited to citing each pharmacy individually, making it difficult to address in an effective manner, violations resulting from corporate policy. In some settlements involving individual stores, the board has stipulated that the chain as a whole must make address the issue; in such cases, however, the corporate owner must agree. This approach leaves unresolved the underlying challenge of regulating numerous entities under common ownership.

The board would welcome the opportunity to work with the Committee to address this challenge. It may be appropriate to put into law some threshold evidence of a system-wide pharmacy failure that would allow additional enforcement tools to be used. Another possible solution is to create a master license for pharmacies under common ownership and control; this would allow the board to address system-wide issues with the owners and operators directly, rather than at the store level.

## Regulation of Nonresident Third-Party Logistics Providers

Under federal provisions effective November 27, 2013, states are prohibited from the regulation of third-party logistics providers (3PLs) as wholesalers. In recognition that 3PLs are vital members of the supply chain that store, select and ship prescription drugs,

the board in 2014 pursued legislation in California to establish licensure of 3PLs as a separate category of licensee. Other states have taken similar action in their jurisdictions.

However, some states continue to regulate 3PLs as wholesalers. As a result, these entities are prohibited from doing business in California, because they are not appropriately licensed in their home state and therefore cannot be licensed in California.

To remedy the problem, the board seeks statutory authority to change the licensing requirements for such 3PLs. The board would inspect the business before licensure, similar to the process used for initial licensure of non-resident sterile compounding pharmacies. If the inspection confirms the business is in compliance with state and federal law, licensure as a 3PL in the home state will not be required.

The board does not believe that an annual inspection would be required. Instead, inspection could be limited to every four years or until such time as the resident state makes the necessary changes to its law.

## New Issues Raised by the Committee

The board looks forward to working with the Committee on new items identified during the Sunset Review process.

## Section 12

# Appendices

- ❖ Appendix 1 - Table 1a Attendance
- ❖ Appendix 2 - Table 1b Board Committee Roster
- ❖ Appendix 3 – Committee Accomplishments
- ❖ Appendix 4 – Enforcement Performance Measures
- ❖ Appendix 5 – Licensing Performance Measures
- ❖ Appendix 6 – Board Consumer Satisfaction Survey
- ❖ Appendix 7 – Table 2 Fund Condition
- ❖ Appendix 8 – Table 3 Expenditures by Program
- ❖ Appendix 9 – Table 4 Fee Schedule and Revenue
- ❖ Appendix 10 – Table 5 Budget Change Proposals
- ❖ Appendix 11 – Table 6 Licensee Population
- ❖ Appendix 12 – Table 7a Licensing Data by Type
- ❖ Appendix 13 – Table 7b Total Licensing Data
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- ❖ Appendix 15 – Table 9a and 9b Enforcement Statistics
- ❖ Appendix 16 – Table 10 Enforcement Aging
- ❖ Appendix 17 – Table 11 Cost Recovery
- ❖ Appendix 18 – Table 12 Restitution

## Appendix 1 – Attendance

Table 1a. Attendance - Last, First - Appointed: xx/xx/xxxx

FY 2015/16 Meeting Type	Date	Location	Attendance

FY 2015/16 Attendance Percentage:

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## Appendix 2 – Board/Committee Member Roster

Table 2b. Board/Committee Member Roster – Registered Pharmacist 1

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)
Schaad, Allen	1/8/2014		XX/XX/XXXX	XX/XX/XXXX	Governor	Professional

Table 3b. Board/Committee Member Roster – Registered Pharmacist 2

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

Table 4b. Board/Committee Member Roster – Registered Pharmacist Labor Union

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

Table 5b. Board/Committee Member Roster – Registered Pharmacist Long-Term Care/Skilled Nursing

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

Table 6b. Board/Committee Member Roster – Registered Pharmacist Chain Community Pharmacy

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

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Table 7b. Board/Committee Member Roster – Registered Pharmacist Independent Community Pharmacy

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

Table 8b. Board/Committee Member Roster – Registered Pharmacist Acute Care

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

Table 9b. Board/Committee Member Roster – Public Member 1

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

Table 10b. Board/Committee Member Roster – Public Member 2

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

Table 11b. Board/Committee Member Roster – Public Member 3

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

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Table 12b. Board/Committee Member Roster – Public Member 4

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

Table 13b. Board/Committee Member Roster – Public Member 5

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

Table 14b. Board/Committee Member Roster – Public Member 6

Member Name	Date First Appointed	Date Re-Appointed	Date Term Expires	Grace Period	Appointing Authority	Type (Public or Professional)

## Appendix 3 – Committee Accomplishments

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## Appendix 4 – Enforcement Performance Measures

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## Appendix 5 – Licensing Performance Measures

Licensing Performance Measures – FY 2015/16

License Type	Application Type	Target Cycle Time Complete Applications	Volume Complete Applications	Cycle Time Complete Applications	Volume Incomplete Applications	Cycle Time Incomplete Applications
Clinic	Clinic Permit Application	30	17	58	91	233
Designated Representative – 3PL	Application for Designated Representative – Representative – 3PL	30	65	84	122	127
Designated Representative – Veterinary Food- Animal Drug Retailer	Designated Representative – Veterinary Food-Animal Drug Retailer Application	30	0	0	2	67
Designated Representative - Wholesaler	Application for a Designated Representative License	30	120	74	307	147
Drug Room	Drug Room Application	30	0	0	4	166
Hospital	Hospital Pharmacy Permit Application	30	0	0	24	196
Hypodermic Needle and Syringe	Application for Hypodermic Needle and Syringe Permit	30	11	102	3	176
Intern Pharmacist	Application for Registration as an Intern Pharmacist	15	133	17	782	56
Licensed Correctional Facility	Licensed Correctional Facility	30	1	132	1	58
Pharmacist	Application for Pharmacist Examination and Licensure	15	1,514	21	940	68
Pharmacist	Application for Pharmacist Initial License	5	1,996	11	10	34
Pharmacy	Pharmacy Permit Application	30	383	51	352	160
Pharmacy - Nonresident	Nonresident Pharmacy Permit Application	30	9	184	126	331
Pharmacy Technician	Pharmacy Technician Application	30	2,941	35	2,907	84

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License Type	Application Type	Target Cycle Time Complete Applications	Volume Complete Applications	Cycle Time Complete Applications	Volume Incomplete Applications	Cycle Time Incomplete Applications
Sterile Compounding Pharmacy	Application for a Sterile Compounding Pharmacy License	45	34	115	33	226
Sterile Compounding Pharmacy - Nonresident	Application for a Nonresident Pharmacy Sterile Compounding License	45	11	224	10	328
Surplus Medication Collection and Distribution Intermediary	Application for Surplus Medication Collection and Distribution Intermediary	45	0	0	1	172
Third-Party Logistics Provider	Application for Third-Party Logistics Provider License	30	5	101	11	154
Third-Party Logistics Provider - Non Resident	Application for Nonresident Third-Party Logistics Provider License	30	20	124	38	173
Veterinary Food- Animal Drug Retailer	Veterinary Food-Animal Drug Retailer Application	30	5	129	0	0
Wholesaler	Application for Wholesaler License	30	13	103	51	185
Wholesaler - Nonresident	Application for Nonresident Wholesaler License	30	13	147	78	237

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Licensing Performance Measures – FY 2016/17

License Type	Application Type	Target Cycle Time Complete Applications	Volume Complete Applications	Cycle Time Complete Applications	Volume Incomplete Applications	Cycle Time Incomplete Applications
Advanced Practice Pharmacist	Advanced Practice Pharmacist Application	30	33	41	95	78
Centralized Hospital Packaging	Centralized Hospital Packaging Pharmacy License Application	45	0	0	1	1,044
Clinic	Clinic Permit Application	30	49	42	100	260
Designated Representative – 3PL	Application for Designated Representative – Representative – 3PL	30	26	63	53	141
Designated Representative – Veterinary Food- Animal Drug Retailer	Designated Representative – Veterinary Food-Animal Drug Retailer Application	30	5	64	6	92
Designated Representative - Wholesaler	Application for a Designated Representative License	30	102	49	278	144
Drug Room	Drug Room Application	30	0	0	2	627
Hospital	Hospital Pharmacy Permit Application	30	2	43	25	110
Hypodermic Needle and Syringe	Application for Hypodermic Needle and Syringe Permit	30	10	36	5	110
Intern Pharmacist	Application for Registration as an Intern Pharmacist	15	1,646	19	577	66
Licensed Correctional Facility	Licensed Correctional Facility	30	1	44	3	89
Outsourcing Facility	Outsourcing Facility Application	45	0	0	0	0
Outsourcing Facility- Nonresident	Outsourcing Facility- Nonresident Application	45	0	0	2	175
Pharmacist	Application for Pharmacist Examination and Licensure	15	1,623	20	810	78

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License Type	Application Type	Target Cycle Time Complete Applications	Volume Complete Applications	Cycle Time Complete Applications	Volume Incomplete Applications	Cycle Time Incomplete Applications
Pharmacist	Application for Pharmacist Initial License	5	1,806	7	22	74
Pharmacy	Pharmacy Permit Application	30	148	37	386	111
Pharmacy - Nonresident	Nonresident Pharmacy Permit Application	30	11	21	110	319
Pharmacy Technician	Pharmacy Technician Application	30	3,480	41	2510	95
Sterile Compounding Pharmacy	Application for a Sterile Compounding Pharmacy License	45	8	55	66	191
Sterile Compounding Pharmacy - Nonresident	Application for a Nonresident Pharmacy Sterile Compounding License	45	1	26	20	272
Surplus Medication Collection and Distribution Intermediary	Application for Surplus Medication Collection and Distribution Intermediary	45	0	0	0	0
Third-Party Logistics Provider	Application for Third-Party Logistics Provider License	30	0	0	8	146
Third-Party Logistics Provider - Non Resident	Application for Nonresident Third-Party Logistics Provider License	30	0	0	6	272
Veterinary Food- Animal Drug Retailer	Veterinary Food-Animal Drug Retailer Application	30	0	0	1	252
Wholesaler	Application for Wholesaler License	30	4	14	65	208
Wholesaler - Nonresident	Application for Nonresident Wholesaler License	30	7	25	98	251

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Licensing Performance Measures – FY 2017/18

License Type	Application Type	Target Cycle Time Complete Applications	Volume Complete Applications	Cycle Time Complete Applications	Volume Incomplete Applications	Cycle Time Incomplete Applications
Advanced Practice Pharmacist	Advanced Practice Pharmacist Application	30	9	38	194	144
Centralized Hospital Packaging	Centralized Hospital Packaging Pharmacy License Application	45	0	0	3	907
Clinic	Clinic Permit Application	30	12	54	47	155
Designated Representative – 3PL	Application for Designated Representative – Representative – 3PL	30	14	65	49	256
Designated Representative – Veterinary Food- Animal Drug Retailer	Designated Representative – Veterinary Food-Animal Drug Retailer Application	30	2	78	0	0
Designated Representative - Wholesaler	Application for a Designated Representative License	30	112	55	274	153
Drug Room	Drug Room Application	30	0	0	0	0
Hospital	Hospital Pharmacy Permit Application	30	5	41	12	133
Hypodermic Needle and Syringe	Application for Hypodermic Needle and Syringe Permit	30	5	37	1	1249
Intern Pharmacist	Application for Registration as an Intern Pharmacist	15	1,650	21	558	75
Licensed Correctional Facility	Licensed Correctional Facility	30	0	0	1	57
Outsourcing Facility	Outsourcing Facility Application	45	1	85	1	219
Outsourcing Facility- Nonresident	Outsourcing Facility- Nonresident Application	45	4	314	13	294
Pharmacist	Application for Pharmacist Examination and Licensure	15	1,813	24	744	99

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License Type	Application Type	Target Cycle Time Complete Applications	Volume Complete Applications	Cycle Time Complete Applications	Volume Incomplete Applications	Cycle Time Incomplete Applications
Pharmacist	Application for Pharmacist Initial License	5	2,008	8	57	31
Pharmacy	Pharmacy Permit Application	30	136	31	246	94
Pharmacy - Nonresident	Nonresident Pharmacy Permit Application	30	20	22	91	210
Pharmacy Technician	Pharmacy Technician Application	30	2,900	33	2349	92
Sterile Compounding Pharmacy	Application for a Sterile Compounding Pharmacy License	45	15	125	61	189
Sterile Compounding Pharmacy - Nonresident	Application for a Nonresident Pharmacy Sterile Compounding License	45	1	111	9	348
Surplus Medication Collection and Distribution Intermediary	Application for Surplus Medication Collection and Distribution Intermediary	45	0	0	0	0
Third-Party Logistics Provider	Application for Third-Party Logistics Provider License	30	0	0	2	61
Third-Party Logistics Provider - Non Resident	Application for Nonresident Third-Party Logistics Provider License	30	1	52	10	161
Veterinary Food- Animal Drug Retailer	Veterinary Food-Animal Drug Retailer Application	30	0	0	1	581
Wholesaler	Application for Wholesaler License	30	20	18	54	144
Wholesaler - Nonresident	Application for Nonresident Wholesaler License	30	8	40	76	181

## Appendix 6 – Board Consumer Satisfaction Survey

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## Appendix 7 – Fund Condition

Table 2. Fund Condition (Dollars in Thousands)

	FY 2015/16	FY 2016/17	FY 2017/18 <sup>1</sup>	FY 2018/19 <sup>1</sup>	FY 2019/20 <sup>2</sup>	FY 2020/21 <sup>3</sup>
Beginning Balance	\$11,768	\$10,675	\$8,084	\$8,614	\$4,444	\$2,858
Revenues and Transfers	\$18,835	\$19,102	\$25,574	\$23,942	\$26,651	\$32,846
<b>Total Revenue</b>	<b>\$30,603</b>	<b>\$29,777</b>	<b>\$33,658</b>	<b>\$32,556</b>	<b>\$31,095</b>	<b>\$35,704</b>
Budget Authority	\$21,780	\$21,871	\$24,074	\$26,560	\$26,056	\$26,577
Expenditures	\$20,050	\$20,502	\$23,671	\$26,560	\$26,056	\$26,577
Direct to Fund Charges	\$35	\$1,191	\$1,373	\$1,552	\$2,181	\$1,545
Loans to General Fund	\$-	\$-	\$-	\$-	\$-	\$-
Accrued Interest, Loans to General Fund	\$-	\$-	\$-	\$-	\$-	\$-
Loans Repaid from General Fund	\$-	\$-	\$-	\$-	\$-	\$-
Fund Balance	\$10,518	\$8,084	\$8,614	\$4,444	\$2,858	\$7,582
<b>Months in Reserve</b>	<b>5.8</b>	<b>3.9</b>	<b>3.7</b>	<b>1.9</b>	<b>1.2</b>	<b>3.2</b>

<sup>1</sup> Yearend revenue and expenditures projected

<sup>2</sup> Assumes fully expended budget and projected revenue with regulatory fee increase effective 4/1/2020

<sup>3</sup> Assumes fully expended budget and projected revenue with regulatory fee increase effective full year.

## Appendix 8 – Expenditures by Program Component

Table 3. Expenditures by Program Component

Unit	FY 2015/16 Personnel Services	FY 2015/16 OE&E	FY 2016/17 Personnel Services	FY 2016/17 OE&E	FY 2017/18 <sup>2</sup> Personnel Services	FY 2017/18 <sup>2</sup> OE&E	FY 2018/19 <sup>3</sup> Personnel Services	FY 2018/19 <sup>3</sup> OE&E
Enforcement	8,676	4,686	9,461	4,704	10,510	4,786	10,912	4,968
Examination	93	150	101	197	113	179	117	203
Licensing	2,439	394	2,660	367	2,955	440	3,068	329
Administration <sup>1</sup>	1,038	133	1,198	115	1,250	134	1,546	114
DCA Pro Rata		3,011		2,520		2,347		3,009
Diversion	125	346	137	201	152	150	158	171
<b>TOTALS</b>	<b>\$12,371</b>	<b>\$8,720</b>	<b>\$13,557</b>	<b>\$8,104</b>	<b>\$14,980</b>	<b>\$8,036</b>	<b>\$15,801</b>	<b>\$8,794</b>

<sup>1</sup> Administration includes costs for executive staff, board, administrative support, and fiscal services.

<sup>2</sup> Figures are based on the Preliminary Fiscal Month 12 Fi\$Cal report. Final year-end figures for fiscal year 2018-19 are delayed due to the Department of Consumer Affairs' transition to Fi\$Cal.

<sup>3</sup> Figures are based on the Preliminary Fiscal Month 12 Fi\$Cal report. Final year-end figures for fiscal year 2017-18 are delayed due to the Department of Consumer Affairs' transition to Fi\$Cal.

## Appendix 9 – Fee Schedule and Revenue

### Personal License Types

Table 4. Fee Schedule and Revenue – Application Fees

Personal License Types	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Advanced Practice Pharmacist	\$300.00	\$300.00	\$300.00	n/a	74	78	72	0.26%
Designated Representative (EXC)	\$150.00	\$210.00	\$210.00	165	159	70	59	0.22%
Designated Representative (EXV)	\$150.00	\$210.00	\$210.00	2	4	trace	2	0.01%
Designated Representative – Third Party Logistics Provider	\$150.00	\$210.00	\$210.00	63	25	13	14	0.05%
Designated Representative – Reverse Distributor	\$150.00	\$210.00	\$210.00	n/a	n/a	n/a	trace	0.00%
Designated Paramedic	\$140.00	\$140.00	\$140.00	n/a	n/a	n/a	0	0.00%
Intern Pharmacist	\$165.00	\$230.00	\$230.00	270	282	393	363	1.34%
Pharmacist Exam	\$260.00	\$285.00	\$285.00	783	864	717	646	2.38%
Pharmacist Exam Retake	\$260.00	\$285.00	\$285.00	n/a	n/a	198	224	0.83%
Pharmacist Licensure	\$195.00	\$215.00	\$215.00	382	366	392	394	1.45%
Pharmacy Technician	\$140.00	\$195.00	\$195.00	658	654	753	736	2.72%

## Facility License Types

Table 4. Fee Schedule and Revenue – Application Fees

Facility License Types	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue <sup>1</sup>	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
340B Clinic Automated Patient Dispensing System	\$300.00	\$500.00	\$500.00	n/a	n/a	n/a	trace	0.00%
Automated Patient Dispensing System (APDS)	\$200.00	\$250.00	\$250.00	n/a	n/a	n/a	0	0.00%
Automated Unit Dispensing System (AUDS)	\$200.00	\$250.00	\$250.00	n/a	n/a	n/a	84	0.31%
Centralized Hospital Packaging	\$820.00	\$1,150.00	\$1,150.00	1	0	17	3	0.01%
Clinic Permit	\$520.00	\$570.00	\$570.00	57	42	48	103	0.38%
Co-Location Agreement App	\$750.00	\$750.00	\$750.00	n/a	n/a	1	0	0.00%
Correctional Automated Drug Delivery System (ADDS)	\$200.00	\$250.00	\$250.00	n/a	n/a	n/a	0	0.00%
Correctional Clinic	\$520.00	\$570.00	\$570.00	n/a	n/a	n/a	0	0.00%
Drug Room	\$520.00	\$570.00	\$570.00	0	1	0	0	0.00%
EMS Automated Drug Delivery System	\$100.00	\$100.00	\$100.00	n/a	n/a	n/a	0	0.00%
Hospital Pharmacy	\$520.00	\$570.00	\$570.00	0	7	11	27	0.10%
Hospital Satellite Compounding Pharmacy	\$1,645.00	\$2,305.00	\$2,305.00	n/a	n/a	5	12	0.04%

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Facility License Types	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue <sup>1</sup>	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Hypodermic Needle	\$170.00	\$240.00	\$240.00	2	4	4	2	0.01%
Non-Resident Third Party Logistics Provider	\$780.00	\$820.00	\$820.00	42	13	14	13	0.05%
Non-Resident Pharmacy	\$520.00	\$570.00	\$570.00	101	65	70	85	0.31%
Non-Resident Outsourcing Facility	\$2,380.00	\$3,335.00	\$3,335.00	n/a	68	19	12	0.04%
Non-Resident Sterile Compounding	\$2,380.00	\$3,335.00	\$3,335.00	29	16	41	41	0.15%
Non-Resident Wholesale (OSD)	\$780.00	\$820.00	\$820.00	91	100	105	76	0.28%
Non-Resident Wholesaler 21+ facilities	\$780.00	\$820.00	\$820.00	0	0	0	0	0.00%
Outsourcing Facility	\$2,270.00	\$3,180.00	\$3,180.00	n/a	16	2	5	0.02%
Pharmacy	\$520.00	\$570.00	\$570.00	353	575	511	254	0.94%
Remote Dispense Site Pharmacy	\$520.00	\$570.00	\$570.00	n/a	n/a	n/a	0	0.00%
Sterile Compounding	\$1,645.00	\$2,305.00	\$2,305.00	63	56	176	244	0.90%
Third Party Logistics Provider	\$780.00	\$820.00	\$820.00	10	6	3	9	0.03%
Vet Food-Animal Drug Retailer	\$435.00	\$610.00	\$610.00	2	trace	trace	2	0.01%
Wholesale Drug	\$780.00	\$820.00	\$820.00	40	53	63	52	0.19%

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Facility License Types	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue <sup>1</sup>	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Wholesaler w/more 21+ facilities	\$780.00	\$820.00	\$820.00	0	0	0	0	0.00%
Wholesaler Emergency Medical Service Provider	\$780.00	\$780.00	\$780.00	n/a	n/a	n/a	0	0.00%

## Miscellaneous Fees

Table 4. Fee Schedule and Revenue

Miscellaneous Fees	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Change of Address/Tradestyle Name (Facility Only)	\$45.00	\$45.00	\$45.00	14	11	4	8	0.03%
Change of Designated Representative in Charge	\$100.00	\$130.00	\$130.00	18	15	11	16	0.06%
Change of Pharmacist in Charge	\$100.00	\$130.00	\$130.00	224	213	201	203	0.75%
Change Responsible Manager	\$100.00	\$130.00	\$130.00	1	3	3	2	0.01%
Change of Permit	\$100.00	\$130.00	\$130.00	143	138	129	120	0.47%
Duplicate/Replacement Certificate	\$45.00	\$45.00	\$45.00	39	39	44	68	0.25%

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Evaluation of Continuing Education Courses	\$40 per hour	\$40 per hour	\$40 per hour	0	0	0	0	0.00%
Regrade of Pharmacist Exam	\$115.00	\$115.00	\$115.00	2	2	1	trace	0.00%
Retired Pharmacist License	\$45.00	\$45.00	\$45.00	5	4	7	7	0.03%
Transfer of Intern Hours/License Verification	\$30.00	\$30.00	\$30.00	40	34	33	32	0.12%

## Temporary License Fees

Table 4. Fee Schedule and Revenue

License Types	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Drug Room Temporary Permit	\$325.00	\$325.00	\$325.00	0	trace	0	0	0.00%
Hospital Temporary Permit	\$325.00	\$325.00	\$325.00	0	4	5	15	0.06%
Hospital Satellite Compound Pharmacy Temporary Permit	\$550.00	\$715.00	\$715.00	n/a	n/a	0	2	0.01%
Non-Resident Pharmacy Temporary Permit	\$325.00	\$325.00	\$325.00	9	9	17	31	0.11%
Non-Resident Outsourcing Facility Temporary Permit	\$715.00	\$715.00	\$715.00	n/a	n/a	2	2	0.01%

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License Types	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Non-Resident Sterile Compounding Temporary Permit	\$550.00	\$715.00	\$715.00	6	3	5	7	0.03%
Non-Resident Third Party Logistics Provider Temporary Permit	\$715.00	\$715.00	\$715.00	1	2	5	3	0.01%
Non-Resident Wholesaler Temporary Permit	\$715.00	\$715.00	\$715.00	14	15	26	21	0.08%
Pharmacy Temporary Permit	\$325.00	\$325.00	\$325.00	44	262	55	281	1.04%
Outsourcing Facility Temporary Permit	\$715.00	\$715.00	\$715.00	n/a	n/a	0	1	0.00%
Remote Dispensing Site Pharmacy Temporary Permit	\$325.00	\$325.00	\$325.00	n/a	n/a	n/a	0	0.00%
Sterile Compounding Temporary Permit	\$550.00	\$715.00	\$715.00	18	17	20	49	0.18%
Third Party Logistics Provider Temporary Permit	\$715.00	\$715.00	\$715.00	0	1	1	4	0.01%



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License Types	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Vet Food-Animal Drug Retailer Temporary Permit	\$250.00	\$250.00	\$250.00	1	0	0	trace	0.00%
Wholesaler Temporary Permit	\$715.00	\$715.00	\$715.00	7	8	20	20	0.07%

Renewal Fees

Biennial

Table 4. Fee Schedule and Revenue – Renewal Fees

License Type	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Advanced Practice Pharmacist	\$300.00	\$300.00	\$300.00	0	1	20	53	0.20%
Pharmacist License	\$360.00	\$505.00	\$505.00	3,927	3,891	7,119	7,520	27.74%
Pharmacy Technician	\$140.00	\$195.00	\$195.00	4,016	3,982	4,197	4,267	15.74%

## Annual

Table 4. Fee Schedule and Revenue – Renewal Fees

License Type	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Designated Representative (EXC)	\$215.00	\$300.00	\$300.00	507	462	555	544	2.01%
Designated Representative (EXV)	\$215.00	\$300.00	\$300.00	12	12	14	13	0.05%
Designated Representative Third Party Logistics Provider	\$215.00	\$300.00	\$300.00	7	28	49	49	0.18%
Designated Representative Reverse Distributor	\$215.00	\$300.00	\$300.00	n/a	n/a	n/a	trace	0.00%
Designated Paramedic	\$140.00	\$140.00	\$140.00	n/a	n/a	n/a	trace	0.00%
340B Clinic Automated Patient Dispensing System	\$300.00	\$500.00	\$500.00	n/a	n/a	n/a	0	0.00%
Automated Patient Delivery System	\$200.00	\$250.00	\$250.00	n/a	n/a	n/a	0	0.00%
Automated Unit Dispensing System	\$200.00	\$250.00	\$250.00	n/a	n/a	n/a	0	0.00%
Centralized Hospital Packaging	\$805.00	\$1,125.00	\$1,125.00	4	4	6	6	0.02%
Clinic Permit	\$325.00	\$360.00	\$360.00	327	303	346	328	1.21%

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License Type	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Correctional Automatic Dispensing System	\$200.00	\$250.00	\$250.00	n/a	n/a	n/a	(1)	0.00%
Correctional Clinic	\$325.00	\$360.00	\$360.00	n/a	n/a	n/a	0	0.00%
Drug Room	\$665.00	\$930.00	\$930.00	0	0	0	0	0.00%
EMS Automated Drug Delivery System	\$100.00	\$100.00	\$100.00	n/a	n/a	n/a	0	0.00%
Hospital Application	\$665.00	\$930.00	\$930.00	0	0	0	0	0.00%
Hospital Satellite Compounding Pharmacy	\$1,325.00	\$1,855.00	\$1,855.00	n/a	n/a	0	1	0.00%
Hypodermic Needle	\$200.00	\$280.00	\$280.00	43	42	50	48	0.18%
Non-Resident Third Party Logistics Provider	\$780.00	\$820.00	\$820.00	9	39	44	48	0.18%
Non-Resident Pharmacy	\$665.00	\$930.00	\$930.00	138	128	314	297	1.10%
Non-Resident Outsourcing Facility	\$2,270.00	\$3,180.00	\$3,180.00	n/a	n/a	7	39	0.14%
Non-Resident Sterile Compounding	\$2,270.00	\$3,180.00	\$3,180.00	71	54	187	136	0.50%
Non-Resident Wholesale (OSD)	\$780.00	\$820.00	\$820.00	507	453	502	495	1.83%
Non-Resident Wholesaler 21+ facilities	\$780.00	\$820.00	\$820.00	0	0	0	0	0.00%

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License Type	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Outsourcing Facility	\$1,325.00	\$1,855.00	\$1,855.00	n/a	n/a	0	1	0.00%
Pharmacy	\$665.00	\$930.00	\$930.00	2,145	2,121	4,474	4,418	16.30%
Remote Dispense Site Pharmacy	\$665.00	\$930.00	\$930.00	n/a	n/a	n/a	0	0.00%
Sterile Compounding	\$1,325.00	\$1,855.00	\$1,855.00	640	553	1,016	894	3.30%
Third-Party Logistics Provider	\$780.00	\$820.00	\$820.00	1	11	21	14	0.05%
Vet Food – Animal Drug Retailer	\$330.00	\$460.00	\$460.00	6	6	6	6	0.02%
Wholesale Drug	\$780.00	\$820.00	\$820.00	388	330	360	350	1.29%
Wholesaler w/more 21+ facilities	\$780.00	\$820.00	\$820.00	0	0	0	0	0.00%
Wholesaler Emergency Medical Service Provider	\$780.00	\$780.00	\$780.00	n/a	n/a	n/a	0	0.00%

## Renewal Delinquency Fees

### Biennial

Table 4. Fee Schedule and Revenue – Renewal Delinquency Fees

License Type	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Advanced Practice Pharmacist	\$150.00	\$150.00	\$150.00	0	0	1	0	0.00%
Pharmacist License	\$150.00	\$150.00	\$150.00	31	32	36	38	0.14%
Pharmacy Technician	\$70.00	\$97.50	\$97.50	123	126	106	109	0.40%

## Annual

Table 4. Fee Schedule and Revenue – Renewal Delinquency Fees

License Type	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Designated Representative (EXC)	\$215.00	\$300.00	\$300.00	507	462	555	544	2.01%
Designated Representative (EXV)	\$215.00	\$300.00	\$300.00	12	12	14	13	0.05%
Designated Representative Third Party Logistics Provider	\$215.00	\$300.00	\$300.00	7	28	49	49	0.18%
Designated Representative Reverse Distributor	\$215.00	\$300.00	\$300.00	n/a	n/a	n/a	trace	0.00%
Designated Paramedic	\$140.00	\$140.00	\$140.00	n/a	n/a	n/a	trace	0.00%
340B Clinic Automated Patient Dispensing System	\$300.00	\$500.00	\$500.00	n/a	n/a	n/a	0	0.00%
Automated Patient Delivery System	\$200.00	\$250.00	\$250.00	n/a	n/a	n/a	0	0.00%
Automated Unit Dispensing System	\$200.00	\$250.00	\$250.00	n/a	n/a	n/a	0	0.00%
Centralized Hospital Packaging	\$805.00	\$1,125.00	\$1,125.00	4	4	6	6	0.02%
Clinic Permit	\$325.00	\$360.00	\$360.00	327	303	346	328	1.21%

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License Type	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Correctional Automatic Dispensing System	\$200.00	\$250.00	\$250.00	n/a	n/a	n/a	(1)	0.00%
Correctional Clinic	\$325.00	\$360.00	\$360.00	n/a	n/a	n/a	0	0.00%
Drug Room	\$665.00	\$930.00	\$930.00	0	0	0	0	0.00%
EMS Automated Drug Delivery System	\$100.00	\$100.00	\$100.00	n/a	n/a	n/a	0	0.00%
Hospital Application	\$665.00	\$930.00	\$930.00	0	0	0	0	0.00%
Hospital Satellite Compounding Pharmacy	\$1,325.00	\$1,855.00	\$1,855.00	n/a	n/a	0	1	0.00%
Hypodermic Needle	\$200.00	\$280.00	\$280.00	43	42	50	48	0.18%
Non-Resident Third Party Logistics Provider	\$780.00	\$820.00	\$820.00	9	39	44	48	0.18%
Non-Resident Pharmacy	\$665.00	\$930.00	\$930.00	138	128	314	297	1.10%
Non-Resident Outsourcing Facility	\$2,270.00	\$3,180.00	\$3,180.00	n/a	n/a	7	39	0.14%
Non-Resident Sterile Compounding	\$2,270.00	\$3,180.00	\$3,180.00	71	54	187	136	0.50%
Non-Resident Wholesale (OSD)	\$780.00	\$820.00	\$820.00	507	453	502	495	1.83%
Non-Resident Wholesaler 21+ facilities	\$780.00	\$820.00	\$820.00	0	0	0	0	0.00%

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License Type	Current Fee Amount	New Fee Amount Effective 4/1/2020	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue <sup>1</sup>	FY 2018/19 Revenue <sup>2</sup>	% of Total Revenue <sup>3</sup>
Outsourcing Facility	\$1,325.00	\$1,855.00	\$1,855.00	n/a	n/a	0	1	0.00%
Pharmacy	\$665.00	\$930.00	\$930.00	2,145	2,121	4,474	4,418	16.30%
Remote Dispense Site Pharmacy	\$665.00	\$930.00	\$930.00	n/a	n/a	n/a	0	0.00%
Sterile Compounding	\$1,325.00	\$1,855.00	\$1,855.00	640	553	1,016	894	3.30%
Third-Party Logistics Provider	\$780.00	\$820.00	\$820.00	1	11	21	14	0.05%
Vet Food – Animal Drug Retailer	\$330.00	\$460.00	\$460.00	6	6	6	6	0.02%
Wholesale Drug	\$780.00	\$820.00	\$820.00	388	330	360	350	1.29%
Wholesaler w/more 21+ facilities	\$780.00	\$820.00	\$820.00	0	0	0	0	0.00%
Wholesaler Emergency Medical Service Provider	\$780.00	\$780.00	\$780.00	n/a	n/a	n/a	0	0.00%

<sup>1</sup> Figures are based on the Preliminary Fiscal Month 12 Fi\$Cal report. Final year-end figures for fiscal year 2017-18 are delayed due to the Department of Consumer Affairs' transition to Fi\$Cal.

<sup>2</sup> Figures are based on the Preliminary Fiscal Month 12 Fi\$Cal report. Final year-end figures for fiscal year 2018-19 are delayed due to the Department of Consumer Affairs' transition to Fi\$Cal.

<sup>3</sup> Calculated based on Fiscal Year 2018-19 Revenue.



## Appendix 10 – Budget Change Proposals (BCPs)

Table 5. Budget Change Proposals

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services # Staff Requested (include classification)	Personnel Services # Staff Approved (include classification)	Personnel Services \$ Requested	Personnel Services \$ Approved	OE&E \$ Requested	OE&E \$ Approved
1111-023	16/17	Funding and position authority to transition limited term positions to permanent in FY 2017/18 and ongoing to complete the licensing and enforcement workload associated with the provisions of SB 294.	Inspector: 4 Associate Governmental Program Analyst: 1 Staff services Analyst: .50	Inspector: 4 Associate Governmental Program Analyst: 1 Staff services Analyst: .50	\$769,000.00	\$769,000.00	\$319,000.00	\$319,000.00
1111-031	16/17	Funding and position authority to transition limited term positions to permanent in FY 2017/18 and ongoing for the Prescription Drug Abuse Unit.	Supervising Inspector: 1 Inspector: 5 Research Program Specialist: 1 Associate Governmental Program Analyst: 1	Supervising Inspector: 1 Inspector: 5 Research Program Specialist: 1 Associate Governmental Program Analyst: 1	\$1,168,000.00	\$1,168,000.00	\$93,000.00	\$93,000.00

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BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services # Staff Requested (include classification)	Personnel Services # Staff Approved (include classification)	Personnel Services \$ Requested	Personnel Services \$ Approved	OE&E \$ Requested	OE&E \$ Approved
1111-049	17/18	Funding and position authority to complete the licensing and enforcement workload associated with the provisions of SB 1193.	Supervising Inspector: 1  Inspector: 2  Office Technician: .50	Supervising Inspector: 1  Inspector: 2  Office Technician: .50	\$430,000.00	\$430,000.00	Initial: \$51,000 Ongoing: \$19,000	Initial: \$51,000 Ongoing: \$19,000
1111-055	18/19	Funding and position authority to transition temporary staff to permanent positions and redirect funds from the OE&E budget to the Personal Services Budget.	Staff Services Manager II: 1  Staff Services Manager I: 1  Associate Governmental Program Analyst: 2	Staff Services Manager II: 1  Staff Services Manager I: 1  Associate Governmental Program Analyst: 2	\$440,000.00	\$440,000.00	\$(440,000.00)	\$(440,000.00)
1111-056	18/19	Funding and position authority to expand the Enforcement Unit in response to program growth.	Inspector: 2  Associate Governmental Program Analyst: 2	Inspector: 2  Associate Governmental Program Analyst: 2	\$557,000.00	\$557,000.00	Initial: \$128,000 Ongoing: \$96,000	Initial: \$128,000 Ongoing: \$96,000
1111-099	18/19	Funding and position authority to complete the licensing and enforcement workload associated with the provisions in AB 401, SB 351 and SB 443.	Inspector: 1  Associate Governmental Program Analyst: 3	Inspector: 1  Associate Governmental Program Analyst: 3	\$376,000.00	\$376,000.00	Initial: \$47,000 Ongoing: \$15,000	Initial: \$47,000 Ongoing: \$15,000

## Appendix 11 – Licensee Population

Table 6. Licensee Population

License Type/Status	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Designated Representative Wholesaler (Active)	2,896	2,858	2,901	2,791
Designated Representative Wholesaler (Delinquent)	159	112	103	118
Designated Representative Veterinary Food-Animal Drug Retailer (Active)	63	72	66	63
Designated Representative Veterinary Food-Animal Drug Retailer (Delinquent)	1	0	3	3
Designated Representative Third Party Logistics Provider (Active)	197	250	276	292
Designated Representative Third Party Logistics Provider (Delinquent)	1	5	10	8
Designated Representative Reverse Distributor (Active)	n/a	n/a	n/a	2
Designated Representative Reverse Distributor (Delinquent)	n/a	n/a	n/a	0
Designated Paramedic (Active)	n/a	n/a	n/a	0
Designated Paramedic (Delinquent)	n/a	n/a	n/a	0
Intern Pharmacist (Active)	6,364	6,584	6,800	6,541
Intern Pharmacist (Delinquent)	n/a	n/a	n/a	n/a
Pharmacist (Active)	38,540	39,216	39,983	40,594
Pharmacist (Delinquent)	2,086	2,194	2,463	2,758
Pharmacist (Inactive)	3,192	3,406	3,542	3,733
Pharmacist (Retired)	897	1,013	1,143	1,250
Advanced Practice Pharmacist (Active)	n/a	130	334	547
Advanced Practice Pharmacist (Delinquent)	n/a	0	0	3
Pharmacy Technician (Active)	71,422	70,624	69,734	68,597
Pharmacy Technician (Delinquent)	1,867	1,758	1,626	1,529
Automated Drug Delivery System (Active)	n/a	n/a	n/a	n/a
Automated Drug Delivery System (Delinquent)	n/a	n/a	n/a	n/a
Automated Drug Delivery System EMS (Active)	n/a	n/a	0	0
Automated Drug Delivery System EMS (Delinquent)	n/a	n/a	0	0
Automated Patient Dispensing System 340B Clinic (Active)	n/a	n/a	n/a	1
Automated Patient Dispensing System 340B Clinic (Delinquent)	n/a	n/a	n/a	0
Centralized Hospital Packaging (Active)	6	8	10	10

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License Type/Status	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Centralized Hospital Packaging (Delinquent)	2	0	0	0
Clinic (Active)	1,265	1,304	1,311	1,444
Clinic (Delinquent)	43	30	40	60
Drug Room (Active)	35	34	32	32
Drug Room (Delinquent)	1	0	0	0
Hospital (Active)	482	479	468	468
Hospital (Delinquent)	0	1	0	0
Hospital Satellite Sterile Compounding (Active)	n/a	n/a	0	3
Hospital Satellite Sterile Compounding (Delinquent)	n/a	n/a	0	0
Hypodermic Needle and Syringe (Active)	272	274	257	259
Hypodermic Needle and Syringe (Delinquent)	13	20	36	38
Licensed Correctional Facility (Active)	55	59	58	60
Licensed Correctional Facility (Delinquent)	0	0	0	0
Outsourcing Facility (Active)	n/a	n/a	2	5
Outsourcing Facility (Delinquent)	n/a	n/a	0	0
Outsourcing Facility – Nonresident (Active)	n/a	n/a	18	23
Outsourcing Facility – Nonresident (Delinquent)	n/a	n/a	0	0
Pharmacy (Active)	6,540	6,588	6,625	6,558
Pharmacy (Delinquent)	26	16	21	27
Pharmacy – Nonresident (Active)	492	521	533	532
Pharmacy – Nonresident (Delinquent)	17	13	21	21
Remote Dispensing Pharmacy (Active)	n/a	n/a	n/a	0
Remote Dispensing Pharmacy (Delinquent)	n/a	n/a	n/a	0
Sterile Compounding Pharmacy (Active)	917	879	870	869
Sterile Compounding Pharmacy (Delinquent)	0	5	5	0
Sterile Compounding Pharmacy Nonresident (Active)	90	86	70	69
Sterile Compounding Pharmacy Nonresident (Delinquent)	2	5	7	1
Surplus Medication Collection Distribution Intermediary (Active)	1	1	1	1
Surplus Medication Collection Distribution Intermediary (Delinquent)	0	0	0	0
Third-Party Logistics Provider (Active)	16	23	23	25
Third-Party Logistics Provider (Delinquent)	0	0	0	1
Third-Party Logistics Provider Nonresident (Active)	60	64	64	68
Third-Party Logistics Provider Nonresident (Delinquent)	0	0	1	0
Veterinary Food-Animal Drug Retailer (Active)	20	20	20	20

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License Type/Status	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Veterinary Food-Animal Drug Retailer (Delinquent)	3	3	0	1
Wholesaler (Active)	523	525	530	516
Wholesaler (Delinquent)	49	27	26	28
Wholesaler – Nonresident (Active)	680	705	708	712
Wholesaler – Nonresident (Delinquent)	46	35	42	42

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## Appendix 12 – Application Processing

Fiscal Year 2015/2016

Table 7a. Application Processing

Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Designated Representative – Wholesaler	503	51	428	147	58	122	248
Designated Representative – Veterinary Food-Animal Drug Retailer	7	3	3	67	n/a	67	4
Designated Representative – Third-Party Logistics Provider	199	7	187	131	75	112	101
Designated Representative – Reverse Distributor	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Designated Paramedic	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Intern Pharmacist	2,361	1	2,116	56	17	31	208
Pharmacist Initial Examination	2,751	3	2,454	69	20	39	n/a
Pharmacist License	1,959	0	1,978	34	11	11	n/a
Advanced Practice Pharmacist*	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacy Technician	6,257	286	5,849	85	35	60	1,530
Automated Drug Delivery System**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Automated Drug Delivery System EMS**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Automated Patient Dispensing System 340B Clinic**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Centralized Hospital Packaging**	1	2	5	639	n/a	639	9
Clinic*	140	6	110	232	58	205	111
Drug Room*	3	0	2	166	n/a	166	3
Drug Room – Temporary License	1	n/a	2	n/a	n/a	n/a	n/a
Hospital*	31	6	14	196	n/a	196	20
Hospital – Temporary License	12	n/a	10	n/a	n/a	n/a	n/a
Hospital Satellite Sterile Compounding**	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Hospital Satellite Sterile Compounding – Temporary License	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hypodermic Needle and Syringe*	14	8	14	183	81	118	10
Licensed Correctional Facility*	2	0	2	58	132	95	1
Outsourcing Facility**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Outsourcing Facility – Temporary License	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Outsourcing Facility – Nonresident**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Outsourcing Facility – Nonresident – Temporary License	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacy*	763	38	678	160	51	103	170
Pharmacy – Temporary License	419	n/a	57	n/a	n/a	n/a	n/a
Pharmacy – Nonresident*	171	128	113	329	58	321	121
Pharmacy – Nonresident – Temporary License	35	n/a	22	n/a	n/a	n/a	n/a
Remote Dispensing Pharmacy*	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sterile Compounding Pharmacy**	96	18	53	226	115	170	50
Sterile Compounding Pharmacy – Temporary License	38	n/a	16	n/a	n/a	n/a	n/a
Sterile Compounding Pharmacy – Nonresident**	37	13	16	279	262	274	36
Sterile Compounding Pharmacy – Nonresident – Temporary License	9	n/a	7	n/a	n/a	n/a	n/a
Surplus Medication Collection Distribution Intermediary	1	0	1	172	n/a	172	0
Third-Party Logistics Provider*	14	1	15	154	65	137	10
Third-Party Logistics Provider – Temporary License	0	n/a	1	n/a	n/a	n/a	n/a
Third-Party Logistics Provider – Nonresident*	52	5	58	156	N/A	156	46

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Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Third-Party Logistics Provider – Nonresident – Temporary License	1	n/a	0	n/a	n/a	n/a	n/a
Veterinary Food-Animal Drug Retailer*	6	0	5	129	n/a	129	2
Veterinary Food-Animal Drug Retailer – Temporary License	5	n/a	0	n/a	n/a	n/a	n/a
Wholesaler*	97	8	64	184	40	168	72
Wholesaler – Temporary License	12	n/a	0	n/a	n/a	n/a	n/a
Wholesaler – Nonresident*	122	15	88	238	65	224	117
Wholesaler – Nonresident – Temporary License	28	n/a	3	n/a	n/a	n/a	n/a

Fiscal Year 2016/2017

Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Designated Representative – Wholesaler	488	41	380	144	49	118	286
Designated Representative – Veterinary Food-Animal Drug Retailer	10	1	11	92	64	79	1
Designated Representative – Third-Party Logistics Provider	75	13	79	141	63	116	79
Designated Representative – Reverse Distributor	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Designated Paramedic	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Intern Pharmacist	2,462	40	2,224	66	19	31	211
Pharmacist Initial Examination	2,398	6	2,433	78	20	26	n/a
Pharmacist License	1,865	0	1,828	74	7	8	n/a
Advanced Practice Pharmacist*	256	0	130	78	41	68	121
Pharmacy Technician	,6262	82	5,993	95	41	64	1,641
Automated Drug Delivery System**	n/a	n/a	n/a	n/a	n/a	n/a	n/a



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Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Automated Drug Delivery System EMS**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Automated Patient Dispensing System 340B Clinic**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Centralized Hospital Packaging**	0	3	2	1,044	n/a	1,044	5
Clinic*	115	17	149	260	42	188	49
Drug Room*	1	2	1	627	n/a	627	0
Drug Room – Temporary License	1	n/a	2	n/a	n/a	n/a	0
Hospital*	18	6	13	110	43	104	5
Hospital – Temporary License	14	n/a	14	n/a	n/a	n/a	n/a
Hospital Satellite Sterile Compounding**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hospital Satellite Sterile Compounding – Temporary License	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hypodermic Needle and Syringe*	20	7	15	110	36	61	9
Licensed Correctional Facility*	5	0	4	89	44	78	1
Outsourcing Facility**	7	0	0	n/a	n/a	n/a	6
Outsourcing Facility – Temporary License	0	n/a	0	n/a	n/a	n/a	n/a
Outsourcing Facility – Nonresident**	33	0	2	175	N/A	175	28
Outsourcing Facility – Nonresident – Temporary License	0	n/a	0	n/a	n/a	n/a	n/a
Pharmacy*	1,143	622	340	111	37	91	134
Pharmacy – Temporary License	834	n/a	194	n/a	n/a	n/a	n/a
Pharmacy – Nonresident*	124	21	92	319	21	292	100
Pharmacy – Nonresident – Temporary License	32	n/a	28	n/a	n/a	n/a	n/a
Remote Dispensing Pharmacy*	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sterile Compounding Pharmacy**	74	4	43	190	55	176	39
Sterile Compounding Pharmacy – Temporary License	31	n/a	31	n/a	n/a	n/a	n/a

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Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Sterile Compounding Pharmacy – Nonresident**	23	17	15	272	26	260	18
Sterile Compounding Pharmacy – Nonresident – Temporary License	5	n/a	7	n/a	n/a	n/a	n/a
Surplus Medication Collection Distribution Intermediary	0	0	0	n/a	n/a	n/a	0
Third-Party Logistics Provider*	7	3	6	146	n/a	146	8
Third-Party Logistics Provider – Temporary License	3	n/a	1	n/a	n/a	n/a	n/a
Third-Party Logistics Provider – Nonresident*	17	8	6	272	N/A	272	43
Third-Party Logistics Provider – Nonresident – Temporary License	3	n/a	0	n/a	n/a	n/a	n/a
Veterinary Food-Animal Drug Retailer*	1	1	1	252	n/a	252	1
Veterinary Food-Animal Drug Retailer – Temporary License	0	n/a	0	n/a	n/a	n/a	n/a
Wholesaler*	72	25	64	207	14	196	38
Wholesaler – Temporary License	16	n/a	5	n/a	n/a	n/a	n/a
Wholesaler – Nonresident*	133	58	95	251	25	235	81
Wholesaler – Nonresident – Temporary License	27	n/a	9	n/a	n/a	n/a	n/a

Fiscal Year 2017/2018

Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Designated Representative – Wholesaler	449	19	387	153	55	124	327
Designated Representative – Veterinary Food-Animal Drug Retailer	2	0	2	n/a	78	78	1

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Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Designated Representative – Third-Party Logistics Provider	82	4	64	256	65	213	100
Designated Representative – Reverse Distributor	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Designated Paramedic	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Intern Pharmacist	2,395	5	2,208	75	21	35	232
Pharmacist Initial Examination	2,739	764	2,557	99	24	46	n/a
Pharmacist License	2,019	0	2,065	31	8	8	n/a
Advanced Practice Pharmacist*	258	1	204	144	38	140	174
Pharmacy Technician	5,420	540	5,278	92	33	59	1,176
Automated Drug Delivery System**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Automated Drug Delivery System EMS**	0	0	0	n/a	n/a	n/a	n/a
Automated Patient Dispensing System 340B Clinic**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Centralized Hospital Packaging**	3	3	3	907	n/a	907	2
Clinic*	105	6	59	155	54	134	91
Drug Room*	1	0	0	n/a	n/a	n/a	1
Drug Room – Temporary License	0	n/a	0	n/a	n/a	n/a	0
Hospital*	25	2	6	133	41	106	8
Hospital – Temporary License	16	n/a	11	n/a	n/a	n/a	11
Hospital Satellite Sterile Compounding**	5	0	0	n/a	n/a	n/a	3
Hospital Satellite Sterile Compounding – Temporary License	0	n/a	0	n/a	n/a	n/a	0
Hypodermic Needle and Syringe*	20	1	6	1,249	37	239	24
Licensed Correctional Facility*	3	2	1	57	n/a	57	1
Outsourcing Facility**	1	0	2	219	85	152	3
Outsourcing Facility – Temporary License	0	n/a	0	n/a	n/a	n/a	0
Outsourcing Facility – Nonresident**	9	2	15	309	253	299	15

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Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Outsourcing Facility – Nonresident – Temporary License	3	n/a	2	n/a	n/a	n/a	1
Pharmacy*	1,238	45	247	94	31	71	696
Pharmacy – Temporary License	178	n/a	135	n/a	n/a	n/a	49
Pharmacy – Nonresident*	136	29	68	210	22	176	91
Pharmacy – Nonresident – Temporary License	55	n/a	43	n/a	n/a	n/a	21
Remote Dispensing Pharmacy*	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sterile Compounding Pharmacy**	113	3	41	189	125	176	76
Sterile Compounding Pharmacy – Temporary License	37	n/a	35	n/a	n/a	n/a	23
Sterile Compounding Pharmacy – Nonresident**	18	4	6	348	111	324	22
Sterile Compounding Pharmacy – Nonresident – Temporary License	11	n/a	4	n/a	n/a	n/a	3
Surplus Medication Collection Distribution Intermediary	0	0	0	n/a	n/a	n/a	0
Third-Party Logistics Provider*	4	1	1	61	n/a	61	9
Third-Party Logistics Provider – Temporary License	1	n/a	1	n/a	n/a	n/a	0
Third-Party Logistics Provider – Non Resident*	19	2	5	161	52	151	49
Third-Party Logistics Provider – Nonresident – Temporary License	7	n/a	6	n/a	n/a	n/a	1
Veterinary Food-Animal Drug Retailer*	0	0	1	581	n/a	581	0
Veterinary Food-Animal Drug Retailer – Temporary License	0	n/a	0	n/a	n/a	n/a	0
Wholesaler*	85	7	54	144	18	110	44
Wholesaler – Temporary License	35	n/a	20	n/a	n/a	n/a	10
Wholesaler – Nonresident*	133	10	59	181	40	168	120
Wholesaler – Nonresident – Temporary License	36	n/a	25	n/a	n/a	n/a	5

## Fiscal Year 2018/2019

Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Designated Representative – Wholesaler	401	52	267	170	61	136	390
Designated Representative – Veterinary Food-Animal Drug Retailer	10	1	4	n/a	32	32	6
Designated Representative – Third-Party Logistics Provider	91	9	64	224	92	192	111
Designated Representative – Reverse Distributor	4	0	2	115	n/a	115	2
Designated Paramedic	0	0	0	n/a	n/a	n/a	0
Intern Pharmacist	2,212	56	2,030	81	21	36	170
Pharmacist Initial Examination	2,499	12	2,262	101	34	53	n/a
Pharmacist License	2,022	n/a	2,025	36	11	11	n/a
Advanced Practice Pharmacist*	246	0	216	165	54	159	196
Pharmacy Technician	5,338	128	4,926	83	33	55	1,341
Automated Drug Delivery System**	595	0	0	n/a	n/a	n/a	595
Automated Drug Delivery System EMS**	0	0	0	n/a	n/a	n/a	0
Automated Patient Dispensing System 340B Clinic**	1	0	1	n/a	60	60	0
Centralized Hospital Packaging**	5	1	0	n/a	n/a	n/a	5
Clinic*	325	10	215	112	38	112	228
Drug Room*	0	0	1	113	51	72	0
Drug Room – Temporary License	0	n/a	2	n/a	n/a	n/a	2
Hospital*	56	0	4	78	47	77	8
Hospital – Temporary License	41	n/a	46	n/a	n/a	n/a	41
Hospital Satellite Sterile Compounding**	7	1	3	175	n/a	175	4
Hospital Satellite Sterile Compounding – Temporary License	5	n/a	0	n/a	n/a	n/a	0
Hypodermic Needle and Syringe*	12	2	25	234	48	197	11

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Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Licensed Correctional Facility*	1	0	0	n/a	n/a	n/a	1
Outsourcing Facility**	2	0	3	632	n/a	632	2
Outsourcing Facility – Temporary License	1	n/a	0	n/a	n/a	n/a	0
Outsourcing Facility – Nonresident**	8	6	5	488	38	360	7
Outsourcing Facility – Nonresident – Temporary License	3	n/a	2	n/a	n/a	n/a	2
Pharmacy*	505	592	156	121	36	83	190
Pharmacy – Temporary License	878	n/a	241	n/a	n/a	n/a	153
Pharmacy – Nonresident*	168	6	35	239	46	145	128
Pharmacy – Nonresident – Temporary License	98	n/a	89	n/a	n/a	n/a	30
Remote Dispensing Pharmacy*	0	0	0	n/a	n/a	n/a	0
Sterile Compounding Pharmacy**	162	11	58	170	129	164	99
Sterile Compounding Pharmacy – Temporary License	78	n/a	64	n/a	n/a	n/a	59
Sterile Compounding Pharmacy – Nonresident**	17	5	11	294	n/a	294	8
Sterile Compounding Pharmacy – Nonresident – Temporary License	12	n/a	12	n/a	n/a	n/a	6
Surplus Medication Collection Distribution Intermediary	1	0	0	n/a	n/a	n/a	1
Third-Party Logistics Provider*	10	3	3	405	37	353	8
Third-Party Logistics Provider – Temporary License	5	n/a	4	n/a	n/a	n/a	3
Third-Party Logistics Provider – Nonresident*	16	1	8	469	n/a	461	53
Third-Party Logistics Provider – Nonresident – Temporary License	5	n/a	3	n/a	n/a	n/a	0
Veterinary Food-Animal Drug Retailer*	3	0	1	193	6	100	1
Veterinary Food-Animal Drug Retailer – Temporary License	1	n/a	1	n/a	n/a	n/a	0

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Application Type	Received	Closed/ Withdrawn	Issued/ Approved	Incomplete Applications Cycle Time	Complete Applications Cycle Time	All Applications	Applications Pending
Wholesaler*	70	3	30	120	23	105	49
Wholesaler – Temporary License	28	n/a	26	n/a	n/a	n/a	7
Wholesaler – Nonresident*	101	15	60	266	31	232	112
Wholesaler – Nonresident – Temporary License	31	n/a	29	n/a	n/a	n/a	12

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## Appendix 13 – Licensing Summary

Table 7b. Initial Licensing Data:

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Initial License/Initial Exam Applications Received	16,147	16,575	15,661	16,074
Initial License/Initial Exam Applications Approved *add exam approved	14,371	14,217	13,621	12,934
Initial License/Initial Exam Applications Closed/Withdrawn	599	977	1,450	914
License Issued	11,917	11,784	11,064	10,671

Table 7b. Initial License/Initial Exam Pending Application Data:

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Pending Applications (total at close of FY)	2,869	2,904	3,389	4,041
Pending Applications (outside of board control)*	n/a	n/a	n/a	n/a
Pending Applications (within the board control)*	n/a	n/a	n/a	n/a

Table 7b. Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Average Days to Application Approval (All - Complete/Incomplete)	57	57	53	56
Average Days to Application Approval (incomplete applications)*	100	108	106	109
Average Days to Application Approval (complete applications)*	26	27	23	27

Table 7b. License Renewal Data:

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Designated Representatives - Wholesalers	2,502	2,477	2,476	2,552
Designated Representatives - Veterinary Food- Animal Drug Retailer	66	60	58	55
Designated Representatives - Third Party Logistics	53	181	202	228
Designated Representative - Reverse Distributor	n/a	n/a	n/a	0
Designated Paramedic	n/a	n/a	n/a	0
Pharmacists	20,400	20,029	20,663	20,573
Advanced Practice Pharmacists	n/a	3	91	180



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	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Pharmacy Technicians	30,914	30,666	30,151	30,172
Automated Drug Delivery System	n/a	n/a	n/a	0
Automated Drug Delivery System EMS	n/a	n/a	0	0
Automated Patient Dispensing System 340B Clinic	n/a	n/a	n/a	0
Centralized Hospital Packaging	0	6	9	9
Clinics	1,187	1,209	1,268	1,196
Drug Rooms	31	32	34	29
Hospital	469	461	498	439
Hospital Satellite Sterile Compounding	n/a	n/a	n/a	1
Hypodermic Needle and Syringe Permits	259	260	216	243
Licensed Correctional Facilities	53	55	60	56
Outsourcing Facility	n/a	0	0	5
Outsourcing Facility – Nonresident	n/a	0	3	16
Pharmacy	6,350	6,277	6,382	6,313
Pharmacy – Nonresident	391	425	449	442
Remote Dispensing Pharmacy	n/a	n/a	n/a	0
Sterile Compounding	876	840	852	777
Sterile Compounding -Nonresident	76	76	70	52
Surplus Medication Collection Distribution Intermediary	0	1	1	1
Third-Party Logistics Providers	1	17	19	16
Third-Party Logistics Providers - Nonresident	12	59	52	49
Veterinary Food-Animal Drug Retailers	24	17	18	18
Wholesalers	464	447	471	438
Wholesalers – Nonresident	601	608	601	614
Total Licenses Renewed	64,729	64,206	64,644	64,474

Table 7b. Keeping Licensing Information Current

<b>Applications Processed</b>	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Change of Pharmacist-in-Charge	2,428	2,321	2,001	2,368
Change of Designated Representative-in-Charge	181	157	114	155
Change of Responsible Managing Employee	1	20	18	19
Change of Permit	2,079	1,789	1,720	1,511
Discontinuance of Business	423	394	357	428
Change of Name/Address	11,992	11,558	11,411	13,071

\* processing times include the time between application approval and license issuance.

\*\* processing times include the time the board is awaiting the inspection approval

Temporary applications received identify the number of initial applications received with a temporary license request. Temporary Licenses issued is segregated from the total licenses issued to identify the number of temporary licenses issued.

The pending temporary number reflects the number of temporary licenses issued that are pending full licensure.

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## Appendix 14 – CPJE/NAPLEX Examination Statistics:

Fiscal Year 2015/16

### Overall Pass/Fail results for CPJE/NAPLEX

*Overall Pass/Fail results for all candidates - CPJE*

CPJE	Frequency	Percent
Fail	735	26.4

*Overall Pass/Fail results for all candidates - NAPLEX*

NAPLEX	Frequency	Percent
Pass	2,550	94.2
Fail	157	5.8
Total	2,707	100.0

*Overall Pass/Fail results for first time candidates – CPJE*

CPJE	Frequency	Percent
Pass	1,823	81.1
Fail	426	18.9
Total	2,249	100.0

*Overall Pass/Fail results for first time candidates –NAPLEX*

NAPLEX	Frequency	Percent
Pass	2,085	95.6
Fail	96	4.4
Total	2,181	100.0

*Overall Pass/Fail results for multiple time candidates – CPJE*

CPJE	Frequency	Percent
Pass	230	42.7
Fail	309	57.3
Total	539	100.0

Overall Pass/Fail results for multiple time candidates –NAPLEX

NAPLEX	Frequency	Percent
Pass	465	88.4
Fail	61	11.6
Total	526	100.0

## Pass Rates – Location

Pass Rates – Location by Number – CPJE

Location	Pass	Fail
California	1,000	161
Other US	919	477
Foreign	133	96
Unclassified	1	1
Total	2,053	735

Pass Rates – Location by Percent – CPJE

Location	Pass	Fail
California	86.1	13.9
Other US	65.8	34.2
Foreign	58.1	41.9
Unclassified	50.0	50.0
Total	73.6	26.4

Pass Rates – Location by Number – NAPLEX

Location	Pass	Fail
California	1,108	44
Other US	1,257	74
Foreign	183	39
Unclassified	2	0
Total	2,550	157

Pass Rates – Location by Percent – NAPLEX

Location	Pass	Fail
California	96.2	3.8
Other US	94.4	5.6
Foreign	82.4	17.6
Unclassified	100.0	0.0

Location	Pass	Fail
Total	94.2	5.8

## Pass Rates – Gender

*Pass Rates – Gender by Number – CPJE*

Gender	Pass	Fail
Female	1,373	475
Male	680	260

*Pass Rates – Gender by Percent – CPJE*

Gender	Pass	Fail
Female	74.3	25.7
Male	72.3	27.7

*Pass Rates – Gender by Number – NAPLEX*

Gender	Pass	Fail
Female	1,695	103
Male	855	54

*Pass Rates – Gender by Percent – NAPLEX*

Gender	Pass	Fail
Female	94.3	5.7
Male	94.1	5.9

## Pass Rate by California School

*Pass Rate – California School of Pharmacy by Number – CPJE*

CA School	Pass	Fail
UCSF	96	45
UOP	219	31
USC	195	12

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CA School	Pass	Fail
Western	141	18
Loma Linda	72	13
UCSD	58	11
Touro U	114	17
Cal Northstate	105	14
<b>Total</b>	<b>1,000</b>	<b>161</b>

*Pass Rate – California School of Pharmacy by Percent – CPJE*

CA School	Pass	Fail
UCSF	68.1	31.9
UOP	87.6	12.4
USC	94.2	5.8
Western	88.7	11.3
Loma Linda	84.7	15.3
UCSD	84.1	15.9
Touro U	87.0	13.0
Cal Northstate	88.2	11.8
<b>Total</b>	<b>86.1</b>	<b>13.9</b>

*Pass Rate – California School of Pharmacy by Number – NAPLEX*

CA School	Pass	Fail
UCSF	134	5
UOP	237	11
USC	205	1
Western	153	5
Loma Linda	81	3
UCSD	67	2
Touro U	119	11
Cal Northstate	112	6
<b>Total</b>	<b>1108</b>	<b>44</b>

*Pass Rate – California School of Pharmacy by Percent – NAPLEX*

CA School	Pass	Fail
UCSF	96.4	3.6
UOP	95.6	4.4
USC	99.5	0.5
Western	96.8	3.2
Loma Linda	96.4	3.6

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CA School	Pass	Fail
UCSD	97.1	2.9
Touro U	91.5	8.5
Cal Northstate	94.9	5.1
Total	96.2	3.8

Pass/Fail Results by School – CPJE

School	Pass	Fail
Auburn	1	0
Samford	1	2
U of AZ	8	8
UCSF	96	45
U of Pacific	219	31
USC	195	12
U of CO	32	10
U of Conn	2	0
Howard DC	5	3
FL A&M	4	4
U of FL	9	5
Mercer	5	5
U of GA	2	0
Idaho SU	5	6
U of IL Chi	14	14
Butler U	6	3
Purdue	14	8
Drake	3	6
U of IA	2	3
U of KS	4	1
U of KY	1	1
NE LA U	1	0
Xavier	3	5
U of MD	23	15
MA Col Pharm	36	18
NE-MA	14	5
Ferris	3	1
U of MI	15	7
Wayne SU	1	1
U of MN	17	7
U of MS	2	2
St. Louis Col of PH	6	9
UMKC	4	4
U of MT	1	3

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School	Pass	Fail
Creighton	11	4
U of NE	1	1
Rutgers	8	4
U of NM	12	4
Western	141	18
Midwestern U Chicago	35	14
A&M Schwartz	10	7
St. Johns	9	3
SUNY-Buff	9	4
Union U	22	11
UNC	7	2
ND SU	3	2
OH Nrthrn U	5	0
OH State U	16	7
U of Cinn	2	1
U of Toledo	3	3
SW OK State	3	1
U of OK	6	5
OR State U	9	1
Duquesne	7	6
Phl C of Pharm	16	11
Temple	10	0
U of Pitt	1	4
U of RI	3	4
Med U of SC	1	0
U of SC	1	0
SD SU	3	0
U of TN	9	1
TX SO U	2	2
U of Hous	5	6
U of TX	5	0
U of UT	6	2
Med C of VA	2	1
U of WA	7	3
WA State U	12	8
WV U	1	1
U of WI-Mad	6	4
U of WY	5	2
Campbell U	1	1
Nova Southeastern	5	4
Wilkes University	1	1
Texas Tech	1	7



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School	Pass	Fail
Bernard J Dunn	6	2
Midwestern AZ	38	13
Nevada College of Pharm	77	19
Loma Linda U	72	13
UCSD	58	11
MA Schl of Pharm - Worcester	48	27
Palm Beach Atlantic University	2	0
Lake Erie Col	29	8
Touro U	114	17
U of Charleston	4	2
South U School of Pharm	4	5
Hampton U (VA)	0	4
Pac U of Or	23	10
Wingate U	4	4
U of Findlay	1	0
U of Incarnate Word	2	2
Sullivan U	14	14
Cal Northstate	105	14
Unclassified	1	1
Other/FG	133	96
U of HI - Hilo	31	20
NE Ohio Universities	5	0
Thomas Jefferson U	11	1
Belmont U	3	1
Harding U	1	3
Husson U	4	6
Appalachian College of Pharm	3	0
Lipscomb U	3	1
Chicago St U	10	6
U of New England	19	3
Regis University	7	2
Notre Dame of MD	2	3
St. John Fisher	2	0
Rosalind Franklin U	8	3
Western NE U	3	0
U of Saint Joseph	2	2
Roosevelt U	3	1
Presbyterian	4	1
Touro New York	17	11
South College	3	2
U of South Florida	0	2
U of the Sciences	1	1

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School	Pass	Fail
Total	2053	735

Pass/Fail Results by Country – CPJE

Country	Pass	Fail
Armenia	1	2
Bulgaria	1	0
Canada	6	0
Switzerland	0	2
China	2	4
Algeria	1	0
Egypt	46	28
Spain	1	0
France	1	1
United Kingdom	3	1
India	10	15
Iraq	4	5
Iran	7	0
Jordan	12	2
Kenya	1	0
N. Korea	1	0
S. Korea	4	1
Lebanon	1	4
Morocco	1	0
Nigeria/New Guinea	1	1
Netherlands	0	2
Panama	1	0
Peru	0	1
Philippines	16	18
Pakistan	2	3
Romania	2	1
Russia	2	2
Saudi Arabia	1	0
Sweden	1	0
Somalia	1	0
Serbia	1	0
Syria	1	2
Tunisia	0	1
Ukraine	2	0
USA	1919	616
Venezuela	0	1
Total	2053	735

Country	Pass	Fail
Armenia	1	2
Bulgaria	1	0
Canada	6	0
Switzerland	0	2
China	2	4
Algeria	1	0
Egypt	46	28
Spain	1	0
France	1	1
United Kingdom	3	1
India	10	15
Iraq	4	5
Iran	7	0
Jordan	12	2
Kenya	1	0
N. Korea	1	0
S. Korea	4	1
Lebanon	1	4
Morocco	1	0
Nigeria/New Guinea	1	1
Netherlands	0	2
Panama	1	0
Peru	0	1
Philippines	16	18
Pakistan	2	3
Romania	2	1
Russia	2	2
Saudi Arabia	1	0
Sweden	1	0
Somalia	1	0
Serbia	1	0
Syria	1	2
Tunisia	0	1
Ukraine	2	0
USA	1919	616
Venezuela	0	1
Total	2053	735

## Fiscal Year 2016/17

## Overall Pass/Fail results for CPJE/NAPLEX

*Overall Pass/Fail results for all candidates - CPJE*

CPJE	Frequency	Percent
Pass	1,817	67.3
Fail	881	32.7
Total	2,698	100.0

*Overall Pass/Fail results for all candidates - NAPLEX*

NAPLEX	Frequency	Percent
Pass	2,345	90.1
Fail	258	9.9
Total	2,603	100.0

*Overall Pass/Fail results for first time candidates – CPJE*

CPJE	Frequency	Percent
Pass	1,418	71.4
Fail	568	28.6
Total	1,986	100.0

*Overall Pass/Fail results for first time candidates –NAPLEX*

NAPLEX	Frequency	Percent
Pass	1,705	89.5
Fail	200	10.5
Total	1,905	100.0

*Overall Pass/Fail results for multiple time candidates – CPJE*

CPJE	Frequency	Percent
Pass	399	56.0
Fail	313	44.0
Total	712	100.0

Overall Pass/Fail results for multiple time candidates –NAPLEX

NAPLEX	Frequency	Percent
Pass	640	91.7
Fail	58	8.3
Total	698	100.0

## Pass Rates – Location

Pass Rates – Location by Number – CPJE

Location	Pass	Fail
California	770	178
Other US	931	609
Foreign	115	93
Unclassified	1	1
Total	1,817	881

Pass Rates – Location by Percent – CPJE

Location	Pass	Fail
California	81.2	18.8
Other US	60.5	39.5
Foreign	55.3	44.7
Unclassified	50.0	50.0
Total	67.3	32.7

Pass Rates – Location by Number – NAPLEX

Location	Pass	Fail
California	849	76
Other US	1,326	144
Foreign	168	38
Unclassified	2	0
Total	2,345	258

Pass Rates – Location by Percent – NAPLEX

Location	Pass	Fail
California	91.8	8.2
Other US	90.2	9.8
Foreign	81.6	18.4
Unclassified	100.0	0.0

Location	Pass	Fail
Total	90.1	9.9

## Pass Rates – Gender

*Pass Rates – Gender by Number – CPJE*

Gender	Pass	Fail
Female	1,191	514
Male	626	367

*Pass Rates – Gender by Percent – CPJE*

Gender	Pass	Fail
Female	69.9	30.1
Male	63.0	37.0

*Pass Rates – Gender by Number – NAPLEX*

Gender	Pass	Fail
Female	1,482	167
Male	863	91

*Pass Rates – Gender by Percent – NAPLEX*

Gender	Pass	Fail
Female	89.9	10.1
Male	90.5	9.5

## Pass Rate by California School

*Pass Rate – California School of Pharmacy by Number – CPJE*

CA School	Pass	Fail
UCSF	106	19
UOP	153	53
USC	146	21

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CA School	Pass	Fail
Western	110	25
Loma Linda	62	23
UCSD	41	5
Touro U	79	15
Cal Northstate	73	17
Total	770	178

*Pass Rate – California School of Pharmacy by Percent – CPJE*

CA School	Pass	Fail
UCSF	84.8	15.2
UOP	74.3	25.7
USC	87.4	12.6
Western	81.5	18.5
Loma Linda	72.9	27.1
UCSD	89.1	10.9
Touro U	84.0	16.0
Cal Northstate	81.1	18.9
Total	81.2	18.8

*Pass Rate – California School of Pharmacy by Number – NAPLEX*

CA School	Pass	Fail
UCSF	118	4
UOP	187	16
USC	157	7
Western	115	15
Loma Linda	69	13
UCSD	45	1
Touro U	84	9
Cal Northstate	74	11
Total	849	76

*Pass Rate – California School of Pharmacy by Percent – NAPLEX*

CA School	Pass	Fail
UCSF	96.7	3.3
UOP	92.1	7.9
USC	95.7	4.3
Western	88.5	11.5
Loma Linda	84.1	15.9

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CA School	Pass	Fail
UCSD	97.8	2.2
Touro U	90.3	9.7
Cal Northstate	87.1	12.9
Total	91.8	8.2

Pass/Fail Results by School – CPJE

School	Pass	Fail
Auburn	0	1
Samford	1	0
U of AZ	12	3
U of AR	2	1
UCSF	106	19
U of Pacific	153	53
USC	146	21
U of CO	35	18
U of Conn	7	1
Howard DC	10	8
FL A&M	4	5
U of FL	11	6
Mercer	8	8
U of GA	4	0
Idaho SU	3	1
U of IL Chi	27	15
Butler U	6	2
Purdue	14	10
Drake	5	2
U of IA	5	5
U of KS	6	4
U of KY	5	0
NE LA U	1	1
Xavier	4	2
U of MD	20	11
MA Col Pharm	28	25
NE-MA	17	9
Ferris	4	4
U of MI	13	6
Wayne SU	2	0
U of MN	8	7
U of MS	2	2
St. Louis Col of PH	10	12
UMKC	3	1



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School	Pass	Fail
U of MT	3	3
Creighton	11	16
U of NE	3	1
Rutgers	7	3
U of NM	9	3
Western	110	25
Midwestern U Chicago	39	21
A&M Schwartz	5	1
St. Johns	3	7
SUNY-Buff	9	8
Union U	14	10
UNC	6	6
ND SU	0	1
OH State U	10	4
U of Cinn	2	0
U of Toledo	5	3
SW OK State	2	2
U of OK	3	5
OR State U	7	6
Duquesne	5	6
Phl C of Pharm	14	16
Temple	9	8
U of Pitt	5	3
U of RI	9	0
Med U of SC	1	0
SD SU	0	1
U of TN	1	3
TX SO U	2	2
U of Hous	4	6
U of TX	7	2
U of UT	4	3
Med C of VA	6	0
U of WA	15	3
WA State U	12	5
WV U	2	1
U of WI-Mad	9	0
U of WY	1	1
Campbell U	2	2
Nova Southeaster	7	6
Wilkes University	3	1
Texas Tech	4	2
Bernard J Dunn	10	12

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School	Pass	Fail
Midwestern AZ	35	24
Nevada College of Pharm	60	25
Loma Linda U	62	23
UCSD	41	5
MA Schl of Pharm - Worcester	50	42
Palm Beach Atlantic University	5	3
Lake Erie Col	19	11
Touro U	79	15
U of Charleston	5	4
South U School of Pharm	2	2
Hampton U (VA)	3	4
Pac U of Or	22	5
Wingate U	5	3
U of Findlay	2	1
U of Incarnate Word	2	1
Sullivan U	15	10
Cal Northstate	73	17
Unclassified	1	1
Other/FG	115	93
U of HI - Hilo	28	18
Texas A&M	2	3
Thomas Jefferson U	1	6
Belmont U	0	1
Harding U	4	3
Husson U	3	4
Appalachian College of Pharm	4	6
Lipscomb U	1	1
Chicago St U	8	5
U of New England	13	16
Regis University	15	9
East Tennessee State U	1	0
Notre Dame of MD	8	2
Union U	2	0
St. John Fisher	1	4
Concordia U Coll Pharm	1	3
Rosalind Franklin U	4	0
Western NE U	5	2
U of Saint Joseph	4	5
Roosevelt U	5	2
Presbyterian	0	1
D'Youville	2	2
Touro New York	19	13

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School	Pass	Fail
South College	12	4
Manchester U	4	5
SIUE	7	2
U of South Florida	1	0
Fairleigh Dickinson	0	3
Cedarville U	2	0
U of the Sciences	2	1
<b>Total</b>	<b>1,817</b>	<b>881</b>

### Pass/Fail Results by Country – CPJE

Country	Pass	Fail
Armenia	1	2
Brazil	3	0
Canada	3	1
China	0	3
Columbia	1	0
Germany	1	0
Denmark	1	1
Egypt	46	27
Eritrea	0	1
Spain	1	0
Ethiopia	0	1
Fiji	1	0
France	2	1
United Kingdom	2	0
India	12	12
Iraq	3	3
Iran	1	0
Italy	1	1
Jordan	7	6
S. Korea	1	0
Lebanon	2	2
Nigeria/New Guinea	1	2
Netherlands	1	1
Philippines	15	19
Pakistan	2	5
Russia	2	3
Syria	3	1
Thailand	1	0
Taiwan	1	1
Ukraine	1	0

Country	Pass	Fail
USA	1,701	787
Venezuela	0	1
Total	1,817	881

## Fiscal Year 2017/18

### Overall Pass/Fail results for CPJE/NAPLEX

*Overall Pass/Fail results for all candidates - CPJE*

CPJE	Frequency	Percent
Pass	1,945	69.4
Fail	857	30.6
Total	2,802	100.0

*Overall Pass/Fail results for all candidates - NAPLEX*

NAPLEX	Frequency	Percent
Pass	2,185	91.5
Fail	204	8.5
Total	2,389	100.0

*Overall Pass/Fail results for first time candidates – CPJE*

CPJE	Frequency	Percent
Pass	1,645	70.7
Fail	683	29.3
Total	2,328	100.0

*Overall Pass/Fail results for first time candidates –NAPLEX*

NAPLEX	Frequency	Percent
Pass	1,848	91.0
Fail	182	9.0
Total	2,030	100.0

Overall Pass/Fail results for multiple time candidates – CPJE

CPJE	Frequency	Percent
Pass	300	63.3
Fail	174	36.7
Total	474	100.0

Overall Pass/Fail results for multiple time candidates –NAPLEX

NAPLEX	Frequency	Percent
Pass	337	93.9
Fail	22	6.1
Total	359	100.0

## Pass Rates – Location

Pass Rates – Location by Number – CPJE

Location	Pass	Fail
California	895	134
Other US	923	648
Foreign	125	75
Unclassified	2	0
Total	1,945	857

Pass Rates – Location by Percent – CPJE

Location	Pass	Fail
California	87.0	13.0
Other US	58.8	41.2
Foreign	62.3	37.7
Unclassified	100.0	0.0
Total	69.4	30.6

Pass Rates – Location by Number – NAPLEX

Location	Pass	Fail
California	886	60
Other US	1,164	117
Foreign	133	27
Unclassified	2	0
Total	2,185	204

*Pass Rates – Location by Percent – NAPLEX*

Location	Pass	Fail
California	93.7	6.3
Other US	90.9	9.1
Foreign	83.1	16.9
Unclassified	100.0	0.0
Total	91.5	8.5

**Pass Rates – Gender***Pass Rates – Gender by Number – CPJE*

Gender	Pass	Fail
Female	1,253	500
Male	692	357

*Pass Rates – Gender by Percent – CPJE*

Gender	Pass	Fail
Female	71.5	28.5
Male	66.0	34.0

*Pass Rates – Gender by Number – NAPLEX*

Gender	Pass	Fail
Female	1,382	127
Male	803	77

*Pass Rates – Gender by Percent – NAPLEX*

Gender	Pass	Fail
Female	91.6	8.4
Male	91.2	8.8

**Pass Rate by California School***Pass Rate – California School of Pharmacy by Number – CPJE*

CA School	Pass	Fail
UCSF	92	15
UOP	202	39
USC	171	16

## APPENDICES

CA School	Pass	Fail
Western	127	11
Loma Linda	74	12
UCSD	47	7
Touro U	86	13
Cal Northstate	96	21
<b>Total</b>	<b>895</b>	<b>134</b>

*Pass Rate – California School of Pharmacy by Percent – CPJE*

CA School	Pass	Fail
UCSF	86.0	14.0
UOP	83.8	16.2
USC	91.4	8.6
Western	92.0	8.0
Loma Linda	86.0	14.0
UCSD	87.0	13.0
Touro U	86.9	13.1
Cal Northstate	82.1	17.9
<b>Total</b>	<b>87.0</b>	<b>13.0</b>

*Pass Rate – California School of Pharmacy by Number – NAPLEX*

CA School	Pass	Fail
UCSF	93	3
UOP	209	14
USC	164	6
Western	118	11
Loma Linda	72	7
UCSD	49	0
Touro U	89	3
Cal Northstate	92	16
<b>Total</b>	<b>886</b>	<b>60</b>

*Pass Rate – California School of Pharmacy by Percent – NAPLEX*

CA School	Pass	Fail
UCSF	96.9	3.1
UOP	93.7	6.3
USC	96.5	3.5
Western	91.5	8.5
Loma Linda	91.1	8.9

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CA School	Pass	Fail
UCSD	100.0	0.0
Touro U	96.7	3.3
Cal Northstate	85.2	14.8
Total	93.7	6.3

Pass/Fail Results by School – CPJE

School	Pass	Fail
Auburn	2	3
Samford	2	0
U of AZ	9	5
U of AR	2	1
UCSF	92	15
U of Pacific	202	39
USC	171	16
U of CO	31	22
U of Conn	7	3
Howard DC	9	2
FL A&M	4	5
U of FL	13	10
Mercer	6	5
U of GA	2	1
Idaho SU	3	5
U of IL Chi	16	11
Butler U	8	1
Purdue	14	6
Drake	8	1
U of IA	3	1
U of KS	7	7
U of KY	2	3
NE LA U	3	2
Xavier	5	4
U of MD	21	16
MA Col Pharm	37	31
NE-MA	19	7
Ferris	2	3
U of MI	11	3
Wayne SU	0	4
U of MN	7	11
U of MS	3	1
St. Louis Col of PH	17	7
UMKC	4	2



## APPENDICES

School	Pass	Fail
U of MT	4	3
Creighton	21	8
U of NE	1	3
Rutgers	14	7
U of NM	4	5
Western	127	11
Midwestern U Chicago	38	23
A&M Schwartz	6	5
St. Johns	7	15
SUNY-Buff	10	11
Union U	10	9
UNC	4	2
ND SU	3	2
OH Nrthrn U	3	1
OH State U	2	2
U of Cinn	2	0
U of Toledo	6	6
SW OK State	2	0
U of OK	9	1
OR State U	9	3
Duquesne	7	6
PhI C of Pharm	10	8
Temple	7	4
U of Pitt	9	3
U of PR	0	1
U of RI	5	6
SD SU	0	2
U of TN	1	2
TX SO U	4	1
U of Hous	6	5
U of TX	7	1
U of UT	5	6
Med C of VA	6	6
U of WA	16	8
WA State U	5	8
WV U	1	1
U of WI-Mad	5	0
Campbell U	2	2
Nova Southeastern	7	4
Wilkes University	2	1
Texas Tech	4	0
Bernard J Dunn	9	6

## APPENDICES

School	Pass	Fail
Midwestern AZ	42	24
Nevada College of Pharm	64	27
Loma Linda U	74	12
UCSD	47	7
MA School of Pharm - Worcester	46	25
Palm Beach Atlantic University	1	6
Lake Erie Col	20	18
Touro U	86	13
U of Charleston	7	6
South U School of Pharm	4	4
Hampton U (VA)	1	1
Pac U of Or	26	10
Wingate U	3	6
U of Findlay	0	2
U of Incarnate Word	3	1
Sullivan U	3	8
Cal Northstate	96	21
Unclassified	2	0
Other/FG	125	75
U of HI - Hilo	34	28
NE Ohio Universities	3	0
Texas A&M	4	3
Thomas Jefferson U	6	6
Belmont U	2	2
Harding U	3	0
Husson U	2	7
Appalachian College of Pharm	2	3
Lipscomb U	2	1
Chicago St U	11	16
U of New England	10	15
Regis University	9	3
Notre Dame of MD	4	3
Union U	1	1
St. John Fisher	6	6
Concordia U Coll Pharm	1	2
Rosalind Franklin U	0	2
Western NE U	2	0
U of Saint Joseph	6	4
Roosevelt U	6	1
Presbyterian	1	2
D'Youville	1	3
Touro New York	16	13

## APPENDICES

School	Pass	Fail
South College	4	6
Manchester	8	2
SIUE	2	0
Fairleigh Dickinson	2	0
Cedarville U	2	2
U of the Sciences	3	7
UNTX Col of Pharm	0	2
<b>Total</b>	<b>1945</b>	<b>857</b>

### Pass/Fail Results by Country – CPJE

Country	Pass	Fail
United Arab Emirates	0	1
Armenia	2	0
Brazil	1	0
Canada	3	0
China	2	0
Costa Rica	0	1
Germany	2	1
Egypt	40	17
Eritrea	1	0
Ethiopia	1	0
France	1	1
United Kingdom	3	0
Ghana	0	1
India	9	11
Iraq	7	3
Iran	5	3
Japan	1	1
Jordan	9	1
S. Korea	1	0
Lebanon	3	2
Nigeria/New Guinea	1	3
Philippines	19	17
Pakistan	1	2
Poland	1	3
Portugal	1	0
Russia	1	1
Saudi Arabia	1	0
Syria	6	5
UK	1	0
USA	1820	783

Country	Pass	Fail
Venezuela	1	0
South Africa	1	0
Total	1945	857

## Fiscal Year 2018/19

### Overall Pass/Fail results for CPJE/NAPLEX

*Overall Pass/Fail results for all candidates - CPJE*

CPJE	Frequency	Percent
Pass		
Fail		
Total		

*Overall Pass/Fail results for all candidates - NAPLEX*

NAPLEX	Frequency	Percent
Pass		
Fail		
Total		

*Overall Pass/Fail results for first time candidates – CPJE*

CPJE	Frequency	Percent
Pass		
Fail		
Total		

*Overall Pass/Fail results for first time candidates –NAPLEX*

NAPLEX	Frequency	Percent
Pass		
Fail		
Total		

Overall Pass/Fail results for multiple time candidates – CPJE

CPJE	Frequency	Percent
Pass		
Fail		
Total		

Overall Pass/Fail results for multiple time candidates –NAPLEX

NAPLEX	Frequency	Percent
Pass		
Fail		
Total		

### Pass Rates – Location

Pass Rates – Location by Number – CPJE

Location	Pass	Fail
California		
Other US		
Foreign		
Unclassified		
Total		

Pass Rates – Location by Percent – CPJE

Location	Pass	Fail
California		
Other US		
Foreign		
Unclassified		
Total		

Pass Rates – Location by Number – NAPLEX

Location	Pass	Fail
California		
Other US		
Foreign		
Unclassified		
Total		

*Pass Rates – Location by Percent – NAPLEX*

Location	Pass	Fail
California		
Other US		
Foreign		
Unclassified		
Total		

**Pass Rates – Gender***Pass Rates – Gender by Number – CPJE*

Gender	Pass	Fail
Female		
Male		

*Pass Rates – Gender by Percent – CPJE*

Gender	Pass	Fail
Female		
Male		

*Pass Rates – Gender by Number – NAPLEX*

Gender	Pass	Fail
Female		
Male		

*Pass Rates – Gender by Percent – NAPLEX*

Gender	Pass	Fail
Female		
Male		

**Pass Rate by California School***Pass Rate – California School of Pharmacy by Number – CPJE*

CA School	Pass	Fail
UCSF		
UOP		
USC		

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CA School	Pass	Fail
Western		
Loma Linda		
UCSD		
Touro U		
Cal Northstate		
Total		

Pass Rate – California School of Pharmacy by Percent – CPJE

CA School	Pass	Fail
UCSF		
UOP		
USC		
Western		
Loma Linda		
UCSD		
Touro U		
Cal Northstate		
Total		

Pass Rate – California School of Pharmacy by Number – NAPLEX

CA School	Pass	Fail
UCSF		
UOP		
USC		
Western		
Loma Linda		
UCSD		
Touro U		
Cal Northstate		
Total		

Pass Rate – California School of Pharmacy by Percent – NAPLEX

CA School	Pass	Fail
UCSF		
UOP		
USC		
Western		
Loma Linda		











Country	Pass	Fail

## Appendix 15 – Enforcement Statistics

Table 9a. Enforcement Statistics - Complaint Intake

Intake	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Received	2,619	2,385	2,305	2,365
Closed*	391	354	423	635
Referred to INV*	2,298	2,031	1,953	1,763
Average Time to Close	33	27	27	26
Pending (close of FY)	215	151	101	98

\* Referred for Investigation and Closed Without Investigation may include cases received in a previous fiscal year but were referred or closed in the applicable fiscal year shown.

Table 9a. Enforcement Statistics – Source of Complaint

Source of Complaint	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Public	1,072	940	1,038	1,242
Licensee/Professional Groups	363	322	342	346
Governmental Agencies**	1062	1022	826	673
Other	122	101	102	104

\*\* Government Agencies includes internally initiated complaints.

Table 9a. Enforcement Statistics – Conviction / Arrest

Conviction / Arrest	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
CONV Received	1,160	1,116	1,023	927
CONV Closed*	1,531	1,261	1,200	981
Average Time to Close	3	5	4	10
CONV Pending (close of FY)	0	15	35	24

\*Does not include cases closed without investigation

Table 9a. Enforcement Statistics – License Denial

License Denial	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
License Applications Denied	15	12	8	12

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<b>License Denial</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
SOIs Filed	49	28	35	37
SOIs Withdrawn	20	15	11	11
SOIs Dismissed	1	1	1	0
SOIs Declined	0	0	0	0
Average Days SOI	346	257	266	126

Table 9a. Enforcement Statistics – Accusations

<b>Accusations</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
Accusations Filed	289	239	267	235
Accusations Withdrawn	11	41	26	20
Accusations Dismissed	4	5	1	0
Accusations Declined	0	0	1	2
Average Days Accusations	595	610	579	273

Table 9a. Enforcement Statistics – Discipline

<b>Disciplinary Actions</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
Proposed/Default Decisions	145	163	129	151
Stipulations	178	146	133	117
Average Days to Complete	864	863	899	860
AG Cases Initiated	370	351	350	264
AG Cases Pending (close of FY)	540	455	454	398

Table 9a. Enforcement Statistics – Discipline

<b>Disciplinary Outcomes</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
Revocation	141	141	109	138
Voluntary Surrender	70	97	77	81
Suspension	0	0	1	0
Probation with Suspension	14	20	10	8
Probation	86	93	109	102
Probationary License Issued	13	10	14	9
Other	0	2	7	1

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Table 9a. Enforcement Statistics – Probation

<b>Probation</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
New Probationers	105	132	137	114
Probations Successfully Completed	19	33	29	52
Probationers (close of FY)	260	307	342	344
Petitions to Revoke Probation	10	10	11	6
Probations Revoked	7	7	6	9
Probations Modified	2	4	8	10
Probations Extended	17	22	21	19
Probationers Subject to Drug Testing	92	96	98	95
Drug Tests Ordered	1,152	1,264	1,254	1,005
Positive Drug Tests	16	14	16	14
Petition for Reinstatement Granted	1	2	1	3

Table 9a. Enforcement Statistics – Diversion

<b>Pharmacist Recovery Program</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
New Participants	15	16	31	26
Successful Completions	13	8	14	5
Participants (close of FY)	51	47	51	57
Terminations	5	7	6	9
Terminations for Public Threat	7	7	6	9
Drug Tests Ordered	2,729	2,469	2,250	2,230
Positive Drug Tests*	19	5	5	5

\*Data reflects the number of relapses

## Appendix 15 – Enforcement Statistics - Investigations

Table 9b. Enforcement Statistics – Investigation

All Investigations	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
First Assigned	3,405	3,083	2,898	2,656
Closed	3,084	3,238	3,184	2,586
Average days to close	230	311	293	264
Pending (close of FY)	2,224	2,171	1,927	1,964

Table 9b. Enforcement Statistics – Investigation

Desk Investigations	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Closed	1,633	1,342	1,266	1,104
Average days to close	166	126	131	146
Pending (close of FY)	468	417	351	328

Table 9b. Enforcement Statistics – Investigation

Non-Sworn Investigations	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Closed	1,451	1,896	1,918	1,482
Average days to close	303	442	400	351
Pending (close of FY)	1,756	1,754	1,576	1,636

Table 9b. Enforcement Statistics – Investigation

Sworn Investigations	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Closed	2	-	4	2
Average days to close	1,073	-	668	260
Pending (close of FY)	2	4	1	-

Table 9b. Enforcement Statistics – Investigation

Compliance Action	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
ISO & TRO Issued	11	2	7	3
PC 23 Orders Requested	31	21	18	17
Other Suspension Orders	2	1	6	2
Public Letter of Reprimand	21	44	31	39

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<b>Compliance Action</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
Cease & Desist/Warning	2	2	3	4
Referred for Diversion	0	0	1	0
Compel Examination	0	1	3	8

Table 9b. Enforcement Statistics – Investigation

<b>Citation and Fine</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
Citations Issued	1,975	1,936	2,168	1,144
Average Days to Complete	311	363	381	381
Amount of Fines Assessed	\$2,265,150	\$2,355,150	\$2,268,600	\$1,176,450
Reduced, Withdrawn, Dismissed**	\$15,519,225	\$5,960,441	\$1,920,790	\$1,104,675
Amount Collected	\$2,119,894	\$2,032,745	\$2,027,656	\$1,210,086

\*\* Citations modified may be from citations issued in a previous year.

Table 9b. Enforcement Statistics – Investigation

<b>Criminal Action</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>	<b>FY 2018/19</b>
Referred for Criminal Prosecution	n/a	n/a	n/a	n/a



## Appendix 16 – Enforcement Aging

Table 10. Enforcement Aging

Attorney General Cases (Average %) Closed Within:	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	Cases Closed	Average %
0 – 1 Year	121	124	103	92	440	38.3%
1 – 2 Years	71	81	76	138	366	31.8%
2 – 3 Years	37	34	34	49	154	13.4%
3 – 4 Years	21	26	16	7	70	6.1%
Over 4 Years	33	44	33	10	120	10.4%
Total Attorney General Cases Closed	283	309	262	296	1,150	

Table 10. Enforcement Aging

Investigations (Average %) Closed Within:	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	Cases Closed	Average %
90 Days	655	660	593	543	2,451	20.1%
91 – 180 Days	786	654	594	533	2,567	21.1%
181 – 1 Year	1,119	999	1,061	911	4,090	33.6%
1 – 2 Years	459	671	759	489	2,378	19.5%
2 – 3 Years	59	136	146	94	435	3.6%
Over 3 Years	6	118	31	16	257	2.1%
Total Investigation Cases Closed	3,084	3,238	3,184	2,586	12,178	

## Appendix 17 – Cost Recovery

Table 11. Cost Recovery

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Total Enforcement Expenditures	\$3,520,201	\$3,711,060	\$3,596,431	\$3,907,674
Potential Cases for Recovery *	157	204	159	179
Cases Recovery Ordered	157	204	159	179
Amount of Cost Recovery Ordered	\$1,407,769	\$1,981,063	\$1,659,726	\$1,640,135
Amount Collected	\$7,497,523	\$998,384	\$7,581,462	\$811,724

\* “Potential Cases for Recovery” are those cases in which disciplinary action has been taken based on violation of the license practice act.

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## Appendix 18 – Restitution

Table 12. Restitution

	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Amount Ordered	-	-	-	-
Amount Collected	-	-	-	-

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

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