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
Enforcement and Compounding Committee Meeting Minutes

Date: April 11, 2024

Location: OBSERVATION AND PUBLIC COMMENT IN PERSON:
California State Board of Pharmacy
2720 Gateway Oaks Drive, First Floor Hearing Room
Sacramento, CA 95833

Board of Pharmacy staff members were present at the observation and public comment location.

PUBLIC PARTICIPATION AND COMMENT FROM REMOTE LOCATIONS VIA WEBEX

Board Members Present:
Maria Serpa, PharmD, Licensee Member, Chair
Renee Barker, PharmD, Licensee Member, Vice Chair
Indira Cameron-Banks, Public Member
Seung Oh, PharmD, Licensee Member
Nicole Thibeau, PharmD, Licensee Member

Staff Present:
Anne Sodergren, Executive Officer
Julie Ansel, Assistant Executive Officer
Corinne Gartner, DCA Counsel
Jennifer Robbins, DCA Counsel
Debbie Damoth, Executive Specialist Manager

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

Chairperson Serpa called the meeting to order at approximately 9:00 a.m. As part of the opening announcements, Chairperson Serpa reminded everyone that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Department of Consumer Affairs' staff provided instructions for participating in the meeting.

Roll call was taken. The following members were present via WebEx: Renee Barker, Licensee Member; Indira Cameron-Banks, Public Member; Seung Oh, Licensee Member; Nicole Thibeau, Licensee Member; and Maria Serpa, Licensee Member. A quorum was established.

Dr. Serpa reminded Committee members to remain visible with cameras on throughout the open session of the meeting. Dr. Serpa advised if members needed to temporarily turn off their camera due to challenges with internet connectivity, they must announce the reason for non-appearance when the camera was turned off.

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

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist requested that an item be added to a future agenda to clarify who can distribute prescription drugs to nurse practitioners.

A registered nurse and advocate for chronic pain patients commented chronic pain patients are not able to get their prescription pain medications due to the opioid settlement injunction. Due to thresholds placed on pharmacies, the patients are required to go to pharmacies farther from where they live, which represents a red flag.

A pharmacist asked if the compounding regulations were changed and when they would be put into law. The pharmacist also asked if continuing education was able to be earned for WebEx meetings.

Members were surveyed to see if they wanted to add any of the suggested items to a future agenda.

Chairperson Serpa noted the issue related to thresholds and closing pharmacies would be included on a future agenda.

Member Oh requested the issue of prescriber ordering, furnishing, and dispensing related to mid-level practitioners be added to a future agenda. Members agreed.

Member Thibeau requested adding to a future agenda the DEA changes and how those rules are impacting chronic pain patients, noting that this is also causing problems with testosterone at transgender clinics.

Members agreed to add the two items to a future agenda.

III. Approval of Draft Minutes from the January 23, 2024 Enforcement and Compounding Committee Meeting

The draft minutes of the January 23, 2024 Enforcement and Compounding Committee meeting were presented for review and approval.

Members were provided the opportunity to comment. Dr. Serpa requested a change on page 15 related to comments about ISMP Canada.

Motion: Approve the January 23, 2024 Enforcement and Compounding Committee meeting minutes as presented with requested changes.

M/S: Oh/Barker

Members of the public were provided the opportunity to comment in Sacramento and via WebEx; however, no comments were made.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Cameron-Banks	Support
Oh	Support
Serpa	Support
Thibeau	Support

IV. Presentation by the National Association of State Boards of Pharmacy on Drug Shortages including Discussion on the National Landscape

Chairperson Serpa recalled the Board received a request during public comment for items not on the agenda for the Board to agendize discussion on drug shortages. The matter was referred to the Enforcement and Compounding Committee for discussion. Dr. Serpa welcomed Andrew Funk,

PharmD, Member Relations and Government Affairs Director with the National Association of State Boards of Pharmacy (NABP).

Dr. Funk provided an overview of the NABP mission, vision, purpose, and member boards. Dr. Funk reviewed factors that contribute to drug shortages as well as the FDA's response to drug shortages. He also reviewed an FDA report that identified three root causes for drug shortages: lack of incentives for manufacturers to produce less profitable drugs; the market doesn't recognize and reward manufacturers for "mature quality systems" that focus on continuous improvement and early detection of supply chain issues; and logistical and regulatory challenges make it difficult for the market to recover from disruptions.

Dr. Funk then addressed a CDC report on stimulant shortages. Dr. Funk reviewed possible causes of the stimulant shortages included increased demand; established patients at pharmacies seeking prescriptions elsewhere due to shortages resulting in established patients at those pharmacies with fewer supply; nonpayment for branded stimulants; imbalance of DEA-allocated raw active pharmaceutical ingredients; and manufacturers not utilizing allocated resources.

Dr. Funk next reviewed the DEA's response to stimulant shortages. On August 28, 2023, the DEA made changes to the allocation quota process. On November 1, 2023, the DEA announced steps to increase manufacturer transparency and receive real-time data on the status of drug production. Finally, Dr. Funk reviewed a sample transaction history document that demonstrated how drug shortages are exacerbated when a wholesaler buys hundreds of vials from many pharmacies.

Following the presentation, members were provided the opportunity to comment.

Member Oh noted that he has observed vast shortages for oral non-controlled substances, was curious about what was happening, and asked why the marketplace couldn't correct the shortages. Dr. Funk indicated he would only be able to speculate on reasons why this was occurring.

Member Barker noted it was a complex issue and stated she appreciated the information from NABP and FDA.

Member Thibeau noted the drug manufacturers have lobbying power and asked if there were recommendations to focus on the manufacturers who are controlling the narrative. Dr. Funk explained policy is developed at the district level for NABP and noted a district requested this issue be explored.

Members of the public in Sacramento were provided the opportunity to comment; however, no comments were made.

Members of the public were provided the opportunity to comment via WebEx.

A civil engineer and chronic pain advocate commented the injunctive relief imposed by the opioid settlement is impacting supply, and this is having a negative impact on pain patients. The commenter asked the Committee to recommend to the full Board to recognize the issue.

A registered nurse noted the FDA measures shortages differently than ASHP and asked if the FDA could measure the impact of shortages at the counter by monitoring the ASHP metrics.

A representative of the CMA noted physicians continue to hear patients are having difficulty obtaining prescription medications, and CMA looks forward to continuing to work with the Board to help alleviate this issue for patients.

Chairperson Serpa discussed her experiences with drug shortages, noting shortages impact both the practice of pharmacy and patients.

Members were provided the opportunity to comment after having received public comment; however, no comments were received.

V. Discussion and Consideration of Proposed Changes to ADDS Self-Assessment Rulemaking and Form, as requested by the Office of Administrative Law

Chairperson Serpa noted California Code of Regulations (CCR), title 16, section 1715.1 establishes the requirement for the pharmacist-in-charge (PIC) of each automated drug delivery system (ADDS) to complete a self-assessment form evaluating the pharmacy's compliance with state and federal law. The self-assessment form is incorporated by reference in the regulation, so when updates to the form are required to reflect changes in the law, the Board must undertake the rulemaking process.

Dr. Serpa referenced meeting materials including additional details. Dr. Serpa noted that in January 2022, the Board voted to initiate a rulemaking to update the self-assessment form. At the end of the rulemaking process, the Office of Administrative Law (OAL) identified issues with the form that could not be resolved within the limited timeframe provided. As such, the rulemaking was withdrawn.

Dr. Serpa referenced an updated version of the self-assessment form that includes the previous changes approved by the Board. The changes required by OAL have also been incorporated, along with a few minor changes to reflect changes in pharmacy law that have occurred since the Board initiated the prior rulemaking in 2022.

Dr. Serpa noted the meeting materials detailed out the changes. While the form appears to indicate that a significant number of changes have been made, most of the changes were approved previously by the Board. An example of a change requested by OAL was on the first page in the note for hospital pharmacies. The prior version approved by the Board referenced operating an ADDS pursuant to Business and Professions Code (BPC) section 4427.2. At the request of OAL, ADDS had been replaced with AUDS. Similar changes were made throughout, replacing ADDS with AUDS where OAL deemed it appropriate.

Members were provided the opportunity to comment.

Member Thibeau appreciated the change to non-gendered language. Dr. Thibeau asked why the term "long-term care facilities" was crossed out in the header to section 6. Dr. Thibeau asked for the headings to be restored if possible.

Motion: Recommend initiation of a rulemaking to amend California Code of Regulations, title 16, section 1715.1 consistent with the Committee's discussion and self-assessment form 17M-112, incorporated by reference. Authorize the executive officer to further refine the language consistent with the Committee's discussion and OAL's recommendations and to make any nonsubstantive changes prior to presenting the proposed rulemaking to the Board.

Title 16. Board of Pharmacy

Order of Adoption

Proposal to amend §1715.1 of Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1715.1. Self-Assessment of an Automated Drug Delivery System by the Pharmacist-in-Charge.

(a) The pharmacist-in-charge of each automated drug delivery system as defined under section 4119.11, 4187.5 or section 4427.3 of the Business and Professions Code (BPC) shall complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law. The assessment shall be performed ~~annually~~ before July 1 of every odd-numbered year. The primary purpose of the self-assessment is to promote compliance through self-examination and education.

(b) In addition to the self-assessment required in subdivision (a) of this section, the pharmacist-in-charge shall complete a self-assessment within 30 days whenever:
  (1) A new automated drug delivery system license has been issued.
  (2) There is a change in the pharmacist-in-charge~~, and he or she becomes the new pharmacist-in-charge of an automated drug delivery system~~.
  (3) There is a change in the licensed location of an automated drug delivery system to a new address.

(c) A pharmacist-in-charge of an automated drug delivery system shall assess the system's compliance with current laws and regulations by using the components of Form 17M-112 (Rev 1~~2~~/~~18~~23) entitled "Automated Drug Delivery System Self-Assessment". Form 17M-112 shall be used for all automated drug delivery systems and is hereby incorporated by reference.
  (1) The pharmacist-in-charge shall provide identifying information about the underlying operating pharmacy including:
    (A) Name and any license number(s) of the underlying pharmacy and their expiration date(s);
    (B) Address, phone number, and website address, if applicable, of the underlying pharmacy;
    (C) DEA registration number, expiration date, and date of most recent DEA inventory;
    (D) Hours of operation of the pharmacy; and
    (E) ADDS license number, address, and hours of operation.
  (2) The pharmacist-in-charge shall respond "yes", "no", or "not applicable" (N/A) about whether the automated drug delivery system is, at the time of the self-assessment, in compliance with laws and regulations that apply to that pharmacy setting.

(3) For each “no” response, the pharmacist-in-charge shall provide a written corrective action or action plan to come into compliance with the law.
(4) The pharmacist-in-charge shall initial each page of the self-assessment with original handwritten initials in ink or digitally signed in compliance with Civil Code Section 1633.2(h) on the self-assessment form.
(5) The pharmacist-in-charge shall certify on the last page of the self-assessment that ~~he or she has~~ they have completed the self-assessment of the automated drug delivery system of which ~~he or she is~~ they are the pharmacist-in-charge. The pharmacist-in-charge shall also certify a timeframe within which any deficiency identified within the self-assessment will be corrected and acknowledge that all responses are subject to verification by the Board of Pharmacy. The certification shall be made under penalty of perjury of the laws of the State of California that the information provided in the self-assessment form is true and correct with an original handwritten signature in ink or digitally signed in compliance with Civil Code Section 1633.2(h) on the self-assessment form.
(6) The automated drug delivery system owner shall certify on the final page of the self-assessment that ~~he or she~~ they have ~~has~~ read and reviewed the completed self-assessment and acknowledges that failure to correct any deficiency identified in the self-assessment could result in the revocation of the automated ~~dispensing~~ drug delivery system's license issued by the board. This certification shall be made under penalty of perjury of the laws of the State of California with an original handwritten signature in ink or digitally signed in compliance Civil Code Section 1633.2(h) on the self-assessment form.

(d) Each self-assessment shall be completed in its entirety and kept on file in the underlying pharmacy for three years after it is performed. The completed, initialed, and signed original must be readily available for review during any inspection by the board.
(e) Any identified areas of noncompliance shall be corrected as specified in the assessment.
(f) The pharmacist-in-charge of a hospital using more than one unlicensed automated drug delivery system as authorized in BPC section 4427.2(i) may complete a single self-assessment of the hospital’s compliance with federal and state pharmacy law for all automated drug delivery systems under the following conditions:
(1) The mechanical devices used as part of the automated drug delivery system to store, dispense, or distribute dangerous

drugs are of the same manufacturer and controlled by the same software system on a single server;
(2) The same policies and procedures required by Section 4427.2 of the BPC are used; and
(3) All mechanical devices for which the single consolidated self-assessment appliesshall be listed with license number and expiration date as part of the self- assessment.

(g) The pharmacist-in-charge of a licensed correctional pharmacy using more than one licensed automated drug delivery system at a single institution in compliancewith federal and state pharmacy law may complete a single consolidated self-assessment for all automated drug delivery systems licensed to the correctional pharmacy under the following conditions:
(1) The mechanical devices used as part of the automated drug delivery system tostore, dispense, or distribute dangerous drugs are of the same manufacturer and controlled by the same software system on a single server;
(2) The same policies and procedures required by Section 4427.2 of the BPC are used; and
(3) All mechanical devices for which the single consolidated self-assessment appliesshall be listed with license number and expiration date as part of the self- assessment.

Note: Authority cited: Sections 4119.11 and 4427.7, Business and Professions Code. Reference: Sections 4001.1, 4008, 4017.3, 4021, 4022, 4036, 4037, 4038, 4040, 4050, 4051, 4052, 4059, 4070, 4076, 4081, 4101, 4105, 4107, 4113, 4117.3, 4119.1, 4119.11, 4125, 4126, 4180, 4186, 4305, 4330, 4332, 4333, 4400, 4427, 4427.1, 4427.2, 4427.3, 4427.4, ~~and~~ 4427.5, 4427.6, and 4427.7, Business and Professions Code; and Section 16.5, Government Code.

M/S: Oh/Thibeau

Members of the public were provided the opportunity to comment in Sacramento; however, no comments were made.

Members of the public were provided the opportunity to comment via WebEx.

A representative of CSHP asked if the comments from OAL could be released for transparency. Ms. Robbins advised OAL notified her that the comments could be made public.

A pharmacist commented with an observation as to why "long-term care" might have been removed from the text.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Cameron-Banks	Support
Oh	Support
Serpa	Support
Thibeau	Support

VI. Discussion on Compounding Activities by IV Hydration Clinics

Chairperson Serpa referenced meeting materials including relevant sections of federal law that establish the conditions under which compounded human drug products are exempt from three sections of the federal Food, Drug and Cosmetic Act. The meeting materials provided background information on the issue of IV hydration clinics including information about warnings released by the FDA involving instances of drug products being compounded under insanitary conditions. Dr. Serpa noted many of warnings stem from compounding occurring in sites that are not regulated by the Board, including IV hydration clinics. Dr. Serpa provided IV hydration clinics appear to be operating in many settings, including beauty salons, mobile vans, and gymnasiums, and appear to lack the appropriate oversight, use of appropriate equipment, and improper storage, placing patients at risk. Examples of this practice can be found in media and advertising offering IV hydration in the workplace, home, or hotels. These issues are occurring across the nation, including in California.

Dr. Serpa reported Board staff have observed inspections in some IV hydrations clinics and report witnessing alarming practices placing consumers at risk. Staff also report challenges with conducting investigations because even basic patient information, administration information, *etc.*, is not maintained and/or provided to the Board. Given the risk to patients, and the documented harm, this issue was brought before the Committee to consider the issue and determine if there are any actions the Board should take to protect patients.

Policy Question #1 - Does the Committee believe the Board should have a role in the regulation of IV hydration clinics?

Dr. Serpa noted she believed the regulation of these clinics is necessary, and the Board has the subject matter expertise with inspectors such that she believed the Board was well suited to perform an oversight role. Dr. Serpa believed that this would have an impact on staff and stated she didn't believe the Board could absorb such regulation with existing resources.

Members were provided the opportunity to comment.

Dr. Oh agreed and noted the public may not understand the risks and potential danger related to these practices. Dr. Oh added there is at least an opportunity for the Board to provide education on the issue but if there is an opportunity for the Board to have a role in regulating these facilities, the Board should pursue it, possibly through the sunset process.

Dr. Barker agreed the magnitude of adding this oversight role would not be able to be absorbed by the Board quickly, but it seems like this falls under the Board's purview.

Policy Question #2 – The Board currently has authority to issue a cease and desist whenever the Board has a reasonable belief, based on information obtained during an inspection or investigation, that a pharmacy compounding sterile drug products possesses an immediate threat to the public health or safety (see BPC section 4127.3). Does the Committee believe the Board should explore expanding its cease and desist authority to other facilities such as IV hydration clinics?

Dr. Serpa believed the Board needs to have a role in protecting consumers, especially if no other state regulator is evaluating the practice for compliance.

Members were provided the opportunity to comment.

Member Oh agreed with the cease and desist authority, and also asked if the Board could possibly issue citations and fines.

Ms. Gartner clarified the Board's existing cease and desist authority: section 4127.3 of the BPC provides authority to issue a cease and desist to a pharmacy based on reasonable belief that the pharmacy's compounding of sterile drug products poses an immediate threat to public health, and BPC section 4316 provides cease and desist authority for unlicensed activity. Ms.

Sodergren added that the law was changed with AB 1286 to allow the Board to assess fines of up to $5,000 per occurrence for unlicensed activity.

Dr. Barker agreed with the Board issuing a cease and desist to avoid a catastrophe and in the interest of patient safety.

Policy Question #3 – Does the Committee believe that the Board should exercise its authority to issue a cease and desist order for unlicensed practice consistent with its existing authority under BPC section 4316?

Dr. Serpa thought it would be an appropriate tool for the Board to consider, but it would need to be very fact specific.

Dr. Thibeau noted patients with dysautonomia and postural orthostatic tachycardia syndrome (POTS) can benefit from IV fluids. It's possible that some patients are relying on these clinics because there is a need and due to lack of knowledge and misunderstanding in the medical community, patients can't always get these treatments through their doctors. Dr. Thibeau thought the cease and desist was appropriate in some cases for patient safety but wanted to ensure there was a way for these types of clinics to exist, so the Board doesn't create another problem for patients who legitimately need these treatments.

Dr. Serpa agreed IV hydration has an appropriate place but it's scary when patients are harmed by a money-making business that doesn't have safe products, a safe way to compound the products, or a safe way to administer the compounds.

Policy Question #4 - The Board currently does not have authority to request records from these facilities to investigate the source of the drug products. Does the Committee believe that the Board should explore securing authority to request and review such records?

Dr. Serpa believed this answer is yes and noted this could be mirrored in a similar fashion to requirements for pharmacies to provide information to the Medical Board investigators for example. Dr. Serpa expressed concern about where the drugs were being purchased.

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

Policy Question #5 - Does the Committee believe that changes in law may be necessary to require that pharmacies and wholesalers selling supplies, ingredients, or products to businesses such as IV hydration clinics must exercise due diligence prior to selling to such businesses?

Dr. Serpa believed the answer is yes and believed this may be a good article for an issue of *The Script*. BPC section 4126.5 already defines who a pharmacy may furnish drugs to, so failure on the part of the pharmacy to confirm it is selling to an authorized source appears consistent with the law.

Members were provided the opportunity to comment.

Dr. Oh noted general support for this concept but observed that it can be difficult for wholesalers and pharmacies to vet these entities because of how easy it is for businesses to pretend to be legitimate buyers, so the Board should tread lightly and carefully here and be cautious of punishing the seller Dr. Oh also noted appreciation for Dr. Thibeau's comments because there is an actual need for access to IV hydration and there are patients who legitimately need these treatments.

Dr. Serpa noted wholesalers and pharmacies already have systems to vet where they are sending medications to and agreed they weren't the cause of the issue, but at the same time they are the gatekeepers that help keep patients and the community safe.

Policy Question #6. – Does the Committee believe the Board should release a policy statement encouraging compliance with federal law and compliance with USP?

Dr. Serpa noted she was a strong advocate for education and believes the Board has a role promoting safe compounding practices. If members agree, Dr. Serpa would be happy to work with staff to develop such a statement for consideration at the July 2024 Committee meeting.

Members were provided the opportunity to comment.

Dr. Oh agreed. Dr. Barker asked where a policy statement from the Board would be sent or seen to make sure it gets to the intended audience. Dr. Serpa envisioned it as a normal policy to be provided to licensees and media outlets. Ms. Sodergren added the information could also be shared with sister agencies and other programs within DCA such as Barbering and

Cosmetology where they are seeing this business model appear in areas that they regulate.

Policy Question #7 - Does the Committee believe the Board should release a policy statement to the public warning of the dangers of receiving intravenous products and preparations from unlicensed facilities and personnel?

Dr. Serpa believed this was both appropriate and consistent with the Board's consumer protection mandate. Dr. Serpa believed it may be appropriate to refer development of the policy statement to the Communication and Public Education Committee.

Dr. Thibeau thought members of the public should be provided information, and asked if tools could be provided to the public to show consumers where to safely go if they need these treatments (*e.g.,* at a doctor's office, look for a phlebotomist, *etc.*).

Dr. Serpa noted the importance of communicating to consumers how to obtain IV hydration safely.

Dr. Barker agreed the statement should direct consumers about where to go. Dr. Barker referenced the FDA statement from 2021 that highlighted concerns with the compounding of drug products by medical offices and clinics under insanitary conditions. Dr. Barker thought getting information about documented cases of harm might motivate consumers to look for a quality compounded product.

Members of the public in Sacramento were provided the opportunity to provide comment; however, no comments were made.

Members of the public were provided the opportunity to comment via WebEx.

A member of the public urged the Board to consider other situations that would be affected by the Board taking up this issue, including cancer infusion clinics.

A pharmacist commented the hydration centers were using electrolytes and other prescription drugs to accomplish the hydration that would have to be ordered by a practitioner who is legally able to prescribe. Pursuant to BPC

section 4008, the Board can inspect any location where prescription drugs and devices are located to discover where the prescriptions drugs and devices are being obtained.

Members were provided the opportunity to comment after having received public comment; however, no comments were made.

Dr. Serpa indicated she would work with staff and bring materials back to the July meeting for consideration.

The Committee took a break from 10:49 a.m. to 11:05 a.m. After break, roll call was taken. The following members were present via WebEx: Renee Barker, Licensee Member; Indira Cameron-Banks, Public Member; Seung Oh, Licensee Member; Nicole Thibeau, Licensee Member; and Maria Serpa, Licensee Member. A quorum was established.

VII. Discussion and Consideration of Updates to Frequently Asked Questions Related to Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023)

Chairperson Serpa recalled that given the comprehensive nature of AB 1286 (Haney, Chapter 470, Statutes of 2023), the Committee determined development of frequently asked questions (FAQs) was appropriate. The FAQs were considered and approved during the February 2024 Board meeting and it was suggested that a few additional items for consideration related to minimum staffing may be appropriate. The Board's publication, *The Script*, released a Special Edition on AB 1286 to provide more background and information to licensees. Dr. Serpa noted the meeting materials included a copy of the updated FAQs with proposed changes to the FAQs in questions 8 and 9 reflected with underlined text. Dr. Serpa noted that she reviewed the proposed changes and believed they were appropriate.

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

Motion: Recommend approval of the additional FAQs related to Assembly Bill 1286.

M/S: Thibeau/Barker

Members of the public were provided the opportunity to comment in Sacramento and via WebEx; however, no comments were made.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Cameron-Banks	Support
Oh	Support
Serpa	Support
Thibeau	Support

VIII. Review and Discussion of Enforcement Statistics

Chairperson Serpa referenced meeting materials that included a summary of enforcement statistics for the first eight months of the fiscal year. The Board received 2,208 complaints and closed 1,798 investigations. As of March 1, 2024, the Board has 1,662 field investigations pending. The materials provided a breakdown of the average timeframe for the various stages of the field investigation process. Dr. Serpa noted the average time for cases pending supervisor review has increased significantly and requested staff keep the Chairperson apprised of progress made to reduce that time for such review over the coming months.

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

Members of the public were provided the opportunity to comment in Sacramento and via WebEx; however, no comments were made.

XI. Future meeting dates and adjournment

Chairperson Serpa thanked everyone for their time and participation, noting the next meeting was currently scheduled for July 17, 2024. Dr. Serpa asked that stakeholders monitor the Board's website for updates.

X. Adjournment

The meeting adjourned at 11:10 a.m.