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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



LICENSING COMMITTEE MEETING

DRAFT MEETING MINUTES

DATE: October 20, 2020

LOCATION: Teleconference

MEMBERS PRESENT: Deborah Veale, Licensee Member, Chair
Seung Oh, License Member, Vice-Chairperson
Jignesh Patel, Licensee Member
Jason Weisz, Public Member
Albert Wong, Licensee Member

MEMBERS NOT PRESENT: Lavanza Butler, Licensee Member

STAFF PRESENT: Anne Sodergren, Executive Officer
Eileen Smiley, DCA Staff Counsel
Norine Marks, DCA Staff Counsel

I. Call to Order and Establishment of Quorum

Chairperson Veale called the meeting to order at 9:03 a.m. and advised all individuals observing or participating in the meeting that the meeting is being conducted consistent with the provisions of Governor Gavin Newsom's Executive Order N-29-20. Participants were advised that individuals watching the web cast would only be able to observe the meeting and that anyone interested in participating in the meeting would need to join the WebEx meeting as indicated on the agenda.

Roll call was taken and a quorum established.

II. Public Comment for Items Not on the Agenda, Matters for Future Meetings

Ms. Veale announced the Board has contracted with the Office of Professional Examination Services (OPES) to conduct an analysis of the pharmacist licensure examination. She reported this item will be agendaized for discussion after the analysis is completed and a report published. It is anticipated this item will be placed on the January 2021 Licensing Committee Meeting agenda.

The committee received no public comment for future items.

III. Approval of the July 8, 2020, Licensing Committee Meeting Minutes

Having received no comments on the draft minutes from committee members, Ms. Veale provided the public with the opportunity to comment on the draft minutes. The members received no public comment on the draft minutes.

Motion: To approve the July 8, 2020, meeting minutes as written.

M/S: Oh/Wong

Support: 4 Oppose: 0 Abstain: 1 – Jason Weisz

IV. Discussion and Consideration of Proposal to Expand the Authority for Pharmacists to Order and Administer CLIA Waived Tests for Influenza and COVID

Ms. Veale reported existing law establishes limited authority for pharmacists to perform routine patient assessment procedures including routine drug-therapy related patient assessment procedures and referred members to the meeting materials which detail the existing legal provisions. In addition to the provisions in Pharmacy Law, other provisions related to pharmacist authority reside in other areas of the Business and Professions Code sections generally under the purview of the Department of Public Health's Laboratory Field Services.

Ms. Veale reported on the waiver issued on May 12, 2020, by DCA Director Kirchmeyer to allow for a pharmacist to order and administer COVID-19 tests in California. Along with the waiver, a guidance document was issued that provided additional details regarding the temporary authorities. Ms. Veale noted the waiver did not allow for the processing of the specimen at a pharmacy.

Furthermore, Ms. Veale indicated more recently, on August 25, 2020, the DCA Director issued an order that waived specified professional licensing requirements and amended the scopes of practice of pharmacists and pharmacy technicians to allow them to perform waived, point-of-care tests used to detect SARS-CoV-2. Along with the waiver, guidance was released to inform and educate pharmacists and pharmacy technician of clinical laboratory requirements that apply under the DCA Order. Ms. Veale referred members to the waiver and guidance documents provided in the meeting materials.

Ms. Veale continued to report that the CDC notes that both the flu and COVID-19 are respiratory illnesses caused by different viruses, coupled with the fact that it may be hard to tell the difference based on symptoms alone, testing may be needed to help confirm a diagnosis.

Additionally, Ms. Veale reported as we are entering flu season, and COVID-19 positive tests appear to be on the rise nationally, it appears appropriate to consider the benefits

to patients if pharmacist authority is expanded to allow pharmacists to perform CLIA waived point-of-care tests for both COVID-19 and influenza.

Ms. Veale reported to aid in the discussion today, several policy questions were provided. She suggested the committee start the discussion with the large policy question; “Is there a benefit to patients if pharmacist authority is expanded to allow pharmacists to perform these CLIA waived point-of-care tests?”.

Ms. Veale expressed her belief that pharmacists have unique access, especially in community pharmacies and in rural areas, and that taking advantage of these factors can create an additional access point for patients that may not otherwise have ready access to such testing. Ms. Veale noted that if the committee does not believe in the larger policy issue, it may not be necessary to further discuss.

All members were in support of the larger policy issue expressing the benefit of the expanded authority for consumers to receive a quick diagnosis, as well as expanding the patient access in rural areas. The members requested more information on how this would be accomplished.

Ms. Veale indicated with the members agreeing on the larger policy issue, the committee would then move to discuss several policy questions.

Ms. Sodergren provided additional clarification that a change in law would be needed to facilitate this policy change permanently, but that the board could issue a policy statement and pursue a waiver from the DCA Director to request such changes immediately in response urgency of the COVID-19 pandemic.

In addition, Ms. Sodergren encouraged the committee to think long term regarding the discussion and not only the urgent issue of COVID-19 but what the long-term benefit could be to a more permanent solution.

The committee considered several policy questions as part of its discussion.

1. What, if any, additional training requirements should be required?

Member Wong suggested required training could include a seminar class or a one hour continuing education class.

Member Patel agreed with requiring some type of training since the influenza test requires you to insert a swab into one nostril and is not aware of a current pharmacy course that includes this type of training. He suggested a 30-minute training course on specimen collection as well as protection provisions such as use of PPE.

Member Oh agreed with the need for training and indicated his belief that pharmacy students receive some training for point-of-care testing in their curriculum.

Ms. Veale noted if this type of training is included in the pharmacy student's curriculum then this should be sufficient training, with which Mr. Wong agreed.

Member Weisz agreed with the members comments.

The members then heard comments from the public.

Danny Martinez, California Pharmacist Association (CPhA), advised members that the CPhA's website offers information on COVID-19 as it relates to pharmacists including training on specimen collection that is offered, free of charge, by the American Pharmacists Association (APhA) as well as other pharmacy groups. He also reported the manufactures of the tests include instructions on how to process the specimens. Mr. Martinez indicated he does not believe that additional training beyond what is already provided is necessary.

Lindsey Gullahorn, California Retail Association (CRA) and National Association of Chain Drug Stores (NACDS), supported the larger policy goals to pursue statutory change. She agreed with Mr. Martinez' comment that no additional training would be required because the test comes with instructions from the manufacture.

Member Wong indicated that he does not believe a one-hour training course is overly burdensome and believed it is important to ensure the specimen collection is done correctly.

Steven Gray, California Society of Health-System Pharmacist (CSHP), supported permanence and emergency regulation. In addition, he agreed with Mr. Martinez' comment. Dr. Gray indicated other states are already allowing this and have seen a dramatic reduction in overall use of antibiotics.

Mark Johnston, CVS Health, reported the federal government already regulates CLIA waived training requirements and requires the CDC to print training for each CLIA waived test. Mr. Johnston indicated that he does not support adding to the training.

Lori Walmsley, Walgreens, supported the proposal to create permanency and suggested not requiring additional training. She also suggested allowing prescribing of antiviral would be appropriate.

Ms. Veale indicated the consensus is training is necessary and noted federal requirements probably cover the training needed. She noted it is not the intent for the Board to duplicate and complicate training requirements if defined federally.

Mr. Oh agreed after hearing comments from the public if the training requirements are outlined federally then the Board should not make it more complicated.

Mr. Weisz requested information on what type of training is already being provided.

Ms. Veale directed staff to research the federal CLIA waived training requirements including trying to obtain a copy of the manufacture inserts that provide instructions.

2. Should we specify how test results should be communicated to the patient's PCP?

Ms. Veale noted agreement with written comments provided by CPhA, in supporting the same type of requirement of referral services outlined in current California Code of Regulation section 1746.3(c)(7) wherein the pharmacist, with patient consent, can notify the patient's primary care provider of any test performed on the patient into a patient record system shared with the primary care provider (PCP), as permitted by the patient and the primary care provider. In the event there is no primary care provider, or the patient chooses not to give such consent, the pharmacist should provide the patient with written record of the test as well as information to consult an appropriate healthcare provider of the patient's choice. This would be in addition to required reporting by any local health department or the state's Department of Public Health (CDPH).

Additional members also noted agreement with such an approach.

Mark Johnston, CVS Health, noted federal law states the laboratory must immediately release the results to the patient.

Steven Gray, CSHP, agreed with the general comments and suggested if a referral is required, the pharmacist should be able to have access to the patient record noting that most patients may request the results in writing.

Danny Martinez, CPhA, noted that written record should be provided to the patient and that mandatory reporting should be required to local health departments and/or the Department of Public Health.

3. Should we specify either space requirements or specify that a pharmacy must use physical barriers or other safeguards?

Chairperson. Veale indicated that she does not believe the Board needs specify any requirements and that the pharmacists and pharmacies need to operate in a specific manner.

Dr. Oh agreed noting that the Board does not need to overregulate this area while also emphasizing the necessity of patient privacy.

Member Wong commented in support of privacy provisions.

Member Patel indicated the space where the specimen collection is taken needs to be a clean area and be dedicated for this type of testing to protect patient privacy and contamination of other people. He suggested the collection of the specimen as an example should not be taken by reaching across the counter to perform the test.

Member Weisz agreed that safety is important and requested information similar procedures in place that pharmacists are using to provide shots and how are those handled for distance privacy.

Danny Martinez, CPhA, stated at the end of the day pharmacists should be allowed to exercise professional judgement to provide patient care and privacy. He cautioned the Board in defining specific requirements in statute as the settings may change offering drive up testing as an example.

Jignesh Mehta, pharmacist, stated agreement that pharmacists' practice safely and noted a concern was if the Board were to define settings, it could limit drive thru testing which is a great way to ensure safety for all.

Mark Johnston, CVS Health, commented federal law does not have any requirements and to allow the pharmacists to use their professional judgement.

Steven Gray reminded the Board that current privacy rules apply to consultation requirements. Dr. Gray suggested the Board consider the policy issue of contamination and where testing can be performed.

Ms. Veale responded the questions are specific to a pharmacist performing these duties and not a pharmacy technician.

Lori Walmsley, Walgreens, agreed with the comments offered and noted the policy has evolved. She strongly encouraged regulations be limited as it may limit what can be offered to the public.

Jassy Grewal, United Food and Commercial Workers (UFCW), agreed with comments offered by Steven Gray and other members to offer some private space to conduct the test inside a pharmacy. Ms. Grewal commented on the need for this specifically in a retail setting as you potentially have someone who may be COVID-19 positive, walking through the entire store to get pharmacy. Ms. Grewal emphasized a need for a controlled private space that is properly sanitized.

Ms. Sodergren suggested a proposal to develop a statute requiring the pharmacy to establish their own policies and procedures outlining how the pharmacy will take precautions to maintain patient privacy, patient safety, safety of the pharmacy staff, and sanitation of the testing area.

Members spoke in favor of such an approach, noting it would address many of the items being discussed included the use of PPE.

4. Is it necessary to detail out PPE requirements?

Danny Martinez, CPhA, expressed his concern if there was to be a shortage of PPE and inquired if the pharmacy would be required to adhere to their policies and procedures if they do not have the PPE. He agreed pharmacists should use their professional judgement and believed the pharmacy can also address this in their policies and procedures.

Mark Johnston, CVS Health, commented federal law requires laboratories to maintain records, equipment and facilities necessary for the proper and effective method of the laboratory. He suggested as part of a policies and procedures rule, this would be enough.

Steven Gray suggested in general it is important that policies and procedures are dated and maintained for a period of three years to ensure there is a record of what policy and procedures were in effect at the time, especially if a compliant is received by the Board. He also stated a pharmacist should not be required to perform these tests if there is not adequate protection for the staff.

Paige Talley, California Council for the Advancement of Pharmacy (CCAP), supported the policy and inquired if the Board would require prior review of the policies and procedures. She also spoke in support of testing complete through a drive thru.

Ms. Veale responded she does not envision the Board would be reviewing and approving the pharmacy's policies and procedures. The Board would need to rely on the professional judgement of the pharmacist and the pharmacy.

Rob Geddes, Albertsons and Safeway, noted support for allowing a pharmacy to adhere to their policies and procedures, indicating such an approach would allow for flexibility for the different types of testing.

Jassy Grewal, UFCW, understood the need for flexibility but believed there needs to be a baseline for consistency in different practice settings to protect the patient and the pharmacists. She encouraged some type of Board oversight of the policies and procedures.

5. Should the Board be notified in advance of a pharmacy providing such services?
6. Should the Board specify records requirements.

Ms. Veale suggested questions 5 and 6 could be addressed together and indicated she did not believe the Board needs to be notified by the pharmacy as there is a lot of oversight by the CLIA waiver or CDPH. She further agreed with the recommendations received by Danny Martinez, CPhA.

Members noted agreement suggesting it was important to ensure basic requirements are set by the Board and to ensure a plan is in place for treatment and safety.

Mark Johnston stated the majority of the states require a CLIA Waived certificate and suggested this could be used as notification that the CLIA waived laboratory is at a pharmacy address.

7. Should the proposal encompass pharmacists provide patient education as part of the process?

Ms. Veale indicated the proposal did not need to specify any patient education requirements and members noted agreement.

Mark Johnston, CVS Health, commented that generally speaking California is by far the most restrictive state when it comes to CLIA waived testing. He noted the majority of states defer to federal law. He hopes that California will expand to allow for all CLIA waived testing like the other states.

Danny Martinez, CPhA, expressed his appreciation to the members in taking their recommendations into consideration and will look forward to working with the Board in establishing this authority for pharmacist.

Motion: To move forward to expand the authority of the pharmacist providing COVID-19 and influenza point-of care testing. To direct staff to work with the Chairperson Veale to put together a proposal to require the pharmacy to have a written policies and procedures that would address privacy and safety precautions, incorporate professional judgment of the pharmacist, safety of the staff, proper safety protection equipment, sanitation requirements as well as taking the CLIA Waiver, CDPH, and CDC policies into consideration. The committee's initial intent is to immediately pursue a policy statement in support to seek a waiver through the proper channels and draft proposed statutory language for a permanent solution to bring forward to the board next week.

Ms. Veale directed staff to bring forward information on the CLIA Federal Law requirements and the examples of FDA manufacture inserts.

M/S Wong/Oh

Support: 5 Oppose: 0 Abstain: 0

V. Discussion and Consideration of Action Taken by the Accreditation Council of Pharmacy Education Related to California Health Sciences University Loss of Accreditation Status

Ms. Veale reported on the action taken by the Accreditation Council for Pharmacist Education (ACPE) to withdraw the pre-accreditation status of California Health Sciences University (CHSU). As indicated in the meeting materials, ACPE determined that CHSU's program was not

sufficiently complaint with three of the 25 ACPE standards and as such, consistent with ACPE policy, more time could not be granted for accreditation. As indicated in the meeting materials and information obtained by ACPE, CHSU is not allowed to admit any new students, however existing students are allowed to continue their education through the school's "Teachout" program.

There were no comments received by committee members or from the public.

VI. Discussion and Consideration of Development of Mandatory Reporting Requirement for Schools of Pharmacy to Notify the Board of Licensees Engaged in Academic Dishonesty as Part of the Students Academics

Ms. Veale reported this item was agendaized to allow for follow up discussion on the published research and presentation the Board considered as part of its July 2020 meeting. Ms. Veale noted that students enrolled in pharmacy school are required to complete introductory and advanced pharmacy practice experience. Such practice experience cannot be earned without an intern license.

Ms. Veale noted that mandatory reporting provisions already exist in Pharmacy Law, for chemical, mental or physical impairment as well as for theft, diversion or self-use of dangerous drugs and that establishing a policy to require such mandatory reporting would allow the Board to determine if the activity is substantially related to the license, and if so, what if any action is appropriate.

Member Oh was in support of some type of action to ensure students' integrity is maintained.

Danny Martinez, CPhA, referenced previously submitted comments to the committee which stated CPhA's newly adopted policy statement related to dishonest conduct. He commented that he understood the Board's desire to address this issue but questioned the authority indicating that while the Board holds jurisdiction over the licensee, Mr. Martinez did not believe the jurisdiction applies to the oversight of the pharmacy school. He added he was not offering a specific solution only that CPhA was happy to work with the Board in developing either statute or regulations.

Ms. Veale appreciated receiving CPhA's adopted policy and believed this is in alignment with the direction of the Board.

Steven Gray agreed with the importance of this topic and reflected on where the profession is going and the importance of maintaining the public's trust. He stated CSHP supports developing a process to help facilitate this type of reporting and stated licensees have a responsibility to report this type of dishonest conduct to the Board. He noted that UCSD has an extensive program that reports academic dishonesty on the student's transcript. He supported statutory or regulatory language to hold the school and licensee responsible.

Daniel Robinson, Dean at Western University of Health Sciences, recognized academic dishonesty is a problem and noted that it can occur in all programs which is why there are various mechanisms to check for plagiarism.

Ms. Sodergren provided the board receives information from the schools of pharmacy, including confirmation when a student is enrolled. Further, Ms. Sodergren advised members when a student's eligibility changes, the school is required to notify the Board the student is no longer enrolled as it impacts their intern pharmacist license.

Dean Robinson suggested schools could include as part of its reporting to the Board, information regarding the reason a student is no longer participating in the program for example if it is as a result of academic dishonesty.

Member Oh stated the focus should be the requirement to notify the Board of academic dishonesty. Additionally, he inquired if there should be a question on the application that requires the applicant to report academic dishonesty.

Members discussed that first steps could be defining academic dishonestly and identifying different ways of reporting to the Board.

The members agreed to continue to work with staff to find solutions to bring forward to the board for consideration.

VII. Discussion and Consideration of Authorized Duties of a Pharmacy Technician and Possible Expansion to allow for Administration of Influenza Vaccinations by Pharmacy Technicians

As an introduction to this topic, Ms. Veale noted it is important to mention the immunization alert released last week. Included in this alert was an important reminder. Ms. Veale read the alert.

The Board has received information and inappropriate practices have been observed in some California community pharmacies relating to vaccines. Specifically, the Board has received complaints and observed practices where non-pharmacist staff are initiating the immunization process.

The authority to independently initiate and administer a vaccination extends only to pharmacists (BPC 4052.8). The Board strongly encourages pharmacies, designated pharmacists-in-charge, and pharmacists to evaluate their practices of initiating and administering vaccinations and take immediate corrective action to ensure that their practices comply with BPC 4052.8.

Ms. Veale stated the committee cannot discuss the issue in more detail because of pending investigation matters, but believed it was important to note that nothing under existing law allows for a pharmacy technician to initiate or administer a vaccine. Further, Ms. Veale noted

that as agendaized, the committee is not considering expansion of authority for a pharmacy technician to initiate a vaccine. Chairperson Veale indicated that individual pharmacies need to evaluate their current practice to ensure pharmacy technicians or other non-pharmacist staff are not initiating vaccinations.

Ms. Veale also noted the actions by HHS to expand access to childhood vaccines during the COVID-19 under the PREP Act to increase access to lifesaving childhood vaccines and decrease the risk of vaccine-preventable disease outbreaks. She further noted that in California, pharmacists already have the authority to provide ACIP recommendations.

As part of its Pandemic Guidance, CDC notes that the COVID-19 pandemic has caused healthcare providers to change how they operate and to continue to provide essential services to patients. Ensuring immunization services are maintained or reinitiated is essential for protecting individuals and communities and reducing the burden of respiratory illness during the upcoming influenza season.

Ms. Veale continued to report some states have either pursued authority or are currently pursuing emergency rules to allow pharmacy technicians to engage in vaccine administration. As an example, it was her understanding that Rhode Island, appears to allow a pharmacy technician to be involved in the administration of adult immunizations in accordance with training requirements promulgated by the department of health. The regulation then provides that a pharmacy technician II who has completed a recognized certificate training course on appropriate immunization administration technique and holds a current basic CPR certification is permitted to administer vaccines under the direct supervision and with the authorization of an immunizing pharmacist. It was also her understanding that a pharmacy technician II license in Rhode Island requires an individual to pass a national certification examination.

Ms. Veale further advised members that Nevada, in response to COVID-19, amended authority to authorize a pharmacy technician with appropriate training to administer immunizations under the direct supervision of a pharmacist. In its notice, the Nevada Board adopted emergency regulations to allow pharmacies to meet the increased demand for vaccine services. Under the Nevada emergency rules, a pharmacy technician can administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed a written protocol established by a physician if the pharmacist has determined, that the patient should be immunized. Under the emergency rule, the pharmacy technician must complete at least one hour of training related to vaccines, immunization and the administration of immunizations. Further, such pharmacy technicians must complete at least one hour of CE on an annual basis.

Ms. Veale stated to aid in the discussion today, several policy questions are provided and suggested the committee start the discussion with the large policy question; “Is there a benefit to patients to expand authority for pharmacy technicians to administer flu vaccines?”. She further noted that if the committee does not believe in the larger policy issue, it may not be necessary to further discuss.

Member Patel expressed he believed a pharmacy technician performing this service under the supervision of a pharmacist would benefit the community.

Member Wong believed pharmacy technicians should be allowed to administer the influenza vaccines in California.

Member Oh expressed some concerns, such as, if pharmacy technicians are allowed to administer the influenza vaccine then he believed they should be allowed to administer all vaccines. Member Oh added it was important to ensure pharmacy technicians would be supervised appropriately and that there was a clear understanding of the process. He was inclined to review this issue further but did not want to move too quickly until there is adequate understanding.

Member Wong spoke in support of Dr. Oh's comments and believed there should be some sort of training requirement. He noted the pharmacy profession has worked hard to allow pharmacists to administer the influenza vaccine and did not want to see that be compromised. He added the pharmacy technician would need adequate training.

Member Weisz believed that pursuing the issue is worthwhile and noted he looks forward to future discussions on what qualifies a pharmacy technician to perform this function, especially to educate the consumer.

Chairperson Veale noted support for moving forward with a policy as there are a lot of states that allow pharmacy technicians to administer the flu vaccine. In addition, she emphasized the importance to do what is right for the consumer when placing the right parameters in place.

Lindsey Gullahorn, CRA and NACDS, supported the board exploring this policy and suggested pursuing a waiver as well as statutory change indicating the benefit to patients especially now during this pandemic.

Paige Talley, CCAP, opposed this policy and stated vaccine administration provides an opportunity for the pharmacist to speak to the patient.

Ms. Veale responded the pharmacist would still need to interact with the patient indicating that the proposal was only to allow the nondiscretionary task.

Steven Gray, CSHP, strongly recommended moving forward with both a waiver and permanency regulation, especially due to the pandemic. He noted pharmacists still need to make the decision and the training of the pharmacy technician only needs to perform the physical act of making the injection. He offered his assistance to help in any capacity to move this forward.

Rob Geddes, Albertson and Safeway, also supported moving forward with a waiver and permanency. He mentioned Albertsons participated in a pilot program for pharmacy technicians

administering the flu vaccine in Ohio and there were no problems adding pharmacists are extremely engaged in the process.

Mark Johnston, CVS Health, supported this policy; however, he suggested the Board address the ratio of pharmacy technicians as well when allowing the pharmacy technician to perform this activity otherwise the pharmacy may not be able to implement this change. He suggested the proposal should allow unlicensed personnel in a pharmacy to administer flu vaccine as well indicating that the permit holder would be held responsible for any issues that occurred by the unlicensed individual.

Danny Martinez, CPHA, notes support of the policy stating the importance of including minimal requirements for a pharmacy technician such as CPR. Further he noted, a pharmacist must have the sole authority to allow or disallow a pharmacy technician to perform these tasks.

Lori Walmsley, Walgreens, spoke in support of the policy indicating such a policy supports consumer protection. Further Ms. Walmsley encouraged the Board to incorporate all vaccines rather than limiting the policy to flu vaccines. She noted Walgreens has already initiated these services in other states that have implemented this policy.

Leona Dombroske, pharmacy technician program in Santa Ana, noted opposition the policy; however, indicated she support it if direct supervision and observation is required.

After receiving comments in support of the policy, Ms. Veale solicited comments from the following questions the committee first considered if initial training, ongoing CE, CPR requirements and authority to administer epinephrine were appropriate. Ms. Veale noted the American Pharmacist Association which provides a six-hour pharmacy-based immunization administration program. The course includes a self-study component combined with a live seminar that teaches hands-on immunization techniques. Chairperson Veale spoke in support of requiring training, CE, and CPR, express hesitancy with incorporating provisions for epinephrine administration.

Member Wong also supported inclusion of training and continuing education requirements. He expressed his concerns with duties of a pharmacist being moved to the pharmacy technicians adding that pharmacies need to hire more pharmacists. Member Wong opposed pharmacy technicians administering epinephrine.

Member Weisz agreed hands on training and continuing education as necessary.

Member Patel spoke in support of requiring hands on training to verify technique noting it was critical along, along with a requirement for ongoing, one hour continuing education course. Member Patel noted that if the Board is moving forward with authority for pharmacy technicians to administer vaccines, then it would be appropriate for a pharmacy technician to administer epinephrine if requiring basic life support (BLS).

Member Oh agreed with member comments regarding training but expressed concern with pharmacy technicians administering epinephrine. He inquired if the Board is aware if pharmacy technicians are requesting the ability to do this. He requested feedback from pharmacy technicians on what their understanding is in allowing them to perform these services.

Member Patel provided history of the provisions for pharmacists to provide immunization noting that at that time there were similar concerns, noting that in today's environment, pharmacists administer the vast majority of vaccines. Member Patel encouraged the committee to be forward thinking and to view the future and what can be provided to consumers by empowering pharmacy technicians to take on these tasks.

Danny Martinez, CPhA, supported the training as mentioned but believed epinephrine should be its own discussion.

Steven Gray, CHSP, strongly supported pharmacy technicians administering vaccines and did not believe there needs to be a separate license or training program. He added the pharmacist is required to provide the supervision indicating that administering a shot is all about technique which needs to be verified on a periodic basis.

Paige Talley indicated opposition to a pharmacy technician administering epinephrine and suggested such discussion should be separation. Ms. Talley also noted that if the committee moves forward with the proposal, training and continuing education should be required.

Member Patel responded that epinephrine is administered for all types of allergies, such as peanuts. As a pharmacist, you provide instruction to a parent in five minutes on how to use the epinephrine device to administer it to their child and there is no subsequent oversight of a pharmacist. Member Patel questioned if a pharmacist can train a parent why would the same not be true for a pharmacy technician who is under their direct supervision.

Lori Walmsley, Walgreens, spoke in support of training and CPR and stated in the states where Walgreens have pharmacy technicians are allowed to administer the influenza vaccines, they are not finding pharmacy technicians refusing to provide these services as they are receiving the proper training.

Lindsey Gullahorn, CRA and NACDS, noted support for the provisions.

Jignesh Mehta expressed concern with how the pharmacist would be able to handle pharmacy technicians performing additional tasks.

Mark Johnston, CVS Health, mentioned an independent study that was published that indicated that pharmacy technicians reported feeling empowered and part of the health care practice when being able to perform these functions. Additionally, he added there are several states that allow the dispensing of epinephrine without a license, such as schools, restaurants, etc. to use in

the case of an emergency. He strongly supported if a pharmacy technician receives the proper training, they should be able to administer epinephrine.

Jassy Grewa, UFCW, stated she not only represents pharmacists but represents pharmacy technicians and indicated that pharmacy technicians do not appreciate the additional tasks being imposed on them. She expressed concern that given the power dynamic in a pharmacy, would a pharmacy technician have the right to refuse these duties if they did not feel the space was safe, etc.

Rob Geddes, Albertsons and Safeway, advised the committee that the training provided by APhA is good and his company has not encountered pharmacy technicians refusing to perform these duties.

Member Wong stated in real life there is a man power problem in the pharmacy. He does not believe his pharmacy technician would want to take on additional tasks without additional salary. In most community pharmacies, there is only one pharmacy technician and one pharmacist, and it will be hard for them to take on these extra tasks and responsibilities.

The committee also discussed documentation requirements, if there was a need to limit the routes of administration a pharmacy technician could provide, if age restrictions for patients receiving vaccines what necessary as well as provisions specifying authority for pharmacists to delegate vaccine administration.

Chairperson Veale noted the importance of documenting who administers a vaccine, noted that it is appropriate for a pharmacy technician to perform administration for all routes of administration, suggested that an age restriction is not necessary and indicated that the language should include a provision that a pharmacist can refuse to delegate these functions as well as that a technician can refuse to perform the functions.

Member Oh spoke in support of the benefit to the public but suggested the need to ensure pharmacists and their liability was protected. He commented there must be explicit authority empowering the pharmacist to not delegate this function if they do not feel the pharmacy technician can perform this task safely.

The minutes are to reflect member Seung Oh left the meeting at 12:55 p.m. and the committee still had a quorum.

Member Wong stated he did not believe pharmacist will have the right to refuse, especially in chain stores.

Member Patel commented that all routes of administration should be permitted and supported and that no age restriction are necessary as long as the pharmacy technician was properly trained in how to handle small children. In addition, he stated a pharmacist should have the

authority to delegate or not delegate these tasks to a pharmacy technician as long as there is some reasoning behind it.

Member Weisz requested additional feedback on where the pharmacy technician stands on these issues and agreed in supporting the explicit authority to deny any action they have discomfort.

Steven Gray, CSHP, strongly supported moving forward. He noted there was already an age limitation in California law that states a pharmacist can administer vaccines to a patient three years or older and believed this would be appropriate for a pharmacy technician as well. He agreed with Member Patel on provisions to allow for the administering epinephrine, noting that epinephrine as it needs to be given timely to be effective.

Lindsey Gullahorn, CRA and NACDS, continued to express her support and did not believe age restrictions were necessary.

Mark Johnston stated he has been researching independent pharmacy technician studies on providing vaccinations and he will be sending these all to Ms. Sodergren.

Member Wong stated after hearing all the comments he supports pharmacy technicians administering the epinephrine pen.

Ms. Veale summarized based on the discussion that the path will be to move forward with pursuing a waiver and also a change in statute to move toward permanency to allow a pharmacy technician to administer vaccines. She indicated the Board will continue to sort out the details of the training, continuing education, CPR, and epinephrine. She stated the age has already been determined by law and added that the pharmacist should have the discretion and authority to delegate to the pharmacy technician.

Motion: To recommend to the board to move forward immediately with a policy statement to pursue a waiver through DCA due to COVID-19 to allow for pharmacy technicians to administer influenza vaccinations. In addition, to pursue a permanent statutory change by proposing language to allow pharmacy technicians to administer influenza vaccinations. The committee would like to have a future discussion to expand pharmacy technicians administering vaccinations that include the COVID-19 vaccine.

M/S: Patel/Wong

Support: 4 Oppose: 0 Abstain: 0
Mr. Oh was not present for the motion or vote.

Lindsey Gullahorn, CRA and NACDS supported the motion and commented the need to include the COVID-19 vaccine.

Steven Gray, CSHP, agreed with Ms. Gullahorn's statement to include more than the flu vaccine and inquired if the agenda for the Board meeting include the COVID vaccine.

Members of the committee and public were advised that the proposal needed to stay within the agenda item.

VIII. Discussion and Consideration of Pharmacy Technician Application Requirements and Common Deficiencies

Ms. Veale reported there are various pathways to licensure as a pharmacy technician. In the past the Board has undertaken efforts to reduce the deficiency rate for such applications, including development of a video on the application process.

In last fiscal year 44% of the pharmacy technician applications received were deficient. The most common deficiencies noted are detailed in the chair report and include:

1. The application itself is not complete, e.g. the application is not signed and dated, information is not completed on the form, etc.
2. The self-query report is not received in a sealed envelope or the personal identifying information is not consistent with information provided on the application.
3. The high school transcript does not reflect a graduation date.
4. The applicant did not include a copy of the certification earned.
5. The technician training program failed to complete the affidavit correctly.

Long term many of these issues can be resolved through the Board's transition to online application submissions that can be programmed with business rules to prevent submission of an application without completed information. In the interim, staff will continue to work with technician training programs to address issues. Ms. Veale directed staff to include application information and common deficiencies in a future issue of *The Script*.

There were no comments received by the committee members or the public.

IX. Licensing Statistics

Ms. Veale directed members to the quarterly licensing statistics for fiscal year 2020/2021 and current application processing times were provided in the meeting materials.

IX. Future Committee Meeting Dates

- January 27, 2021
- April 21, 2021
- July 14, 2021
- October 27, 2021

X. Adjournment

The licensing committee meeting adjourned at 1:23 p.m.