

Attachment A

**April 26-27, 2022,
Board Meeting**



California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Public Board Meeting Minutes

Date: April 26-27, 2022

Location: Department of Consumer Affairs
1625 N Market Blvd, 1st Floor hearing room
Sacramento, CA 95834

La Quinta Inn & Suites by Wyndham LAX
Century Ballroom
5249 W. Century Blvd.
Los Angeles, CA 9004

Public participation also provided via WebEx

Board Members

Present: Seung Oh, Licensee Member, President
Maria Serpa, Licensee Member, Vice President
Jignesh Patel, Licensee Member, Treasurer
Lavanza Butler, Licensee Member
Indira Cameron-Banks, Public Member
Jose De La Paz, Public Member
Kula Koenig, Public Member
Ricardo Sanchez, Public Member
Debbie Veale, Licensee Member
Jason Weisz, Public Member

Board Members

Not Present: Shirley Kim, Public Member
Nicole Thibeau, Licensee Member

Staff Present:

Anne Sodergren, Executive Officer
Eileen Smiley, DCA Staff Counsel
Debbie Damoth, Executive Manager Specialist
Ann Altamirano, Associate Analyst

April 26, 2022

I. Call to Order, Establishment of Quorum, and General Announcements

President Oh called the Board Meeting to order at 2:30 p.m.

President Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

President Oh advised all individuals the meeting was being conducted in person at locations in Sacramento and Los Angeles as well as via WebEx. Dr. Oh advised participants watching the webcast they could only observe the meeting. He noted anyone interested in participating in the meeting must join the WebEx meeting using the instructions posted on the Board's website.

Department of Consumer Affairs' staff provided general instructions for the WebEx Board Meeting for members of the public participating in the meeting.

Roll call was taken. Board Members present included: Maria Serpa, Licensee Member; Jignesh Patel, Licensee Member; Kula Koenig, Public Member; Ricardo Sanchez, Public Member; Jason Weisz, Public Member; Seung Oh, Licensee Member; Lavanza Butler, Licensee Member; Jose De La Paz, Public Member; and Debbie Veale, Licensee Member. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided the opportunity to provide public comment at the Sacramento location, Los Angeles location and via WebEx.

No public comments were provided in the Sacramento location.

Public comment in the Los Angeles location suggested that surgical clinics are not being inspected on a quarterly basis by a consultant pharmacist as required and requested that the Board educate licensees about the requirement and the requirement to have a Board license at a surgical center in Business and Professions Code (BPC) section 4192.

Public comment submitted via WebEx included a pharmacist representing "Pizza is not Working" stated they were looking forward to sharing information at the Medication Error Reduction and Workforce Meeting but the April and July meetings have been

rescheduled and asked the meeting be scheduled. Another pharmacist representing "Pizza is not Working" indicated that working conditions in California are worse and asked if there is something the Board can do to address the unsafe workplace conditions. Several comments were received from representatives from "Pizza is not Working" indicating pharmacists need an intervention and are turning to the Board to do so. Some pharmacists indicated they are still working alone despite the implementation of SB 1442. Representatives are seeking to change the ratio and asking for a future agenda item on Pharmacy Working Protections at the next meeting.

President Oh shared due to unforeseen circumstances some meetings had to be cancelled and rescheduled.

Member Butler requested that this issue be put on the agenda the issue of surgical clinics on the Enforcement and Compounding Committee.

Member Veale inquired about the Medication Error Reduction and Workforce Committee and recommended scheduling a meeting before the September meeting. The Board agreed.

Member Butler inquired if SB 1442 was being enforcement. Member Serpa indicated the Enforcement and Compounding Committee meeting is monitoring newly enacted rules and regulations. Dr. Serpa indicated there will be a report forthcoming.

III. Approval of Board Meeting Minutes

President Oh referenced the draft minutes from the January 27 - 28, 2022, meeting.

Dr. Serpa highlighted typographical corrections page 35, item 12, needs an additional word removed from the title and page 60 need to correct Licensing to Communication and Public Education Committee and item A had the incorrect title.

Motion: Approve the January 27- 28- 2022, minutes as corrected.

M/S: Veale/Butler

Members were provided with an opportunity to provide comments; however, none were provided.

Members of the public were provided with an opportunity to provide comments at the Sacramento location, Los Angeles location and via WebEx. No public comments were provided.

Support: 9 Oppose: 0 Abstain: 0 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Not present
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Support
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Support

Members also considered the draft minutes from the March 16, 2022, meeting.

Members were provided with an opportunity to provide comments; however, none were provided.

Motion: Approve the March 16, 2022, minutes as presented in the meeting materials.

M/S: Serpa/Patel

Members of the public were provided with an opportunity to provide comments at the Sacramento location, Los Angeles location and via WebEx. No public comments were provided.

Support: 9 Oppose: 0 Abstain: Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Not present
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Support
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Support

Member Indira Cameron-Banks joined at 3:13 p.m.

IV. Update from the Department of Consumer Affairs

Carrie Holmes, Deputy Director of Board and Bureau Relations provided an updated from the Department of Consumer Affairs (DCA).

Ms. Holmes reported effective April 1, 2022, Boards and Bureaus returned to meetings in accordance with all aspects of the Open Meetings Act. Ms. Holmes advised legislation was currently pending that would allow boards and bureaus to permanently meet remotely while also providing physical members of the public to participate. She encouraged contacting the author's office with the Board's position on AB 1733.

Ms. Holmes advised DCA recently distributed guidelines and requirements to assist in adherence with the Bagley-Keene Open Meeting Act, local public health guidelines, face coverings and vaccination verification and testing. She thanked Members and staff for service during the pandemic and noted masks are strongly recommended indoor settings.

Ms. Holmes reported DCA distributed the first issue of its Board and Bureau Relations newsletter and outreach tool entitled Board Members Did You Know?

Ms. Holmes advised of new members to the DCA Executive Team. Tanya Corcoran has been selected as DCA's first Compliance and Equity Officer overseeing DCA's SOLID Training and Planning Solutions, Organizational Improvement Office, Equal

Employment Opportunity Office, and Internal Audit Office. This will allow DCA to better identify emerging issues and provide timely solutions. Terrance Brass was selected to serve as Chief of the Division of Investigation. Chief Brass will be responsible for providing investigative services to DCA Boards and Bureaus. Dadang Prihadi was selected DCA's Internal Audit Chief and will plan and direct the audit team.

Ms. Holmes advised DCA's Enlightened Licensing Project formed in 2020 using licensing subject matter experts to help DCA Boards and Bureaus streamline and make licensing more effective and efficient using best practices, information technology, and cost-saving measures. The Board of Registered Nursing was the first board to be reviewed and a report will be issued soon.

Members thanked Ms. Holmes for her service and support to the Board.

Members of the public were provided with an opportunity to provide comments at the Sacramento location, Los Angeles location and via WebEx. No public comments were provided.

V. Election of Board Officers

Nomination for President: Seung Oh and Maria Serpa

Members Serpa and Oh were provided with the opportunity to provide a brief statement about why they are running for the Office of President.

Members of the public were provided with an opportunity to provide comments at the Sacramento location, the Los Angeles, and via WebEx. No public comments were received.

Board Member	Vote
Butler	Oh
Cameron-Banks	Oh
De La Paz	Oh
Kim	Not present
Koenig	Oh
Oh	Oh
Patel	Serpa
Sanchez	Oh
Serpa	Serpa
Thibeau	Not present
Veale	Serpa
Weisz	Oh

President Oh was re-elected President of the Board.

Nomination for Vice-President: Maria Serpa

Members of the public were provided with an opportunity to provide comments at the Sacramento location, the Los Angeles, and via WebEx. No public comment was received.

Board Member	Vote
Butler	Yes
Cameron-Banks	Yes
De La Paz	Yes
Kim	Not present
Koenig	Yes
Oh	Yes
Patel	Yes
Sanchez	Yes
Serpa	Yes
Thibeau	Not present
Veale	Yes
Weisz	Yes

Vice President Serpa was re-elected Vice President.

Nomination for Treasurer: Jignesh Patel

Members of the public were provided with an opportunity to provide comments at the Sacramento location, the Los Angeles, and via WebEx. No public comment was received.

Board Member	Vote
Butler	Yes
Cameron-Banks	Yes
De La Paz	Yes
Kim	Not present
Koenig	Yes
Oh	Yes
Patel	Yes
Sanchez	Yes
Serpa	Yes
Thibeau	Not present
Veale	Yes
Weisz	Yes

Treasurer Jignesh Patel was re-elected Treasurer.

V. Discussion and Consideration of Policy Granting President Discretion to Issue or Extend Waivers Issued Pursuant to Business and Professions Code Section 4062

President Oh advised as the pandemic continues, it may be appropriate for the Board to consider if changes to the Board President's delegated authority is appropriate to allow the Board to quickly respond as appropriate. Current delegated authority will terminate June 30, 2022.

President Oh referenced meeting materials noting in February 2022 the Biden administration extended that national emergency declaration. Additionally, media is also reporting cases appear to be rising and public health official are predicting a fall surge. Dr. Oh stated he believed a key to the Board's success in navigating the public health emergency has stemmed from our waiver authority and that delegation to the Board President has allowed for quick responses as conditions warranted. He inquired with the current delegated authority terminating on June 30, 2022, if the Board wanted to extend the delegated authority or if it is Board's preference to return to Board actions to issue or extend waivers.

President Oh referenced information in the meeting materials a possible approach to extend the current delegated authority granted to the Board President to approve or issue waivers as appropriate based on current conditions through December 31, 2022,

or until 90 days following the declared disaster, whichever is sooner. Dr. Oh believed this approach could carry the Board through the anticipated fall surge.

Members were provided the opportunity to provide comments. Members discussed the current process. Member Veale noted it is important to allow for transition time after the declared disaster is ended to return to pre-pandemic times.

Motion: Approve or extend waivers through December 31, 2022, or 90 days following the end of the declared disaster, whichever is later.

M/S: Veale/Patel

Members of the public were provided with an opportunity to provide comments at the Sacramento location, the Los Angeles, and via WebEx. Public comment was received in support of the motion and noted the need to provide time to unwind waivers from a Kaiser representative. The representative thanked Dr. Oh for his leadership during the pandemic.

Member Veale thanked Dr. Oh for his work and leadership during the pandemic.

Support: 10 Oppose: 0 Abstain: 0 Not Present: 2

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Support
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Support

Members took a break from 3:42 p.m. to 3:54 p.m. Roll Call taken: Maria Serpa, Jignesh Patel, Kula Koenig, Ricardo Sanchez, Jason Weisz, Lavanza Butler, Indira Cameron-Banks, Jose De La Paz, Debbie Veale, and Seung Oh. A quorum was established

VII. Organizational Development Committee Report

President Oh provided a summary on the informational items from the Organizational Development Committee Report.

a. Budget Update and Report

President Oh reported the Board's spending authorization for the current fiscal year is \$30.56 Million which is a 3 percent increase from the prior year. He noted the largest source of revenue comes from licensing fees and the Board's largest expenditure is personnel.

President Oh advised a review of the fund condition prepared by the Department indicates that at the end of the current fiscal year, it is projected the Board will have four months in reserve. As indicated in the meeting materials, under provisions of Pharmacy Law, the Board shall seek to maintain a reserve equal to approximately one year's operating expenditures. Dr. Oh noted the Board will continue to closely monitor the fund as projections indicate a slow depletion of the fund rather than moving to approach the one-year reserve called for in the law. Members were also advised that the Board is pursuing an independent fee audit.

b. Board Member Attendance and Mail Vote Information

President Oh referenced Board Member attendance and mail vote information included in the meeting materials.

c. Personnel Update

President Oh reported the Board has several vacancies including several leadership and senior management positions. Recruitment for many of these positions is delayed because of budget concerns. Dr. Oh noted he is working closely with the executive officer.

d. Future Meeting Dates

President Oh referenced meeting materials which included the meeting calendars for the list of future committee meeting dates. Dr. Oh thanked everyone for their continued to commitment to the Board.

Members were provided the opportunity to provide comments. Member Serpa inquired if the loan to the General Fund was a loan and would be returned. Ms. Sodergren provided it was a loan that would be returned.

Member Veale inquired if the Board's fund would be increased when paid back by the General Fund. Ms. Sodergren advised an increase in the fund will be reflected when paid back by the General Fund.

Members of the public were provided with the opportunity to provide public comment on the items within the Organizational Development committee including at the Sacramento location, Los Angeles location and via WebEx. No comments were provided.

IX. Standard of Care Ad Hoc Report

President Oh advised as part of the provisions established in Assembly Bill 1533, the Board is required to convene a workgroup of interested stakeholders to discuss whether moving to a standard of care enforcement model would be feasible and appropriate for the regulation of pharmacy and to make recommendations to the Legislature about the outcome of the discussions through a report submitted by the Board.

President Oh advised to facilitate this work, the Board established an ad hoc committee. The Committee's first meeting was convened on March 9. This first meeting focused on education and interested stakeholders were provided with the opportunity to provide presentations as part of the meeting. The meeting materials provide summary information for the presentations that were received and presentation slides, where provided, are also included in the meeting materials. As the ad hoc committee has just begun its work, there are no items for action at this meeting.

Dr. Oh highlighted that the work of this committee will be significant to meet the tight timeframe establish in the legislation to complete and submit the required report. Dr. Oh anticipated the draft report will be completed for consideration by the Board as part of the June 6, 2023, Board Meeting.

Dr. Oh requested members that are not on the committee review the webcast of this first meeting that includes the educational presentation by counsel from the Office of the Attorney General and DCA counsel to ensure all members have a strong foundational knowledge of the issue. He noted following the presentation by the AG's Office, members also received a presentation from Bill Cover with National Association of Boards of Pharmacy. Mr. Cover's presentation provided an overview of actions at the national level including a report issued by an NABP taskforce. The presentation slides are available on the Board's website.

President Oh inquired if members had any questions or comments on the presentation provided by counsels or by NABP.

Members were provided the opportunity to provide comments. No comments were provided.

Members of the public were provided with the opportunity to provide public comment at the Sacramento location, Los Angeles location and via WebEx. No comments were provided.

President Oh advised interested stakeholders were given the opportunity to provide presentations. The Committee received presentations from Dr. Daniel Robinson, representing California Advancing Pharmacy Practice Working Group; Dr. Richard Dang, representing the California Pharmacists Association; Dr. Rita Shane; and Jassy Grewal, Legislative Director for UFCW Western States Counsel. Summaries of the presentation and public comments received was provided in the meeting materials including links to the presentation slide if provided. The Ad Hoc Committee discussed next steps include the development of the report. As the chairperson of the Committee, Dr. Oh will be working with staff to identify the future agenda items.

President Oh reported comments received ranged from support of a transition to a standard of care model to concerns about such a transition. Advocates for such a transition discussed the advantages including potential expanded access to care and provisions to allow pharmacists to work at the top of their license. Comments also noted potential challenges with such a model, especially in certain settings, where pharmacists report being stretched thin.

Members were provided the opportunity to provide comments. No comments were provided.

Members of the public were provided with the opportunity to provide public comment at the Sacramento location, Los Angeles location and via WebEx. No comments were provided.

IX. Medication Error Reduction and Workforce Committee

President Oh advised the Medication Error Reduction and Workforce Ad Hoc Committee met January 27. As the Chairperson, Nicole Thibeau was unable to attend the meeting and as the vice-chair of the committee, Dr. Oh provided the report on Dr. Thibeau's behalf. Dr. Oh noted the first meeting focused on education of the issue and there were no action items.

President Oh provided in response to information at the national level suggesting that workforce issues may be a contributing factor to these types of errors, the Board developed a workforce survey intended to focus on the community pharmacy setting. Board staff partnered with DCA to develop the survey. As part of the April 29-30, 2021, Board Meeting, members approved the workforce survey. In partnership with DCA experts, the Board received a presentation as part of the December 2, 2021, meeting on the results of the survey.

President Oh reported at the January 2022, meeting, the Board received an abbreviated version of the presentation. Members of the committee noted concern with some of the findings, including those related to adequate time for screening prior to administration of immunizations as well as those related to adequate time to provide patient consultation. Dr. Oh added the meeting materials provide a summary of the discussion by the committee and members of the public related to the workforce survey and noted a link to the presentation slides was included in the meeting materials.

President Oh reported the committee also received the January 2022 Pharmacist Webb-Being Index State Report, which is conducted by the American Pharmacists Association (APhA). Information on the report and related research was included in the meeting materials. The committee indicated an interest in learning more about the tool and other efforts underway by APhA and are hopeful to have a presentation as part of a future meeting.

Members were provided an opportunity to comment.

Member Veale commented the committee is going in the great direction and will help to address concerns heard today. Ms. Veale clarified one of the findings that community chain pharmacists felt they didn't have the time to provide consultations and 91 percent felt the pharmacy staffing was not appropriate.

Member Butler was concerned with two specific results of the survey that 91 percent of community chain store pharmacists felt staffing was not appropriate and 83 percent chain pharmacists said they didn't have time to consult. Ms. Butler stated it should be worked on sooner rather than later.

Members of the public were provided with the opportunity to provide public comment at the Sacramento location, Los Angeles location and via WebEx.

A pharmacist commented the committee should look at the disconnect between how pharmacy students are taught to do consultation very systematically and thorough and that is not what is happening. The committee should also look at the

hours of work as there is a Labor Code sections 850-856 that provides limits for pharmacy workers enforced by the Labor Commissioner.

A pharmacist who was here on behalf of herself and a union pharmacist with UFCW Local 770 working as a bargaining committee with 10 other pharmacists in southern California where pharmacists are echoing the comments found in the survey regarding concerns about staffing and potential patient safety issues. The pharmacist cited an article in Pharmacy Today (March 2022) noting pharmacists are stressed and need change. She noted APhA stated pharmacy burnout is a significant patient safety issue. APhA provided solutions including employers addressing issues and APhA discussing workload and well-being issues with chain leadership. She noted at her pharmacy she is required to work 12-hour days where the pharmacist is alone for 4 hours where services such as vaccines, PrEP and PEP and travel medications are provided.

A pharmacist commented as a PIC for 10 years left due to his inability to care for his patients and recalled a day where 700 prescriptions were verified in one day. The pharmacist encouraged the Board to prioritize the work of the committee and consider a complaint form for pharmacists to protect consumers and report non-compliance for quotas, labor codes and ratios.

A pharmacist commented she was thankful for the committee and meeting date being moved up.

President Oh reported the committee also received a great presentation by representatives from the Institute of Safe Medication Practices (ISMP) summarized in the meeting materials. Dr. Oh stated the presentation was informative and encouraged members not on the committee to review the presentation via webcast. He stated he believed it would be appropriate to provide more education to licensees about ISMP and tools and resources available to reduce medication errors.

Members were provided an opportunity to comment.

Member Veale inquired if ISMP was anonymous to provide information. Ms. Sodergren confirmed it is anonymous.

Members of the public were provided with the opportunity to provide public comment at the Sacramento location, Los Angeles location and via WebEx. No public comment was received.

President Oh reported medication errors complaints are among the most common consumer complaints received by the Board. In fiscal year 2020/21 the Board initiated

521 investigations with allegation of a prescription error with 367 indicating patient harm. In the first six months of this fiscal year, the Board has initiated 282 prescription error investigations, with 190 indicating patient harm. Medication errors vary in severity including serious patient harm and death. Members were advised that investigations of medication errors can result in a variety of outcomes depending of specific facts of each investigation. Medication error violations are the number one citation violation issued for pharmacies and pharmacists.

President Oh advised members that as part of the investigation process, the inspectors request information to determine if alleged violations occur. It is not uncommon for staff to review operational issues including system issues and staffing as part of the investigation. Members were provided with examples of immunization errors and errors related to auto refill programs. The committee discussed challenges with reaching a prescriber to resolve prescription issues.

President Oh reported following the discussion, the committee discussed possible next steps for the committee including hoping to schedule a presentation by NABP on its workforce task force once the report is issued. Members noted that a presentation on investigations related to medication errors, where if consultation had been provided, the medication error would likely not have occurred. Members also recommended development of a tool to allow pharmacists to provide anonymous feedback to the Board.

Members were provided an opportunity to comment.

Member Veale inquired if there is a trend to increase for medication errors being the number one reason for investigation. Ms. Sodergren would pull for the next committee report.

Members of the public were provided with the opportunity to provide public comment at the Sacramento location, Los Angeles location and via WebEx.

A pharmacist inquired in the past with Michael Cohen on errors caused by fatigue but found that information is not collected. The pharmacist encouraged to not rely too heavily on ISMP.

The meeting adjourned at 4:29 p.m.

April 27, 2022

President Oh called the Board Meeting to order approximately 9:02 a.m. President Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

President Oh advised all individuals the meeting was being conducted in person and via WebEx. Dr. Oh advised participants watching the webcast they could only observe the meeting. He noted anyone interested in participating in the meeting must join the WebEx meeting using the instructions posted on the Board's website.

Department of Consumer Affairs' staff provided general instructions for the WebEx Board Meeting for members of the public participating in the meeting.

Roll call was taken. Board Members present included: Maria Serpa, Licensee Member; Jignesh Patel, Licensee Member; Kula Koenig, Public Member; Ricardo Sanchez, Public Member; Jason Weisz, Public Member; Lavanza Butler, Licensee Member; Indira Cameron-Banks, Public Member; Jose De La Paz, Public Member; Debbie Veale, Licensee Member and Seung Oh, Licensee Member. A quorum was established.

President Oh noted agenda items would be taken out of order.

XIV. Communication and Public Education Committee

Chairperson Sanchez provided a summary of the April 26, 2022, Communication and Public Education Committee.

a. Update on Communication and Public Education Activities by Staff

1. The Script
Chairperson Sanchez reported the current issue of The Script was published in March 2022. It includes articles on new pharmacy laws, tips for COVID-19 vaccination programs, and the responsibilities of a pharmacist-in-charge. Staff expects to publish the next newsletter during the summer of 2022. The issue is expected to include articles on new regulations, practice information, and enforcement citations and trends.
2. Staff Outreach
Chairperson Sanchez reported the executive officer and Board inspectors presented topics during a prescription drug abuse and diversion training

event provided by the Board on March 11, 2022. About 500 pharmacists attended the event via WebEx. In addition, the executive officer presented information about the pharmacist licensure and application process to Loma Linda University students on March 25. Staff expects to continue providing training via WebEx and also will try to provide in-person training events as well. In addition, staff expects to provide presentations on the licensure and application process for students graduating from pharmacy schools.

3. News Media

Chairperson Sanchez referred to media inquiries listed in meeting materials.

4. Webinars

Chairperson Sanchez reported on April 6, 2022, the Board launched an online training webinar for pharmacists furnishing HIV pre-exposure and post-exposure medication. The webinar is 90 minutes long and includes an assessment that pharmacists must pass with a 70 percent score to receive a certificate of completion, pursuant to California Code of Regulations (CCR) section 1747. In addition, the Board is awarding 1.5 hours of CE credit to pharmacists who successfully complete the training.

Board staff reviewed the initial results, which indicate some licensees were not viewing the entire presentation. Instead, they skipped ahead to complete the assessment without viewing the 90 minutes of training. Staff believes CCR section 1747 requires pharmacists to view the entire webinar as well as pass the assessment to successfully complete the training. Therefore, regardless of their assessment score, licensees who do not view the entire 90-minute webinar will not receive CE credit nor a certificate of completion. Instead, they will be told they did not meet the minimum requirements for completion and must retake the webinar.

Member Weisz asked if pharmacists who take the training are advised they must watch the entire 90-minute presentation. Staff responded the Board's website advises licensees they must view the entire 90-minute presentation and obtain a passing score of 70 percent on the assessment to receive a certificate of successful completion and CE credit.

Staff also provided results among pharmacists who logged on to watch the training webinar since April 6:

- 126 pharmacists viewed the entire webinar and passed the assessment; they received certificates of completion and CE credit.

- 36 pharmacists did not view the entire webinar or pass the assessment; they did not receive certificates of completion or CE credit.
- More than 259 pharmacists logged on to the webinar but did not watch the entire 90-minute presentation or did not take the assessment.

Chairperson Sanchez reported staff have developed updated material for the Board's law webinar with new pharmacy laws and regulations for 2022. Staff will incorporate the material into a new webinar to be completed by summer.

Member Veale voiced concern about the webinar issue and inquired if the webinar can be done to prevent people from skipping ahead. Ms. Sodergren provided the technology for the PrEP/PEP training doesn't have the ability to insert hard stops where someone needs to answer a question before moving forward nor does it have a timer.

Members discussed want the forcing function. Board staff will research and bring forward suggestions to address the issue of the advancing through the slides to take the competency.

Members of the public were provided with the opportunity to provide public comment at the Sacramento location, Los Angeles location and via WebEx.

Public comment heard from a pharmacist with a 90-minute or longer webinar may be difficult to start and stop the training and indicating that distributing the questions throughout the training may not meet the requirement for a final exam.

X. Enforcement and Compounding Committee Report

Chairperson Serpa provided the report on the April 20, 2022, meeting.

a. Presentation, Discussion and Consideration of Hospital at Home Programs

Chairperson Serpa reported the committee received presentations on Hospital at Home (HaH) programs. These programs were established under a waiver program established by CMS that provides flexibility for certain health care services that can be provided outside of a traditional hospital setting and within a patient's home. As part of the program requirements, patients can only be

admitted into a program from an emergency department or inpatient hospital bed and an in-person physician evaluation is required prior to starting the services. The meeting materials include the link to the CMS Hospital at Home Pharmacy FAQs.

More recently, in December 2020, the California Department of Public Health (CDPH) released an all facilities letter (AFL) related to general acute care hospitals and its flexibility requirements for hospital at home programs. A link to the AFL is also included in the meeting materials. A review of the California Department of Health Care Services (DHCS) website reveals that only a few hospitals within California have received approval to operate these programs.

Chairperson Serpa advised during the meeting the committee heard a presentation from Pat Blaisdell, Vice President of Policy, with the California Hospital Association. Ms. Blaisdell's presentation included an overview of HaH programs and noted it is a new unique service. Ms. Blaisdell reviewed the required services that must be included in HaH programs, including pharmacy services. Ms. Blaisdell discussed some of the pharmacy related areas including patient self-administration of medication, bedside storage of medication, monitoring of medication temperature and the stocking and re-stocking of medication "kits." Ms. Blaisdell indicated HaH programs can improve outcomes including hospital readmission rates, patient satisfaction, reduced rates of depression and anxiety, and for older adults, reduction in hospital association disability. Some preliminary findings from CMS were reported. Members were also advised about pending federal legislation that would provide a 2-year extension of the current CMS waiver allowing the program as well as pending legislation in California.

The committee also received a presentation from Dr. Kyle Robb, State Policy and Advocacy Associate with the American Society of Health Systems Pharmacists. Dr. Robb's presentation provided historical background on HaH programs and indicated that initial trials between 1996-2002 concluded that HaH was feasible, safe, cost-effective, and met disease specific quality standards at rates like acute hospital.

Dr. Robb reviewed the typical HaH patient experience including that a patient must provide consent to participate. Dr. Robb noted that over 60 acute conditions are eligible for the program, with the most common being heart failure, pneumonia, and chronic obstructive pulmonary disease. Dr. Robb highlighted a report released by ASHP on HaH and concluded by highlighting pharmacy considerations include medication handling, technology and patient

information management, medication storage and waste disposal, workforce, and access to provisions of clinical services.

Members discussed that such program can provide great opportunities but that there are concerns with that need to be addressed to endure patient safety. We also discussed issues surrounding first-dose kits and the need to evaluate the use for safety. We also discussed potential problems related to controlled substances by having a patient secure such medications from an outpatient pharmacy and treating such medications on the patient's property. The presentation slides are available on the Board's website and the meeting was webcast. Dr. Serpa encouraged members interested in learning more to review these items.

Members were provided the opportunity to comment.

Member Veale commented the presentation was excellent and noted it may be the future of hospital care.

Member Koenig inquired how this relate to workforce workload for pharmacy staff. Chairperson Serpa provided typically the pharmacy services are provided by an employee of the hospital but through HaH the medication could be coming to the patient from the acute care outpatient setting similar to hospice.

Members of the public were provided the opportunity to provide public comment at the Sacramento location, the Los Angeles location, and via WebEx. No public comments were provided.

b. Discussion and Consideration of Compounding by Board Licensees Outside of a Pharmacy

Chairperson Serpa reported the committee discussed compounding by Board licensees outside of a licensed pharmacy and referenced the meeting materials. Dr. Serpa noted members have received comments about pharmacy personnel compounding outside of licensed pharmacies, and Board staff have observed this practice as well.

Chairperson Serpa advised the committee discussed scenarios involving pharmacy technicians working outside of a licensed pharmacy and without the supervision of a pharmacist and considered if such an individual should be representing themselves as a pharmacy technician in this environment. Current regulations do not recognize these positions as "pharmacy technicians" when working under a physician and perhaps "medical assistant" would be a more

appropriate title. Dr. Serpa noted members were advised that similar concerns were recently discussed in the Technician Summit in Licensing Committee. Comments were received that suggest it may be appropriate to consider this issue in the Licensing Committee.

The committee also contemplated pharmacists compounding in non-licensed environments **and** that in such instances, a lesser standard of compounding practice may be used. It was suggested that if the Board transitions to a standard of care model, such practice would not be acceptable. The committee also discussed compounding practices that occur outside of the Board's jurisdiction; however, the discussion was very limited.

Chairperson Serpa reported the committee intends to schedule future discussions on compounding practices that occur outside of Board licensed facilities. As part of that discussion the committee will consider how the issue is handled at a national level.

Members were provided the opportunity to comment. Members expressed concern that compounding was being done below compounding standards. Members expressed support for the committee's effort and consideration of the issue.

Members of the public were provided the opportunity to provide public comment at the Sacramento location, the Los Angeles location, and via WebEx.

Public comment indicated that this is not a new issue and suggested reviewing the RN Board authorities and suggested caution that the Board may not like the lesser standard being used by pharmacists as these other location as it may result in other professionals performing the compounding.

Member Koenig suggested looking into compounding errors reported by other licensed health care professionals (e.g., physician, dentist, podiatrist, etc.). Dr. Serpa provided reporting of errors outside of the Board's jurisdiction are regulated by the other boards. The Board of Pharmacy hears about these issues because they impact our licensees.

Member Koenig commented with the issues surrounding workforce and the pressure placed on pharmacists and pharmacy oversight and may be able to be discussed in the Medication Error Reduction and Workforce Ad Hoc Committee.

Public comment suggested that the Board may want to look at the practice of veterinarians and optometrists who also compound.

c. Discussion and Consideration of Proposed Revisions to Frequently Asked Questions Related to Automated Drug Delivery Systems

Chairperson Serpa reported the committee deferred its discussion on this topic.

d. Review and Discussion of Enforcement Statistics

Chairperson Serpa reported enforcement statistics were included in the meeting materials and a summary was provided in the chair report. This fiscal year the Board received 2,336 complaints and closed 2,360. The Board has issued 230 Letters of Admonishment, 949 Citations and referred 120 cases to the Office of the Attorney General. In addition, the Board has revoked 44 licenses and accepted 67 disciplinary surrenders.

Members were provided the opportunity to provide comments; however, no comments were provided.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles and via WebEx. No public comments were provided.

Chairperson Serpa reported the next Enforcement and Compounding Committee Meeting is scheduled for July 19th and additional meeting to discuss compounding is scheduled for August 25th.

XII. Discussion and Consideration of Proposed Federal Rules Relating to National Standards for Licensure of Wholesale Drug Distributors and Third-Party Logistics Provider.

President Oh reported as part of its implementation of the Drug Supply Chain and Security Act (DSCSA) the FDA is proposing national standards for the licensure of prescription drug wholesaler distributors and third-party logistics providers (3PLs). Comments must be received by June 6, 2022. As part of its notice the FDA provides that, when finalized, the regulation will establish national standards for the licensure of wholesale drug distributors and 3PLs. The FDA believes that when finalized, "the national standards set forth will provide greater assurance that these supply chain participants are sufficiently vetted and qualified to distribute products, further strengthening the supply chain and the safety of prescriptions drugs provided to American consumers."

President Oh thanked Ms. Smiley for preparing the memo detailing out the legal implications of the proposed rule. Dr. Oh stated based on his understanding of the issue, it appears the FDA is seeking to exceed the authority granted to it by Congress in the proposed rules and was gravely concerned with the possibility of federal preemption of state licensed wholesalers. There are many concerns as laid out very well by our counsel but there has been a long-standing precedent of state regulating wholesalers.

President Oh continued without the ability to license wholesalers with highest standards California seeks there could be many detrimental ways bad players could gain ownership and access into the very highly lucrative us drug distribution system. Dr. Oh noted concern that it appears as proposed 3PLs can circumvent state licensure by simply electing to do business in a state that chooses not to implement licensing requirements. In such instances, the Board would have no role in licensing, inspecting, or enforcing against such entities that are shipping dangerous drugs and controlled substances into California. It is also troubling that the FDA would be delegating to third-party organization to conduct inspections and application reviews.

President Oh strongly supported the Board submitting comments in response to the proposed rules and urge members to support such action by giving the president and executive officer authority to write in opposition for this possibility for federal preemption.

Members were provided the opportunity to comment. Members had significant discussion on the topic including if there have been any lawsuits and was advised that because the rule are proposed, it was indicated statutory change would be after the FDA finalizes its rules.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles and via WebEx.

Public comment was heard suggesting that requirements vary across jurisdiction and stated belief that wholesalers are encouraging this issue.

Member Serpa left the meeting at 9:54 a.m. and returned at 9:59 a.m.

Motion: Authorize the filing of a comment letter to the proposed federal rules opposing the federal rules as discussed in this meeting. Delegate to the President the authority to work with Board staff and counsel on the comment letter that will include, at a minimum, the major concerns discussed, and discretion to include other matters consistent with policy discussion.

M/S: Veale/De La Paz

Support: 10 Oppose: 0 Abstain: 0 Not Present: 2

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Support
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Support

Members took a break from 10:03 a.m. to 10:15 a.m. Roll call taken: Maria Serpa, Jignesh Patel, Kula Koenig, Jason Weisz, Lavanza Butler, Indira Cameron-Banks, Jose De La Paz, Debbie Veale, and Seung Oh. A quorum was established. Member Ricardo Sanchez joined the meeting at approximately 10:18 a.m.

XIII. Licensing Committee Report

Chairperson Veale provided the report from the Licensing Committee held on April 19, 2022.

a. Summary of Presentation by the National Association of Boards of Pharmacy Regarding the National Perspective on the Role and Responsibilities of Pharmacy Technicians.

Chairperson Veale provided a summary of the presentation by Bill Cover of the National Association of Boards of Pharmacy (NABP). Mr. Cover provided the overview on technicians and areas to consider when revising regulations. Mr. Cover provided an overview of technician regulations in various states, the work of an NABP workgroup reviewing waivers and various aspects of technicians, discussed trends in areas such as tech-check-check and point of care testing.

b. Summary of Presentations, Discussion and Consideration of Requirements for Licensure, Including Presentations on Certification Examinations and Accredited Technician Training Programs

Chairperson Veale advised the committee heard a presentation from Dr. Ryan Burke of the Pharmacy Technician Certification Board (PTCB); Jessica Langley-Lope of the National Healthcareer Associations (NHA); and Lisa Lifshin, of the American Society of Health-Systems Pharmacists (ASHP). Representatives from each organization provided an overview and requirements for their programs.

c. Summary of Discussion and Consideration of Current Authorized Duties for Pharmacy Technicians and Possible Changes, Included Summary Information Received During Listening Sessions and Survey

Chairperson Veale reviewed the Licensing Committee's 12 listening sessions for pharmacy technicians and pharmacists as well as a survey. Ms. Veale referenced meeting materials containing summaries of the listening session and survey. Topics of the listening sessions/survey included: possible duties technicians could do outside of current Board regulations; tech-check-tech; feedback on oversight by the pharmacist; training; biggest challenges; and remote work.

The committee considered permanent expanded authority for pharmacy technicians to administer vaccines in addition to COVID and flu. Both pharmacists and technicians thought this should be embraced. The committee also considered the authority to receive verbal prescriptions and involvement with refills and prescription transfer as well as the ability to screen for patient consultation including the patient's ability to decline consultation. The committee discussed provide consultation for OTC medication and compile medication history list as well as final product verification.

Chairperson Veale reported on the proposed duties discussion that the committee reached consensus on expanding vaccines; receiving verbal prescriptions, clarifications, refill authorizations and transfers; and point of care testing. The committee felt the technician screening for patient consultation was beyond the scope but may need to be investigated deeper. The public and committee were not comfortable with the technician providing OTC consultations.

Members were provided the opportunity to comment.

Member Butler noted comments from pharmacists regarding liability when pharmacists are in a room and the pharmacy technicians are administering vaccines in another room. She added vaccines should remain optional if the pharmacy technician is interested in doing vaccines.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx.

Public comment expressed concern with a pharmacy technician to accept the declination by a pharmacy technician.

A representative from Albertsons/Safeway thanked the Board for the open discussion and hosting listening sessions. He commented in support of using pharmacy technicians for some of those functions under consideration and looked the discussion moving quickly to allow for changes in the law.

A representative from CRA/NACDS thanked the Board for the discussion and meeting noting some changes may assist pharmacists.

Chairperson Veale reported on the discussion about tech check tech after reviewing several models the committee discussed final product verification, liability and technology that enhances the ability to do tech check tech. Ms. Veale noted neither a positive nor negative movement toward tech check tech.

Chairperson Veale reported on the oversight discussion that the consensus was that the ratio should be increased but not a specific number. Technicians felt oversight was appropriate where pharmacists felt they needed a little more oversight. Members thought additional review of the listening sessions/survey results might be helpful to identify the differences in perception on oversight as well as further discuss the ratio. There was consensus that ratios should increase by some. It was suggested that a staffing floor may be appropriate.

Chairperson Veale reported on the training discussion that the technicians felt the training was adequate where the pharmacists felt more training was needed.

Members were provided the opportunity to comment.

Member Butler added pharmacists discussed workload and staffing challenges and liability of watching more than two technicians.

Member Cameron-Banks inquired about labor code laws. Ms. Smiley provided labor laws were included in pharmacy law definitions in addition to general labor laws.

Member Serpa suggested there may be some activities where direct line of sight may not be necessary in some instances.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles and via WebEx.

A pharmacist suggested that the discussion on oversight needs to get down to the task level.

A representative from CCAP commented about the need to increase the ratio and sought clarification on supervision requirements.

A representative from CRA/NACDS commented in support of increasing the ratio.

A representative from UFCW Western States Council commented indicating that staffing floor is very important and pharmacists are still working alone despite SB 1442.

Chairperson Veale reported on the biggest challenges and remote work discussion noting issues including workload, staffing, lack of technicians to be hired and working with insurance. Ms. Veale noted some technicians did remote through a mail order or hospital pharmacy who loved remoted work. Ms. Veale noted that maybe the remote work was not as prominent because remote work was not permanent. The committee discussed if the definition of technician should be reviewed because the definition requires working in a pharmacy.

Members were provided the opportunity to comment. Members Weisz and Butler commented the chair and executive officer for their work.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles and via WebEx.

A pharmacist suggested discussion on liability may be appropriate and ask individuals to clarify which type of liability they are referring to, civil, criminal, or administrative liability.

Member Butler stated she thought it was administrative liability that was the issue.

Counsel Smiley reminded participants with members at two physical locations once the Board is out of session the discussion about agenda items should stop and all discussions should be on the record.

The Board took a break from 11:12 a.m. to 11:30 a.m. Member Ricardo Sanchez left the meeting at 11:30 a.m. Roll call was taken and members present included Maria Serpa, Jignesh Patel, Kula Koenig, Jason Weisz, Jose De La Paz, Lavanza Butler, Indira Cameron-Banks, Debbie Veale and Seung Oh.

XIII. Legislation and Regulation Committee Report

President Oh provided the report of the Legislation and Regulation Committee Meeting held on April 26, 2022.

1. Assembly Bill 646 (Low) Department of Consumer Affairs: Boards: Expunged Convictions

President Oh reported this measure relates to posting of disciplinary actions stemming from a conviction of a crime where the individual's underlying offense is subsequently expunged pursuant to Section 1203.4 of the Penal Code. Specifically, within 90 days of the receiving an expungement order the Board would be required to take specified actions.

Members were provided the opportunity to comment; however, no comments were made.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

2. Assembly Bill 1328 (Irwin) Clinical Laboratory Technology and Pharmacists

President Oh advised this measure would amend several provisions of the Business and Professions Code to expand the authority for pharmacists to perform CLIA-waived tests either approved or authorized by the FDA upon patient request or hospital authorization provided that there is a valid and respective CLIA certificate of waiver and laboratory license, with some exceptions. Further, this measure would amend Pharmacy Law to declare that pharmacy practice is a patient and public health-oriented health service that is continually evolving to include more

sophisticated and comprehensive patient care and public health activities.

President Oh advised there have been no changes to the measure. The Board previously established a support position.

Members were provided the opportunity to comment; however, no comments were made.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles and via WebEx. There were no comments made.

3. Assembly Bill 1662 (Gipson) Licensing Boards: Disqualification from Licensure: Criminal Conviction

President Oh advised AB 1662 would allow a prospective applicant to request a preapplication determination based on information provided by the prospective applicant regarding their criminal conviction. The measure would require the Board to determine if the prospective applicant could be disqualified from licensure based upon the information submitted with the request. Dr. Oh advised the committee recommends a support, if amended position with suggested amendments to include, as part of the notification of the Board's determination, that such determination could change at the time of application should the Board subsequently receive additional information through the application process. Given it is anticipated there will be fiscal impact, the committee believes it is also appropriate to consider assessment a fee to perform this service and to request amendment to the measure to explicitly state that the Board has the authority to promulgate regulations necessary to implement the provision.

Members were provided the opportunity to comment. Member Koenig inquired if the Board was in contact with the author's office. Ms. Sodergren clarified the Board does not engage with author's offices until the Board has established a position.

Motion: Support, if amended

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

4. Assembly Bill 1733 (Quirk)

President Oh advised AB 1733 would expand authority for the Board to convene meetings held entirely by teleconference under specified conditions which are detailed in the report. Regrettably the hearing on this measure was postponed by the Committee so we are unclear if the measure will move this year.

President Oh reported the committee considered the data provided in the meeting materials demonstrates that remote meetings expand access to participation in meetings, including by individuals who may not otherwise be available to participate because of health, costs or other barriers. This transition has also provided benefits to members and staff by eliminating travel time, travel expenses, etc., which resulted in a reduction in costs associated with public meetings, including a reduction in room rental costs and travel expenses. Such meetings also assist Board members in attending more meetings without the same degree of interruption in their full-time employment caused by travel to physical locations. Remote participation also allows for individuals to participate that may have disabilities or other limitations that prevent in person participation. Secondary to the other benefits, he noted the financial benefit to the board includes a reduction in annual expenditures.

Members briefly discussed the proposed amendment.

Motion: Support, if amended

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

5. Assembly Bill 1795 (Fong)

President Oh advised AB 1795 would require the Board to provide all persons with the ability to participate both in-person at a physical location identified in the agenda and remotely, as defined, in any meeting and to address the body remotely. Dr. Oh noted this bill would not make other changes similar to AB 1733 to allow greater flexibility for Board members to participate remotely.

President Oh stated as with the meeting today, the Board made the decision to enable the public to participate remotely as well as in person. He noted that unlike AB 1733, there is no reduction in Board costs associated with this measure.

Members were provided the opportunity to provide public comment; however, no comment was made.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

6. Assembly Bill 2055 (Low)

President Oh advised this measure was amended on April 21. As amended, the measure would move the CURES system from the California Department of Justice to the Board. As amended, the transition would occur on April 1, 2023. The measure would provide the board with authority to adopt emergency regulation as necessary to reorganize, clarify or make consistent regulations, including regulations previously adopted by the Department of Justice.

President Oh reported the committee discussed the importance of CURES as a vital system for health care providers to provide safe and appropriate care. To the extent rehoming the CURES system facilitates more robust use of the CURES system and improved functionality for pharmacists and other health care providers, such a move appears appropriate.

Dr. Oh noted the committee considered that it would be a significant undertaking for the Board, if given adequate time and resources, the Board could be well suited to manage the CURES system. The committee discussed concerns with the timeframe for transition.

Members were provided the opportunity to provide public comment. Member Veale inquired if staff could be hired and fees could be established. Ms. Sodergren provided the CURES fund would be transferred to the Board and anticipates staffing resources needed.

Member Cameron-Banks inquired about some of the legal implication and current oversight by DOJ.

Motion: Support, if amended

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

Support: 7 Oppose: 1 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Oppose
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

7. Assembly Bill 2092 (Weber)

President Oh reported AB 2092 would establish authority for a general acute care hospital to operate a HaH under specified conditions detailed in the meeting materials. Dr. Oh noted the scheduled committee hearing was postponed by the Assembly Health Committee. If approved, regulations may be required. Staff noted legal questions regarding the models provided.

Members were provided the opportunity to provide public comment. There were no comments made.

Motion: Watch

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

8. Assembly Bill 2194 (Ward) Pharmacists and technicians; continuing education: cultural competency

President Oh advised AB 2194 would require that at least one of the 30 hours of required continuing education (CE) for pharmacists include participation in a cultural competency course, as defined. The bill would also prohibit the board from renewing a pharmacist or pharmacy technician license unless the applicant submits proof to the Board of completion of at least one hour of participation in a cultural competency course. The intent of the bill is to help ensure that pharmacists are providing culturally competent care to members of the LGBTQ+ community. This bill is co-sponsored by the California Pharmacists Association (CPhA) and Equality California.

President Oh reported the committee was recommending a Support, if amended position with amendments to clarify that certification of completion followed by an audit-based approach for compliance would be consistent with the provisions and a delay in implementation to allow time for impacted licensees to comply with the requirement in advance of their renewal.

Members were provided the opportunity to provide public comment. Member Veale commented in support but inquired if it was more encompassing than just the LGBTQ+ community as health care professionals should be sensitive to all cultures. Member De La Paz noted minorities and indigenous people were included in the measure.

Motion: Support, if Amended

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

The Board took a break from 12:02 p.m. to 12:45 p.m.. Roll Call: Maria Serpa, Jignesh Patel, Kula Koenig, Jason Weisz, Lavanza Butler, Indira Cameron-Banks, Jose De La Paz, Debbie Veale, and Seung Oh. A quorum was established.

9. Assembly Bill 2265 (Arambula)

President Oh reported AB 2265 would require a pharmacist to dispense a Schedule II drug in a lockable vial, as defined, as well as provide a copy of the Opioid Factsheet for Patients published by the federal Centers for Disease Control and Prevention. It would further require the pharmacy to maintain the alphanumeric passcode where applicable in the patients' record. The measure would also establish exclusions to the provisions including if the prescriber indicates on the prescription that the patient requested not to receive their medication in a lockable vial.

Further, it would require the Board to establish a reasonable minimum and maximum amount of reimbursement that include the costs of the vial and services rendered and dispensing costs. Provides that a manufacturer must pay to compensate the pharmacy and establishes that a civil penalty may be assessed

and recovered if the manufacturer fails to reimburse the pharmacy.

President Oh reported the committee agreed with the staff recommendation to establish an oppose position on this measure and noted such action would be consistent with previous policy of the Board. Dr. Oh believed the same concerns exist with this measure including safety concerns from some populations as well as questioning the necessity for providing the specified fact sheet as not all Schedule II controlled substances are opioids. Further, the Board expressed concern that the provisions could impede patient care and medication adherence.

Members were provided the opportunity to provide public comment. No comments were made.

Motion: Oppose

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

10. Assembly Bill 2948 (Cooper)

President Oh reported Assembly Bill 2948 would require the Board to send a closure letter to a complainant within 60 days of the closure of the investigation. Dr. Oh

agreed with the staff recommendation to establish a support position but also noted that given the measure has not been scheduled for hearing, it is possible that it will not move this year.

Members were provided the opportunity to provide public comment. No comments were made.

Motion: Support

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

11. Senate Bill 731 (Durazo) Criminal Records: Relief

President Oh reported under existing law, effective July 1, 2022, the Department of Justice is required to review arrest records on a monthly basis to identify arrest and conviction records that are eligible for record relief under specified conditions. This measure would make the current provisions effective for arrests that occurred on or after January 1, 2021, and would expand many of the provisions to include any felony arrest or conviction under specified conditions. Further, the measure would prohibit state or federal summary criminal history information from including records of arrest or convictions that were granted relief, unless the records require the

record-holder to register as a sex offender or other conditions.

President Oh provided the Board established an oppose unless amended for the reasons stated in the meeting materials. Board staff was previously advised that the author's office intends to move the bill this year; however, the measure was recently placed on the inactive file. Dr. Oh suggested no change and requested that staff monitor to ensure the measure does not move.

Members were provided the opportunity to provide public comment. No comments were made.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

12. Senate Bill 872 (Dodd) Pharmacies: Mobile Units

Senate Bill 872 would permit the Board to issue a license to a city or county to operate a mobile unit to provide prescription medications within its jurisdiction to individuals without a fixed address, individuals living in county-owned or city-and-county-owned housing facilities and individuals enrolled in Medi-Cal plans operated by the local jurisdiction or health department.

President Oh advised the committee was recommending a support if amended position with the identified areas for amendments to clarify several provisions including inventory provisions, PIC requirements, provisions for pharmacist care, and security requirements.

Members were provided the opportunity to provide public comment. Members sought clarification on eligibility for patients.

Motion: Support, if amended

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. There were no comments made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

13. Senate Bill 958 (Limon) Medication and Patient Safety Act of 2022

President Oh advised SB 958 was amended on April 18, 2022, and has been referred to the Senate Appropriations Committee. The measure, entitled the Medication and Patient Safety Act seeks to address brown “brown bagging” and “white bagging”. The bill states that it is the intent of the Legislature to ensure that infused and injected medications and related services remain available to all Californians who need them. The measure and enforcement of the provisions resides with the Department of Managed Health Care.

President Oh noted the issue was complex. Public comment received reiterated that the issue is complex. Comments included support for the measure, while other comments expressed concern the cost impacts. Dr. Oh noted the Board’s primary jurisdiction is medication safety, patient safety and consumer protection. The Board must seek to support legislation that would ensure the highest level of patient safety. The committee offered a support if amended position with amendments related to the establishment of a threshold after which a confirmed number of violations are identified by a particular vendor, the Plan may no longer use that vendor.

Members were provided the opportunity to provide public comment. No comments were made.

Motion: Support, if amended

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx.

A pharmacist commented about the potential cost increase and suggested that it wait until the costs are detailed and suggested the measure may be premature.

A pharmacist representing the University of California (UC) Health representing the six UC Medical Centers commented the UC has a position of support noting the criticality of the measure.

Members discussed the measure would prohibit the insurance companies from requiring “white bagging” and “brown bagging.” Ms. Smiley clarified “brown bagging” would be prohibited but “white bagging” would be permissible subject to conditions.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles and via WebEx.

A pharmacist commented this is shifting the cost savings to the payer or insurance company or whether the cost savings/profit to the hospital clinic or other entity.

Members clarified the motion.

A pharmacist encouraged the Board Members read the bill.

Support: 3 Oppose: 5 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	No
Cameron-Banks	No
De La Paz	No
Kim	Not present
Koenig	No
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	No
Weisz	Abstain

Motion: Watch

M/S: Serpa/Oh

Members were provided the opportunity to provide comment. Member De La Paz commented in support of a watch position.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx.

A pharmacist commented in support of watch.

A representative of CCAP commented in support of the measure.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

14. Senate Bill 988 (Hueso)

President Oh noted SB 988 would repeal the requirement that a hospital manage a terminal patient's personal use of medical cannabis in the same manner as Schedule II-IV drugs. Last year SB 988 established provisions for a terminally ill patient within a hospital to access their medicinal cannabis. Late amendments to the measure created conflicts with several provisions of state and federal law. The amendments appear consistent with the language of the letter published in the Senate Journal, wherein the author's office conveyed the intentions of the measure. Dr. Oh agreed with staff recommendation to support the measure as it

appears to address the challenges created with the late amendments from last year.

Members were provided the opportunity to provide comment; however, no comments were made.

Motion: Support

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. No comments were made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

15. Senate Bill 1031 (Ochoa Bogh)

President Oh reported Senate Bill 1031 would reduce the renewal for an inactive license to be 50 percent of the renewal of an active license unless the Board established a lower fee. The measure recently passed out of the Business and Professions Committee and was referred to Senate Appropriations. Dr. Oh agreed with the committee's recommendation to watch this measure and believed staff need to review the measure to confirm this measure does not impact the Board's provisions in Business and Professions Code section 4231. He noted this measure would reduce the Board's revenue by about \$250,000/annually.

Members were provided the opportunity to provide comment. Member Patel noted if the fees were lowered more people might retain an inactive license which could help during emergencies. Members discussed the possible impacts to the Board.

Motion: Watch

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. No comments were made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

16. Senate Bill 1237 (Newman)

President Oh advised Senate Bill 1237 would expand the provisions for a fee waiver for a member of the military “called to active duty,” and the term active duty would have the same meaning as “active duty” as defined in federal law. Dr. Oh agreed with the staff recommendation to support the measure.

Members were provided the opportunity to provide comment; however, no comments were made.

Motion: Support

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. No comments were made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

17. Senate Bill 1346 (Becker)

Senate Bill 1346 would expand provisions for redistribution of unused donated medications. Dr. Oh agreed with staff's recommended position to establish an oppose unless amended position. This measure appears to further establish a second tier for medication standards for indigent patients. Dr. Oh is concerned with the further erosion of safeguards in place to ensure all patients receive safe and effective medications. He shared the concerns raised by staff, including repackaging and provisions related to co-mingling of inventory and record keeping. He noted staff requested information from the sponsor but have not yet received the requested information. The unlimited transfer provision coupled with the lack of recordkeeping required would prevent a pharmacist from identifying and quarantining medication identified by a donating entity if compromised.

Members were provided the opportunity to provide comment; however, no comments were made.

Motion: Oppose unless amended

M/S: Committee Recommendation

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. No comments were made.

Support: 8 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Butler	Support
Cameron-Banks	Support
De La Paz	Support
Kim	Not present
Koenig	Support
Oh	Support
Patel	Support
Sanchez	Not present
Serpa	Support
Thibeau	Not present
Veale	Support
Weisz	Abstain

18. Senate Bill 1365 (Jones)

President Oh advised Assembly Bill 1365 would require the Board to post on its website the list of criteria used to evaluate applicants with criminal convictions as specified. Further, it would require the department to develop a process for each board to use in verifying applicant information and performing background checks. The measure would require applicants with convictions to provide certified court documents instead of listing convictions on the application and would require a board to develop an informal appeals procedure to appeal a license denial. The measure would be considered in a policy committee hearing the same day as the Board Meeting.

Dr. Oh agreed with staff that a position may not be necessary on this measure. Staff included significant comments about the Board's current substantial relationship regulations. If the measure passes, it is most likely that once established, legislative changes would be needed to establish an informal appeals procedure. Regulations may also be necessary.

Members were provided the opportunity to provide comment; however, no comments were made.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles and via WebEx. No comments were made.

XV. a – e Addressing all Regulations

President Oh reported remaining items were for information only and detailed in the meeting materials. Dr. Oh noted the Board currently had five regulations undergoing final review by the Department of Consumer Affairs, the four included on the agenda as such as well as the pharmacy technician regulation which was also recently submitted for post-adoption review. The Board had three regulations undergoing pre-notice review by DCA and four regulations are with staff to draft the necessary rulemaking documents.

Members were provided the opportunity to provide comment; however, no comments were made.

Members of the public were provided the opportunity to provide public comment in the Sacramento location, the Los Angeles location and via WebEx. No comments were made.

XVI. Executive Officer Report

Ms. Sodergren provided the Board has four broad waivers. Future waivers will be worked on with President Oh.

Ms. Sodergren noted there are changes in CURES to the authority for delegated functionality within the system. She noted there are regulations that support that use that are in process and under review by the Office of Administrative Law.

Ms. Sodergren advised the pass rates for the CPJE and NAPLEX are provided semi-annually and included in the meeting materials. She noted a decrease in the pass rate of the CPJE and NAPLEX.

Ms. Sodergren reported the Licensing Statistics were provided as the Licensing Committee Report encompassed the Pharmacy Technician Summit.

Members discussed the pass rates may have been impacted by COVID learning loss and other factors. Ms. Sodergren confirmed the CPJE is psychometrically sound as determined by the DCA's Office of Professional Examination Services.

Public comment was received indicating a possible disconnect between NABP and ACPE standards.

President Oh recognized Lavanza "Cheryl" Butler for her service on the Board for many years working hard to help the Board achieve its consumer protection mandate. Dr. Oh stated Member Butler is an advocate for the right thing to do and exemplifies the high standard the Board desires. Dr. Oh presented a resolution to Member Butler for her nine years of service to the Board serving on the Communication and Public Education Committee, Legislation and Regulation Committee, Licensing Committee and Medication Error Reduction and Workforce Ad Hoc Committee. Dr. Oh read the resolution.

Members Veale and Weisz thanked Member Butler for her service, leadership and devotion to consumer protection. DCA Deputy Director Carrie Holmes thanked Member Butler for her service.

Member Butler stated it was her pleasure to serve on the Board as she cares about public protection and how people are treated. She noted it has been really rewarding to her to be on the Board. Member Butler thanked Governor Brown and Governor Newsom as they both appointed her to the Board. Member Butler thanked all of the Members and especially Member Veale for all of her help over the years. Member Butler stated she was happy to see President Oh as the President.

The open session concluded at 1:49 p.m.

XVII. Adjournment

Following completion of the open session at 1:49 p.m. the Board convened in closed session at 2:00 p.m. for the stated purposes indicated on the agenda. Due to technological limitations, adjournment for the day was not broadcast. The meeting adjourned at 3:03 p.m.

Attachment B

**May 11, 2022,
Board Meeting**



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

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



**California State Board of Pharmacy
 Department of Consumer Affairs
 DRAFT Public Board Meeting Minutes**

Date: May 11, 2022

Location: Department of Consumer Affairs
 1625 N. Market Blvd, 1st Floor Hearing Room
 Sacramento, CA 95834

San Diego State Building
 Golden Bear Conference Room, 6th Floor
 1350 Front Street
 San Diego, CA 92101

Public participation also provided via WebEx

Board Members

Present: Seung Oh, Licensee Member, President
 Kula Koenig, Public Member
 Ricardo Sanchez, Public Member
 Debbie Veale, Licensee Member
 Jason Weisz, Public Member

Board Members

Not Present: Maria Serpa, Licensee Member, Vice President
 Jignesh Patel, Licensee Member, Treasurer
 Lavanza Butler, Licensee Member
 Indira Cameron-Banks, Public Member
 Jose De La Paz, Public Member
 Shirley Kim, Public Member
 Nicole Thibeau, Licensee Member

Staff Present: Anne Sodergren, Executive Officer
 Eileen Smiley, DCA Staff Counsel
 Ann Altamirano, Associate Analyst

May 11, 2022

I. Call to Order, Establishment of Quorum, and General Announcements

President Oh called the Board Meeting to order at approximately 9:01 a.m.

President Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

President Oh advised all individuals the meeting was being conducted in person at locations in Sacramento and San Diego as well as via WebEx. Dr. Oh advised participants watching the webcast they could only observe the meeting. He noted anyone interested in participating in the meeting must join the WebEx meeting using the instructions posted on the Board's website.

Department of Consumer Affairs' staff provided general instructions for the WebEx Board Meeting for members of the public participating in the meeting.

Roll call was taken. Board Members present included: Ricardo Sanchez, Debbie Veale, Jason Weisz, and Seung Oh. A quorum was not established. As noticed on the agenda, if a quorum of members is not present, as part of President Oh's discretion, the Board will proceed as a committee.

Member Kula Koenig arrived at 9:09 a.m.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided with an opportunity to provide comments at the Sacramento location, San Diego location and WebEx.

A pharmacist with over 40 years' experience and a floater at Albertsons/SavOn stated at 12 of the 15-20 locations he has worked, there has not been appropriate staffing. Lists of available staff are provided but the people are not available. He noted one time paging someone six times when help was needed without a response. The person paged later commented the person was too busy to assist and hadn't worked in a pharmacy in the past two years. The pharmacist would like to see the Board adopting financial penalties or policy for companies violating SB 1442.

President Oh reminded members that action cannot be taken on items but can be added to future agendas.

Member Veale indicated she thought it was on the Enforcement and Compounding Committee agenda and if it isn't on the agenda, it should be added. President Oh stated he would work with the Enforcement and Compounding Chairperson to add this to the agenda if not already on the agenda.

III. Recognition and Celebration of Pharmacists Licensed in California for 40 Years and other Recognitions

President Oh reminded members several years ago, the Board changed its recognition program for pharmacists and currently recognizes pharmacists that have been licensed for 40 or more years. This information is posted on our website and pharmacists are provided with a certificate.

President Oh noted prior to transitioning to remote meetings, the Board routinely provided an opportunity for pharmacists licensed for 40 years to attend a Board meeting and be recognized by the Board. Such individuals are also presented with a pin and generally their photo is included in the newsletter. Dr. Oh announced that with the return of in person, meetings, the Board can also resume this in person recognition.

There were no pharmacists at the Sacramento or San Diego location to be recognized for 40 years of service as a pharmacist.

President Oh presented an award former President Greg Lippe for his service as Board Member, President and Vice President. Mr. Lippe served on the Board from February 2009 through May 2021. Due to COVID restrictions the Board was unable to meet in person to recognize Mr. Lippe for his service to the Board and amazing leadership as both the President and Vice-President for a number of years, along with his leadership as a Chairperson for the Legislation and Regulation Committee. Mr. Lippe led the Board through Sunset Review and started the Board on its path in responding to the COVID-19 Pandemic.

President Oh noted Mr. Lippe has been a wonderful mentor to many Board Members and has demonstrated how consensus building can achieve great results. Mr. Lippe was a great President and Board Member due in part to his constant willingness to learn, listen and share ideas to bring everyone together for consumer protection. Dr. Oh stated Mr. Lippe is a natural leader and Dr. Oh has the highest regard for him.

Former President Greg Lippe addressed the Board noting he served on the Board for 12 years with the last two years as President. Mr. Lippe stated he gained a tremendous respect for the profession of pharmacy noting pharmacists and pharmacy technicians who support them are true life savers and deserve much more recognition than they receive. Mr. Lippe stated he was honored to receive the award and work with an outstanding group of Board Members, dedicated staff and the public. Mr. Lippe thanked the Board's extraordinary Executive Officer Anne Sodergren and Board staff who supported him including Debbie Damoth, Susan Cappello, Christine Acosta and Janice Dang. Mr. Lippe stated he is impressed with the work Dr. Oh is doing as the President and wished all success. Mr. Lippe noted he had the honor of working with DCA Director Kimberly Kirchmeyer who is outstanding.

Members Veale and Sanchez thanked Mr. Lippe for his service and leadership.

President Oh acknowledged two members who have completed their terms, Debbie Veale and Shirley Kim.

President Oh presented a resolution to Member Debbie Veale on behalf of the Board. Dr. Oh provided Debbie Veale was appointed to the Board on January 1, 2010, and served Californians for over 12 years. Dr. Oh stated Ms. Veale's commitment to the Board and consumers cannot be overstated. He noted Ms. Veale served in leadership roles as both the Treasurer and Vice President as well as served as committee Chairperson. Ms. Veale has been a model to many new members and demonstrated through words and actions her strong understanding and commitment to the Board's consumer protection mandate. Dr. Oh stated it has been an honor to work with Ms. Veale. On behalf of the Board, Dr. Oh presented Ms. Veale the resolution and thanked her for her years of service.

Ms. Veale thanked the Board and spoke about how she loves the profession of pharmacy. Ms. Veale stated serving on the Board of Pharmacy was the pinnacle of her career to help the Board move the profession into the future. Ms. Veale stated it was a pleasure to serve for 12 ½ years and enjoyed working with the dedicated Board staff, DCA Director, current and former Board Members.

The Board took a break from 9:26 a.m. to 10:00 a.m. President Oh noted consistent with the provisions of Business and Professions Code section 4309(c) and the Board's policy, as a quorum of the Board was not present, a committee of the Board will consider the petitions today and make recommendations to the full Board that will be subject to review by the full Board in accordance with Government Code section 11517. Roll call was taken. Members present included Ricardo Sanchez, Debbie Veale, Seung Oh, Kula Koenig, and Jason Weisz. A quorum was not established

VI. Petitions for Reinstatement of Licensure, Early Termination or Other Modification of Penalty.

Administrative Law Judge Erin Koch-Goodman presided over the hearings. Petitions included:

- A. Julia Rizo Jimenez, TCH 111218
- B. Kaiser Foundation Hospital, HSP 6602
- C. Mel Hartsoch, RPH 28786
- D. Ashley Marie Gonzales, TCH 117097

The Board took a break from 11:02 a.m. to 11:15 a.m. President Oh noted consistent with the provisions of Business and Professions Code section 4309(c) and the Board's policy, as a quorum of the Board was not present, a committee of the Board will

consider the petitions today and make recommendations to the full Board that will be subject to review by the full Board in accordance with Government Code section 11517. Roll call was taken. Members present included Kula Koenig, Ricardo Sanchez, Debbie Veale, Seung Oh, and Jason Weisz. A quorum was not established.

The Board took a break from 12:04 p.m. to 12:15 p.m. President Oh noted consistent with the provisions of Business and Professions Code section 4309(c) and the Board's policy, as a quorum of the Board was not present, a committee of the Board will consider the petitions today and make recommendations to the full Board that will be subject to review by the full Board in accordance with Government Code section 11517. Roll call was taken. Members present included Kula Koenig, Debbie Veale, Ricardo Sanchez, Seung Oh, and Jason Weisz. A quorum was not established.

The Board took a lunch break from 12:42 p.m. to 1:20 p.m. Open session concluded at 1:20 p.m.

VII Closed Session

Following completion of the public hearings and after lunch break at 1:21 p.m. the Board convened in closed session for the stated purposes indicated on the agenda. Due to technological limitations, adjournment for the day was not broadcast. The meeting adjourned at 1:47 p.m.

Attachment C

**June 16, 2022,
Board Meeting**



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

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



California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Public Board Meeting Minutes

Date: June 16, 2022

Location: Department of Consumer Affairs
 1625 N. Market Blvd, 1st Floor Hearing Room
 Sacramento, CA 95834

San Diego State Building
 Golden Bear Conference Room, 6th Floor
 1350 Front Street
 San Diego, CA 92101

Public participation also provided via WebEx

Board Members

Present: Seung Oh, Licensee Member, President
 Maria Serpa, Licensee Member, Vice President
 Jessica Crowley, Licensee Member
 Jose De La Paz, Public Member
 Kula Koenig, Public Member
 Ricardo Sanchez, Public Member
 Jason Weisz, Public Member

Board Members

Not Present: Jignesh Patel, Licensee Member, Treasurer
 Indira Cameron-Banks, Public Member
 Nicole Thibeau, Licensee Member

Staff Present:

Anne Sodergren, Executive Officer
 Eileen Smiley, DCA Staff Counsel
 Julie Ansel, Chief of Enforcement
 Debbie Damoth, Executive Specialist Manger

June 16, 2022

I. Call to Order, Establishment of Quorum, and General Announcements

President Oh called the Board Meeting to order at approximately 9:00 a.m.

President Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

President Oh advised all individuals the meeting was being conducted in person at locations in Sacramento and San Diego as well as via WebEx. Dr. Oh advised participants watching the webcast they could only observe the meeting. He noted anyone interested in participating in the meeting must join the WebEx meeting using the instructions posted on the Board's website.

Department of Consumer Affairs' staff provided general instructions for the WebEx Board Meeting for members of the public participating in the meeting.

President Oh welcomed Jessica Crowley, to the Board. Dr. Crowley was recently appointed to the Board as a pharmacist member, serving as the pharmacist who is a member of a labor union that represents pharmacists.

Roll call was taken. Board Members present included: Maria Serpa, Licensee Member; Jessica Crowley, Licensee Member; Jose De La Paz, Public Member; Ricardo Sanchez, Public Member; Jason Weisz, Public Member and Seung Oh, Licensee Member. A quorum was not established. As noticed on the agenda, if a quorum of members is not present, as part of President Oh's discretion, the Board proceeded as a committee.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided with an opportunity to provide comments at the Sacramento location, San Diego location and WebEx.

The Board heard comment from a pharmacist concerned about SB 1442 and SB 362 and the violations of the Board policies by retail corporations and the exploitation of younger pharmacists for fear of retaliation. The pharmacist noted work conditions with poor and insufficient staffing resulting in more errors without being reported and jeopardizes the safety and welfare of consumers. The pharmacist noted during the COVID pandemic, corporate greed increased and there was little regard for pharmacists. The pharmacist would like this added to a future agenda.

The Board heard comment from the CEO of VendRX inquiring if automated patient dispensing systems can be installed at airports. The commenter requested this be added to a future agenda item for the next Board Meeting.

President Oh advised action could not be taken on the comments without a quorum but inquired if members wanted to see any comments on a future agenda. Dr. Oh

advised of the Standard of Care and Medication Error Reduction and Workforce Committee Meetings scheduled for the following week.

Member Serpa reminded the Board that the first comment would be addressed on a future Enforcement and Compounding Committee Meeting agenda. Dr. Serpa Maria recommended the second item be added to a future Licensing Committee Meeting agenda.

III. Recognition and Celebration of Pharmacists Licensed in California for 40 Years and other Recognitions

President Oh reminded members several years ago, the Board changed its recognition program for pharmacists and currently recognizes pharmacists that have been licensed for 40 or more years. Dr. Oh noted the information was posted on the Board's website and pharmacists are provided with a certificate.

President Oh noted prior to transitioning to remote meetings, the Board routinely provided an opportunity for pharmacists licensed for 40 years to attend a Board meeting and be recognized by the Board. Such individuals are also presented with a pin and generally their photo is included in the newsletter. Dr. Oh announced that with the return of in person, meetings, the Board can also resume this in person recognition.

There were no pharmacists at the Sacramento or San Diego location to be recognized for 40 years of service as a pharmacist.

President Oh advised consistent with the provisions of Business and Professions Code (BPC) section 4309(c) and the Board's policy, as a quorum of the Board was not present, a committee of the Board will consider the petitions today and make recommendations to the full Board that will be subject to review by the full Board in accordance with Government Code section 11517. Members proceeded with hearing petitions and agenda items were taken out of order.

V. Petitions for Reinstatement of Licensure, Early Termination or Other Modification of Penalty.

Administrative Law Judge Erin Wall presided over the hearings and noted pursuant to Business and Professions section 4309(c) as quorum was not obtained, the members at the President's discretion continue pursuant to discuss items from the agenda and make recommendations to the full Board at a future meeting. Petitions heard by members as a committee included:

A. Katerina Urasova, RPH 57944

Member Kula Koenig arrived at approximately 9:57 a.m.

IV. Discussion and Consideration of Senate Bill 958 (Limon) Medication and Patient Safety Act of 2022

President Oh advised as the Board now had a quorum, the Board returned to prior agenda item IV to discuss and consider Senate Bill 958. For purposes of the record, Dr. Oh took a roll call. Members present included Maria Serpa, Licensee Member; Jessica Crowley, Licensee Member; Jose De La Paz, Public Member; Ricardo Sanchez, Public Member; Kula Koenig, Public Member, Jason Weisz, Public Member and Seung Oh, Licensee Member. Quorum was established.

President Oh Members advised this measure was being considered in advance of the July Board Meeting should the Board want to offer amendments. The Board also received written comments on the measure. Dr. Oh noted the appropriations committee analysis was also available.

President Oh stated the Board is a consumer protection agency. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

President Oh stated the practice of both brown bagging and white bagging, is a payer driven practice that is in direct conflict with the Board's consumer protection mandate. Dr. Oh reminded members that the public was allowed to participate in the process and the Board would consider public comment received. Dr. Oh reminded the Board must remain mindful that opinions presented are just that, opinions and it is incumbent upon the Board, to collectively consider any matter and ultimately make a decision consistent with the Board's mandate.

President Oh advised Senate Bill 958 addressed two types of payor driven practices, white bagging and brown bagging. Brown bagging refers to the dispensing of a medication from a pharmacy, typically a specialty pharmacy, directly to a patient, who then transports the medications to a physician's office or other site for administration. Dr. Oh noted white bagging refers to the distribution of patient-specific medication from a pharmacy, typically a specialty pharmacy, to the physician's office or other location for administration. In a report published in April 2018, by the National Association of Boards of Pharmacy, the practice of white bagging is often used in oncology practices to obtain costly injectable or infusible medications that are distributed by specialty pharmacies and may not be available in all non-specialty pharmacies.

President Oh noted in its report, NABP detailed concerns with this business practice. The medications are often patient-specific and require special handling and can thus pose safety, operational and unexpected financial burdens. Additionally, medication delivered directly to the patient through the brown bagging model may have been

incorrectly stored and handled, which can affect the drug's efficacy. NABP also noted that in some instances, patients participating in white bagging or brown bagging programs often require therapy modification. Change of dosage or strength or transition to a different class of medications is common. When changes to medication therapy occurs, it often leads to excessive waste because the previously dispensed medication cannot be reused for a different patient. NABP noted medications delivered through the mail may arrive late or damaged.

President Oh advised the information included in NABP's report is consistent with information learned during the Enforcement and Compounding Committee's Informational Hearing on White Bagging. As included in the minutes from that meeting, members received numerous presentations and comments describing the patient safety concerns presented through white bagging. Comments included that some of these medications are sensitive to temperature and light fluctuations and require special handling and storage to maintain efficacy. These medications often have serious and debilitating chronic conditions such as cancer and multiple sclerosis, where delays in therapy can be catastrophic. Further, members were advised that due to the severity of conditions and complexity of treatment, drugs and doses must often be modified at the point of care based on patient specific conditions including weight, renal function, bone marrow function, lab results, etc. These modifications can easily be addressed when medication supplies are managed by the physician's office, hospital or clinic.

Patient-specific examples were also provided. As an example, a patient experienced a two-week delay in their already well-established treatment plan because of the mandatory transition to a specialty pharmacy. Once this issue was resolved, the patient experienced an additional one-week delay because some of the drugs had to be mixed but the specialty pharmacy was not able to supply the drugs or the pump required to infuse the medication.

Members also learned about the specific impact to pediatric patients, including delays in therapy. It was noted that some infusions for pediatric patients are a one lifetime chance for the patient, where there is one chance to get purity. If the drug is not stored and handled properly, that one lifetime chance could be lost. Members were advised there are numerous stories where therapy was significantly delayed due to logistics including delayed deliveries, lost shipments, dispensing of drugs expiring prior to the patient procedures, all of which negatively impact the patients and their families.

President Oh stated the risks to patients is not a theoretical one but it is real. Senate Bill 958 seeks to address many of these issues by prohibiting the practice of brown bagging and placing important guardrails around the practice of white bagging.

Motion: Establish a Support if Amended position on Senate Bill 958 consistent with the Legislation and Regulations Committee recommendation following its April 2022 meeting. Included as part of the recommendation was to offer amendments regarding cost as well as provisions to prohibit a vendor from providing services for white bagging should a number of violations of provisions occur.

M/S: Oh/Sanchez

Members were provided the opportunity to comment.

Member Serpa spoke in support of the motion as the topic has been discussed in depth at Enforcement and Compounding Committee Meetings.

Member Koenig inquired if there is an alternative. Member Serpa explained the process can be required by insurances which ties the hands of health care professionals.

Members of the public were provided the opportunity to provide public comment.

Rita Shane, Vice President and Chief Pharmacy Officer at Cedar Sinai, reported the current practice in health care systems and cancer clinics is that the drugs are stocked and readily available. The drugs and doses prescribed are pulled off the shelf of the inventory and made just in time based on data available regarding the patient's current condition as a patient's condition is checked daily. Dr. Shane noted the complexity with the nature of the drug the payers are requiring to be white bagged are biologic drugs that require special handling including refrigeration for people with complex and chronic diseases. When drugs are sent as required by white bagging, there is no temperature tracking system.

Thanh Tu, pharmacist at Cedar Sinai Medical Center, demonstrated the process of white bagging from when the medication gets delivered to the hospital at the general loading dock to the patient when the patient comes for their appointment. Dr. Tu stated the medication is delivered in a box to the general loading dock at the hospital with no indication that the box contains medication or storage conditions that is required. The box could be sitting at the loading dock for hours before it can be stored properly. When the medication arrives at pharmacy, it would have to be sorted through up to 200 white bags for the specific vial of medication sent for the specific patient. The pharmacist has to ensure that it has not expired and was stored correctly. The pharmacist would only know the storage conditions from when it arrives at the medical center. The pharmacist wouldn't know how it was shipped and that is a gap in the white bag practice. When the patient arrives for infusion, the patient receives same day clinical assessment. If the patient's weight has changed and the number of vials needed for the dose that day increased, the patient would have to be rescheduled for another appointment for the specialty pharmacy to send another vial.

For underserved patient population that may have transportation issues, this is a barrier.

Member Serpa inquired how medications are delivered to the facility for other patients. Dr. Tu provided the medications arrive at a hospital at a defined time and there is a process in place to receive the medication. For patient specific medications, the medications are sent at random, unspecified times of the day. Dr. Tu advised loading docks are not open 24/7 and she has had to sift through items received at the loading dock to look for the small vials of medications for patients. Dr. Tu stated it is outside the normal workflow in which medication delivery is handled.

Dr. Serpa inquired if the medication for the hospital comes through a different supply chain than the white bagged medication that comes through the mail system and what would happen if the medication couldn't be found. Dr. Tu agreed the white bagged medication comes through a different supply chain through the mail and advised the medication would have to be tracked down through the specialty pharmacy if it couldn't be found. If the medication hasn't arrived for the patient, the patient must be rescheduled as the hospital can't use its own supply stock if white bagging is being used. Dr. Tu stated the impact to the patient is patient delay, rescheduled appointments and is clinically significant to the patient when the specialty medications are for advanced cancer treatments and complex diseases.

Member Crowley inquired if the hospital can't use the medication from the hospital stock due to insurance coverage. Dr. Tu confirmed the medication must be obtained from the specialty pharmacy. Dr. Crowley inquired as there may be a dose change when patients are monitored daily if this created additional costs for the patients. Dr. Tu advised the initial co-pay should be sufficient but the patient would need to be rescheduled. Dr. Tu advised if the patient ultimately gets the medication, even if there is a delay, the patient pays for the co-pay. If the medication is lost or stored improperly, the patient pays the co-pay once but there are significant time delays to the patient before additional doses are received from the specialty pharmacy.

Desi Kotis, Chief Pharmacy Executive at the University of California in San Francisco, advised a policy was put into place for all campuses to not allow brown or white bagging due to the concerns discussed today. Dr. Kotis stated the policy requires drug can only be received from their wholesaler or direct from the manufacturer. Dr. Kotis noted they had a lot of real-world examples of delays, of expired medications that were shipped, and increased hospital stays. Dr. Kotis stated they wanted to ensure patient safety by limiting this ability of insurers to provided infused and injected medications through a third-party vendor like a specialty pharmacy. Dr. Kotis added health plans bypass the health system, checks and balances, and limit the nurses, physicians, advanced providers, and pharmacists the ability to assure safe acquisition and administration of these medications. Dr. Serpa inquired what happens to the patients when brown and white bagging is not allowed. Dr. Kotis advised the patient must go elsewhere for treatment.

Ryan Stice, pharmacist in California, Vice President of Pharmacy for Sutter Health, not-for-profit healthcare system with 24 hospitals and 30 outpatient infusion centers treating over 90,000 patients in centers for cancer and life-altering diseases monthly or more frequently advised Sutter Health has a policy discouraging the use of white bagging and were able to implement effectively. Dr. Stice reported after review of SB 958, Sutter Health issued a letter in support of the bill to assist smaller institutions who may not be able to withstand the practice being pressed on them. Dr. Stice encouraged the Board to listen to front line staff and the issues outline. Dr. Stice stated this is a consumer protection issue. Dr. Stice addressed the comment at the April 2022 Board Meeting about billions and billions of dollars in increased costs and was not able to find references to support the statement. Dr. Stice noted the Senate Appropriations Committee assigned a cost to this bill of less than a million dollars.

Member Koenig inquired if the issue around brown and white bagging was astronomical costs to patients. Dr. Stice indicated that is what he understood the issue to be. Dr. Stice added Sutter Health is able to assist the patients with a patient navigation program to assist with costs but that is not the case when there is brown and white bagging as the costs are then with the specialty pharmacy. Member Serpa inquired if the projected increased cost would eventually come to the patient because of the increased cost to the insurance companies first and resulting in negative comments. Dr. Stice noted in the New England Journal of Medicine an article was published recently called "Your Money or Your Life" describing the shift of medication costs to your prescription benefit from your medical benefit noting typically the cost of the patient on the medical benefit side is more favorable over out-of-pocket copays when supported through a specialty pharmacy. Dr. Stice noted from the patient perspective there is a negative and from the payer perspective there is an FTC inquiry into PBMS around practices nationally.

Member Crowley inquired about cost element related to hospital with the bill. Dr. Stice indicated he didn't recall costs but could speak more to what is seen day to day in practice.

Counsel Smiley recommended exercising flexibility for public commenters who may not get questions from members to allow for comparable time to express opinions.

Ashely Dalton, Associate Chief Pharmacy Officer, University of California, San Diego (UCSD), stated UCSD is in support of this bill and believes that payer mandated white and brown bagging practices do not contribute to better patient care placing patient safety at risk. Dr. Dalton shared recent examples at UCSD. Dr. Dalton provided one example where a pharmacy technician opened up a box that was believed to be medications delivered to the pharmacy and found a patient's specific prescription inside for a prescription not expecting of two pre-filled syringes of Xolair®. Upon further review the patient had been receiving the medication through the UCSD infusion center with no history of white bagging. The specialty pharmacy was called and

advised the patient already received the medication at UCSD. The specialty pharmacy stated UCSD couldn't send the medication back and if did, the medication would be wasted and both the patient and insurance company would be charged. There was approval for the patient to receive the medication with UCSD product and called the payer to advise and they agreed to accept the product. A lot of unnecessary time and medication was spent.

Steve Gray, pharmacist, re-emphasized the Board has a responsibility to consider cost. If patients, employers, or unions cannot afford coverage or have to go with plans that have high deductibles/copays, it is a patient care of the highest degree. This bill would eliminate a very valuable part of how to control health care costs, how to control drug costs which are high priorities of every level of government, the public and the Governor. It is important for the Board to say they have done all that they can do before they support this bill. All of the vendors that have made errors are under the jurisdiction of the Board as pharmacies, pharmacist-in-charge (PIC) and pharmacist. Dr. Gray stated he suspected and had been told the Board has received literally no or no significant number of complaints, the vendors have not been identified, no one has asked for the Board's help, in many cases PICs of the hospitals and those of the clinic have not reached out to the health plans. Dr. Gray stated the pharmacies have motivation to keep the contracts and there are literally billions of dollars at stake from 40 years of experience in formulary processes and contracting/distribution for three million Californians. Dr. Gray recommended opposing the bill and not moving forward in support until it has a record of doing what it can before it supports the elimination of a very valuable cost of coverage and cost of care tool.

Melissa Chase, Director of Pharmacy, Valley Children's Healthcare, practicing pharmacist for 22 years, commented SB 958 would impose restrictions on health plans based on patient safety and doesn't eliminate brown or white bagging but adds requirements that hospitals use specialty pharmacies for certain medications including infusion drugs. This requirement has negative implications for our patients and requires Valley Children's commit extra resources to ensure patients receiving their life saving medications in a timely manner. Dr. Chase provided an example of a patient "April" (Note: "April" is a fictitious name to protect the identity of the patient.) who was being treated for Crohn's disease with an abscess in her bowel after an initial hospital inpatient state, "April" was discharged and continued with medication therapy. Six weeks after, her disease flared and her doctor started her on a drug. The drug was initially denied and then approved for two doses from Valley Children's Hospital. A second request was submitted to continue the drug but "April's" health plan requires that the medication be white bagged. When "April" arrived for her third infusion, the medication from a specialty pharmacy in New York had not sent the medication. "April" was rescheduled for 10 days later. Eventually, 24 weeks after discharge, "April" was scheduled for her fourth infusion which was significantly delayed due to white bagging. The entire time Valley Children's Hospital had the medication but was unable to use it for "April" due to white bagging.

Ken Fukushima, speaking on behalf of the smaller facilities, stated smaller facilities experience the same problems as the larger facilities. The concern of most of small hospitals is protecting the public. Dr. Fukushima spoke in agreement with the advocates for the bill.

Erin Whittaker, Outpatient Pharmacy Supervisor, Marshal Medical Center, a rural not-for-profit hospital in Placerville, CA, commented in support of SB 958 and urges the Board of Pharmacy to do the same. Dr. Whittaker shared a few patient experiences that illustrate the challenges with white bagging. Dr. Whittaker described a young man with a mental health disorder who receives a bimonthly injection for his symptoms. Mid-month the patient was assessed and determined he needed an increase in his dose. Due to the patient having a white bag medication, the physician had to resend the prescription, wait for the processing time and reschedule the patient for a week later resulting in wasted medication and delayed care for the patient who was symptomatic. Dr. Whittaker described another long-term white bag patient who reports major issues throughout the process requiring her to call monthly to arrange for the deliveries. One month her medication was delivered after hours and left at the front desk unrefrigerated. The pharmacy was not able to help the patient coordinate for a reshipment of her medication as it was coming from a third-party pharmacy. Dr. Whittaker described a patient who has been on multiple white bag medications for over five years and reports care delays as well as taking 15-30 minutes of her time every month to call to arrange for the medication. The prescription is over \$100 a month and has to obtain a co-pay assistance card to afford the medication.

Rina Patrawala, Clinical Manager for Oncology Pharmacy Services at the Scripps MD Anderson Cancer Center Network in San Diego County, commented as having completed a two year postgraduate oncology residency, board certified oncology pharmacist for nine years and been a practicing oncology pharmacy specialist for over 22 years in four different states currently working at a mid-sized to small-sized integrated health delivery network treating about 5,000 patients a year where about 1,000 of the patients are impacted by payer mandated white bagging. As a result of the payer mandated white bagging, the safe and timely delivery of life-saving medications has been impacted. Dr. Patrawala noted the time from diagnosis of cancer to treatment will determine outcome and the longer it takes the patients to receive treatment, the lower their chances for improved survival and cure. Introducing a third-party for medication acquisition and a highly specialized and high risk such as chemotherapy dispensing causes delays in treatment due to unpredictability of supply and drug integrity. Additionally, chemotherapy patients must have guaranteed access to supportive care medications such as hematologic recovery, growth factors, nausea/vomiting medications and bone modifying agents where timely access is complicated by a high burden of patient out of pocket costs. Finally, is the inherent unpredictability when patients are mandated by a payer causes significant disruption.

Lori Hensic, Corporate Director of Medication Safety, Risk and Compliance at Scripps

Health in San Diego, on behalf of Scripps Health respectfully urged the Board to please support SB 958 which would prevent third party care practices that are currently jeopardizing the health and safety of patients by restricting access to critical medications. Dr. Hensic echoed colleagues' concerns regarding the disruption to quality control protocols and medication integrity. Dr. Hensic noted Scripps receives a lot of white bagging medications that the patient is no longer taking or has expired where the medications cannot be returned nor used for another patient resulting in a large amount of medication waste. While white bagging may appear to present cost savings, the real costs resulting from delayed patient care, disease progression, and money spent on wasted medication completely outweigh any savings. Dr. Hensic explained health plans pay approximately three million dollars a year to Scripps for white bag medication and patients pay co-pays ranging from \$5 to \$1,500 per dose. However, 12-15 percent and as many as 20 percent of these medications are unable to be administered to the patient due to the challenges of white bagging resulting in hundreds of thousands of dollars' worth of medications discarded each year due to the complexity of the white bagging process.

Mark Johnston, CVS Health, commented in support of Dr. Steve Gray's comments and stated Americans are in a health care crisis based up costs simply because hospitals bill significantly more for the same product which is why insured entities choose to save using white bagging. Decreased costs equate to increased distribution and use increasing public safety. He stated it is an inconvenience to hospitals who need to develop an organized method to deal with incoming shipments so they are not left on the dock or front desk when delivered. He noted the Virginia Board of Pharmacy promulgated basic rules to increase communication between pharmacies and hospitals which appears to solve without the parameters of this bill that appear to be inappropriate for the Board to take a position on without the statutory authority to address hospital and pharmacy profitability. He stated there is no DQSA issue; the pack out science for mailing is independently certified. He noted there should not be a restriction on REMS drugs and Nevada proposed rules support white bagging of REMS drugs. He urged the Board not to take a position on the bill based on inconveniences, resistance to change, and anecdotes not scientific data.

Dan Kudo, pharmacist for 47 years, currently president-elect of CSHP, commented in favor of SB 958. Dr. Kudo stated as healthcare professionals pharmacists are trusted by the public who they serve to ensure the safe and efficacious use of medications. Dr. Kudo stated belief in the words of the oath of a pharmacist because they define who pharmacists are when they swear an oath to consider the welfare in humanity and relief of suffering as the primary concern and swear to embrace and advocate change that improves healthcare. Dr. Kudo noted the mission of the Board of Pharmacy is to protect and promote the health and safety of Californians. Dr. Kudo added the Board has been provided with several examples of how the practice of white bagging is associated with delays in care. Dr. Kudo asked if they would favor a system associated with delays in therapy and outcomes in question. Dr. Kudo ended with the comment, "First, do no harm."

Keith Yoshizuka commented as an individual pharmacist in favor of the bill to restrict white bagging for safety of the patients and continuity of care for the patients served.

John Grubbs, Chief Pharmacy Officer for University of California Health, representing the six University of California Medical Centers, commented in support of President Oh's motion to support the bill. Mr. Grubbs noted previous commenters did an excellent job in outlining the numerous patient safety concerns with the practice of white bagging and for those reasons the University of California has taken a position to support SB 958. Mr. Grubbs stated he hoped the Board would take a support position on the bill.

Rita Jew, President of the Institute for Safe Medication Practices (ISMP), thanked the Board for consideration of SB 958 and spoke in support of the bill. Dr. Jew reiterated the safety concerns of white bagging including changing in dosage based on the patient's weight especially impacting the vulnerable pediatric patient population which would result in under dosing for the patient or delay in therapy; concern for authenticity and integrity of medication received with a lack of supply chain/transport oversight especially with co-chain products; concern for storage so that the integrity of the medication cannot be guaranteed and makes federal DSCS compliance difficult; issues with medication provided by the pharmacy may be supplied in different concentrations of formulations from the institutional standard medication inventory meaning the product will not be built in the CPOE and can lead to confusion and dosing errors; and the operational challenge of the inventory management system that can cause confusion and medication errors.

Member Serpa inquired if Dr. Jew could explain what the CPOE means and if that would mean the alarms and alerts would not go through because the order would be built as a non-formulary item. Dr. Serpa asked if Dr. Jew could explain what this meant for patient safety. Dr. Jew advised there are multiple layers of issues. First, Dr. Jew identified the specific strength of the medication is not built into the system that would potentially be when the medication was received and the pharmacist didn't realize there was a difference in strength which could lead to under/overdosing. Dr. Jew noted if the formulation is not in the computer system for ordering or pharmacy verification, then all the safety checks (e.g., dosing, drug interactions, allergies, etc.) will not be in place and are relying on a manual check from the pharmacist to know there may be potential safety issues and is error prone.

Member Sanchez left the meeting 11:00 a.m. and returned at 11:02 a.m.

Candace Fong, Assistant Vice President for Medication Safety for Common Spirit Health the parent corporation of Dignity Health, with 40 years' experience as a pharmacist, spoke on behalf of Common Spirit Health in support of the bill. Dr. Fong stated with a focus on patient care and patient safety, one hospital in a remote area has challenges with bad weather but they provide care to their patients because of

the community and remoteness. The expense that the organization has is to hundreds of thousands of dollars with the commitment to support those patients.

President Oh maintained his motion after comments received and confirmed if members had additional comments. There were no additional comments from members.

Support:6 Oppose: 0 Abstain: 1 Not Present: 3

Board Member	Vote
Cameron Banks	Not present
Crowley	Yes
De La Paz	Yes
Koenig	Yes
Oh	Yes
Patel	Not present
Sanchez	Yes
Serpa	Yes
Thibeau	Not present
Weisz	Abstain

The Board took a break from 11:05 a.m. to 11:15 a.m. Roll call was taken after break. Members present included: Maria Serpa; Licensee Member; Jessi Crowley, Licensing Member; Jose De La Paz, Public Member; Kula Koenig, Public Member; Ricardo Sanchez; Public Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. A quorum was established.

V. Petitions for Reinstatement of Licensure, Early Termination or Other Modification of Penalty.

Administrative Law Judge Erin Wall presided over the hearings. Petitions heard by members as a committee included:

- B. Ronald Hoang Ly, RPH 60309
- C. Christian Chalikias, RPH 68840

The Board took a break from 12:30 p.m. to 1:15 p.m. Roll call was taken after break. Members present included: Maria Serpa; Licensee Member; Jessi Crowley, Licensing Member; Jose De La Paz, Public Member; Kula Koenig, Public Member; Ricardo Sanchez; Public Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. A quorum was established.

- D. Amar Ravji Lunagaria, RPH 78523
- E. Ruth Mercy S. Magalit, RPH 62379

The Board took a break from 3:07 p.m. to 3:15 p.m. Roll call was taken after break. Members present included: Maria Serpa; Licensee Member; Jessi Crowley, Licensing Member; Jose De La Paz, Public Member; Kula Koenig, Public Member; Ricardo Sanchez; Public Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. A quorum was established.

- F. Clarence Lloyd, RPH 46890

VII, Closed Session

Open session concluded at approximately 4:15 p.m. The Board entered into closed session at approximately 4:30 p.m. and ended closed session at 5:41 p.m. The Board Meeting concluded at approximately 5:42 p.m.