California State Board of Pharmacy
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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Communication and Public Education Committee Report

Ken Schell, PharmD, Chair
Bill Powers, President and Board Member
Hank Hough, Board Member
Andrea Zinder, Board Member

Report of the Meeting of September 22, 2006

For Action:

1. Discussion Regarding Development of AB 2583's Requirements to Modify the "Notice to Consumers"

Assembly Bill 2583 (Nation) was signed by the Governor and became chapter 487, statutes of 2006 (**Attachment 1**). This bill requires the board to add to the Notice to Consumers, a statement that describes a patient's right to obtain medication from a pharmacy:

1. even if a pharmacist has ethical, moral or religious grounds against dispensing a particular drug, in which case protocols for getting the patient the medication is required.
2. unless based upon the pharmacist's professional training and judgment that dispensing a drug is contrary to law or the drug would cause a harmful drug interaction or otherwise adversely affect the patient's medical condition.
3. unless the medication is out of stock or not available from the pharmacy.
4. unless the patient cannot pay for the medication or pay any required copayment.

The "Notice to Consumers" referenced in this bill refers to a requirement that the board provide a poster to pharmacies that must be displayed in an area conspicuous to and readable be prescription drug consumers (16 CCR section 1707.2(f)) **Attachment 1**.

The current Notice to Consumers is provided in **Attachment 2,** although a poster-size version is provided to each pharmacy. The poster is also available in Spanish, Russian, Korean, Chinese, Vietnamese in an 8.5 x 11 inch size, via downloading from the board's Web site.

At reported at the July Board Meeting, the committee believes that the addition of this additional material to the Notice to Consumers will be a challenge because the current poster is very full of text already. Moreover, the new content does not really mesh with the focus of the current Notice to Consumers.

Consequently, the committee recommended to the board at the July meeting that a second notice to consumers be considered.

A draft that encompasses the required text and also informs patients about their rights to medication and pharmacists' consultation is provided in **Attachment 2.**

During the board meeting, the board may review and modify this statement. The information required to be displayed on the Notice to Consumers by AB 2583 will need to eventually be promulgated in a regulation. The discussion at this meeting is important to this adoption process.

INFORMATION ONLY

2. Update on the Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

Background: Two and one half years ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The project involves UCSF pharmacy students developing one-page fact sheets on diverse health care topics for public education.

The UCSF's Center for Consumer Self Care works directly with the students to develop the fact sheets, which are then reviewed by faculty members and then by the board.

The board distributes these fact sheets at community health fairs and has them available online. The fact sheet format is intended to be attractive whether printed or photocopied.

So far, nine fact sheets have been developed. These fact sheets are:

General Pharmaceutical Care Issues

1. "Is Your Medicine in the News?"
2. "Generic Drugs . . . Real Medicines at High Quality, Low Cost"
3. "Lower Your Drug Costs So You Can Keep On Taking Your Medicines"
4. "Don't Flush Your Medicines Down the Toilet"

Medicine Safety

5. "What's the Deal with Double Dosing? Too Much Acetaminophen, That's What!"
6. "Ever Miss a Dose of Your Medicine? Here are some Tips"

7. "Thinking of Herbals? Check Carefully Before You Take Them with Medicines"

Health Topics

8. "Diabetes – Engage Your Health Team"
9. "Did You Know? Good Oral Health Means Good Overall Health"

These fact sheets are currently being translated by the board into Spanish, Vietnamese and Chinese.

At the September committee meeting, four new fact sheets were unveiled. The committee and staff provided comments and revisions. After completion of editing and review, the fact sheets will be released. The fact sheets under development are:

- An Aspirin a Day? . . . Maybe, Check it Out!
- Uncommon Sense for the Common Cold
- Medication Errors Mistakes Happen . . . Protect Yourself!
- Putting the Chill on Myths about Colds and Flu

Copies of several fact sheets produced under this project are in **Attachment 3**.

3. Update on Activities of the California Health Communication Partnership

Background: In 2004, the board voted to become a founding member of California Health Communication Partnership. This group is spearheaded by the UCSF's Center for Consumer Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion. Members include other regulatory boards and professional associations and the FDA. The function of the group is to develop or disseminate integrated public information campaigns on priority health topics identified by the partnership members.

At the September Communication and Public Education Meeting, Bill Soller, PhD, of the Center for Consumer Self Care, made a presentation about the recent activities of the partnership.

The current campaign is cancer screening: "It's Your Life – Do It Today" and is aimed at men and women aged 50-75 years of age. This is the second year for this outreach program. The UCSF has obtained a grant from a private foundation, which will enable use of a firm (the North American Precis Syndicate) that specializes in dissemination of public service announcements and prewritten articles to a diversity of media outlets nationwide.

The committee discussed other topics, including development of an outreach campaign on generics, which is another planned project of the partnership.

In the past the committee has also discussed the importance of public education campaigns about pharmacist-to-patient consultation since many consumers are not aware of this requirement and the importance of seeking and following a pharmacist's knowledge of drug therapy and how this can benefit their health. The committee also suggested that some form of outreach to educate other health care providers about a pharmacist's requirement to consult would benefit both providers and patients.

4. Update on *The Script*

The September issue of *The Script,* was mailed to pharmacies and wholesalers. Board Analyst Victor Perez graphically designed this issue instead of the graphics unit of the State Printing Plant

The Pharmacy Foundation of California will again mail this newsletter shortly to all California-licensed pharmacists.

The next issue of the newsletter is being developed for publication for January 2007. It will focus on new legislation and regulations.

5. Development of New Consumer Brochures

The board has recently conveyed a job offer to an individual to provide consumer and licensee outreach. Development of board materials will be one of her responsibilities. We hope to have this individual on board before mid-November.

There has been no work on the following projects since the last board meeting. Here are several projects underway or initiated.

- Revision of *Prescription Drug Discount Program for Medicare Recipients*
- The Beers list of medications that should not be provided to elderly patients
- Update of Facts About Older Adults and Medicines (revision)

One of the hottest topics in the popular media recently has been medical errors, including medication errors.

The board has been actively involved in a number of activities aimed at reducing errors, including our quality assurance program requirements that mandate that pharmacies evaluate every prescription error.

Staff is beginning to build the components for a segment of the board's Web site to address medication errors. It will include data such as that presented at the July 2006 Board Meeting on prescription error data identified by the board through investigations of consumer complaints. It will also include information from other sources – ways to prevent errors, frequently confused drug names, etc. It will have links to other Web sites as well.

6. Recent Study of Patient Medical Literacy

The committee discussed a recent report by the National Center for Education Statistics that found that most people had only intermediate health literacy. This means that "a majority of U.S. adults will have some difficulty using health-oriented materials with accuracy and consistency." The study, based on data from the 2003 National Assessment of Adult Literacy, involved 19,000 individuals. The data indicate that that fewer than one in six persons is proficient in health literacy.

Low health literacy results in patients not understanding medical instructions and terms, and leads to higher costs and poor health outcomes.

Generally:

- Whites and Asian adults had higher health literacy rates than blacks, Hispanics and American Indians.
- Hispanic adults had the lowest health literacy rates.
- Adults older than 65 had lower health literacy rates than younger age groups
- Women had slighter higher health literacy than men.

These statistics again underlie the importance of patient education – by pharmacists and other health care providers as well as by this board. The data also emphasize the need to provide appropriate tools for patients to educate themselves.

A copy of a press release and the executive summary (which is essentially survey statistics) are provided in **Attachment 4**.

The full report, which is over 60 pages, can be viewed at:
http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483

7. Update on Public Outreach Activities

The board strives to provide information to licensees and the public. To this end, it has a number of consumer materials to distribute at consumer fairs and attends as many of these events as possible, where attendance will be large and staff is available.

The board has a Power Point presentation on the board containing keyboard policies and pharmacy law. This is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and is well received by the individuals present.

From July 1 – October 15, the board provided five CE presentations, and general licensee or public outreach at six events.

A detailed list is provided in **Attachment 5**.

8. Subcommittee on Part D Plans

There was no meeting of the board's Subcommittee on Part D Plans this quarter. The committee is comprised of Board Members Andrea Zinder and Stan Golden berg, which is chair.

The next meeting will be November 30 in Sacramento. Representatives of the California Department of Health Services and the federal Centers for Medicaid and Medicare Services will attend along with consumer advocacy groups. The goal in holding these meetings is to provide a forum for discussion and problem solving among the agencies.

9. Meeting Summary

A summary of the Communication and Public Education Committee Meeting held September 22 is provided in **Attachment 6**.

Attachment 1

AB 2583's Required Additions to the Board's Notice to Consumers
And
Title 16 California Code of Regulations Section 1707.2(f)
"Notice to Consumers"

Assembly Bill No. 2583

CHAPTER 487

An act to amend Sections 733 and 4122 of the Business and Professions Code, relating to healing arts.

[Approved by Governor September 26, 2006. Filed with Secretary of State September 26, 2006.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2583, Nation. Dispensing prescription drugs and devices: refusal to dispense.

Existing law prohibits a health care licentiate from obstructing a patient in obtaining a prescription drug or device, and requires the licentiate to dispense drugs and devices pursuant to a lawful prescription or order, except in specified circumstances, including on ethical, moral, or religious grounds asserted by the licentiate if certain requirements are met. Existing law authorizes the California State Board of Pharmacy to issue a citation for a violation of these provisions and authorizes its executive officer to issue a letter of admonishment for their violation. Existing law, the Pharmacy Law, requires every pharmacy to prominently post a notice to consumers provided by the board concerning the availability of prescription price information, the possibility of generic drug product selection, and the types of services provided by pharmacies. A violation of the Pharmacy Law is a crime.

This bill would require the consumer notice posted in pharmacies to also contain a statement describing patients' rights relative to access to prescription drugs or devices. By changing the definition of a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

SECTION 1. Section 733 of the Business and Professions Code is amended to read:

733. (a) No licentiate shall obstruct a patient in obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct

by the licentiate and shall subject the licentiate to disciplinary or administrative action by his or her licensing agency.

(b) Notwithstanding any other provision of law, a licentiate shall dispense drugs and devices, as described in subdivision (a) of Section 4024, pursuant to a lawful order or prescription unless one of the following circumstances exists:

(1) Based solely on the licentiate's professional training and judgment, dispensing pursuant to the order or the prescription is contrary to law, or the licentiate determines that the prescribed drug or device would cause a harmful drug interaction or would otherwise adversely affect the patient's medical condition.

(2) The prescription drug or device is not in stock. If an order, other than an order described in Section 4019, or prescription cannot be dispensed because the drug or device is not in stock, the licentiate shall take one of the following actions:

(A) Immediately notify the patient and arrange for the drug or device to be delivered to the site or directly to the patient in a timely manner.

(B) Promptly transfer the prescription to another pharmacy known to stock the prescription drug or device that is near enough to the site from which the prescription or order is transferred, to ensure the patient has timely access to the drug or device.

(C) Return the prescription to the patient and refer the patient. The licentiate shall make a reasonable effort to refer the patient to a pharmacy that stocks the prescription drug or device that is near enough to the referring site to ensure that the patient has timely access to the drug or device.

(3) The licentiate refuses on ethical, moral, or religious grounds to dispense a drug or device pursuant to an order or prescription. A licentiate may decline to dispense a prescription drug or device on this basis only if the licentiate has previously notified his or her employer, in writing, of the drug or class of drugs to which he or she objects, and the licentiate's employer can, without creating undue hardship, provide a reasonable accommodation of the licentiate's objection. The licentiate's employer shall establish protocols that ensure that the patient has timely access to the prescribed drug or device despite the licentiate's refusal to dispense the prescription or order. For purposes of this section, "reasonable accommodation" and "undue hardship" shall have the same meaning as applied to those terms pursuant to subdivision (*l*) of Section 12940 of the Government Code.

(c) For the purposes of this section, "prescription drug or device" has the same meaning as the definition in Section 4022.

(d) The provisions of this section shall apply to the drug therapy described in paragraph (8) of subdivision (a) of Section 4052.

(e) This section imposes no duty on a licentiate to dispense a drug or device pursuant to a prescription or order without payment for the drug or device, including payment directly by the patient or through a third-party

payer accepted by the licentiate or payment of any required copayment by the patient.

(f) The notice to consumers required by Section 4122 shall include a statement that describes patients' rights relative to the requirements of this section.

SEC. 2. Section 4122 of the Business and Professions Code is amended to read:

4122. (a) In every pharmacy there shall be prominently posted in a place conspicuous to and readable by prescription drug consumers a notice provided by the board concerning the availability of prescription price information, the possibility of generic drug product selection, the type of services provided by pharmacies, and a statement describing patients' rights relative to the requirements imposed on pharmacists pursuant to Section 733. The format and wording of the notice shall be adopted by the board by regulation. A written receipt that contains the required information on the notice may be provided to consumers as an alternative to posting the notice in the pharmacy.

(b) A pharmacist, or a pharmacist's employee, shall give the current retail price for any drug sold at the pharmacy upon request from a consumer, however that request is communicated to the pharmacist or employee.

(c) If a requester requests price information on more than five prescription drugs and does not have valid prescriptions for all of the drugs for which price information is requested, a pharmacist may require the requester to meet any or all of the following requirements:

(1) The request shall be in writing.

(2) The pharmacist shall respond to the written request within a reasonable period of time. A reasonable period of time is deemed to be 10 days, or the time period stated in the written request, whichever is later.

(3) A pharmacy may charge a reasonable fee for each price quotation, as long as the requester is informed that there will be a fee charged.

(4) No pharmacy shall be required to respond to more than three requests as described in this subdivision from any one person or entity in a six-month period.

(d) This section shall not apply to a pharmacy that is located in a licensed hospital and that is accessible only to hospital medical staff and personnel.

(e) Notwithstanding any other provision of this section, no pharmacy shall be required to do any of the following:

(1) Provide the price of any controlled substance in response to a telephone request.

(2) Respond to a request from a competitor.

(3) Respond to a request from an out-of-state requester.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or

infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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§1707.2 Notice to Consumers and Duty to Consult.

(a) A pharmacist shall provide oral consultation to his or her patient or the patient's agent in all care settings:
  (1) upon request; or
  (2) whenever the pharmacist deems it warranted in the exercise of his or her professional judgment.

(b) (1) In addition to the obligation to consult set forth in subsection (a), a pharmacist shall provide oral consultation to his or her patient or the patient's agent in any care setting in which the patient or agent is present:
    (A) whenever the prescription drug has not previously been dispensed to a patient; or
    (B) whenever a prescription drug not previously dispensed to a patient in the same dosage form, strength or with the same written directions, is dispensed by the pharmacy.

  (2) When the patient or agent is not present (including but not limited to a prescription drug that was shipped by mail) a pharmacy shall ensure that the patient receives written notice:
    (A) of his or her right to request consultation; and
    (B) a telephone number from which the patient may obtain oral consultation from a pharmacist who has ready access to the patient's record.

  (3) A pharmacist is not required by this subsection to provide oral consultation to an inpatient of a health care facility licensed pursuant to section 1250 of the Health and Safety Code, or to an inmate of an adult correctional facility or a juvenile detention facility, except upon the patient's discharge. A pharmacist is not obligated to consult about discharge medications if a health facility licensed pursuant to subdivision (a) or (b) of Health and Safety Code Section 1250 has implemented a written policy about discharge medications which meets the requirements of Business and Professions Code Section 4074.

(c) When oral consultation is provided, it shall include at least the following:
  (1) directions for use and storage and the importance of compliance with directions; and
  (2) precautions and relevant warnings, including common severe side or adverse effects or interactions that may been countered.

(d) Whenever a pharmacist deems it warranted in the exercise of his or her professional judgment, oral consultation shall also include:
  (1) the name and description of the medication;
  (2) the route of administration, dosage form, dosage, and duration of drug therapy
  (3) any special directions for use and storage;
  (4) precautions for preparation and administration by the patient, including techniques for self-monitoring drug therapy;
  (5) prescription refill information;
  (6) therapeutic contraindications, avoidance of common severe side or adverse effects or known interactions, including serious potential interactions with known nonprescription medications and therapeutic contraindications and the action required if such side or adverse effects or interactions or therapeutic contraindications are present or occur;
  (7) action to be taken in the event of a missed dose.

(e) Notwithstanding the requirements set forth in subsection (a) and (b), a pharmacist is not required to provide oral consultation when a patient or the patient's agent refuses such consultation.

(f) In every pharmacy subject to the provisions of Business and Professions Code Section 4122, there shall be

prominently posted in a place conspicuous to and readable by prescription drug consumers the following notice:

"NOTICE TO CONSUMERS"

At your request, this pharmacy will provide its current retail price of any prescription without obligation. You may request price information in person or by telephone.

Ask your pharmacist if a lower-cost generic drug is available to fill your prescription.

Prescription prices for the same drug vary from pharmacy to pharmacy. One reason for differences in price is differences in services provided.

Before taking any prescription medicine, talk to your pharmacist; be sure you know:

What is the name of the medicine and what does it do?

How and when do I take it – and for how long? What if I miss a dose?

What are the possible side effects and what should I do if they occur?

Will the new medicine work safely with other medicines and herbal supplements I am taking?

What foods, drinks or activities should I avoid while taking this medicine?

Ask your pharmacist if you have additional questions.

Authority cited: Sections 4005 and 4122 Business and Professions Code.

Reference: Sections 4005 and 4122 Business and Professions Code.

Attachment 2

Proposed "Notice to Consumers" Text

And Current Notice to Consumers Poster

Notice to Consumers

Before taking any prescription medicine, talk to your pharmacist; be sure you know:

1. What is the name of the medicine and what does it do?
2. How and when do I take it – and for how long? What if I miss a dose?
3. What are the possible side effects and what should I do if they occur?
4. Will the new medicine work safely with other medicines and herbal supplements I am taking?
5. What foods, drinks or activities should I avoid while taking this medicine?

Ask your pharmacist if you have additional questions.

At your request, this pharmacy will provide its current retail price of any prescription without obligation. You may request price information in person or by telephone. Ask your pharmacist if a lower cost generic drug is available to fill your prescription. Prescription prices for the same drug vary from pharmacy to pharmacy. One reason for differences in price is differences in services provided.

BE AWARE & TAKE CARE

Talk to your Pharmacist!

California State Board of Pharmacy

(916) 574-7900 • www.pharmacy.ca.gov

1625 N. Market Blvd, Suite N219, Sacramento, CA 95834

NOTICE TO CONSUMERS

Did you know that/(or Your rights as a patient):

California law requires a pharmacist to provide medicine that has been legally prescribed for a patient, except for specific reasons.

For example, a pharmacy is not required to provide medicine without reimbursement.

If you cannot obtain your medicine from the pharmacy, ask the pharmacist why.

If the pharmacy does not sell your medicine or is out of it, you may be referred to another pharmacy.

If the pharmacist has ethical, religious or moral reasons for not personally providing you with a specific medicine, the pharmacy must provide an alternative means for you to obtain it.

Talk with your pharmacist:

The pharmacist is required to talk to you about all new prescription medicine the first time you receive it. The pharmacist will also answer your questions about your medicine any time.

Information from a pharmacist is important to your health because it can make certain you know what is important about your medicine therapy. Pharmacists are educated to be the experts in medicine therapy.

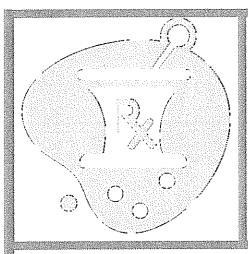
Contact the Board of Pharmacy:

Pharmacies and pharmacists providing prescription medicine to patients in California must be licensed with the California State Board of Pharmacy.

You can contact the board with questions using the information below (address, phone number and web address).

Attachment 3

Consumer Fact Sheets



Diabetes
Engage your health team!

FACT: Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the sixth leading cause of death in the United States.

If you think you might have diabetes, visit a physician for a diagnosis. You might have SOME or NONE of the following symptoms:

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Feeling very tired much of the time
- Very dry skin
- Sores that are slow to heal
- More infections than usual.

You can help prevent or postpone type 2 diabetes by taking a central role in your own self care:

- Don't smoke.
- Achieve a healthy weight and maintain it.
- Be physically active.
- Limit your intake of fat and sugar.
- Eat regular, balanced meals that include the four food groups.
- Keep your cholesterol and other blood fats within the target level.
- Maintain a normal blood pressure.

Engage your health team!

- Monitor your blood glucose regularly, as recommended by your **doctor**.
- Take your medication as prescribed. Ask your **pharmacist** about questions you may have on the use of your medicines, their safety or possible drug interactions.
- Take care of your feet by examining the skin for redness and sores. Ask your **pharmacist** for suggestions on products that can help improve your foot care.
- Make a date to visit your **doctor, dentist,** and **eye specialist** for regular check ups. Your role in making these visits is key to preventing problems.
- Consult a **dietitian** about creating balanced meals.
- If you drink alcohol, be moderate in how much you drink. Avoid drinking on an empty stomach as this can cause hypoglycemia (low blood glucose).
- If you are pregnant, ask your **doctor** about using artificial sweeteners.

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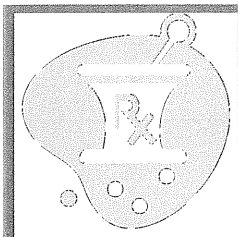

Ever Miss a Dose of Your Medicine?

... here are some tips

FACT: Many people miss taking one or more doses of their medicines.

FACT: Some people think they can make up for the missed doses by doubling up on their medicines.

FACT: Doubling up on your medication can cause serious, life-threatening side effects.

*It can happen like this...**

Mrs. Chase has been taking the same medicine for the last 3 months. Recently she has been very busy with work and other pressures, and she accidentally missed a dose of her medicine. She realized that she had skipped her regular dose, so she took two capsules to "make up for it." A few hours later Mrs. Chase startled her coworkers...her eyes were moving back-and-forth, her speech was slurred. She staggered and stumbled when she tried to walk, became drowsy, vomited, had involuntary muscle twitches and then became unconscious. She was rushed to the emergency room.

**Based on a case series review on a commonly used prescription medication.*

If you missed your regular dose of medicine, here's what to do:

1. Do not just double up on your medicine.
2. Read the drug information that was given to you when you got your medicine,. Some medicines come with directions on what to do if you miss your regular dose.
3. If you are still not sure, call your **pharmacist** or **doctor** for advice.
4. Work out a plan for your next dose with your pharmacist or doctor.
5. Talk with your pharmacist or doctor about any concerns you might have.

HINT: Keep the phone numbers of your pharmacist and doctor in your wallet.

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Attachment 4

Public Health Literacy

SFGate.com Return to regular view

Print This Article

Study: Medical Instructions Stump Many

- By KEVIN FREKING, Associated Press Writer
Wednesday, September 6, 2006

(09-06) 17:48 PDT WASHINGTON (AP) --

Most adults can determine at what age their children should get vaccinated or discern from a label when to take medicines, but they still need help understanding many basic health instructions.

A new report by the National Center for Education Statistics found that most adults have an intermediate health literacy. However, intermediate is far from good, because so many health instructions are written in a way that's foreign to how people talk and think, said Dr. Rima Rudd of the Harvard School of Public Health.

"Intermediate skills means that a majority of U.S. adults will have some difficulty using health-related materials with accuracy and consistency," Rudd said.

The series of tests had a total of 500 points for a perfect score. Women averaged 248 points. Men averaged 242 points. The study showed that fewer than one in six people are proficient when it comes to health literacy.

Many health directions are written at a level that's above the average consumer, Rudd said. A simple example, she said, would be a can of baked beans at the supermarket. A consumer may want to know the salt content before buying, but the word salt isn't on the label.

"Of course, they wrote 'sodium,' but that's a technical term, that's a chemistry term," Rudd said. "You don't sit at the family table and say, `Pass the sodium please.'"

The government attempts to measure comprehension of basic medical instructions because low health literacy can lead to higher costs and poor health outcomes. If officials can make it easier for patients to understand how to maintain their health, patients may get more frequent screenings or checkups, and perhaps they won't have to resort to emergency rooms to get care.

The data analyzed comes from the 2003 National Assessment of Adult Literacy, and it allows researchers to examine the relationship between demographic characteristics and literacy. Besides comparing gender, officials also reviewed the race, age and educational levels of the 19,000 people who took the test.

The analysis showed adults older than 65 had lower health literacy rates than younger age groups.

Also, whites and Asian adults had higher health literacy rates than blacks, Hispanics and American Indians. Hispanic adults had lower average health literacy than adults in any other

racial group.

The study's message is that health literacy skills are not what they should be. The message for insurers, drug manufacturers and doctors is that they must improve their communication skills if they want to help consumers understand information, Rudd said.

"They're writing things at a level in the health field that is very difficult for the general public to work with," Rudd said.

On the Net:

Report on Health Literacy:

nces.ed.gov/pubsearch/pubsinfo.asp?pubid2006483

URL: http://sfgate.com/cgi-bin/article.cgi?file=/n/a/2006/09/06/national/w111429D50.DTL

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ies NATIONAL CENTER FOR EDUCATION STATISTICS

National Assessment of Adult Literacy (NAAL)

A nationally representative and continuing assessment of English language literacy skills of American Adults

Health Literacy

Highlights of Findings

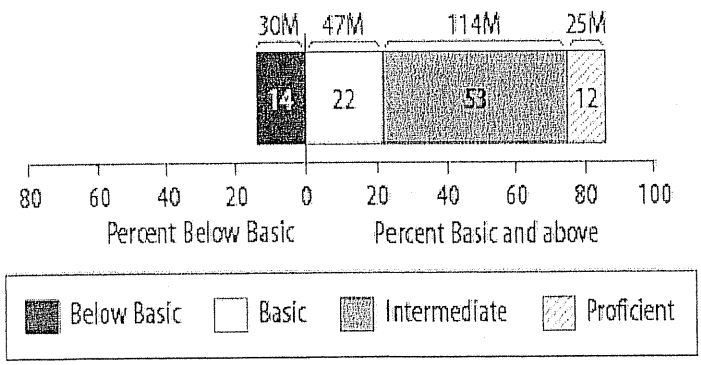
Following are highlights from The Health Literacy of America's Adults:

- Overall
- Gender & Health Literacy
- Age & Health Literacy
- Educational Attainment & Health Literacy
- Health Literacy & Health Insurance Coverage

Overall

Total Population: Number & Percentage of Adults in Each Health Literacy Level: 2003

- A majority of adults had *Intermediate* heath literacy.
- Over 75 million adults combined had *Basic* and *Below Basic* health literacy.

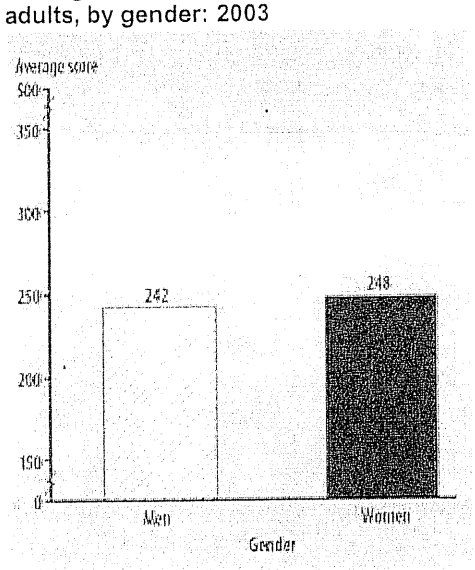


Top

Gender & Health Literacy

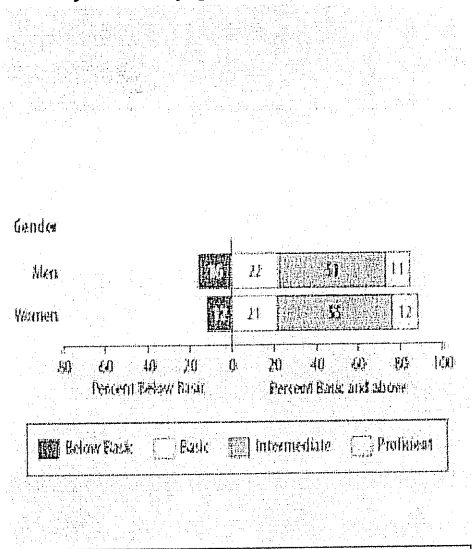
The average health literacy score for women was 6 points higher than the average health literacy score for men. A higher percentage of men (by a margin of 4 percentage points) than women had *Below Basic* health literacy.

Average health literacy scores of adults, by gender: 2003



NOTE: Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure.
SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

Percentage of adults in each health literacy level, by gender: 2003



NOTE: Detail may not sum to totals because of rounding. Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure.
SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

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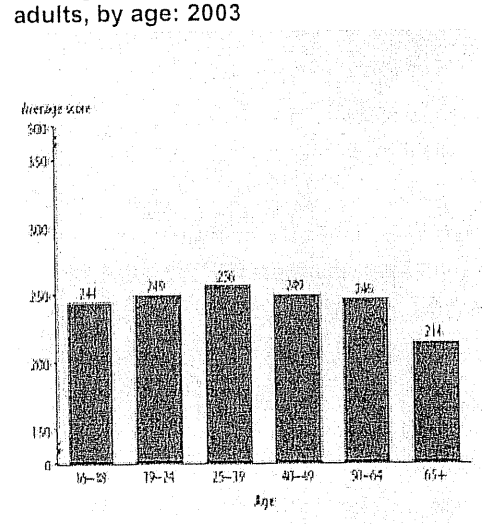
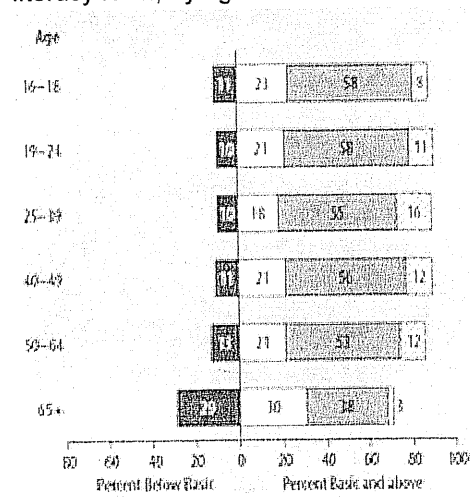
Age and Health Literacy

Adults in the oldest age group—age 65 and older—had lower average health literacy scores than adults in the younger age groups.

Average health literacy scores of adults, by age: 2003



Percentage of adults in each health literacy level, by age: 2003



NOTE: Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure.
SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

NOTE: Detail may not sum to totals because of rounding.Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure.
SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

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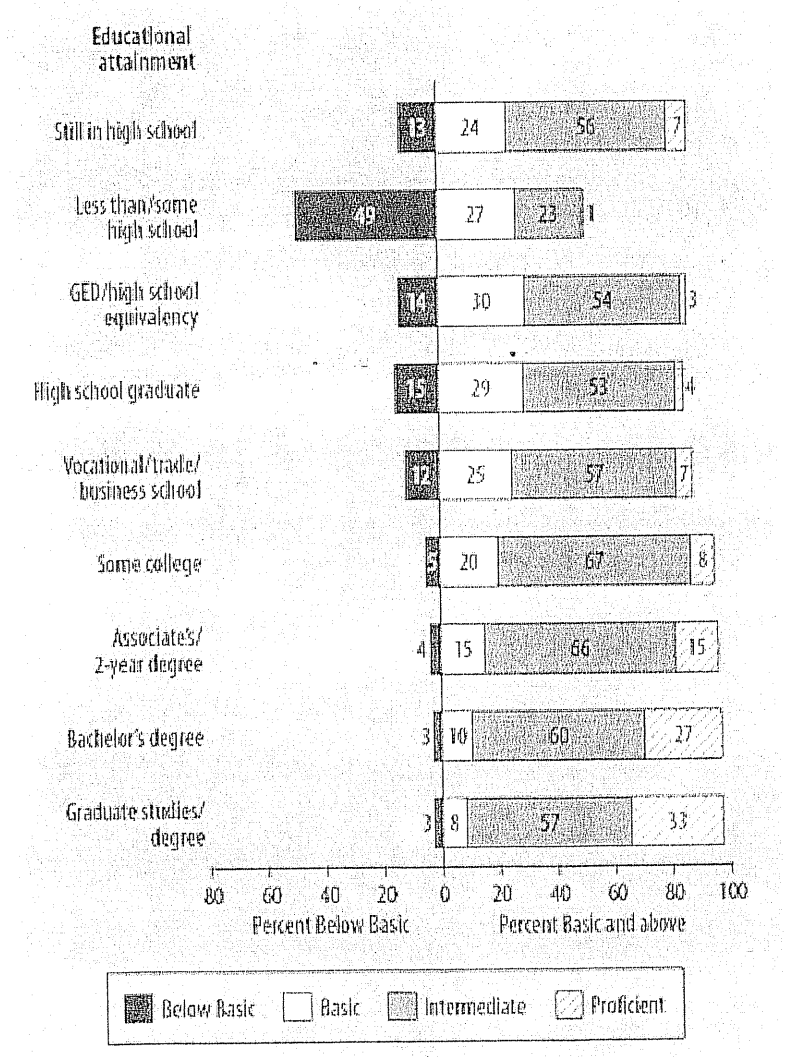
Educational Attainment & Health Literacy

A higher percentage of adults who had not attended or completed high school had *Below Basic* health literacy than adults with higher level of education.

Percentage of adults in each health literacy level, by highest educational attainment: 2003



NOTE: Detail may not sum to totals because of rounding.Adults are age and older living in households or prisons. Adults who could not language spoken or

cognitive or mental disabilities (3 percent in 2003)
SOURCE: U.S. Department of Education, Institute of Education Sciences, Education Statistics, 2003 National Assessment of Adult Literacy.

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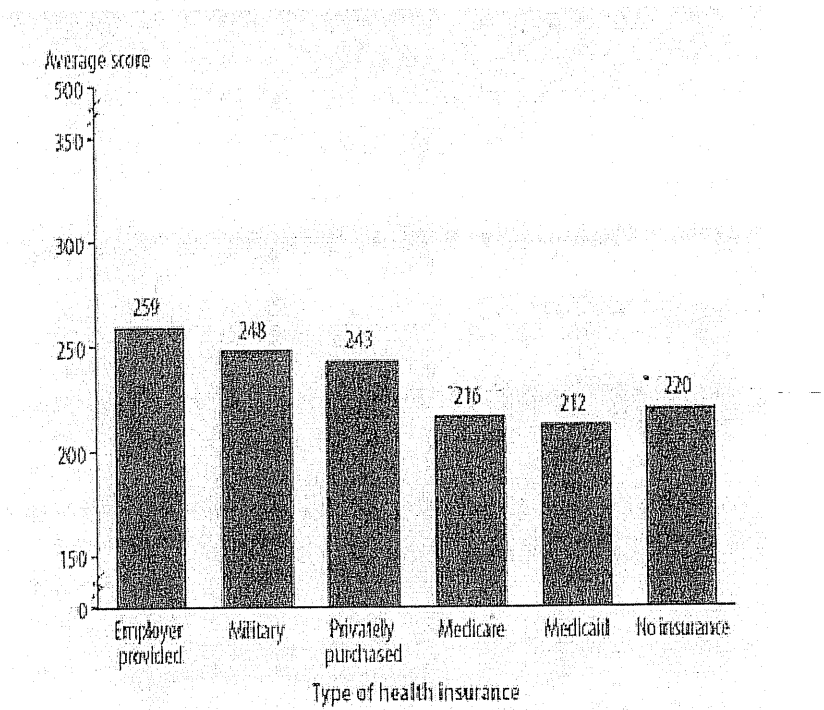
Health Literacy & Health Insurance Coverage

- Adults who received health insurance through an employer had the highest average health literacy.
- Adults who received Medicare or Medicaid and adults who had no health insurance had lower average health literacy than adults who were covered by other types of insurance.

Average health literacy scores of adults, by type of health insurance coverage: 2003



NOTE: Adults are defined as people 16 years of age and older living in households. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure. Adults who reported they had more than one type of health insurance are included in each applicable category in this figure.
SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

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Attachment 5

Public Outreach Activities

State of California | Department of Consumer Affairs

Memorandum

To: Board Members

Date: October 15, 2006

From: Communication and Public Education Committee

Subject: Public Outreach Activities

A board strategic objective is to provide information to licensees and the public. To this end, the board has a number of consumer materials to distribute at consumer fairs and attends as many of these events as possible, where attendance will be large and staff is available. An inspector generally attends these events along with consumer assistance staff from the board.

The board has a Power Point presentation on the board containing key board policies and pharmacy law. This is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and is well-received by the individuals present.

Public and licensee outreach activities performed since the July report to the board include:

- Supervising Inspector Ratcliff provided a law update at the Competency Committee's Annual Retreat Meeting on August 4.
- Supervising Inspector Ming presented information about pharmacy law to 80 pharmacists at a California Employees Pharmacist Association Meeting on August 13.
- Supervising Inspector Nurse presented information on e-pedigree requirements in California at the LogiPharma National Conference in AustinTexas on September 21.
- Supervising Inspector Ming presented information about pharmacy law to pharmacists and technicians at the San Mateo Pharmacists Association on September 22.
- Supervising Inspector Ratcliff provided information about pharmacy law to 85 pharmacists and interns at the Sacramento Valley Society of Health System Pharmacists on September 28.
- October 4: the board staffed a booth at the San Mateo Senior Fest where approximately 600 people attended.
- October 4-7: the board is hosted the National Association of Boards of Pharmacy District 7 & 8 Meeting in Anaheim. The board developed the CE program,

identified speakers. Several board members and staff were involved in hosting and speaker introduction duties.

- Interim Executive Officer Herold provided information about the board's 2006 legislative and regulation activities at the California Society of Health System Pharmacists Seminar on October 13. The board also staffed an information booth for two days at this event.
- Vice President Schell provided an overview of the board at the Indian Pharmacists Association Annual Meeting on October 14.
- Supervising Inspector Nurse presented information about California's e-pedigree requirements at an EPCglobal conference on October 19.

Attachment 6

Meeting Summary of the September 22, 2006 Public Meeting of the Communication and Public Education Committee

California State Board of Pharmacy
1625 N Market Boulevard, Suite N-219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Communication and Public Education Committee

Minutes of the Public Meeting of September 22, 2006

Department of Consumer Affairs
El Dorado Conference Room
1625 N Market Boulevard
Sacramento, CA 95834

9:30 – 11 a.m.

Present: Bill Powers, Board President and Acting Chair
Hank Hough, Board Member

Virginia Herold, Interim Executive Officer
Karen Cates, Assistant Executive Officer

Absent: Ken Schell, Board Member and Chair
Andrea Zinder, Board Member

Call to Order

Chairperson Powers called the meeting to order at 10:00 a.m.

Discussion of SCR 49 Prescription Error Study Panel

John Gallapaga, a public member of the SCR 49 Prescription Error Study Panel, updated the committee on the topics the panel is considering to recommend for reducing medication errors.

He asked for board policy in a number of areas, including assurance that a pharmacist provide a full consultation with a patient. The consultation would include discussion about other medications, OTC drugs and herbal supplements a patient may take.

Ms. Herold commented that the Notice to Consumers poster that must be displayed in pharmacies is one method the board uses to aid consumers in learning about their medications and seeking consultation from a pharmacist.

The panel is also looking at new medication labeling and prescription vials to improve label information. Legible prescriber handwriting continues as a problem that can lead to prescription errors. Recommendations in these areas are under consideration by the SCR 49 panel.

Current California law allows a patient to request that the medical condition for which a drug is being prescribed be added to a prescription container's label. The panel is considering whether this should be mandated. The committee mentioned that legislation to require this was introduced several years ago and amended to the "upon the patient's request provision" in current law. One of the concerns against this requirement is patient privacy about having the condition listed on the label.

Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

Since July 2004, the board has been working with the Center for Consumer Self Care at the University of California San Francisco to integrate pharmacy students into public outreach activities. The project involves pharmacist interns developing consumer fact sheets.

William Soller, PhD., of the Center for Consumer Self Care attended this meeting and reviewed four new fact sheets.

These are:

- An Aspirin a Day? . . . Maybe, Check it Out!
- Uncommon Sense for the Common Cold
- Medication Errors Mistakes Happen . . . Protect Yourself!
- Putting the Chill on Myths about Colds and Flu

The committee recommended some changes and submitted these to Dr. Soller.

Meanwhile, the board is translating the initial nine fact sheets already developed into Spanish, Chinese and Vietnamese. These versions should be available in late fall.

Activities of the California Health Communication Partnership

Dr. Soller also updated the committee on recent activities of the California Health Communication Partnership. This group is spearheaded by the UCSF's Center for Consumer Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion. The function of the group is to develop or disseminate integrated public information campaigns on priority health topics identified by the partnership members.

The current campaign is cancer screening: "It's Your Life – Do It Today" and is aimed at men and women aged 50-75 years of age.

The UCSF has obtained a grant from a private foundation, which will enable use of a firm (the North American Precis Syndicate) that specializes in dissemination of public service announcements and prewritten articles to a diversity of media outlets nationwide. The partnership successfully used this service last year for the successful initial campaign on prostate and breast cancer screening.

The committee discussed other topics, including development of an outreach campaign on generics, which is another planned project of the partnership.

Status of *The Script*

The September issue of *The Script* was printed and mailed to California pharmacies. This issue was designed in-house (as opposed to using graphic designers at the State Printing Plant) by staff Analyst Victor Perez.

The Pharmacy Foundation of California has agreed to publish and mail this newsletter to the state's pharmacists.

The next issue will be in January 2007 and will highlight new pharmacy laws.

Study of Patient Medical Literacy

The committee reviewed the results of a recently released study dealing with patient medical literacy. This study found that most people had only intermediate health literacy. This means that "a majority of U.S. adults will have some difficulty using health-oriented materials with accuracy and consistency." The study, based on data from the 2003 National Assessment of Adult Literacy, involved 19,000 individuals. The data indicate that that fewer than one in six persons is proficient in health literacy.

Generally:

- Whites and Asian adults had higher health literacy rates than blacks, Hispanics and American Indians.
- Hispanic adults had the lowest health literacy rates.
- Adults older than 65 had lower health literacy rates than younger age groups
- Women had slighter higher health literacy than men.

Low health literacy results in patients not understanding medical instructions and terms, and leads to higher costs and poor health outcomes. The statistics underlie the importance of patient education – by pharmacists and other health care providers as well as by this board. The data also emphasize the need to provide appropriate tools for patients to educate themselves.

Development of New Consumer Materials

Ms. Herold announced that with the new state's budget on July 1, the board has received restoration of a half-time position for its public education and licensee education duties. The board will fill this position on a full-time basis because the need is so great. Currently the vast majority of public and licensee information is developed by the assistant executive officer and a retired annuitant. Interviews were conducted last week and a new person will be hired shortly.

No new brochures have been developed during the last quarter.

Web Site Modification:

The new Web design for the board's Web site should be in place and online in about two weeks.

Prescription Errors

Staff is planning to add a section to the board's Web site dealing with prescription errors for both pharmacists and patients. Included will be articles, data and links to other resources on how to prevent errors for health care practitioners. Patients will be advised about what they can do to minimize their risks for being a victim of an error.

AB 2583's Requirements to Add to the "Notice to Consumers"

The committee reviewed proposed language that would be required to be added to the Notice to Consumers poster by the enactment of Assembly Bill 2583 (Nation). This bill was passed by the Legislature and is awaiting action by the Governor.

If enacted, the bill would require the board to add a statement that describes a patient's right to obtain medication from a pharmacy:

1. even if a pharmacist has ethical, moral or religious grounds against dispensing a particular drug, in which case protocols for getting the patient the medication is required.
2. unless based upon the pharmacist's professional training and judgment that dispensing a drug is contrary to law or the drug would cause a harmful drug interaction or otherwise adversely affect the patient's medical condition.
3. unless the medication is out of stock or not available from the pharmacy.
4. unless the patient cannot pay for the medication or pay any required copayment.

At the last committee meeting, the committee recommended that the board comply with AB 2583 by developing a new and second poster because the content of the new notice would be so different from the current required language.

The committee reviewed without comment a draft (perhaps too broad and wordy) to encompass the required text and yet inform patients about their rights to medication and pharmacist care:

Did you know that/(or Your rights as a patient):

California law requires a pharmacist to provide medicine that has been legally prescribed for a patient, except for specific reasons.

For example, a pharmacy is not required to provide medicine without reimbursement.

If you cannot obtain your medicine from the pharmacy, ask the pharmacist why.

If the pharmacy does not sell your medicine or is out of it, you may be referred to another pharmacy.

If the pharmacist has ethical, religious or moral reasons for not personally providing you with a specific medicine, the pharmacy must provide an alternative means for you to obtain it.

Talk with your pharmacist:

The pharmacist is required to talk to you about all new prescription medicine the first time you receive it. The pharmacist will also answer your questions about your medicine any time.

Information from a pharmacist is important to your health because it can make certain you know what is important about your medicine therapy. Pharmacists are educated to be the experts in medicine therapy,

Contact the Board of Pharmacy:

Pharmacies and pharmacists providing prescription medicine to patients in California must be licensed with the California State Board of Pharmacy.

You can contact the board with questions using the information below (address, phone number and web address).

Miscellaneous Consumer Articles in the Media

The committee reviewed various miscellaneous articles published in the media regarding medication issues.

Evaluation of the Board's Consumer Materials

At the last committee meeting, Board Member Schell suggested that the committee initiate a consumer survey of its consumer materials to learn if the material has value for the public.

The committee reviewed some interview questions that will be asked of consumers at forthcoming public outreach events scheduled for the fall. The board has "thank you" items to provide to those who participate in the survey (weekly pill dispensers, potato chip bag clips, magnets).

The following questions will form the basis for the survey:

- What questions do you have about the medicine you take?
- Do you get enough information about how to take your medicine? What questions do you have?
- Did you take any materials prepared by the Board of Pharmacy today? Why or why not?
- The Board of Pharmacy is a consumer protection agency that licenses pharmacists and pharmacies. Do you have questions about your pharmacist or pharmacy?
- Do you know what education a pharmacist must have?
- Are there other languages besides English that you need material in?

The committee also reviewed a telephone survey conducted by a private firm employed by the board in 2000 of consumers' opinions about the board and the importance of readily available information about medications.

Update on the Board's Public Outreach Activities

The committee reviewed the board's public outreach and licensee education programs. In the last quarter, there have been two law pharmacy law presentations to professional associations or other professional groups.

- Supervising Inspector Ratcliff provided a law update at the Competency Committee's Annual Retreat Meeting on August 4.
- Supervising Inspector Ming presented information about pharmacy law to 80 pharmacists at a California Employees Pharmacist Association Meeting on August 13.

Adjournment

There being no additional business, Chairperson Powers adjourned the meeting at 11 a.m.

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE

Goal 4: Provide relevant information to consumers and licensees.

Outcome: Improved consumer awareness and licensee knowledge.

Objective 4.1	Develop a minimum of 10 communication venues to the public by June 30, 2011.
Measure:	Number of communication venues developed to the public
Tasks:	1. Assess the effectiveness of the board's educational materials and outreach: survey consumers to identify whether board-produced materials are valued and what new materials are desired. *Sept. 2006:* *Committee begins review of consumer outreach* 2. Restructure the board's Web site to make it more user friendly. *July 2006:* *Web site modified to contain lists of disciplinary actions finalized each quarter and permit online access to public documents regarding board disciplinary actions taken against a licensee.* 3. Work with the California Health Communication Partnership on integrated public information campaigns on health-care topics. *Sept. 2006:* *Committee continues collaboration with the partnership whose fall campaign is screening for prostate and breast cancer. Plans underway to work to promote generic drugs in the future.* 4. Continue collaboration with UCSF's Center for Consumer Self Care for pharmacist interns to develop consumer fact sheets on health topics. *Sept. 2006:* *Nine previously developed fact sheets are sent to a translation service to develop Spanish, Chinese, and Vietnamese versions of these materials. Four new fact sheets developed and undergoing review by the board.* 5. Develop a Notice to Consumers to comply with requirements of SB 2583 (Nation) on patients' rights to secure legitimately prescribed medication from pharmacies. *Sept. 2006:* *Governor signs SB 2583* *Oct. 2006:* *Committee advances draft regulation text for comment at the October Board Meeting.*

Objective 4.2	Develop 10 communication venues to licensees by June 30, 2011.
Measure:	Number of communication venues developed to licensees
Tasks:	1. Publish The Script two times annually. *Sept. 2006:* *The Script published and mailed to pharmacies and wholesalers.* 2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California. *1st Qtr 2006:* *Board supervising inspectors present five CE programs on pharmacy law and the Board of Pharmacy to pharmacist associations statewide.* *Oct. 2006:* *Interim Executive Officer Herold presents Legislation and Regulation update at CSHP's Annual Seminar. Board also staffs information booth for licensees.* 3. Maintain important and timely licensee information on Web site. *1st Qtr 2006:* *Added 50-year pharmacist recognition pages as a special feature.* *Updated license totals.* *Added enforcement actions for effective dates between April 1 and June 30, 2005.* *Changed definitions on license lookup to clarify license status.* *Posted board and committee meeting agendas and materials.* *Sent out subscriber alert notifications to the board's e-mail notification list, including two drug recalls.*

Objective 4.3	Participate in 12 forums, conferences and public education events annually
Measure:	Number of forums participated
Tasks:	1. Participate in forums, conferences and educational fairs. *Sept. 2006:* *Supervising Inspector Nurse provides presentation on California's e-pedigree requirements at Logi-Pharma's Annual Convention in Austin-TX.* *Oct. 2006:* *Board hosts the three-day NABP Districts 7 & 8 Meeting. Topics include the FDA's pedigree requirements, the DEA's pseudoephedrine requirements, divergent intern requirements from state to state, and development of ethics programs for health professionals.* *Oct. 2006:* *Supervising Inspector Nurse provides presentations to national EPCglobal Convention (a standards setting organization) on California's e-pedigree requirements for prescription drugs.* *Oct. 2006:* *Board staffs information booth at San Mateo Senior Fest where 600 people attend.*