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
Communication and Public Education Committee Meeting of January 8, 2007

And the
Subcommittee on Medicare Drug Benefit Plans Meeting of November 30, 2006

1. Meeting Summary of the November 30, 2006 Subcommittee on Medicare Drug Benefit Plans

FOR INFORMATION:

The Subcommittee on Medicare Drug Benefit Plans met November 30, 2006. Minutes of this meeting are provided in **Attachment 1**.

As a result of information heard over prior months and at this November meeting, the board has scheduled a Public Forum on Medicare Part D Plans at tomorrow's (February 1, 2007) Board Meeting from 9 to 11 a.m. The goal is to bring stakeholders and policymakers together for problem resolution to benefit patients.

2. Discussion on Pill Splitting by Patients

During the Subcommittee on Medicare Drug Benefit Plans, the committee was asked to consider the safety of pill splitting by patients.

Charles Phillips, M.D., an emergency room physician, stated that he is concerned with the practice of pill splitting and the resultant crumbled residue of drug product in the bottom of pill containers. He stated the practice of pill splitting is a problem because pills do not split evenly, and patients get uneven doses of medicine.

Chairperson Goldenberg asked Dr. Phillips to provide information on this topic at a future board meeting. Dr. Phillips will make his presentation at this meeting.

Background materials on this are provided in **Attachment 2.**

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

RECOMMENDATION: Refine and Move to Regulation Hearing, Modifications to 16 California Code of Regulations Section 1707.2, Notice to Consumers

Assembly Bill 2583 (Nation) was signed by the Governor and became chapter 487, statutes of 2006 (**Attachment 3**). 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 information that must be displayed on the Notice to Consumers must be promulgated in a regulation. At the October Board Meeting, the board voted to create a second poster, both of which would be required to be displayed. As an alternative to displaying the Notice to Consumers poster in a pharmacy, the pharmacy may print the same information on a written receipt (Business and Professions Code Section 4122).

The committee reviewed two versions of text incorporating the new required wording – a version A and version B (**Attachment 3**). A discussion ensued as to which version would meet the regulatory requirement, and in the best manner.

The committee made suggestions to revise the language in version "B" and to advance version "B" (after suggested refinements) to the board for discussion and future release as a proposed regulation.

The committee also reviewed several 8½" x 11" poster mock-ups of the Notice to Consumers, created by staff. The actual poster size would be larger, which must be displayed in plain view in pharmacies.

Both Notice to Consumers posters should be reprinted, once the regulation language has been formally adopted and approved by the Office of Administrative Law.

A proposed a timeline to develop the new Notice to Consumers, which will take approximately one year, is:

Jan. 8, 2007:	Communication and Public Education Committee makes suggested changes to the required Notice to Consumers
Jan. 31, 2007:	(January Board Meeting): Board reviews, modifies and sets for regulation notice the proposed language
Feb. 15, 2007:	Staff releases the proposed amendments to Section 1707.2 for the required 45 days of public comment
April 28, 2007	Board reviews initial comments, modifies language for 15 days of additional public comment
July 25, 2007:	(July Board Meeting): Board adopts final language as a regulation
Sept. 1, 2007:	Board submits rulemaking file to the Department of Consumer Affairs for review
Nov. 1, 2007:	Board submits rulemaking to the Office of Administrative Law for review
Dec. 15, 2007:	OAL approves rulemaking file Board initiates printing of new Notice to Consumers posters (English) Board has regulation language translated into additional languages
Jan. 15, 2008:	Regulation takes effect
Feb. 1, 2008:	Board distributes printed Notice to Consumers posters (English) to California pharmacies Board obtains translated versions and makes them available on our Web site for downloading

The current Notice to Consumers also is provided in **Attachment 3,** although a larger, 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.

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

FOR INFORMATION:

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 and were recently translated into Spanish, Vietnamese and Chinese. 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"

At the September committee meeting, four new fact sheets were unveiled. At the January 2007 meeting, the committee continued to work on these fact sheets. 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

The committee discussed progress made thus far on the project. One of the key objectives of the fact sheet series was to develop new educational materials for issues emerging in health care for which there was no (or little) written consumer information available. With the recent hiring of a public and licensee education analyst at the board (Karen Abbe), whose principal duties will include development of new public education materials, the committee hopes this project will become energized and more prolific. It may be possible to add interns from other schools to develop suitable materials and to speed development of the fact sheets.

At the next committee meeting, the committee will reassess the current fact sheet series to ensure that the project does not languish, and that meaningful information is provided to consumers and licensees per the board's strategic plan.

5. Update on Activities of the California Health Communication Partnership

FOR INFORMATION:

The board is 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.

The function of the group is to develop and/or disseminate integrated public information campaigns on priority health topics identified by the partnership members. Other active members of the group are the Medical Board of California, the Food and Drug Administration, CPhA and California Retailers Association. For example, pharmacists, nurses, physicians will receive information from their respective regulatory boards or associations that will mesh with concurrent public outreach efforts.

There have been three major campaigns since the formation of the group about three years ago.

The last campaign ended in fall 2006, and was the second year of the cancer screening campaign, which aimed at educating the public about the need for and importance of breast cancer or prostrate cancer screening. The campaign was titled: "It's Your Life, Do it Today." Outside funding from a private foundation enabled the use of a vendor that specializes in distributing prewritten consumer columns for small and typically weekly newspapers. There were also public service announcements intended for airing on radio. This greatly expands the exposure and reach of the campaign.

The first year of the cancer screening campaign was highly successful in terms of print media publication, due principally through the use of this vendor.

There has not been a meeting of the partnership in the last three months. At the last meeting, the partnership intended development of future outreach efforts for generic medicine and diabetes and aspirin. Also, under consideration by the board for this group is the development 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.

The committee viewed a copy of CPhA's video "Priceless" as an example of what public education could be done about the value of pharmacist's care.

6. Update on *The Script*

FOR INFORMATION:

The January 2007 issue of *The Script* was published and mailed to pharmacies and wholesalers in January. A copy is also on the board's Web site. The focus of this issue is on new pharmacy law and regulations. Board staff graphically designed this issue.

The Pharmacy Foundation of California is seeking sponsorship to mail this newsletter shortly to all California-licensed pharmacists.

The next issue of the newsletter is being developed for publication for July 2007. It will focus on new regulations and implementation issues in Pharmacy Law.

7. Development of New Consumer Brochures

FOR INFORMATION:

The board's Public and Licensee Education Analyst Karen Abbe, started with the board on December 1st. The restoration of her position returns one of two related positions lost during hiring freezes in 2001. The main focus of her position will be to develop consumer and licensee educational materials. (Retired Annuitant Hope Tamraz will continue to work on *The Script*.)

a. Consumer and Licensee Materials

- Board of Pharmacy Informational Brochure –
  The board lacks an adequate descriptive brochure about its mandate, jurisdiction, licensees and complaint handling processes. Two brochures are under development – one an "overview" brochure, and the other reflecting the board's complaint handling process.
- Prescription Drug Discount Program for Medicare Recipients –
  The board will revise its "Prescription Drug Discount Program for Medicare Recipients" brochure that was developed in response to SB 393 (Speier, Chapter 946, Statutes of 1999). This state program allows Medicare recipients to obtain medications at the MediCal price if the patients pay of pocket for the medication. The brochure will mesh with the Medicare Part D Plan benefits that became available to beneficiaries in 2006.
- Information Fact Sheets for Applicants --
  The board has a great wealth of information contained in its instructions for the pharmacist exam. However, some applicants do not read this information or perhaps do not retain it. Separate fact sheets that will be developed on information about applying for the CPJE or a California

intern pharmacist license specifically for pharmacists licensed in other states. Another fact sheet will include information regarding how foreign graduates can qualify for a pharmacist license in California.

b. Information on Preventing Prescription Errors
The staff will develop a section of its Web site into a resource on preventing medication errors. The board has been actively involved in a number of activities aimed at reducing errors, including the quality assurance program requirements mandating pharmacies to evaluate every prescription error. The Web site 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, such as ways to prevent errors and frequently confused drug names. It will have links to Web sites and other material as well.

8. Update on Public Outreach Activities

FOR INFORMATION:

From October 15, 2006 through January 20, 2007, the board provided four CE presentations, made three presentations at conferences or association meetings, and staffed a booth at one event.

A detailed list is provided in **Attachment 4**.

9. Meeting Summary

FOR INFORMATION:

A summary of the Communication and Public Education Committee Meeting held January 8, 2007, is provided in **Attachment 5**.

Attachment 1

Minutes of the November 30, 2006 Meeting of the Subcommittee on Medicare Drug Benefit Plans

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Subcommittee on Medicare Drug Benefit Plans

Summary of the Meeting of November 30, 2006
9:35 a.m. – 12:02 p.m.

Present: Stan Goldenberg, RPh, Chairperson and Board Member
Andrea Zinder, Board Member

Staff: Virginia Herold, Interim Executive Officer
Anne Sodergren, Legislation and Regulation Coordinator
Robert Ratcliff, Supervising Inspector

Chairperson Goldenberg called the meeting to order at 9:35 a.m.

Lucy Saldana, PharmD, of the Centers for Medicare and Medicaid Services, provided a Power Point presentation of changes in the Medicare Part D Program coming January 1, 2007. She stated that patients can change plans through December 31, but that December 8 is really the deadline to assure the desired plan is in effect on January 1.

Dr. Saldana highlighted several features available from the CMS Web site. She said that especially beneficial for pharmacists is the "Part D Reference Guide for Pharmacists" available from www.cms.hhs.gov/pharmacy. This document contains plan contact lists, information on Parts B and D, guidance documents and other items that will aid pharmacists in working through details of the plans.

The list of plans in California can be obtained from www.medicare.gov/medicarereform/local-plans-2007.asp.

Dr. Saldana stated that average premiums for Part D plans will be $24 per month in 2007.

She added that other resources are the CMS Help Line 866-835-7595, which is available 24 hours per day, seven days per week. Help available from this line includes: (1) confirmation of Medicare eligibility, (2) beneficiary enrollment, (3) plan contact information and (4) urgent caseworker assistance for beneficiaries.

CMS has information on plan performance from its Web site. Five areas are reported: (1) customer service (beneficiary and pharmacy help desk call center wait time), (2) complaints (complaint rates for benefits/access, enrollment/disenrollment, pricing/co-insurance), (3) appeals (appeals processing and timeliness), (4) data systems (prescription data, LIS match rate), and (5) prices (availability of drug pricing on the Medicare Prescription Drug Plan Finder and price stability index).

Dr. Saldana stated that CMS is moving to a new audit strategy, where the focus of audits will be determined by data, complaints, compliance history, and experience in the program.

Tim Cutler, PharmD, of the UCSF School of Pharmacy, stated that UCSF has an active pharmacist intern counseling project underway where interns aid patients in selecting the Part D plans that are best for them. He commented that when problems are noted with the plans' information listed on the Web site and the problems are pointed out to CMS, CMS indicates that it is the plan that needs to fix the problem. Dr. Cutler indicated that CMS lacks the ability to enforce plans to make changes in their Web sites. A lack of policing the plans by CMS is a problem.

Teri Miller, PharmD, of the California Department of Health Services, spoke about the department's activities since the implementation of Part D. She stated that early in 2006 California implemented an emergency drug benefit to ensure prescription coverage for patients during the start up phases of the Part D Program. The emergency drug plan will expire January 31, 2007, unless new legislation is introduced to extend it, and she is not aware of legislation planned for introduction to extend the emergency coverage.

The emergency drug benefit provides coverage for medicine to patients where the Part D plan is unable to authenticate whether the patient is a member and covered for the drug. In recent months, the number of claims submitted to this program has dropped dramatically. Now only 50 claims per day are submitted.

In recent months a significant improvement regarding emergency coverage allows the pharmacist to certify that the doctor said he or she called the plan for a prior authorization; however, the specific copy of the prescriber signed prior authorization form does not need to be submitted to secure emergency drug authorization from DHS.

Dr. Miller stated that 300,000 dual eligible patients will be reassigned to a new plan in 2007, but benefits will remain the same. There are two plans for the duals that are offered by United and Healthnet.

Information on this program and polices can be obtained by going to www.medi-cal.ca.gov and select "emergency drug."

She stated that the "claw back" will cost California $54 million more than California would have paid last year without the Part D plans and using the old MediCal program. This difference is projected to grow to $74 million in 2007.

Dr. Miller stated that home infusion remains a problem and SB 676, which was enacted in 2006 would create a bundle service for reimbursement.

Barbara Biglieri, California Association for Health Services at Home (CASAH), stated that her agency represents over 500 providers of home care services.

She stated that home infusion patients are not covered under Part D and this is a problem for the patient who no longer has coverage for supplies, equipment and services when discharged from a hospital to home care.

Pharmacists spend hours trying to work with the plans to get necessary coverage for patients, but the staff of the plans does not understand home infusion or it takes multiple days to get coverage. This results in the patient spending an additional one to four days in the hospital. Not all the services are covered and drop shipments of medications directly to patients from mail order pharmacies require the patient to mix medicine themselves, which is unsafe.

Ms. Biglieri stated that CASAH sent a letter to CMS explaining the benefit "did not include coverage for the home infusion professional services, supplies and equipment that are required for the safe and effective provision of therapy" resulting in denial of the benefit. CASAH suggested that home infusion pharmacy be a professional service under the Part B Medical Benefit or for creation of a demonstration project. The CMS response was nonresponsive.

The CASAH has two suggestions:

1. Push CMS and Congress to move Medicare from Medicare Part D to Part B, and then expand therapy offered. In the interim, have MediCal pay for infusion services for the dual eligibles.
2. Work with the Department of Health Services to implement 676 (Ashbury, Statutes of 2006) to ensure that MediCal beneficiaries receive infusion therapies in a home setting rather than in an institutional setting.

Mike Rigas, PharmD, of Crescent Healthcare, Inc., provided a summary of services it provided in 2006 to over 700 home IV patients. It received $9.1 million in revenue from 26 plans, and $80,000 in patient co-pays, since most patients have a secondary, supplemental or MediCal payor to pay out-of-pocket expenses.

Only 10 percent of the patients can afford this treatment without a supplemental insurance. It may take five to seven business days for authorization for complex therapies.

Dr. Rigas stated that current billing practices make no sense and need to be modified:

- TPN billing is based on charging 2.5 L of one item, not the other 20 items in the solution.
- Multiple ingredients prescription billing is based on the most expensive component only.
- Plans require billing and denial of Part B before they will pay for medication under Part D.

There are 43 new plans for California in 2007.

Dr. Rigas concluded:

- Part D does not provide adequate coverage for home IV therapy.
- Part D alone is only able to support home infusion, all other drugs are inadequately covered.
- Nuances between Parts B and D are still a problem for most patients.
- Part D payor rules and exclusions are confusing to most patients.

Dr. Rigas suggested:

- Place a cap on the catastrophic part at $4,000 per year.
- Mandate payment method to prescription drug plans and Medicare Advantage prescription drug plans so reimbursement remains adequate.
- Reorganize how Part B and D relate to each other to benefit patients.
- Allow Part D to pay an infusion per diem.
- Allow Part A nursing to pay for infusion nursing.
- Restructure Part B to allow payment and drugs per diem.
- Limit number of plans available in a region.

Maggie Dowling, a patient, described her problems with Part D. She stated cost of living increases in her social security go straight into higher copays for drugs. She has no money to cover the copayments now, and moreover, the increasing amount of the copayments will make it even harder. She takes 17 medicines, and the 2006 $1 copay for each medicine causes creates expenses too high for her to afford.

Ms. Dowling stated that seniors in effect lose money because all other costs of living continue to increase.

Also, step therapy results in destabilizing patients from accepted drug regimens into drugs that are not effective or beneficial.

Joan Lee, representing the Gray Panthers, stated that she was appearing to represent seniors and those who contact the Gray Panthers seeking assistance with medication access.

Ms. Lee stated that access to care is a problem. There needs to be both urgency and timeliness for patients to obtain prescription medicine, and it is important that there be smooth communication among those who should be partners in patients' care – the doctor, the insurance company and especially the pharmacist.

She encouraged the board to seek the best practices in the pharmacist community.

1. Coordination of the full array of meds a patient takes so that all meds that can be refilled are refilled at the same time. This would reduce multiple trips to the doctor and pharmacy for the caregivers, which is a needless waste of their time for repetitive and otherwise avoidable trips.
2. Smoother communication among patients, their doctors and pharmacists to adjust care, dosages, and medicines. Speed and coordinated communications

will offer a better time management for patients and their caregivers, and providers need to suggest best choices in medicines for patients.

3. Communication with patients should be done with a respectful, problem-solver attitude to patients.

As an example, she stated that one patient was required to get a power of attorney assigned to a caregiver in order for the caregiver to pick up the meds. The result: anguish by the patient and delay in the patient obtaining the medication.

The pharmacist is an extension of the medical care a patient receives and this care needs to be meticulously provided over the phone and over the counter to patients.

Adam Dorsey, California Health Advocates, stated that California Health Advocates provides assistance to patients with selecting and resolving problems with their Part D plans. They continue to see problems with the plans and believe patients do not have the information they need in a useful form upon which to select their plans on the basis of benefits.

Charles Phillips, M.D., emergency room physician, stated that he is concerned with the practice of pill splitting and the resultant crumbled residue of drug product in the bottom of pill containers. He stated the practice of pill splitting is a problem because pills do not split evenly, and patients get uneven doses of medicine.

Chairperson Goldenberg asked Dr. Phillips to provide information on this topic at a future board meeting.

Fred Mayer, RPh, MPH, Pharmacists Planning Service, Inc., made a number of suggestions to improve the patient care available through Plan D. Mr. Mayer stated that one problem is that there is no standard for pharmacy practice under the Medicare Modernization Act. There is no method to evaluate quality and access to pharmacy services.

Lack of standards also results in firms like Medco paying a $155 million fine to settle fraud/kick-back charges and illegal switching of drugs. Lack of data and transparency are key problems that need to be corrected so the plans can be evaluated. Failure to have this data available results in fraud and abuse by the PBMs/HMOs/ prescription drug plans and managed care organizations.

The CMS needs to be given oversight authority to control the prescription plans.

Additionally, Mr. Mayer stated that selection of drugs on a formulary can be a problem. For example plans may select a drug as the preferred drug, that should not be the preferred drug or even be available for sale. For example, Crestor has been placed on some Part D formularies as the preferred drug, but Crestor has been shown to have muscle-destroying side effects, Rhabdomylosis, and acute renal and kidney failure.

He stated that what was needed was evidence-based medicine, similar to what exists in Oregon or under the old MediCal program.

He also stated that the program lacks a way to get medically needed prescription drugs in a time manner, in a system like the TAR process under MediCal.

Mr. Mayer stated that pharmacies will fill 4 billion prescriptions in 2007. The 30-day supply system needs to be replaced with one that allows a 90-day supply for maintenance drugs. This will reduce the number of prescriptions by 50 percent, which will allow improved pharmacists care for all.

He suggested enactment of SB 840 for universal health care as a better alternative.

Chairperson Goldenberg stated that there has been a variety of testimony at this and prior meetings. Although many patients are now benefiting from Part D plans, there is still a group of patients who are frustrated with the benefit. Patient advocate groups are also frustrated in trying to obtain medicine and coverage for these patients. Pharmacies are spending time trying to aid patients, and are doing the work of the plans in helping patients select appropriate plans.

The plans need to be required to provide patient care and access to care timely.

Plans that participate in Part D should be required to agree to provide this care or else they cannot participate as providers.

Currently, there are 156 pages of instructions and components describing the 55 plans available in California and this is too complex. If some remedial changes are not made, patients will continue to become worse.

Motion: Chairperson Goldenberg/Andrea Zinder: establish a mechanism for California stakeholders to provide ideas on improving Part D to benefit patients.

The meeting was adjourned at 12:02 p.m.

Attachment 2

Background Information on Pill Splitting

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

January 24, 2007

To: Board Members

Subject : Presentation on Pill Splitting

During this portion of the Board Meeting, Dr. Phillips will provide a presentation on the dangers of pill splitting.

I hoped to have materials to distribute at the meeting. Unfortunately, there is no other information at this time to share with you in advance of the meeting.

Attachment 3

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"

Version B

Notice to Consumers

Know your rights under California law to medicine and devices prescribed to you

You have the right to receive medicines and devices legally prescribed or ordered for you after proper payment unless providing them to you:

- is against the law

  OR

- will cause a harmful interaction with drugs prescribed to you

  OR

- will affect your health in a negative way

This pharmacy may refuse to fill a prescription for ethical, moral or religious reasons, but is required to help you get the prescription filled by another pharmacy. Ask about our procedure to help you get a drug or device that we don't have in stock.

Any questions? Ask the pharmacist!

(logo) (address and info) (state seal)

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

OSH 02 72011

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.

O

Version A

Notice to Consumers

Talk to your pharmacist, and know your rights

Information from your pharmacist is important to your health. Your pharmacist is highly educated in drug therapy management. A pharmacist is required to talk to you about any prescription medicine the first time it is prescribed. The pharmacist will also answer your questions about your medicine at any time.

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, vitamins, and herbal supplements I am taking?
5. What foods, drinks, or activities should I avoid while taking this medicine?

Remember to ask your pharmacist if you have any questions.

Under California law:

1. You generally have a right to receive any medicine or medical equipment legally prescribed or ordered for you.
2. A pharmacist may not provide prescribed medicine to you if:
   - Providing the drug or device would cause a medical problem or adversely affect your health; or
   - The medicine or medical equipment is not in stock; or
   - He or she refuses on ethical, moral or religious grounds to dispense the drug or device to you; or
   - Appropriate payment is not provided.
3. If a medicine or device is not in stock or a pharmacist refuses to provide them, this pharmacy must take steps to ensure that you get the drug or device in a timely manner.

If you are denied medicine or medical equipment by the pharmacy, ask the pharmacist why.

Also, at your request, this pharmacy will provide its current retail price of any prescription medicine without obligation. You may request price information in person or by telephone. If you are requesting price information on more than five drugs, you may be required to submit your request in writing, and a response will be made in writing after a reasonable period of time, for a reasonable fee. There is no requirement that this pharmacy respond to more than three such multiple-drug price requests from anyone within a six-month period.

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.

Logo and address information

Attachment 4

Public Outreach Activities

State of California | Department of Consumer Affairs

Memorandum

To: Board Members

Date: January 20, 2007

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 Ming provided information on pharmacy law to 80 pharmacists and pharmacy technicians at a San Mateo Pharmacist Association on September 21, 2006.
- Supervising Inspector Ratcliff provided information on pharmacy law to the Sacramento Valley Society of Health System Pharmacists on September 28, 2006.
- Supervising Inspector Nurse provided information about California's pending changes to electronic pedigree requirements at the National EPCglobal conference in Los Angeles on October 19, 2006.
- Board Member Goldenberg served as a speaker at the California Association of Health Facilities Convention on November 13, 2006 in Palm Springs.
- Supervising Inspector Ming provided information about pharmacy law to UCSD student on November 13, 2006.
- Inspector Brenda Barnard and Public and Licensee Education Analyst Karen Abbe provided informational material at the Sacramento AARP-sponsored Ask A Pharmacist event on December 8, 2006.
- Supervising Inspector Ming provided information on pharmacy law to the Indian Pharmacist Association on January 25, 2007.

- Supervising Inspector Nurse provided information about California's electronic pedigree requirements at Secure Pharma 2007, a national pharmaceutical supply chain security conference in Philadelphia on January 30, 2007.

Future Activities

- Interim Executive Officer Herold will provide information about the Board of Pharmacy as a keynote speaker at the CPhA's House of Delegates during their annual meeting on February 15, 2007.
- Supervising Inspector Ratcliff will provide information on pharmacy law to UCSF students on March 6, 2007.

Attachment 5

Meeting Summary of the Communication and Public Education Committee Meeting of January 8, 2007

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, 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

Date: January 8, 2007

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

Board Members Present: Ken Schell, PharmD, Board Member and Chairperson
Henry Hough, Board Member
D. Timothy Dazé, Board Member

Staff Present: Virginia Herold, Interim Executive Officer
Karen Cates, Assistant Executive Officer
Robert Ratcliff, Supervising Inspector
Anne Sodergren, Legislation and Regulation Manager
Karen Abbe, Public and Licensee Education Analyst

Call to Order

Chairperson Schell called the meeting to order at 1:32 p.m.

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

Collaboration between the board and UCSF's Center for Consumer Self Care began in July 2004 with the intention of including pharmacy students in public outreach activities and developing consumer fact sheets. The board later agreed to co-sponsor a joint Web site with the Center for Consumer Self Care to house the approximately 35 fact sheets that would be developed.

The following nine fact sheets have been completed since the beginning of this project, and have been translated into Spanish, Vietnamese and Chinese:

1. Generic Drugs – High Quality, Low Cost
2. Lower Your Drug Costs
3. Is Your Medicine in the News?
4. Did You Know? Good Oral Health Means Good Overall Health
5. Have You Ever Missed a Dose of Medication?
6. What's the Deal with Double Dosing? Too Much Acetaminophen, That's What!
7. Don't Flush Your Medication Down the Toilet!
8. Thinking of Herbals?
9. Diabetes – Engage Your Health Care Team

Bill Soller, PhD, of USCF's Center for Consumer Care has been overseeing this project. At the September 2006 Communication and Public Education Committee meeting, Dr. Soller provided four additional fact sheets for consideration. During that meeting, the committee recommended changes to the fact sheets.

1. An aspirin a day? ...maybe...check it out!
2. Uncommon Sense for the Common Cold
3. Put the Chill on Myths about Colds and Flu
4. Medication Errors – Mistakes happen...Protect yourself!

Ms. Herold introduced the board's new Public and Licensee Education Analyst, Karen Abbe. She stated that Ms. Abbe contacted Dr. Soller regarding additional changes to make to the four fact sheets.

A discussion ensued regarding progress made thus far on the project. One of the key objectives of the fact sheet series was to develop new educational materials for issues emerging in health care for which there was no (or little) written consumer information available. Ms. Herold stated that Ms. Abbe has since identified public outreach material from the FDA and other entities that duplicates some of the topics shown on the list of facts sheets to be developed.

Mr. Hough suggested outreach to other schools to develop suitable materials, to speed development of the fact sheets.

Dr. Soller was unable to attend today's committee meeting due to competing priorities. The committee will reassess the current fact sheet series to ensure that the project does not languish, and that meaningful information is provided to consumers and licensees per the board's strategic plan.

California Health Communication Partnership

The board is a founding member of the California Health Communication Partnership. This group is spearheaded by UCSF's Center for Consumer Self Care to improve the health of Californians. The function of the group is to develop and promote consumer health education programs and activities developed by the members in an integrated

fashion. Other active members of the group are the Medical Board of California, the Food and Drug Administration, CPhA and the California Retailers Association.

Ms. Herold stated that there has not been a meeting of the partnership since September 2006.

There have been three successful major campaigns since the formation of the group. The last campaign ended in fall 2006 and was aimed at educating the public about the need for and importance of breast cancer and prostrate cancer screening. At the September 2006 committee meeting, the partnership intended development of future outreach efforts for generic medicine and diabetes and aspirin. Also under consideration was a public education campaign about pharmacist-to-patient consultation since many consumers are not aware of this requirement and how this can benefit their health. Some form of outreach to educate other health care providers about a pharmacist's requirement to consult would benefit both providers and patients.

A video display of CPhA's "Priceless" was shown during today's meeting as an example of public education that can demonstrate the value of pharmacists' care. The video borrowed heavily on the theme of adding priceless moments to people's lives. In this case, those priceless moments were made possible as a result of pharmaceuticals and specifically the intervention and knowledge of pharmacists.

Update Report of *The Script*

Ms. Herold advised that the January 2007 issue of the board's newsletter, *The Script*, was produced and printed, and was in the process of being mailed to pharmacies and wholesalers. This issue focuses on new laws and regulations. The Pharmacy Foundation of California will publish and mail this newsletter to the state's pharmacists.

Board Analyst Victor Perez graphically designed this issue of *The Script*. This is the second issue of *The Script* designed by Mr. Perez.

A copy of the January 2007 issue is also on the board's Web site.

Development of New Consumer Brochures

The board's Public and Licensee Education Analyst, Karen Abbe, started with the board on December 1st. The restoration of her position reflects the duties of one of two related positions lost during hiring freezes in 2001. Ms. Abbe has begun familiarizing herself with board activities, learning the nuances of the board, and reviewing its consumer education materials.

Ms. Abbe's main focus for the time being will be to develop consumer and licensee educational materials. Retired Annuitant Hope Tamraz will continue to work on *The Script*.

1. Consumer Materials

   Ms. Abbe will soon initiate work on the following projects:

   Board of Pharmacy Informational Brochure

   The board lacks an adequate descriptive brochure about its mandate, jurisdiction, licensees and complaint handling processes. Ms. Abbe is working on two brochures as her first projects – one "overview" brochure, and the other reflecting the board's complaint handling process.

   Prescription Drug Discount Program for Medicare Recipients

   Ms. Abbe will revise the "Prescription Drug Discount Program for Medicare Recipients" brochure that was developed in response to SB 393 (Speier, Chapter 946, Statutes of 1999). This state program allows Medicare recipients to obtain medications at the MediCal price if the patients pay of pocket for the medication. The brochure will mesh with the Medicare Part D Plan benefits that became available to beneficiaries in 2006.

   Information Fact Sheets for Applicants

   The board has a great wealth of information contained in its instructions for the pharmacist exam. However, some applicants do not read this information or perhaps do not retain it. Ms. Abbe will develop fact sheets that include information about applying for the CPJE or a California intern pharmacist license specifically for pharmacists licensed in other states. Another fact sheet will include information regarding how foreign graduates can qualify for a pharmacist license in California.

   Under Review For Possible Development

   Two other brochures may be developed: the Beers list of medications that should not be provided to elderly patients, and an update of Facts About Older Adults and Medicines.

2. Information on Preventing Prescription Errors

   One of the hottest topics in the popular media 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 mandating pharmacies to evaluate every prescription error.

Ms. Herold stated that Ms. Abbe will work to develop a segment of the board's Web site on the subject of 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, such as ways to prevent errors and frequently confused drug names. It will have links to Web sites and other material as well.

Chairperson Schell noted that "medication errors" can be interpreted in many different ways – an error in dose that reaches the patient, an error in substance that may or may not be caught before reaching the patient, an error that causes an adverse reaction to the patient causing him/her to seek medical care, or any number of other errors, some that are fatal.

Mr. Hough noted that patient responsibility is one way to reduce medication errors. He stressed that patients should be compliant by filling their prescriptions and taking them as directed.

Development of New Notice to Consumers as Required by AB 2583 (Nation, Chapter 487, Statutes of 2006)

Assembly Bill 2583 (Nation) was enacted as Chapter 487, Statutes of 2006. The 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 information that must be displayed on the Notice to Consumers must be promulgated in a regulation. At the October Board Meeting, the board voted to create a second poster, both of which would be required to be displayed. As an alternative to displaying the Notice to Consumers poster in a pharmacy, the pharmacy may print the same information on a written receipt (Business and Professions Code Section 4122).

Ms. Herold provided copies of the chaptered version of AB 2583 and two draft notices for consideration – version A and version B. A discussion ensued as to which version would meet the regulatory requirement, and in the best manner. The committee made suggestions to revise the language in version "B" and to advance version "B" (after suggested refinements) to the board for discussion and future release as a proposed regulation.

Ms. Herold also presented several 8½" x 11" poster mock-ups of the Notice to Consumers, created by Victor Perez. It was noted during the meeting that the actual poster size would be larger, which must be displayed in plain view in pharmacies. The committee, and visiting attendees, provided useful feedback on color and format of the posters. The mock-up with a yellow margin and dark black ink appeared to be the most user-friendly and appealing to the eye. Comments were made regarding the red ink for lettering in the current Notice to Consumers. Red ink is problematic for the visually impaired, particularly for people who are color-blind.

Both Notice to Consumers posters should be reprinted, once the regulation language has been formally adopted and approved by the Office of Administrative Law. Ms. Herold proposed a timeline to develop the new Notice to Consumers, which will take approximately one year:

January 8, 2007:	Communication and Public Education Committee makes suggested changes to the required Notice to Consumers
January 31, 2007:	(January Board Meeting): Board reviews, modifies and sets for regulation notice the proposed language
February 15, 2007:	Staff releases the proposed amendments to Section 1707.2 for the required 45 days of public comment
April 18, 2007:	(April Board Meeting): Board adopts final language as a regulation
June 1, 2007:	Board submits rulemaking file to the Department of Consumer Affairs for review
August 1, 2007:	Board submits rulemaking to the Office of Administrative Law for review
October 1, 2007:	OAL approves rulemaking file Board initiates printing of new Notice to Consumers posters (English) Board has regulation language translated into additional languages
November 1, 2007:	Regulation takes effect
December 1, 2007:	Board distributes printed Notice to Consumers posters (English) to California pharmacies Board obtains translated versions and makes them available on our Web site for downloading

Miscellaneous Consumer Issues/Articles in the Media

The committee reviewed various articles published in the media regarding medication issues. Chairperson Schell noted that the subject of unapproved drugs should be considered at the next committee meeting.

Update on the Board's Public Outreach Activities

Chairperson Schell reviewed the board's public outreach activities performed since the October report to the board:

- Supervising Inspector Ming provided information on pharmacy law to 80 pharmacists and pharmacy technicians at a San Mateo Pharmacist Association on September 21,2006.
- Supervising Inspector Ratcliff provided information on pharmacy law to the Sacramento Valley Society of Health System Pharmacists on September 28, 2006.
- Supervising Inspector Nurse provided information about California's pending changes to electronic pedigree requirements at the National EPCglobal conference in Los Angeles on October 19, 2006.
- Board Member Goldenberg served as a speaker at the California Association of Health Facilities Convention on November 13, 2006 in Palm Springs.
- Supervising Inspector Ming provided information about pharmacy law to UCSD student on November 13, 2006.
- Inspector Brenda Barnard and Public and Licensee Education Analyst Karen Abbe provided informational material at the Sacramento AARP-sponsored Ask A Pharmacist event on December 8, 2006.

Future presentations planned:

- Supervising Inspector Ming will provide information on pharmacy law to the Indian Pharmacist Association on January 25, 2007.
- Supervising Inspector Nurse will provide information about California's electronic pedigree requirements at Secure Pharma 2007, the supply chain security conference in Philadelphia to be held January 30-31, 2007.
- Interim Executive Officer Herold will provide information about the Board of Pharmacy as a keynote speaker at the CPhA's House of Delegates during their annual meeting on February 15, 2007.
- Supervising Inspector Ratcliff will provide information on pharmacy law to UCSF students on March 6, 2007.

TCT Newsletter

TCT is the acronym for The Communication Team. The board's TCT exists to improve communication among staff, host staff biannual staff meetings and build and support a strong and positive team spirit for the board. The six members of the TCT are elected by staff and serve for two-year terms.

Ms. Herold provided the committee with a copy of the latest staff newsletter produced by the TCT. This December 2006 issue was the second issue of the newsletter. Graphic design and layout of the newsletter was provided by Victor Perez. This issue

included an article by Supervising Inspector Nurse regarding e-pedigree. It also included several biographies of new board employees, and pictures from the annual staff party. The newsletter is distributed to staff in an electronic format.

Adjournment

There being no additional business, Chairperson Schell adjourned the meeting at 2:55 p.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* *Dec. 2006:* *Staff conducts assessment of the board's consumer outreach written materials. Material is identified for revision and update, future development, or evaluation for continued need.* *Jan. 2007:* *Drafts of board informational brochure and complaint process brochures are updated; brochures will undergo review.* 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 AB 2583 (Nation, Chapter 487, Statutes of 2006) on patients' rights to secure legitimately prescribed medication from pharmacies. *Sept. 2006:* *Governor signs AB 2583* *Oct. 2006:* *Committee advances draft regulation text for comment at the October Board Meeting. Board votes to create a second Notice to Consumers poster vs. adding additional language to current poster.* *Jan. 2007:* *Committee refines language to be advanced to the board. Board reviews, modifies, and sets for regulation notice the proposed language for a second Notice to Consumers poster.*

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.* *Jan. 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.* *Sept. 2006:* *Supervising Inspector Ming provides information on pharmacy law to 80 pharmacists and pharmacy technicians at a San Mateo Pharmacist Association.* *Supervising Inspector Ratcliff provides information on pharmacy law to the Sacramento Valley Society of Health System Pharmacists.* *Oct. 2006:* *Interim Executive Officer Herold presents Legislation and Regulation update at CSHP's Annual Seminar. Board also staffs information booth for licensees.* *Nov. 2006:* *Board Member Goldenberg speaks at the California Association of Health Facilities Convention in Palm Springs.* *Supervising Inspector Ming provides information on pharmacy law to UCSD students.* *Jan. 2007:* *Supervising Inspector Ming provides information on pharmacy law to the Indian Pharmacist Association.* 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.* *2nd Qtr 2006:* *Unveiled new Web site of the board, and created new Web links.* *Revised and added new fax and contact information to speed communication with appropriate enforcement and licensing staff.* *Updated listing of 50 year pharmacists.* *Added frequently asked questions on emerging contraception.* *Updated listing of enforcement actions taken.* *Reviewed and updated board member biographies.* *Made corrections to the board's online lawbook.* • *Added all agendas, meeting packets and minutes for board and committee meetings.* *Sent out nine subscriber alerts for important information added to the board's Web site.*

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.* *Supervising Inspector Nurse provides presentations to national EPCglobal Convention (a standards setting organization) in Los Angeles on California's e-pedigree requirements for prescription drugs.* *Board staffs information booth at San Mateo Senior Fest where 600 people attend.* *Dec. 2006:* *Inspector Barnard and Public and Licensee Education Analyst Abbe staff information booth at the Sacramento AARP-sponsored Ask A Pharmacist event.* *Jan. 2007:* *Supervising Inspector Nurse provides presentation on California's e-pedigree requirements at Secure Pharma 2007, the supply chain security conference in Philadelphia.*