California State Board of Pharmacy
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www.pharmacy.ca.gov

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

Communication and Public Education Committee Report

Ken Schell, PharmD, Chair
Hank Hough, Board Member
Andrea Zinder, Board Member
Susan Ravnan, Board Member

Report of the
Communication and Public Education Committee Meeting of June 27, 2007

The Communication and Public Education Committee met June 27, 2007. Minutes from this meeting are provided in **Attachment A.**

ITEM 1: Discussion and Action on the Board's Public Forum on Medicare Prescription Drug Plans

For Information:
At the April Board Meeting, the board decided to move forward with a public forum and invite the California congressional delegation to participate.

Since 2006 when the Medicare prescription drug benefit was established under the Medicare Modernization Act, there have been problems for some patients to get their medicine. The board, as a consumer protection agency, has fostered discussion among patient advocates, stakeholders and policymakers to resolve problems and to benefit patients.

Although generally the belief is that the program is working better than when initially implemented in January 2006, there remain problems that prevent patients from getting necessary care timely, with an impact on higher health care costs, delayed therapy and impaired health.

Over the six meetings the board has convened in this area since January 2006, the board has facilitated discussions that have aided some patients. However, those who have heard the discussions believe there are still problems that can and should be corrected.

Some of the issues that have been brought to the board's attention are:

1) Prior authorization requirements that delay patient drug therapy – if the pharmacy doesn't provide the medicine before knowing whether it will be reimbursed, patients may wait 3-5 days or longer before a medicine is authorized (which may not be the medicine initially prescribed).
2) Unacceptable sales tactics used by insurance agents selling Medicare plans, for example, resulting in dual eligibles being targeted and selling private fee-for-service plans that their physicians will not accept.
3) Patients who are enrolled in a plan but coverage in the plan has not yet been activated are unable to obtain their medicine.
4) The Part D benefit is too complex to enable true comparison shopping by consumers of the 55 competing plans in California. The number of plans and lack of standardization of benefits make it difficult to select plans that work for a patient, much less select the best plan for an individual patient.
5) It is difficult for patients to resolve problems with their Part D benefit. Part D, Medicare Advantage and CMS call centers do not always give accurate and complete responses needed to resolve problems, leaving patients without adequate resolutions.
6) There are co-pay problems in skilled nursing facilities, where patients are told to make copayments.
7) Plans change formularies after patients select a plan, creating coverage problems for patients.
8) Poor continuity of care when a patient is discharged from an acute hospital on "non-covered" drugs, impacting the patient's drug therapy and health.
9) Poor understanding of IV product/coverage/billing by plans (and therefore determining such services are "not covered" with the resultant care problems for patients, or continued hospitalization until the coverage is secured).
10) Poor "timely" response by plans to the pharmacy when the law requires in a skilled nursing facility a 1-hour or 4-hour delivery of medication under Title XXII
11) Requirements that physicians must do prior authorizations (not allowing the pharmacist to do this, which further delays therapy for patients, and redirects pharmacies to additional phone calls, away from other care functions).
12) Drugs on plan formularies that are "not geriatric friendly" per federal and state regulations and guidelines.
13) According to an article in the *American Journal of Psychiatry*, 30 percent of dual eligible beneficiaries were denied medication refills and 22 percent had interrupted or discontinued access to medicine; these difficulties led to suicide, hospitalizations and homelessness.

As a consumer protection agency, the board's role is to aid patients in getting their prescribed medicine timely. The board hopes to schedule this meeting with the California delegation later this summer.

ITEM 2: Report and Action of Items Discussed at the Communication and Public Education Committee Meeting of June 27, 2007.

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

FOR INFORMATION:

The committee identified the development of consumer fact sheets to be a major priority of the committee.

Over the past four years, the board has worked with UCSF's Center for Consumer Self Care to have interns develop facts sheets for consumers. This project offered the board the opportunity to receive professional reviews of consumer outreach materials and get topical and accurate health information out to the public. UCSF also saw the project as an opportunity for their students to add valuable experience to their resumés.

However, only nine fact sheets have actually been completed since the project was initiated, and the project has not progressed as quickly or as expansively as the board had hoped.

At the April Board Meeting, the board considered opening the project to participation with other schools of pharmacy.

During the June 27 committee meeting, the committee determined it would work with the Center for Consumer Self Care to revive the project, and meanwhile to contact schools of pharmacy in California to learn if other schools are interested in establishing such a program on their campuses. The board is willing to coordinate this project on its own if the Center for Consumer Self Care is unable to continue to commit to the project.

Typically, it is a three to four month process to generate a fact sheet from an idea to the printed finalized product. Should the intern project not work out, staff will initiate work on developing fact sheets in house.

An extensive list of topics for fact sheets has been developed between the board and the Center for Consumer Self Care (**Attachment 1**).

The committee reviewed the list of fact sheet topics and identified six priority subjects for future fact sheets:

- Counterfeit medicine
- Immunizations
- Direct to consumer drug marketing
- Buying drugs off the Internet (revision to existing brochure)

- cold medication for young children under the age of two
- pediatrics and over-the-counter products

The committee would welcome the board's discussion of priorities for these fact sheets at this meeting.

2. *Pill Splitting by Patients*

At the January 2007 Board Meeting, the board heard a discussion on pill splitting. This presentation was initiated by Charles Phillips, MD, an emergency room physician, who was 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. He has asked the board to initiate steps to prohibit pill splitting.

Comments from others in the audience disagreed with Dr. Phillips concerns with pill splitting. As a result, the subject was directed for a more lengthy discussion at both the Legislation and Regulation Committee and the Communication and Public Education Committee in April. There was subsequent discussion at the April Board Meeting.

After the April Board Meeting, staff developed an article on pill splitting aimed at practitioners that was published in the July *The Script.* Staff also developed a consumer fact sheet.

During the June committee meeting, comments were made to refine the draft of this fact sheet, which is included in this packet as **Attachment 2**. The fact sheet will undergo legal review following the Board Meeting and be released to the public in the near future.

Additionally, the board has developed a section on pill splitting on its Web site. Articles "pro," "con" and "other" are listed.

The board's article and fact sheet articles both indicate that patients should not be required to split pills if they do not wish to.

3. *Update on The Script*

FOR INFORMATION:

The July 2007 issue of *The Script* was sent to the printer early in July for publication and mailing to pharmacies and wholesalers. A copy is available online. The California Pharmacy Foundation will again mail the newsletter to pharmacists in California, for which the board is grateful.

The next issue of the newsletter is being developed for publication for January 2008. It will focus on new laws and regulations.

4. New Board Web Site Under Development

FOR INFORMATION:

Early in 2007, the Governor's Office released new requirements for state government Web pages. The board is redesigning its Web site again to conform to the new look for state agencies. The deadline for conversion to the new format is November 2007; the board's Web site will be ready.

Additionally, 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 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.

5. Development of New Consumer Brochures

FOR INFORMATION:

Since the arrival of the consumer outreach analyst, the board is moving ahead with new materials. An update of work underway is provided below.

- *Board of Pharmacy Informational Brochures*
  Ms. Abbe has revised two brochures about the board – one is an overview of the board, the other is information about filing a complaint with the board (**Attachment 3**).
- *Prescription Drug Discount Program for Medicare Recipients*
  The board has revised 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 out of pocket for the medication (**Attachment 3**).
- *Informational Fact Sheets for Applicants*
  While the following information is available to applicants who read the pharmacist examination application materials, some applicants do not read this information or retain it.
  - -- Information about applying for the CPJE or a California intern pharmacist license specifically for pharmacists licensed in other states

-- Information about how foreign graduates can qualify for a pharmacist license in California

These fact sheets will be finalized shortly.

ITEM 3: Update on Public Outreach Activities

FOR INFORMATION:

From January through Apri1 2007, the board provided 11 presentations to professional associations and meetings, and staffed a booth at three information fairs.

A detailed list of the board's public outreach activities this quarter is provided in **Attachment 4.**

ITEM 4: Meeting Summary

FOR INFORMATION:

A summary of the Communication and Public Education Committee Meeting held June 27, 2007, is provided in **Attachment A**.

Attachment 1

List of Consumer Fact Sheets Proposed for Development

Topics Suggested for Consumer Fact Sheet Series

1. Different dosage form of drugs -- the ability for patients to request a specific type of product (liquid or capsule) that would best fit the patients' needs for a given type of medication. Also differences between tablespoons, mLs, cc, teaspoon measures.
2. Falls - with emphasis on medicines that put you at risk - talk to your pharmacist/read the label
3. Consumer reporting of adverse drug events -- based on FDA quote "Consumers can play an important public health role by reporting to FDA any adverse reactions or other problems with products the Agency regulates. When problems with FDA-regulated products occur, the Agency wants to know about them and has several ways for the public to make reports. Timely reporting by consumers, health professionals, and FDA-regulated companies allows the Agency to take prompt action. FDA evaluates the reports to determine how serious the problem is, and if necessary, may request additional information from the person who filed the report before taking action. "
4. Driving when you are taking medicines
5. Rebound headaches and the danger of taking too many OTC pain relievers for headaches
6. Hormone replacement therapy -- what is the current thinking?
7. Pediatric issues
8. Poison control issues
9. Ask for drug product information and labels in your native language if you cannot read English
10. Cough and cold meds and addiction issues (specifically, dextromethorophan)
11. Taking your Medicines Right (four fact sheets)
    - How to Use an Rx Label
    - How to Use an OTC Label
    - How to Use a Dietary Supplement Label
    - How to Use a Food Label
12. Take Only as Directed (three fact sheets)
    - Dangers of Double Dosing
    - Disposal of Out of Date Medicines
    - Tips on How to Take your Medicine Safely
13. Ask your Pharmacist or Doctor
    - Have a question?
    - Ask your Pharmacist for Native Language Materials/Labeling
14. Questions to Ask About your Condition or Medicine:
    - Diabetes: Questions to Ask
    - Cardiovascular Disease: Questions to Ask
    - Asthma: Questions to Ask
    - Depression: Questions to Ask

- Arthritis and Pain: Questions to Ask

15. What Can I do to Prevent Disease?
    - Regular Check Ups
    - Screening
    - What Medicare Offers
16. Childhood Illnesses and Conditions
    - Head Lice
    - Fever Reducers: Questions to Ask
    - Immunizations: Questions to Ask & Schedules
17. Questions to Ask About Your Medicines
    - What Are Drug Interactions?
    - Ask Your Pharmacist: Medicare Part D Prescription Drug Benefit
    - Medication Therapy Management – What Is It?
    - Drinking and Taking Medicines
18. Learn More about your Medicine
    - Credible Sources on the Internet

Medicine Safety

- Heading: Read the Label
  "How to Read an Rx Label"
  "How to Use an OTC Label"
  "How to Use a Dietary Supplement Label"
  "How to Use a Food Label"
- "A Medicine Chest for Traveling"
- "Drug-Drug Interactions"

Health Topics

- "Diabetes and Aspirin"
- "Asthma – Safe Use of Inhalers"
- "Immunizations"
- "Checking Your Blood Pressure"
- "Head Lice – Back to School"

Tips for Parents

- read the label
- teaspoons and tablespoons
- more is not better
- ask your pharmacist

Aspirin for Heart Attack and Stroke

- aspirin is not for everyone
- risks associated with aspirin
- what to think about before starting daily aspirin

Counterfeit Medicines

- dangers of using counterfeit medicines
- what to look for
- ask your pharmacist

Consumer Drug information on the Internet

- how to judge reliable information
- sites to trust
- where to look
- ask your pharmacist

Allergies to Medicines

- what to look for
- what to do
- before purchase, read the label – inactive ingredient section
- consumer reports to FDA (MedWatch)
- ask your pharmacist

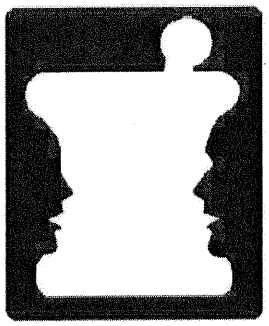
Immunizations

- immunization schedules
- what schools require
- awareness alert that some pharmacies provide immunization services
- ask your pharmacist

Attachment 2

Consumer Fact Sheet on Pill Splitting

CALIFORNIA STATE
BOARD OF PHARMACY



BE AWARE & TAKE CARE:
Talk to your pharmacist!

Pill Splitting

...not for every person, and not for every pill

Splitting one pill into two pieces can help when a larger pill is hard to swallow, but the most common reason that pills are split is cost. Dividing one higher dose pill into two lower doses can result in less total cost (or fewer co-payments) because some manufacturers price higher dose pills at the same price as lower dose pills.

That doesn't mean all medicine can be split safely. The decision to split or not split a pill should be made after you understand the issues and your medicine. Ask your prescriber or pharmacist if pill splitting is appropriate for you.

DO

- Talk to your pharmacist and prescriber about whether your medicine can be safely split
- Use a device designed to split pills; splitters are available from $3 to $15
- Remember that air and moisture can affect a split pill, so splitting should occur only one pill at a time
- Take one piece of a split pill at one dosing, and the other piece at the next dosing time
- Split pills only if you are motivated to do so
- Ask your prescriber or pharmacist whether the correct dose is available without splitting a pill

DON'T

- Don't split pills that crumble
- Don't split pills if you have trouble with dexterity, poor eyesight, memory, or a condition that affects your ability to make decisions
- Don't split time-release pills because the premature exposure to stomach fluids may affect the medicine
- Don't split all pills from a prescription at one time because prolonged exposure to air and moisture may change the pills' effectiveness
- Don't split capsules
- Don't split small pills or unusually shaped pills
- Don't split pills with a knife or anything else that can cause an uneven split

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July 2007

Attachment 3

Board of Pharmacy Overview Brochure

Board of Pharmacy Complaint Brochure

Prescription Drug Discount For Medicaid Recipients Brochure

Where to find more information

The board's Web site provides consumer education material, application material for licensing, and information for ensuring compliance with California Pharmacy Law. The Web site also provides information on board meetings and critical forums vital to pharmacy services where public comments and input are encouraged. Go to www.pharmacy.ca.gov for materials including:

- Consumer Education Material
- Applications and Forms
- Complaint Resolution process
- Publications and Newsletters
- Pharmacy Law and Regulations
- License Verification
- Licensing Requirements and Renewal Information
- Public board and committee meeting dates, agendas, meeting materials and minutes

Did you know?

Anyone interested in receiving e-mail alerts about updates to the board's Web site can join the board's e-mail notification list. Go to to www.pharmacy.ca.gov, click on "Information For Consumers", then scroll to "Join our e-mail list." E-mail alerts provide information regarding:

- Regulations implemented or released for public comment
- Board newsletters when they are published
- Agendas for public meetings when released
- Questions and answers about new laws
- Board actions from board meetings

Consumers and licensees may also call or write to the board:

California State Board of Pharmacy
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(916) 574-7900

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS

Healthy Californians

Through Quality Pharmacist's Care

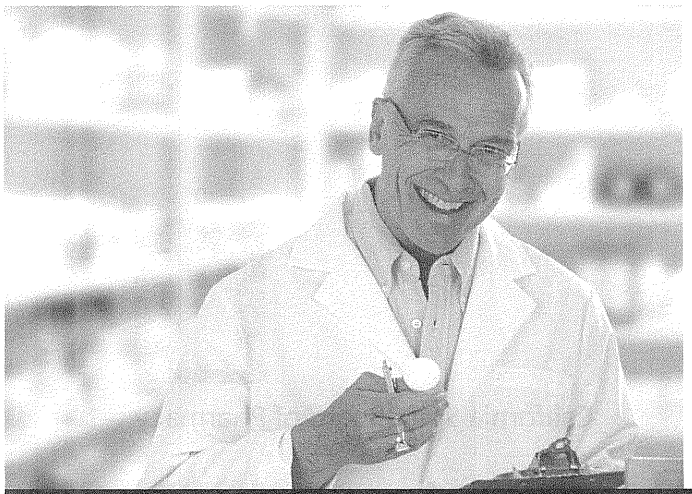
California State Board of Pharmacy

Who we are

The California State Board of Pharmacy (board) serves the public as a consumer protection agency. The board is part of the Department of Consumer Affairs, which is in the executive branch of California's government. The Governor is at the top of the executive branch.

The board consists of 13 members, appointed to four-year terms. Members can serve only two consecutive terms. There are seven pharmacists and six public members appointed to the board. The Governor appoints the seven pharmacists, as well as four of the public members. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. Public members are individuals who are not licensed by the board.

Members of the board appoint the executive officer, who directs board operations and oversees a staff of more than 55 people. The staff includes over 20 pharmacists who inspect licensed premises and investigate suspected violations of pharmacy law. The board is self-funded through licensing fees, and receives no tax money from the General Revenue Fund of California.



How we protect the public

The board develops and enforces regulations to protect the public from the misuse and diversion of prescription drugs from pharmacies. The board licenses pharmacists, pharmacist interns, pharmacy technicians, and designated representatives (those involved with wholesaling medicine and medical devices, but who do not hold a pharmacist license).

The board also regulates firms that distribute medicine and medical devices in California. These firms include community pharmacies, hospital pharmacies, clinics, out-of-state pharmacies that fill prescriptions and deliver them to patients in California, and wholesalers who ship medicines into California.

To become a licensed pharmacist, an individual must graduate from an accredited pharmacy school, pass two examinations, and complete experience in both community and hospital pharmacies. In addition, continuing education is required for a pharmacist to renew his or her license.

Did you know?

Information regarding license status and official actions taken in connection with a licensee, if known, are disclosed to the public upon request. You can obtain:

- Licensee Name
- License Number
- Name of Licensed Facility Owner (including the corporation name and corporate officers) and the Pharmacist-in-Charge
- Address of Record
- Date the original License was issued
- License Expiration Date
- Current License Status
- Letters of Admonishment
- Citations
- Referrals for formal Disciplinary Action
- Accusation/Petition to Revoke Probation
- Board Decisions
- Temporary Restraining Order
- Automatic Suspension Order
- Summary Suspension Order
- Interim Suspension Order
- Penal Code 23 license restrictions

What we do

Under California law, the board's mandate is consumer protection. The board oversees those that compound, dispense, store, ship, or handle prescription drugs and medical devices to patients and practitioners in California. Currently, the board licenses over 100,000 pharmacists, pharmacies, and other individuals and businesses who are involved in these activities. The board sets standards and licenses those who comply with these standards to ensure practitioners and businesses possess necessary skills and follow essential components.

The board ensures that pharmacists provide patients with quality pharmacist care when dispensing prescribed medicine, providing information to protect patients to prevent drug misadventures, and taking responsibility for therapeutic outcomes resulting from their decisions.

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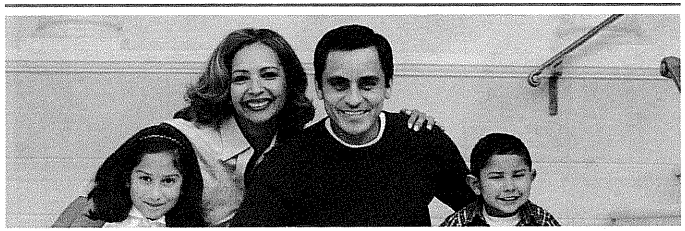

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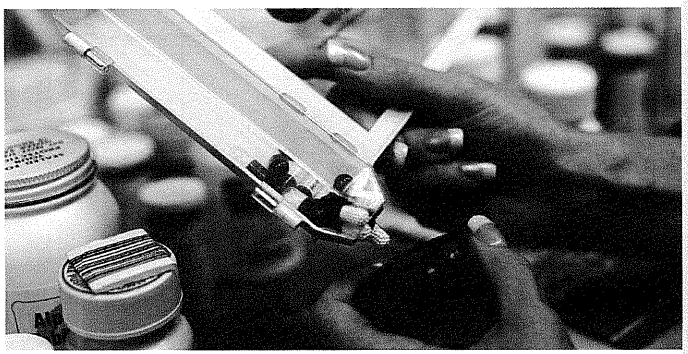

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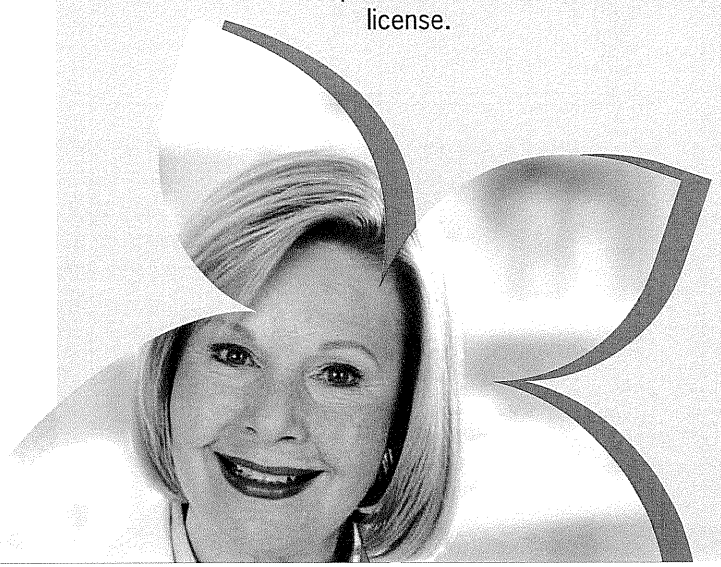

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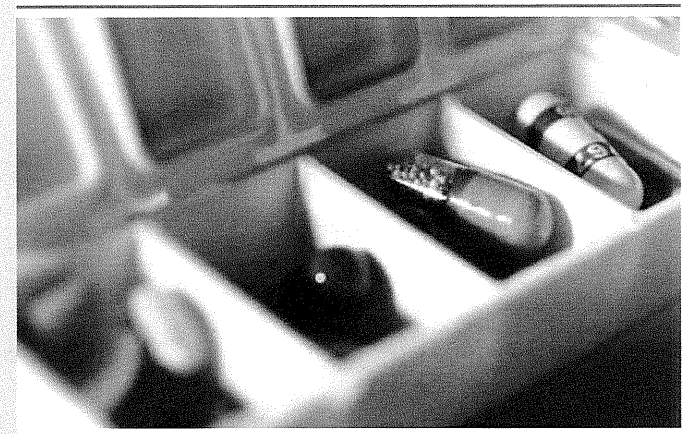

The board ensures that pharmacists provide patients with quality pharmacist care when dispensing prescribed medicine, providing information to protect patients to prevent drug misadventures, and taking responsibility for therapeutic outcomes resulting from their decisions.

HOW TO FILE A COMPLAINT

Complaint forms are found at www.pharmacy.ca.gov. The form may be filled out and submitted electronically, or the form can be printed and filled out byhand. The completed form must be sent to the California State Board of Pharmacy, 1625 N. Market Blvd., Suite N-219, Sacramento, CA 95834. An on-line complaint form is also available on the Web site that can be submitted electronically.

WHAT HAPPENS TO MY COMPLAINT?

The board strives to complete most investigations within 120 days. Routine investigations may take up to 90 days, while more complex cases requiring extensive investigation may take longer.

If the complaint is within the board's jurisdiction, the complaint will be referred to staff for mediation or investigation. If the complaint is not within the board's jurisdiction, it may be closed with no action taken or referred to another agency that may have jurisdiction. A complaint could result in disciplinary action being taken against a licensee ranging from a reprimand, a citation and fine, or revocation of the license with loss of the right to practice or operate a pharmacy.

If you write to the board and request information regarding the outcome of a complaint, the board will respond in writing. The following information may be obtained:

- The date the complaint was received by the board
- A summary of the investigation
- The outcome or type of discipline

Formal disciplinary actions are a matter of public record, as are the names of licensees, their license numbers, their address of record, the date the original license was issued, and the current status (active or inactive) of that license.

CALIFORNIA STATE BOARD OF PHARMACY

FOR MORE INFORMATION ABOUT THE BOARD, LICENSING, OR THE COMPLAINT PROCESS, YOU MAY:

VISIT THE BOARD'S WEB SITE AT
WWW.PHARMACY.CA.GOV

WRITE TO THE BOARD AT
1625 N. MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834

CALL THE BOARD AT
(916) 574-7900

STATE OF CALIFORNIA
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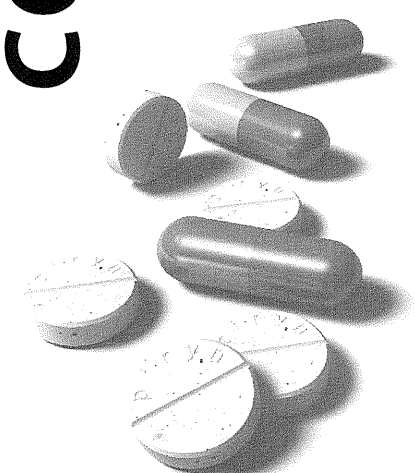
DO YOU HAVE A **COMPLAINT?**

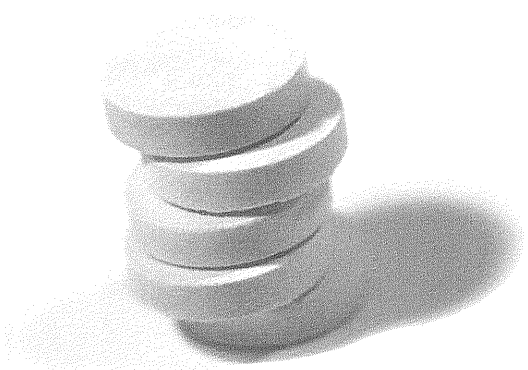


California State Board of Pharmacy

COMPLAINT RESOLUTION

A primary way the California State Board of Pharmacy (board) protects the public is through the investigation of consumer inquiries and complaints involving the care patients have received. Errors in filling prescriptions or suspected misconduct by a pharmacist may be violations of pharmacy law, and should be reported, whether or not a patient was harmed. The board does not have jurisdiction over drug prices charged by the pharmacy or prescription billing disputes with insurance carriers.

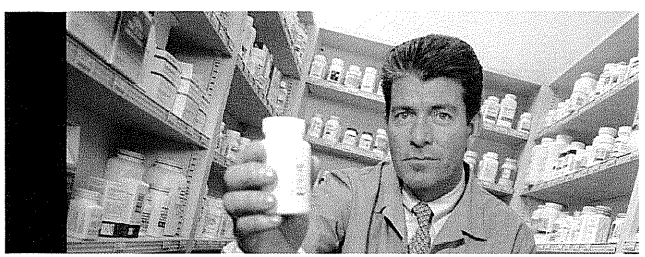
The board advocates and enforces laws that protect the health and safety of patients, and encourages submission of complaints and inquiries from the public. Each complaint is evaluated to determine if the complaint involves a pharmacist, pharmacy, or firm regulated by the board, and whether the complaint involves a violation of California Pharmacy Law.



WHAT IS PHARMACIST MISCONDUCT?

Examples of misconduct by a pharmacist include (but are not limited to) instances where:

- The pharmacist fails to counsel you about how to take a new prescription medicine (or a prescription with changed instructions) and its possible side effects
- A non-pharmacist counsels you regarding your prescription



- A pharmacist is not present and your prescription is filled by a non-pharmacist
- A pharmacist fails to maintain the confidentiality of your prescription
- A pharmacist appears unable to function safely (due to alcohol or drug abuse)
- The pharmacy is dirty, cluttered, or looks unsanitary
- A pharmacist fails to assist you in obtaining a prescribed drug or device from another pharmacy, when the drug or device is out of stock

- A pharmacist fails to assist you in obtaining a prescribed drug or device from another pharmacy, when the pharmacist refuses to fill the prescription for ethical, moral, or religious reasons

WHAT ARE PRESCRIPTION ERRORS?

Examples of prescription error violations include (but are not limited to) instances where:

- Incorrect information is entered on the label of the prescription container
- A prescription is dispensed with the wrong drug or wrong dosage
- A prescription is refilled without proper authorization from the prescribing physician
- A generic drug is substituted for a brand name drug, without informing the patient of the substitution
- A prescription is filled using drugs whose expiration date has passed

Prescription Drug Discount Program for Medicare Recipients

(name, logo, etc.)

You may be able to save up to 40% on the cost of your prescriptions not available under Medicare Part D, the Medicare Prescription Drug benefit. All you need is your Medicare card! California law makes it possible for Medicare recipients to obtain their prescription drugs at a cost no higher than the Medi-Cal price for those drugs. Here's how it works:

1. Show your Medicare card to the pharmacy staff.
2. Give your prescription to the pharmacy staff, and ask for the Medi-Cal prescription price. Ask if that is the lowest price the pharmacy will accept for the drug.
3. If the Medi-Cal price is the lowest price, you can pay that price, plus a small processing fee of 15 cents, for the prescribed drug. The processing fee is intended to reimburse the pharmacy for electronically checking Medi-Cal for prescription pricing information.
4. Pay for the prescription in full at the pharmacy. If you have prescription drug coverage, your insurance company is not eligible to receive the Medi-Cal price.
5. Only Medi-Cal provider pharmacies are required by law to offer and accept the Medi-Cal price as payment for prescription medication for Medicare recipients, but non-Medi-Cal pharmacies may also offer the Medi-Cal price if they choose.

Frequently Asked Questions

Q. What is the Prescription Drug Discount Program for Medicare Recipients?
A. It is a program that requires Medi-Cal provider pharmacies to charge Medicare recipients no more than the Medi-Cal price for their prescription drugs.

Q. Who is eligible?
A. Anyone who has a Medicare card is eligible. That includes seniors over age 65 and those under age 65 who are disabled and have a Medicare card. You do not have to be on Medi-Cal.

Q. Is Medi-Cal paying for my prescription?
A. No, Medi-Cal is not paying for the prescription. You, the Medicare recipient, are still responsible for paying for the prescription medication and the processing fee.

Q. Do I have to fill out any forms to take advantage of the program?
A. No. All you need is your Medicare card.

Q. Does the program work for drugs not covered under the new Medicare Part D benefit?
A. Yes. When you give your prescription to the pharmacist, show the pharmacy staff your Medicare card, and request the Medi-Cal price rate. The pharmacist will electronically check

Medi-Cal for the price of the prescribed drug, and you will be eligible to buy the drug at that price, plus the 15-cent fee.

Q. How does the discount program work with telephoned prescriptions?

A. Ask the doctor's office to advise the pharmacy that you are a Medicare patient when they phone in your prescription. Then show your Medicare card when you pick up your prescription. For future prescriptions, it is also a good idea to ask your regular pharmacy to note on your record that you are a Medicare recipient.

Q. What drugs are covered?

A. Virtually every prescription medication is covered including both generic and brand name drugs; however, over-the-counter drugs and drugs that the pharmacist has to compound are not covered under this program.

Q. Can I go to any pharmacy I want to get the Medi-Cal price?

A. Only Medi-Cal pharmacy providers are required to charge a Medicare recipient no more than the Medi-Cal prescription price; however, most pharmacies in California do participate in the Medi-Cal program. Ask your pharmacy if it is a Medi-Cal provider. Some non-Medi-Cal pharmacies are willing to charge a similar prescription price.

Q. How much money will I have to pay?

A. What you pay will depend on the medication, but it will not exceed the amount Medi-Cal pays the pharmacy for the medication, plus the 15-cent processing fee.

Q. How much money will I save?

A. Again, that will depend on the medication, as well as the quantity ordered and the drug manufacturer. Several companies, with each charging a different price, may manufacture the same drug.

Q. How do I know I'm being charged the right amount?

A. Ask the pharmacist for a printout of the Medi-Cal information obtained through the pharmacy's computer. Be sure to make this request when you hand your prescription to the pharmacy staff or when the doctor's office calls in the prescription.

Q. I have called four different pharmacies and have received four different prices. Why is that?

A. Prescription pricing can differ from pharmacy to pharmacy under this program. Most of the time this will occur because different drug manufacturers charge Medi-Cal different prices for the same drug.

Q. I just refilled my prescription, and it cost more than last time, why?

A. Prescription drug manufacturers change their prices periodically. Price increases occur throughout the year, and for some drugs, many times during the year. Medi-Cal updates the prices it pays for drugs in its computer every month. If your prescription price does increase, you can ask your pharmacist if the manufacturer has increased the price.

Q. If I already have prescription coverage, will this program affect me?

A. The program covers Medicare patients who themselves pay the full drug price. If you have prescription drug coverage through an insurance plan, your pharmacy is not required to charge the insurance company the Medi-Cal price, even if you are a Medicare patient. However, if you have prescription coverage, it might be advantageous to use the program if:

- You have reached your yearly or monthly prescription maximum paid amount under your insurance program and now have to pay full price for your prescriptions.
- Your prescription insurance doesn't cover a certain drug prescribed for you.
- You have a deductible to meet before your coverage begins.

Q. Will this program affect my Medicare coverage?
A. No. This program does not affect your coverage under the Medicare program.

Q. Can I receive the Medi-Cal price from my mail order pharmacy?
A. Yes, if that pharmacy is a Medi-Cal provider.

Q. Who do I call if I believe the pharmacy is not charging me the right price, and I haven't been able to work it out with the pharmacy?
A. You can contact the California State Board of Pharmacy, Monday through Friday between the hours of 8 a.m. and 5 p.m. at (916) 574-7900.

Obtaining prices from several pharmacies may help you find the lowest cost, but it's best to get all your prescriptions from the same pharmacy. This way the pharmacist can record all the medications you are taking and what you are taking them for, and your pharmacist can tell you what to do if you have a bad reaction to a drug or find that a drug isn't working. Also, the pharmacist can check your new prescription to make sure it won't react badly with medicine you're already taking. Proper pharmaceutical care can protect your health or even save your life!

July 2007

Attachment 4

Public Outreach Activities

California State Board of Pharmacy
1625 N. Market Blvd, 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

July 17, 2007

To: Board Members

Subject: Update on the Board's Public Outreach Activities

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

- Analyst Abbe and Inspector Wong staffed an information booth at the 2007 Consumer Protection Day Forum in San Diego on March 24.
- Supervising Inspector Ming provided information about pharmacy law to pharmacists at Anaheim Memorial Hospital on April 6.
- Board Member Goldenberg provided information about pharmacy law and the board's citation and fine program to the Diablo Valley Pharmacists Association Meeting on April 26.
- Supervising Inspector Coyne spoke about being a pharmacist to her grandson's junior high at a career day presentation on April 25.
- Board Member Schell presented FAQs about licensing issues to the San Diego Pharmacists Association on April 26.
- Debbie Anderson provided information about pharmacist licensure application and examination to Loma Linda graduating students on May 7.
- The board staffed a public information booth at the Family Safety and Health Expo at Safetyville, in Sacramento on May 12.
- Board Members Goldenberg and Conroy provided information about pharmacy law to the UOP graduating class on May 17.
- Supervising Inspector Ratcliff spoke to Sutter Hospitals' pharmacists about pharmacy law on May 18.
- Analyst Abbe staffed an information booth at the Sacramento Chapter of the American Diabetes Association Health Fair on May 19.
- Executive Officer Herold hosted a poster display about California's pedigree requirements at the NABP Annual Meeting on May 20.
- Supervising Inspector Nurse provided information about California's electronic pedigree requirements for prescription medicine at the NABP Annual Meeting on May 22.
- Board Member Goldenberg provided information about the board's citation and fine program to the Pharmacists Professional Society of San Fernando Valley on June 24.
- Board Member Ravnan provided information about medication errors as part of panel discussion with Lyle Bootman and Michael Cohen hosted by *Drug Topics* in concert with the American Society of Health Systems Pharmacists annual meeting in San Francisco on June 26.

Attachment A

Meeting Summary of the Communication and Public Education Committee Meeting of June 27, 2007

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE MEETING SUMMARY

Date: June 27, 2007

Location: State Office Building
Sequoia Conference Room
First Floor, Rooms A and B
2420 Del Paso Road
Sacramento, CA 95834

Board Members Present: Ken Schell, PharmD, Board Member and Chairperson
Susan L. Ravnan, Pharm. D.
Henry Hough, Board Member

Board Member Absent: Andrea Zinder, Board Member

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

Call to Order

Chairperson Schell called the meeting to order at 9:41 a.m.

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

Dr. Schell advised that a history of the fact sheet series was provided in the meeting materials. He stated it was time for the committee to determine what the board's future relationship with UCSF's Center for Consumer Self Care would be, since only nine consumer fact sheets had been completed over the past four years. Additional fact

sheets were drafted during the past year, but could not be approved as presented. Edits and annotated versions of the draft fact sheets were not forthcoming.

Dr. Schell referred to the extensive list of topics for fact sheets included in the meeting materials. He said there were many good topics under the bullets and sub-headings, and the committee was still open to suggestions about new topics to add to the list as well. Dr. Schell noted that the nine approved fact sheets currently posted to the board's Web site contain the previous UCSF Center for Consumer Self Care physical address.

Executive Officer Herold stated that the board had an opportunity with this project to receive professional reviews of consumer outreach materials and get solid information out to the public. UCSF also saw the project as an opportunity for their students to add valuable experience to their resumés. When the board initiated the project with UCSF, the board had recently lost two public outreach staff. Only nine fact sheets have actually been completed since the project was initiated, so the project has not progressed as quickly as hoped.

Ms. Herold further stated that the board considered opening the project to participation with other schools of pharmacy. Two students from UOP showed interest in the project, and Ms. Herold offered to contact USC to see if they would be interested as well. She recommended that the board create some of the fact sheets in the interim, given that UCSF is busy and they are not able to give the project a higher priority. She emphasized that the committee should go ahead with the project and begin drafting some of the fact sheets in-house, and that Ms. Abbe can start that process now. She asked whether the committee members had a preference for some topics that may be more important than others.

Dr. Schell stated that counterfeit medicine is a key concern, but agreed that he and Ms. Herold should sit down and prioritize the list of topics provided. A fact sheet concerning immunizations would be useful during the next couple months, prior to flu season. He further stated that topics that have come up in the media during the last couple months, like direct consumer marketing, would be useful. He wants to avoid stopping and starting work on various topics. Dr. Schell recommended that he and Ms. Herold generate a list, but ultimately, the priorities should be confirmed by the board.

Ms. Herold clarified that generally it is a three to four month process to generate a fact sheet from an idea to the printed mode. If we want to develop a fact sheet for the upcoming flu season, we should start that fact sheet now.

Orriette Quandt from Longs Drugs was in attendance, and she suggested that a fact sheet be developed relating to cold medication for young children under the age of two. She said that the FDA has made comments on the topic.

Dr. Ravnan said she agreed that the topic of pediatrics and over-the-counter products was prominent in the news and would be good subjects for pharmacists as well.

Mr. Hough said that counterfeit drugs are an exploding issue, and he recommended that the board provide a fact sheet on the subject because consumers need to know what medicines they are actually taking.

Dr. Schell agreed that we should be on the fast track to create a fact sheet on the subject of counterfeit drugs and buying drugs on the Internet.

Dr. Ravnan agreed to contact Touro and UOP to determine whether their students would like to be involved in this project. Dr. Schell agreed to contact Loma Linda and UCSD. Ms. Herold agreed to contact Western and USC.

2. Update Report on *The Script*

Dr. Schell stated that the next issue of *The Script* is planned for publication and distribution in July 2007. The focus of the issue will be application of laws, questions and answers about pharmacy practice asked of the board, and new regulation requirements. The issue will also contain an article on pill splitting, aimed at pharmacists.

Dr. Ravnan asked whether the draft fact sheet relating to pill splitting is the article to be included in the next issue of *The Script*.

Ms. Herold clarified that the article in *The Script* contains language geared toward pharmacists, and is not identical to the language in the draft fact sheet in the committee packet that is aimed at consumers.

Dr. Schell said that the July issue was graphically designed by board staffer Victor Perez, and is currently at the State Printing Plant for production and mailing. The Pharmacy Foundation of California agreed to print and mail the July 2007 issue to all California pharmacists.

3. Development of New Consumer Brochures

Dr. Schell stated that the committee is revising the board's public education materials, including the overview brochure about the board.

Mr. Hough said he found an error in arithmetic in the (graphic) layout of the overview brochure in the meeting materials.

Dr. Schell said he saw an error in the layout of the overview brochure as well, relating to the number of board members that are "public" board members. He clarified that the board currently has two vacant positions, so the math in the brochure did not add up.

Ms. Herold noted that DCA converted some of the language we submitted, causing errors and other nonsubstantive changes. Unfortunately, other more substantive changes made by DCA revealed a lack of understanding of what the board does. Ms. Herold recommended that the board thank DCA for the draft layout, but we will use the text that the committee previously approved that was developed by board staff and create our own graphic layout.

Ms. Herold stated that they edited out the core of our text, and missed the mark. It wasn't clear whether they were aiming the brochure at consumers or licensees or both, but it missed both marks. She emphasized that we will ensure the information provided reflects the board's mission.

Mr. Hough said that he agreed with Ms. Herold's recommendation.

Dr. Ravnan said she also found several inaccuracies in the layout provided by DCA. She was uncomfortable with the wording used in the layout because it didn't reflect what the board really does.

Dr. Schell noted that we should also be sure that our own information is accurate. For example, whether the board issues 90,000 licenses or 100,000 licenses. Once the information is correct, the committee can proceed with the brochure, and will not need a recommendation by the full board.

Ms. Herold added that the Communication and Public Education Committee normally doesn't edit text during the meeting, but she saw this meeting as working session.

Dr. Schell, Dr. Ravnan, and Mr. Hough agreed that a revised layout with correct text of the overview brochure should be provided to the board for the July 2007 Board meeting.

Dr. Schell referred to the graphic layout for the board's complaint brochure that was also provided in the meeting materials. He said the photo was not flattering, and was somewhat stereotypical of an elderly woman with a complaint. The image didn't match the title given by DCA (We Want to Hear From You).

Ms. Herold stated that the text for the complaint brochure approved by the committee fit the board's needs better than the converted language provided by DCA. She agreed that the graphic of the woman with the headache was not acceptable, but the other graphics were suitable.

Dr. Schell referred to the draft fact sheet for pill splitting provided in the meeting materials. He said the committee should develop materials on tablet splitting, and that's how this fact sheet came about. He said the draft looks good, and he sees it as one in a series on the topic.

Dr. Schell said that one document for consumers couldn't cover all the issues on the topic, but this first attempt is good. He emphasized that we are charged to provide

information, and we are taking it seriously. He asked for comments from the committee and from the audience.

Dr. Ravnan stated that the fact sheet is a good start, but would suggest some edits to the wording. She provided hand-written edits to the committee for consideration. Dr. Ravnan agreed that the fact sheet should be part of an ongoing series.

Mr. Hough agreed with Dr. Schell and Dr. Ravnan. He said that we've heard from Dr. Phillips several times, whose points are well taken and pretty well covered in this fact sheet.

Dr. Phillips stated that the first time he saw pill splitting was 10 years ago in Kaiser. He said seniors were splitting pills resulting in fragments and "garbage." He emphasized that the term "half" should not be used because it's not accurate. If pills were split in half, he would never have contacted the board. Dr. Phillips said that splitting results in dosages up to 38% off, either too high or too low, and that people split 100 pills, and then work their way down to dust.

Dr. Phillips said that everything he was saying was pertinent to the draft because the word "half" is all over our draft fact sheet. He said the issue is that tablets don't split evenly, and he referred to the lawsuit of a patient who was ordered to split pills and she didn't have a choice. He said it is not voluntary, pills do not split evenly, and this is an abuse of seniors.

Dr. Phillips stated that a judge said this is a matter that belongs "here" and not in the courts, so the courts gave it to "you" because it's wrong and abusive. He further stated that what happens is that the Board of Pharmacy leads the nation, who then leads the world. He stated that comments previously brought to the board were not reflected in the meeting minutes.

Dr. Schell advised Dr. Phillips that he would have to stop him because he invited comments on the fact sheet only. Dr. Phillips then provided Dr. Schell with copies of his hand-written comments to the draft fact sheet.

Paris Piche introduced himself, and said he was running a petition of over-the-counter drugs. He also asked seniors if they were splitting tablets; one gentleman that responded said he got awful sick one time after taking tablets that had been split.

Mr. Hough referred to the last bullet point in the draft fact sheet, and asked for clarification about the term "narrow therapeutic index."

Dr. Schell responded that it refers to the minimum effective dose and maximum effective dose and whether it is a narrow index. He agreed that we should clarify that term in language we give to consumers. He also agreed with Dr. Phillips that we should use the term "fragment" instead of "half."

Supervising Inspector Ratcliffe stated that he liked the fact sheet because it's informative, but he suggested adding a bullet point asking whether the medication is available without splitting.

Dr. Quant suggested that edits were needed to one bullet, "don't split capsules, liquids, or topical medications" because the title of the fact sheet refers only to tablet splitting.

Douglas Hillbloom from Prescription Solutions commented that if a pill is oval, it's the hardest one to cut, and round pills are not as hard to cut. Liquids actually can be split with an eyedropper or measuring cup.

Dr. Schell advised that we should focus on tablets, and a dosage of "one swallow" is poor direction. Capsule reference is good, but omit the liquids and topical medications.

Dr. Schell also recommended that the bullet point referring to enteric-coated tablets be split into two bullet points.

Dr. Schell suggested using the term "talk to prescriber and pharmacist" instead of "prescribing physician."

Ms. Herold emphasized that the board's brochure would advise patients to decline the request to split their medications if they don't want to do this. She further stated that consumers, on their own, might decide to split capsules, since they are splitting tablets.

Dr. Phillips stated that in covering the topic for 10 years, capsules haven't really come up, but it would be good to put it in the fact sheet and leave off liquids and topical medications.

Dr. Schell said that the committee should try to get the fact sheet language down to the lowest effective level. We should focus on the implications of pill splitting, and then consumers should look at the fact sheet and sit down with their providers and ask questions.

Dr. Schell referred to the draft text of the "Prescription Drug Discount Program for Medicare Recipients" brochure. He said it's a federal program, and a political program as well. We still need to help our citizens so they can use the program. He approved of the wording in the draft text and did not see a need for many modifications.

Dr. Quandt asked Ms. Herold if she could verify that the California program is still in effect. She believed that once the federal program was in place, there would no longer be a state program.

Ms. Herold responded that the Senate Rules Committee advised that the program was still in effect, but she would confirm this with the Department of Health Services.

Dr. Hillbloom stated that the actual statute said upon enactment of federal benefits, the state program would not be in existence anymore. He recommended that we look at the statute.

Ms. Herold asked, if a patient was in the donut hole and asked for the Medicare price, would they get it, even in the absence of the law.

Dr. Quandt responded that this law was used significantly. It was well known and well used, and chain pharmacies still give patients the discounts.

4. Update on Committee Projects

a. Activities of the California Health Communication Partnership

There was no update provided pertaining to the California Health Communication Partnership during this committee meeting.

b. Pill Splitting

As noted earlier in the committee meeting, a consumer-friendly fact sheet pertaining to pill splitting is in the works. In addition, an article geared toward pharmacists will be included in the next issue of *The Script*.

c. Public forum on Medicare Part D Plans

There was no update pertaining to the Public Forum on Medicare Part D Plans during this committee meeting.

d. SCR 49 Medication Errors Task Force Report

Dr. Schell stated that we have the full report, and he believes our charge is to help the public understand the information in the report. He suggested that Ms. Abbe draft a fact sheet on the subject of the task force findings because the full report is a tough read. He recommended that we abstract key points, with references back to the full report.

Dr. Quandt stated that one aspect of the report enacted by statute was the requirement that a description of the medication be put on the label. She said this is very important for consumers so they can verify that they have the right medication. She further stated that we should make it better known that that's why the description is on the label.

Ms. Herold stated that the board has a potential new charge from a new bill, and if enacted, it will be a huge undertaking. The board must design a standardized prescription label, and it will probably be done under the Communication and Public

Education Committee. Companies like Target who already provide clear labels will have to change their labels. All prescription container labels provided to California patients will have to conform to the new requirements. She stated that the matter is controversial, and will also affect prescriptions filled by mail order. The board will be setting the standard for the nation. The label will be patient-focused and the patient information will be more prominent.

Dr. Schell asked if there will be flexibility of the label for font size or shape of label.

Ms. Herold responded that the specificity will be left up to the board. However, if the board leaves it too broad, it could result in senior issues, language issues, and problems for people with visual acuity.

Dr. Phillips added that labels for eye drops are among the worst, as the brand name tends to be much larger than the patient information.

Dr. Hillbloom stated that labels on inhalers are bad too, and the board will have to come up with a standardized format.

Ms. Herold responded that the label will also need to reflect the directions for use.

Dr. Hillbloom suggested that a separate card attached with elastic around the neck of a bottle would work.

Ms. Herold responded that the new requirements will affect the container label for all medications dispensed to California patients.

Dr. Schell asked whether there was opposition to the legislation.

Ms. Sodergren responded that the California Retailers Association was opposed to the bill, but has since withdrawn its opposition.

Dr. Schell stated that vials for eye drops may need to be larger to accommodate the new labels, and that possibly a vial within a larger vial would work.

Dr. Quandt stated that if you put a label on an inhaler, the patient will repeatedly handle the inhaler, causing the printed wording on the label to become distorted.

Dr. Ravnan stated instead of going through and bullet pointing some of the findings of the SCR 49 report, the issue of labeling was selected for us.

Dr. Quandt asked whether there will be public meetings held where 85 different proposals about labels will come up, or whether the board will narrow it down.

Ms. Herold responded that the board will conduct a series of meetings in communities, soliciting comments from specific groups. One suggestion was made

that the label could address language barriers by showing a full sun and full moon or it could visually show the pills or use international symbols. She said the board should develop a prototype so we can give people something to react to, instead of allowing wide open grazing on the topic.

Dr. Hillbloom said we might want to incorporate the e-prescribing groups.

Ms. Herold responded that stakeholders will be invited to participate, and the meetings will be held throughout the state. Industry representatives will likely show up wherever we hold a meeting. We will need to hold the meetings in areas with good public access.

Ms. Herold responded that we can hold the meetings at night too because we want full participation.

e. Board of Pharmacy Web Site Redesign

Ms. Herold advised that two board staff are working on the Web site redesign. The Web site will be a resource center, including links for people so they'll know where they report prescription errors. There will also be links to other Web sites, like the Institute for Safe Medication Practices. She further advised that the board's Web site will contain information about pill splitting, and will include articles separated into pro, con, and other.

Mr. Piche stated that pharmacists carry more power than pharmaceutical companies, on the consumer level. They're trusted by consumers more than doctors.

Ms. Herold responded that she will consult with Spencer Walker about language for a disclaimer clarifying that the board is not endorsing pill splitting.

5. Miscellaneous Consumer Issues/Articles in the Media

Dr. Schell advised that the purpose of providing these articles in the meeting materials is to see what's happening in the media. The articles in this packet were across the board, including Wall Street Journal articles about drugs bought abroad, compliance issues, and the FDA. There are also articles regarding herbal remedies. He added that there's a lot of concern about herbal remedies, including nutraceuticals that can contain toxic substances not shown on the label. The committee may consider getting something out to the public stating that substances in herbal remedies may not work as well as expected. The articles in the packet also pertain to the abuse of drugs, which includes prescription drugs, not just illicit drugs.

Mr. Piche stated that over-the-counter drugs are abused as well. He provided a print-out with the heading "72 HOURS FOR BETTER HEALTH" from his Web site

www.grassroots72hours.com. He also provided a petition signed by people who support legislation and education about over-the-counter drugs.

Mr. Piche further stated that youth are abusing cough syrups and other over-the-counter drugs. He said that his 10 year-old grandson was able to buy Nyquil, and those drugs should not be available for children to purchase. Sudafed is another drug that he believes should be put behind the counter. Emergency rooms admit young people due to taking Robatussin.

Mr. Piche said he thinks pharmacists carry a lot weight and are respected. He said Giant Foods does not sell certain products to anyone under 18, so there is some voluntary action. He believes that pharmaceutical companies are killing our children. Kids shouldn't even have the right to buy aspirin; they should tell their parents instead, and their parents can take them to a doctor. He wants the board to talk to pharmacists that work for retail outlets about acting voluntarily to not sell these products to children under 18. He referred to his petition and that he was able to get 800 signatures on the petition in just four days.

Dr. Schell responded that the board can prepare a patient information fact sheet, but if Mr. Piche has this kind of support, he should go to his legislator as well.

Mr. Piche said that he talked to Tom Torlakson's office, but they said he needs 10,000 signatures.

Dr. Schell said that the board appreciates Mr. Piche's input, which helps us prioritize our efforts to protect the public.

Dr. Hillbloom stated that grocery stores give easy access to over-the-counter medicines. They may have three aisles full of over-the-counter medicines, which are not even in a pharmacy.

Ms. Herold suggested to Mr. Piche that he review the meeting materials packet because it includes information from The Partnership for a Drug-Free America. They put out a report dealing with a number of issues including over-the-counter medications. Mr. Piche should consider giving this material to Senator Torlakson.

Dr. Quant stated that Robitussin with dextromethorphan is the problem, not the regular Robitussin. Sometimes parents send their children in to the store to buy the products.

Mr. Piche said that children need to have an open dialogue with their parents. The last question on his survey is "Will you discuss this questionnaire with your parents?" Mr. Piche said he believes this question is the most important on his survey, because we need to know where kids' heads are at, without invading their rights.

Dr. Schell suggested that the committee prioritize development of public outreach materials, and consider a fact sheet on over-the-counter medications. The board wants to ensure that medication is safe and effective.

Dr. Phillips stated that when only one company takes an action, it can affect the rest of the industry.

Ms. Herold agreed that the board should develop public outreach materials on topics including counterfeit drugs, direct-to-consumer marketing, vaccines/flu, and fact sheets for applicants for exams. A revised version of the consumer fact sheet on pill splitting and the overview and complaint brochures should be ready for the next board meeting. Other draft materials will be ready for the next committee meeting.

6. Update on the Board's Public Outreach Activities

An update on the board's public outreach activities was provided in the meeting materials.

Adjournment

Dr. Schell said the next Communication and Public Education Committee meeting will be held in September 2007. There being no additional business, Chairperson Schell adjourned the meeting at 11:28 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.* *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.* *April 2007:* *Drafts of board informational brochure and complaint process brochures are provided to the Department of Consumer Affairs for review.* *June 2007:* *Committee reviews Department of Consumer Affairs prepared brochures and recommends board produce its own versions.* 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.* *March 2007:* *Web site modified by adding 14 links to obtain various information regarding Medication Safety and Drug Interactions.* *Web site modified by adding 7 links to obtain information from FDA regarding Medications and Medical Devices.* *March 2007:* *Work initiated on the latest State Web site design to be in place by November 2007.* *June 2007:* *Work progressing for timely completion by November 1, 2007.* 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.* *April 2007:* *Summary provided of the Fall 2006 campaign to raise awareness about breast cancer screening and prostate cancer screening. No recent meetings of the partnership have occurred.* 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.* *April 2007:* *Four draft fact sheets are still under review and the committee receives three new fact sheets. The committee determines that the board will expand the project beyond the Center for Consumer Self Care to include students from other Schools of Pharmacy.*

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.*

April 2007: *Board reviews comments submitted in rulemaking process to adopt this regulation change, and plans to renotice amended language for a new rulemaking process.*

6. Evaluate the practice of pill splitting as a consumer protection issue.

Jan. 2007: *Board holds discussion of pill splitting issues during Board Meeting.*

March 2007: *Legislation and Regulation Committee and Communication and Public Education Committee continue discussion of pill splitting.*

April 2007: *Board hears discussion of pill splitting.*

June 2007: *Communication and Public Education Committee discussed proposed consumer fact sheet on pill splitting.*

July 2007: *The Script newsletter contains an article for pharmacists on pill splitting.*

7. Evaluate the SCR 49 Medication Errors Report for implementation.

March 2007: *Communication and Public Education Committee reviews SCR 49 report.*

April 2007: *Board presentation of the SCR 49 report by former board member Sandra Bauer.*

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, placed online and mailed to pharmacies and wholesalers.* *Jan. 2007:* *The Script published, placed online and mailed to pharmacies and wholesalers.* *July 2007:* *The Script published, placed online 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 06/07:* *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.* *Feb. 2007:* *Executive Officer Herold provides information about the board at the CPhA's annual meeting.* *Feb. 2007:* *Board Member Hiura provides information about pharmacy law to pharmacists at a Korean pharmacist association meeting.* *March 2007:* *Supervising Inspector Nurse presents California's Electronic Pedigree requirements to the Generic Pharmaceutical Manufacturers Association annual meeting in Phoenix.* *March 2007:* *Supervising Inspector Ratcliff provides information about pharmacy law and the board to 80 UCSF students.* *March 2007:* *Former Board Member John Jones provides a law update to Western University students.* *April 2007:* *Supervising inspectors and board members provide information about pharmacy law and board programs to pharmacists at Anaheim Memorial Hospital, to the Diablo Valley Pharmacists Association Meeting and the San Diego Pharmacists Association.* *May 2007:* *Staff and board members provide information about pharmacy law and board programs to Loma Linda and University of the Pacific School of Pharmacy graduating students, and to Sutter Hospitals' pharmacists.* *June 2007:* *Board member provides information about the board's citation and fine program to the Pharmacists Professional Society of San Fernando Valley.*

	3. Maintain important and timely licensee information on Web site. *1st Qtr 06/07:* *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 06/07:* *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.* *3rd Qtr 06/07:* *Completed updates to website to comply with SB 796.* *Updated copyright year.* *Updated links referring to California's and the governor's web pages.* *Added information about the denial of a registration or license.* *Added information about the new CPJE vendor.* *Added inspector and supervising inspector exam information.* *Revised information on our Contact Us page.* *Updated applications on the website to include mandatory reporting information.* *Updated public disclosure through Web Lookup to include discipline taken after January 2002.* *Updated listing of 50-year pharmacists.* *Added enforcement actions for effective dates between January 1 and March 30, 2007.* *Posted board and committee meeting agendas and materials.* *Sent out 19 subscriber alert notifications to the board's e-mail notification list.*

	4th Qtr 06/07:	*Created a page dedicated to drug alerts and recalls.* *Updated exam information to reflect the new vendor.* *Added the new self-assessment forms for Community and Hospital Pharmacies.* *Added the self-assessment form for Wholesalers.* *Updated the lawbook with an updated, book marked version for easier usability.* *Updated DEA links.* *Added enforcement actions for the effective dates between April 1 and June 30, 2007.* *Posted board and committee meeting agendas and materials.* *Sent out 20 subscriber alert notifications to the board's email notification list.*
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.*
	Feb. 2007:	*The board hosts an information booth for two days at CPhA's annual meeting.*
	March 2007:	*Inspector Wong and Analyst Abbe staff information booth at the 2007 Consumer Protection Day forum in San Diego.*
	April 2007:	*Presentation on being a pharmacist at a career day presentation in Southern California.*
	May 2007:	*The board staffed a public information booth at the Family Safety and Health Expo at Safetyville in Sacramento, at the Sacramento Chapter of the American Diabetes Association Health Fair. Also provided information about California's electronic pedigree requirements for prescription medicine to a full session at the National Association of Boards of Pharmacy annual meeting.*
	June 2007:	*Board Member Ravnan participated in panel discussion that will be released as a web cast on prescription errors with Lyle Bootman and Michael Cohen hosted by Drug Topics.*