



**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

## **Communication and Public Education Committee Report**

Shirley Wheat, Chair and Board Member  
Ken Schell, President and Board Member  
Ryan Brooks, Board Member

The Communication and Public Education Committee held no meeting since the last board meeting in October. However, one of the board's public forums held on November 20 dealt with SB 472's requirements that the board develop regulations for patient-centered patient labels by January 2011. On January 27, 2009, the SB 472 subcommittee also met to discuss required elements for a prescription label and to identify those that are patient-centered.

---

### **A. FOR INFORMATION: Discussion Regarding Action to Implement SB 472, Patient-Centered Medication Container Labels**

#### **Background:**

Senate Bill 472 (Chapter 470, Statutes of 2007) added Section 4076.5 to the Business and Professions Code, relating to development of patient-centered prescription drug labels. This statute requires the board to promulgate regulations for standardized, patient-centered, prescription drug labels on all prescription medication dispensed to patients in California by January 1, 2011. The board is also directed to hold special public forums statewide in order to seek input from the public on the issue of prescription labels.

The timeline envisioned for this process was:

- 2008: conduct public hearings statewide – six meetings were envisioned
- 2009: develop regulations and adopt the requirements by the end of the year
- 2010: pharmacies implement requirements to be ready for 1/1/11 implementation
- 2011: requirements become effective and labels on prescription medicine are compliant

The first special public forum was held at a community center in Fremont on April 12, 2008. Approximately 40 people attended, though most attendees were from the pharmaceutical industry. Three attendees at the initial forum were “public” participants, so it became apparent that the board would need to find alternative venues to increase participation from consumers.

### **Consumer Surveys**

In May 2008, board staff developed a prescription label survey for distribution at public outreach events. The survey is available in English and Spanish, and a copy is provided in **Attachment 1**.

Since late May, board staff has been using the survey to interview attendees at public events. Consumers have been invited to complete surveys on-site during the events, or mail them to the board using the self-addressed envelopes provided. This method of soliciting information has proved less intimidating to consumers than individually speaking at public hearings. Board staff attending the community events has also reported positive feedback when discussing this initiative with the public. In October 2008, pharmacist and pharmacy associations agreed to share the surveys with their members to aid the board in data collection

The survey can be completed and submitted electronically on the board’s Web site at [https://app.dca.ca.gov/pharmacy/survey\\_sb472.asp](https://app.dca.ca.gov/pharmacy/survey_sb472.asp). It is also available on the board’s Web site in Spanish. In addition, AARP invited consumers to “Put in Your Two Cents on Prescription Labeling” in the AARP September 2008 newsletter.

The board has also provided consumers with one-page fact sheets entitled, “Do you understand the directions on your Rx medicine label?” The fact sheet provides background information related to SB 472, and printed samples of faux prescription labels as a visual aid.

A total of 606 consumers completed board surveys as of January 13, 2009. **Attachment 1** contains the results of the board’s consumer surveys. Not every consumer provided an answer to each question, while others provided multiple answers to individual questions. Many consumers gave the same response (i.e., larger font) to more than one question.

Trends have been identified in the answers provided thus far. Many responses suggest that the purpose of the drug be printed on the prescription label, and that a larger or bolder type font be used.

When asked what would make prescription labels easier to read, the top two responses were:

- Larger or bolder print  
(306 of 510 responses = 60.0%)

- Highlighting directions for use and other information in colors other than black  
(58 of 510 responses = 11.4%)

When asked what to change on the prescription label, the top three responses were:

- Print should be larger or darker  
(168 of 558 responses = 30.1%)
- No changes should be made to label – references were made to Target, Raley's, CVS and Kaiser labels  
(137 of 558 responses = 24.6%)
- Include purpose of the drug – state what condition the medication is intended to treat  
(67 of 558 responses = 12.0%)

When asked what information on the label was most important, the top three responses were:

- Directions for use  
(216 of 1,171 responses = 18.6%)
- Name of drug; if generic, brand name and generic  
(212 of 1,171 responses = 18.1%)
- Dosage prescribed  
(209 of 1,171 responses = 17.8%)

When asked for other suggestions, the top two responses were:

- Easy-open lids should be used; no child-proof caps for seniors  
(20 of 132 responses = 15.1%)
- Include purpose of the drug – state what condition the medication is intended to treat  
(16 of 132 responses = 12.1%)

This year, the board is sponsoring legislation to add the purpose of the drug to the label if requested by the patient. Having the purpose of the drug listed on the label was stated as a response to the following three questions:

1. What information is most important to you:  
81 of 1,171 responses = 6.9 percent  
or **81 of 606 individuals submitting surveys (13.4 percent)**
3. What would you change on the label:  
67 of 558 responses = 12.0 percent  
or **67 of 606 individuals submitting surveys (11.1 percent)**
5. Other suggestions for improving the label:  
16 of 132 responses = 12.1 percent  
or **16 of 606 individuals submitting surveys (2.6 percent)**

Additionally, the board was able to work with the Pharmacy Foundation of California to develop a multiple choice survey of four questions that were available via a radio-sponsored survey. The results of this survey will be shared once the results are available.

### **Other Activities**

Meanwhile at the November 20 Board Meeting and Forum on SB 472, board members were able to hear experts and advocates engage in the development of a patient-centered prescription label. The board secured presentations by a national expert in designing patient-centered labels and by others who are involved in health literacy. All were supportive of the board in producing a patient-centered label.

The board's executive officer has participated as a member of a National Association of Boards of Pharmacy (NABP) task force in developing model guidelines for patient-centered labels for all states. The report of this task force will be given at the NABP Annual Meeting in May 2009. The United States Pharmacopoeia and Institute of Safe Medication Practices are two other groups working to develop parameters for patient centered labels.

Nevertheless, it seems clear that California will be the first state to develop these labels. With at least 9 percent of prescription drug sales, California's requirements will assume a national impact.

At the January Board Meeting, the SB 472 subcommittee plans to provide a report of its meeting of January 27, 2009. At this subcommittee meeting, the subcommittee will identify the most significant consumer information required on a label as an integral step to developing the regulation requirements.

### **Future Meetings and Actions:**

There is a SB 472 meeting scheduled for March 12 in Sacramento. The meeting will be scheduled for 6 p.m. so that it may be easier for the public to attend. There are likely to be several more meetings of the subcommittee following this meeting.

By the April Board Meeting, the general requirements for the labels should be in draft form. A regulation should be ready by July for board action; if not, a special board meeting may need to be convened in advance of the October Board Meeting.

Meanwhile the board's executive officer and SB 472 Subcommittee will continue to work with the experts in this field of health literacy and patient-centered labels to develop the regulation's requirements for labels.

**B. FOR INFORMATION: Consumer Fact Sheet Series with California Schools of Pharmacy Interns**

Several years ago, the board initiated a proposal to integrate pharmacy students into public outreach activities. The intent was to offer students the opportunity to work with the board on meaningful projects promoting consumer education.

The project selected was development of one-page consumer fact sheets developed by the interns, reviewed by subject matter experts and published by the board. By so doing, the intern develops skills, the board obtains topical public outreach materials, and the public gains access to this information.

Initially the project was initiated with UCSF where 9 fact sheets were developed. However, about two years ago (when UCSF could no longer devote the resources needed for the program without a board subsidy) the board has sought to offer the opportunity to all California schools of pharmacy to have their students develop the one-page fact sheets.

While representatives from other California pharmacy schools were very interested in this project for their students, getting this project off the ground has been slow. A letter to deans was mailed last August, and several discussions with various intern coordinators at several campuses has not yet resulted in initiation of the program at any campus.

Now that a program manager has been added to the board's public education function, we hope to soon convene a meeting with these coordinators and move forward with this project.

Board staff strongly believe that this program offers beneficial and appropriate opportunity to interns to develop public health materials.

**C. FOR INFORMATION: Development of New Consumer Informational Brochures**

Two new consumer fact sheets have been developed since the October Board Meeting. These are provided in **Attachment 2**.

Additionally staff is developing a new brochure on medication errors in collaboration with the department's Public Affairs Office. This brochure should be in print before the next board meeting.

**D. FOR INFORMATION: Update on *The Script***

The next issue of *The Script* is scheduled for publication late this month or perhaps in February 2009. The issue will focus primarily on new laws and

regulations enacted in 2008. There will also be a segment dealing with medication errors, and summaries of several errors the board investigated.

Unfortunately, as a result of the Governor's Executive Order in August, for several months the board lost its newsletter editor, Retired Annuitant Hope Tamraz. Ms. Tamraz resumed work on the newsletter in November, once the board could resume using retired annuitants.

Additionally, the board is mailing a letter to all pharmacists advising them about Senate Concurrent Resolution 19, that provides that health care providers must not participate in or report suspected torture. A newsletter article and mailer to all pharmacists will also provide this information. A copy of the information is provided in **Attachment 3**.

**E. FOR INFORMATION: Update on Public Outreach Activities**

Public and licensee outreach activities performed during the second quarter of Fiscal Year 08/09 include:

- Board President Schell spoke at the Indian Pharmacists Association Annual Meeting on October 25.
- Supervising Inspector Ratcliff provided a presentation to the Sacramento Valley Society of Health System Pharmacists on November 6.
- Executive Officer Herold provided information about new pedigree requirements to a national audience of supply chain members attending a GHX meeting on November 14.
- Executive Officer Herold provided information about new pedigree requirements to NABP's Symposium on Counterfeit Drugs on December 4.
- Executive Officer Herold provided information about new pedigree requirements to a Center for Business Intelligence Conference on December 9.

**F. FOR INFORMATION: Second Quarterly Report on the Communication and Public Education Committee Goals for 2008/09**

At the back of the tab section is second quarter's report of the Communication and Public Education Committee Goals for 2008/09.

# Attachment 1

## *SB 472 Consumer Surveys*

## California State Board of Pharmacy Prescription Label Survey

**OBJECTIVE:** To elicit feedback from consumers in California regarding development of patient-centered prescription drug labels pursuant to Senate Bill 472 (Chapter 470, Statutes of 2007)

**METHODOLOGY:** A survey was developed by the California State Board of Pharmacy (Board) in May 2008. The questions were open-ended, allowing participants to provide as little or as much information as desired. Board staff used the survey to interview consumers at public outreach events including health/community fairs in Sacramento, Elk Grove, Los Angeles, Riverside, San Diego, Merced, and San Francisco. Printed surveys and self-addressed return envelopes were provided to attendees who chose to return responses by mail. The survey was provided in English and Spanish. The board also provided fact sheets entitled, "Do you understand the directions on your Rx medicine label?" and samples of faux prescription labels serving as visual aids. The survey was posted on the Board's public website and to interested parties and organizations including the Gray Panthers and the Latino Coalition for a Healthy California. Board members also interviewed consumers, and returned the responses by mail.

**RESULTS:** A total of 606 surveys were received as of January 13, 2009. The majority of respondents provided one or more answers to the first two questions, but did not always provide answers to subsequent questions. Respondents gave similar answers to multiple questions within a survey (i.e., request for large print). Attached graphs reflect detailed responses; most frequent responses summarized below.

When asked what information on the prescription label was most important, the top responses were:

**Directions for use** (218 of 1,171 responses = 18.6%)

**Name of drug; if generic, state generic name AND brand name** (212 of 1,171 responses = 18.1%)

**Dosage prescribed** (209 of 1,171 responses = 17.8%)

**Side effects/warnings/interactions/contraindications** (121 of 1,171 responses = 10.3%)

**Purpose of drug – state what condition medication is prescribed to treat** (81 of 1,171 responses = 6.9%)

When asked what to change on the prescription label, the top responses were:

**Print should be larger or darker** (168 of 558 responses = 30.1%)

**Nothing needs to be changed on the label** (137 of 558 responses = 24.6%)

**Include purpose of drug – state what condition medication is intended to treat** (67 of 558 responses = 12%)

When asked what would make prescription labels easier to read, the top response was:

**Larger or bolder print** (306 of 510 responses = 60%)

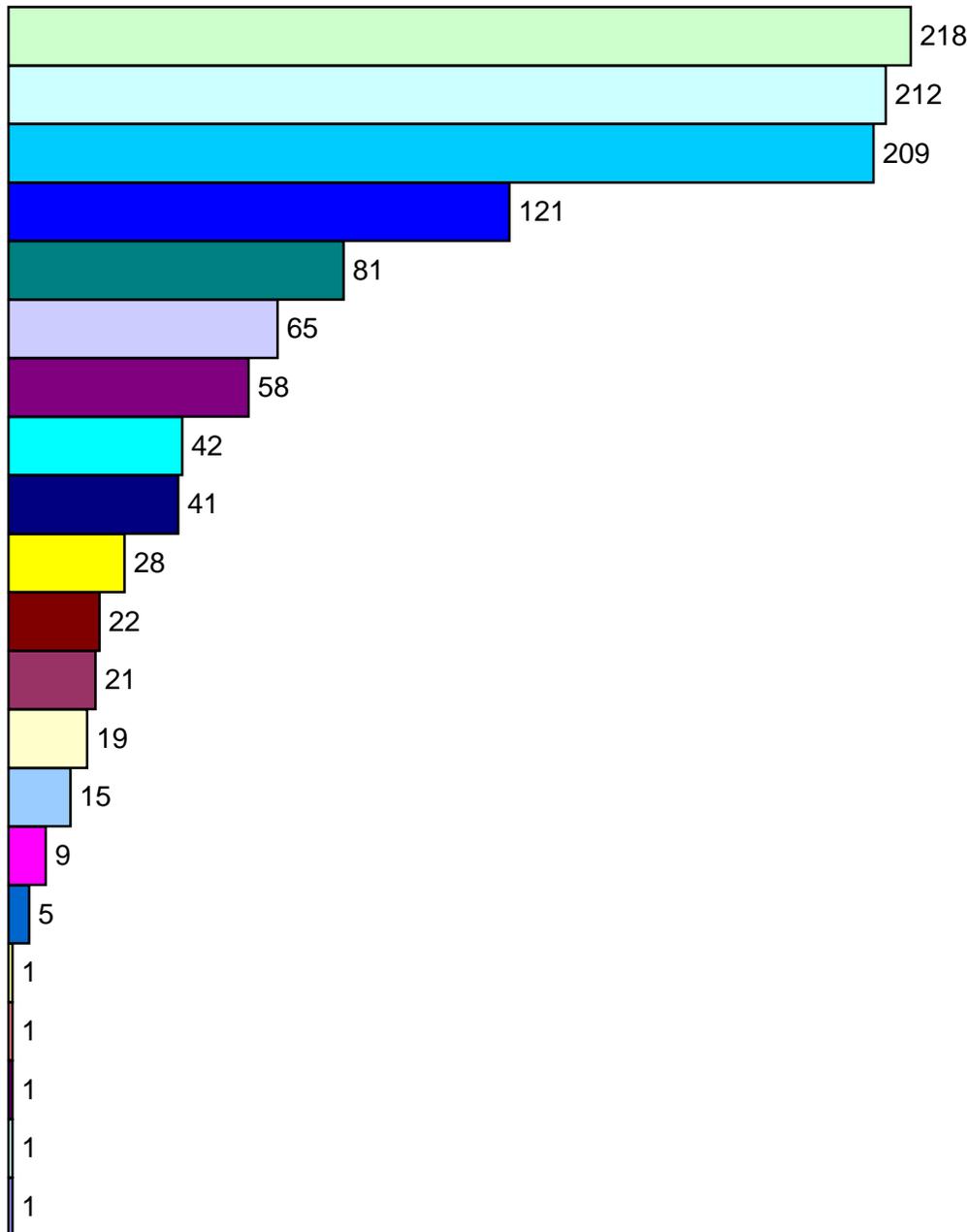
When asked for other suggestions, the top responses were:

**Easy-open lids/packages should be used; no child-proof caps for seniors** (20 of 132 responses = 15.1%)

**Include purpose of drug - state what condition medication is intended to treat** (16 of 132 responses = 12.1%)

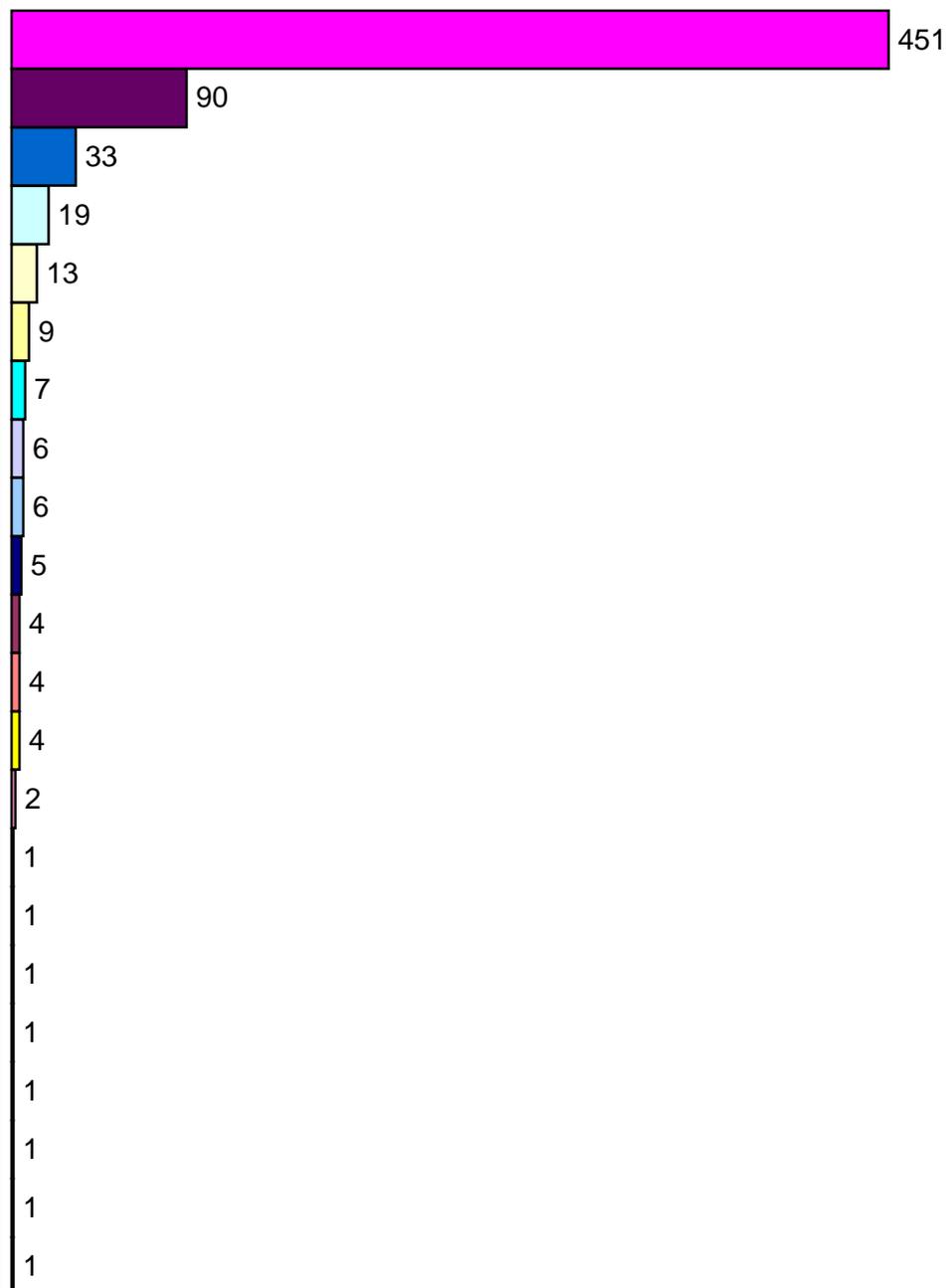
**CONCLUSIONS:** Most consumers participating in this survey requested larger/bolder type font on prescription labels to increase readability. Many participants suggested that if a generic drug is provided, the prescription label should state the name of the generic drug name AND the brand-name it is generic for. They also noted that color printing and highlighting on labels brings attention to important information. Some participants suggested that the labels themselves be color-coded to help differentiate between multiple medications and family members. Many consumers want to know 'what the drug is for' and suggested that 'purpose of drug' be printed directly on prescription labels.

**QUESTION #1: What information on the label is most important to you?**  
**606 surveys returned (1,171 responses to Question #1) as of January 13, 2009**



- Directions for use
- Name of drug; if generic, state generic name AND brand name
- Dosage prescribed
- Side effects/warnings/interactions/contraindications
- Purpose of drug; what condition medicine is intended to treat
- Specific times during day to take medicine (and with, w/o food)
- Refill renewal/reorder information/expiration; date filled
- Patient name (some also suggested patient's date-of-birth)
- Expiration date of drug
- Large or bold print
- Phone numbers (NOT printed in close proximity to each other)
- Prescribing doctor's name
- Description of pill (shape/color)
- Prescription number
- All information on label is important
- Name of drug store/pharmacy/pharmacist
- With a large family, keep all prescriptions in the same place
- Diabetes information
- Highlighting information including directions for use
- Basic measurements (e.g., teaspoons, not milligrams)
- Don't hide important information under another label

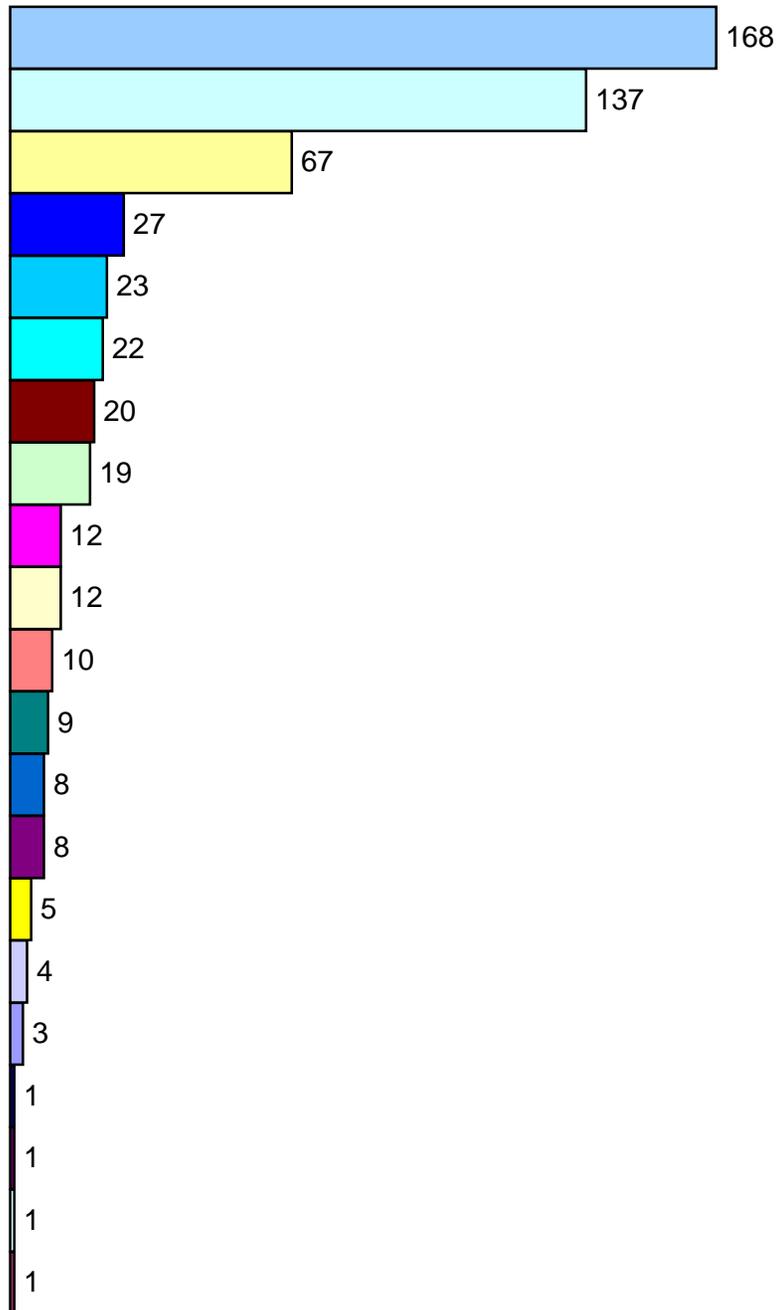
**QUESTION #2: Do you understand the directions on the prescription label?**  
**606 surveys returned (661 responses to Question #2) as of January 13, 2009**



- Yes
- Usually (though print may be too small, directions/warnings unclear)
- Sometimes
- No (i.e., trouble understanding or not enough space for directions)
- Directions should state what time(s) to take medicine and how much
- Would be helpful to know whether to take with or without food
- I understand because I'm RN, Dr, health worker, have biology degree
- Not when there is a language barrier
- What does 2x (or 3x, or 4x) a day mean?
- Directions need clarity (2 pills = 1 pill twice/day or 2 pills twice/day?)
- Instructions should be in English and Spanish
- Instructions should be in English and Spanish
- Abbreviations should be eliminated
- I do not understand directions that only say "Take as directed"
- No long paragraphs on prescription label
- Label from Kaiser understandable, label from Rite Aid not as clear
- Bullets and spacing on label would be helpful
- Handout should be more readable
- Accompanying paper shouldn't be complicated - use bullets/spacing
- When I don't understand the directions, I ask the pharmacist
- Pharmacist's directions are vague during consultation
- The directions often conflict with the doctor's orders

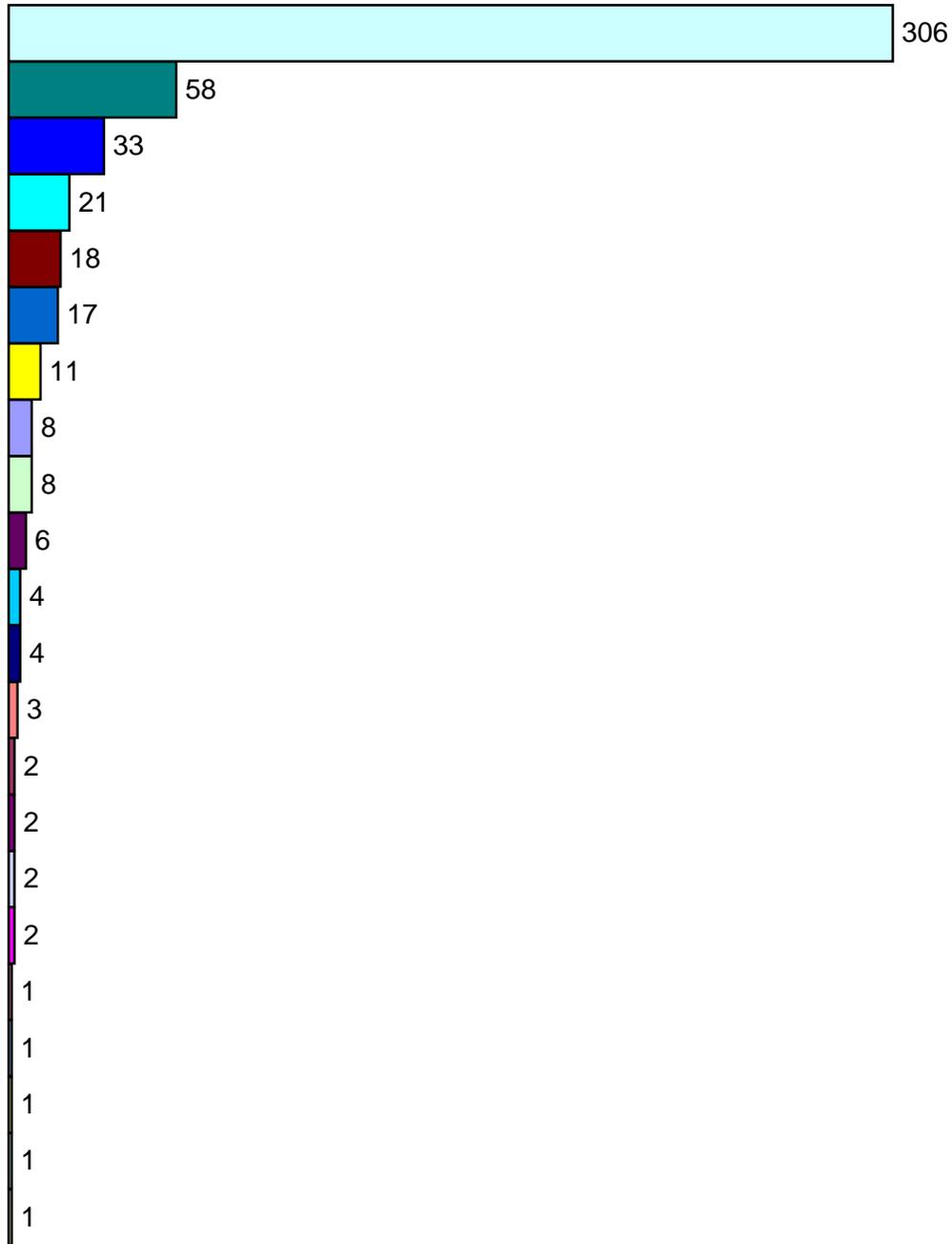
### QUESTION #3: What would you change on the prescription label?

606 surveys returned (558 responses to Question #3) as of January 13, 2009



- Print should be larger or darker (legibility)
- Nothing needs to be changed (some referred to Kaiser, Target, Raley's, CVS)
- Include purpose of drug - state what condition medication is intended to treat
- Information printed should be understandable for all ages; layman's terms
- Use bold or highlighted print or capital letters; red/blue ink for warning labels
- Use different colors for different medicines, strengths/doses, family members
- Directions should include specific times (or morning/night) to take medicine
- Make warning labels easier to read or print directly on label instead of auxilliary
- Name of drug; if generic, state generic name AND brand name
- Refill info (i.e., date to reorder or if no refills remain, state "0 refills remain")
- Include direct phone numbers for easier communication with doctor/pharmacy
- Print in patient's primary language; bilingual wording
- Standardize location of info; uniform label; show information in same order
- Delete unneeded info (i.e., don't say take tab "by mouth" or show address)
- Should be less advertising on label; remove unnecessary information
- Use ink that does not disappear, fade, rub off, or smudge
- Make "fold-out" label or "lift-open flap" stating side effects or purpose of drug
- If more than 1 label, show as "label #1" and "label #2"
- Use only one color on label
- More than one name for medicine is confusing at times
- Label should not refer patient to internet web site

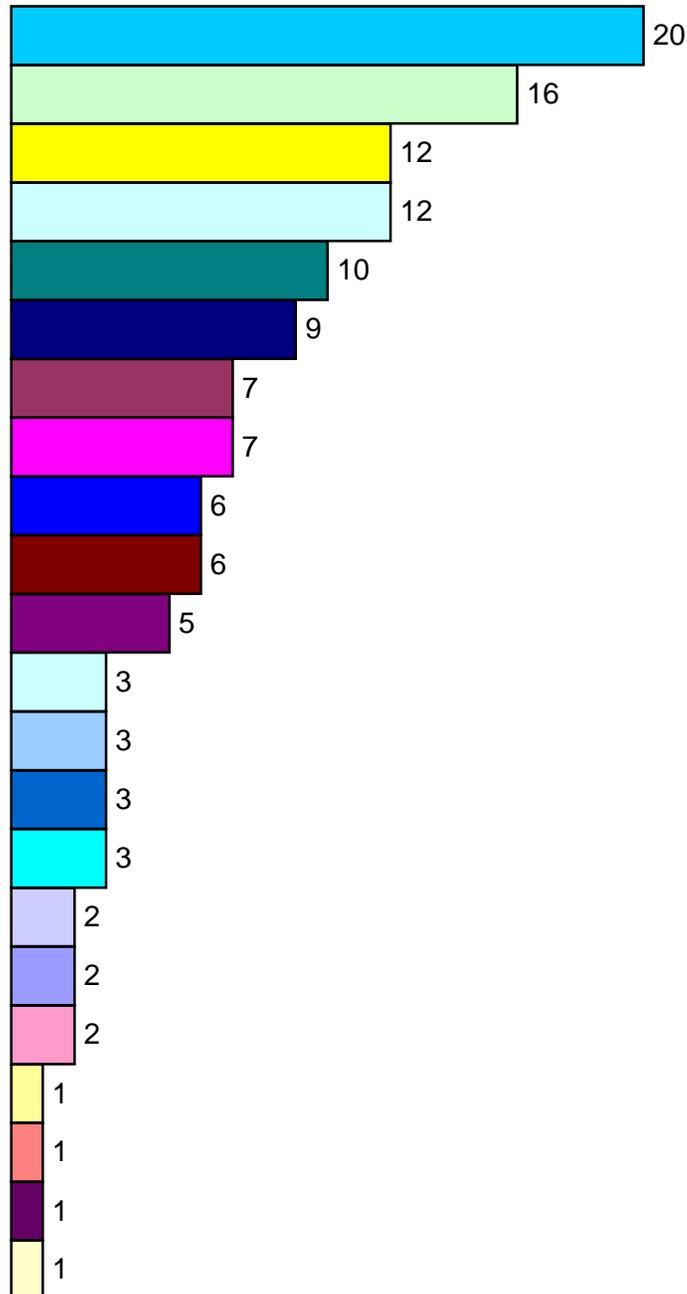
**QUESTION #4: What would make the prescription label easier to read?**  
**606 surveys returned (510 responses to Question #4) as of January 13, 2009**



- Larger print (or bolder print)
- Highlighting directions & other info in colors (or color-coded label)
- Nothing
- Info should be in layman's terms; easy wording; don't abbreviate
- Bilingual wording
- Better description of directions (how/when to take; interactions)
- Refill renewal information including renewal expiration date
- Increase container size so large labels can have large print
- Eliminate clutter (i.e., multiple colors, icons, logos, name of PIC)
- Standard labeling for all pharmacies; standard placement of info
- Underline info or separate directions for use into different lines
- Drawings would help or symbols (or chart of meds & time to take)
- Dark background with light/florescent print (or glow-in-the-dark)
- Print on label with ink that does not fade or disappear
- Yellow or white warning labels are easier to read than red
- Directions could be printed in all CAPS or bold
- Information on label should NOT be written by hand
- Lower and higher case letters are easier to read than ALL CAPS
- Beige background is easier for seniors to read than white
- List emergency phone number on label
- Standard placement of drug expiration date
- Print in braille for visually-impaired patients

## QUESTION #5: Other suggestions?

606 surveys returned (132 responses to Question #5) as of January 13, 2009



- Easy-open lids/packages should be used; no child-proof caps for seniors
- Include purpose of drug - state what condition medication is intended to treat
- Bigger or darker font (i.e., drug expiration date, directions for use, warnings)
- Use different color for printing some info (i.e., directions for use, pharmacy phone #)
- Make directions simple/clear/understandable; print in patient's primary language
- Make bottles rectangular or square w/flat surface and directions printed on long side
- Put picture of pill on label or photo of pill or description of pill
- Side effects/interactions should be stated (i.e., dry mouth may cause dental caries)
- Different colored bottles or caps would help identify medications
- Standardize location of info so all prescriptions show information in same order
- Make label easy to remove (to recycle bottle or for privacy/security when discarding)
- Note on label when the manufacturer of the medicine changes
- Show where to return outdated meds or option to dispose via pharmacy
- Don't cover prescription number with warning labels; use symbols as warnings
- Bottles should be in travel/airplane size; large bottles are clumsy and take up space
- Use top of lid for info; containers opening at bottom leave room for larger label
- Note change in size, color, shape of pills, so won't be perceived as medication error
- State what to do if you miss a dose
- Allow NP's name to appear on Rx bottle when submitting electronic prescriptions
- Labels should be waterproof
- Don't allow label to completely cover bottle; leave space to see medication remains
- Include a plan w/multiple meds (i.e., interactions, don't take with Calcium, etc.)



# CONSUMERS – we want to hear from you!

Do you have suggestions to improve prescription container labels? The California State Board of Pharmacy welcomes your feedback to make labels more patient-friendly with directions that are easier to read and understand.



Examples of warning labels



Examples of different container shapes and sizes requiring different types of labels

**What information on the label is most important to you?**

---

---

**Do you understand the directions?**

---

---

**What would you change on the label?**

---

---

**What would make the label easier to read?**

---

---

**Other suggestions:**

---

---

**City:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Printed information in different colors



Directions for use or how to take the drug

THANK YOU for your feedback.  
Please return your completed form to:

Virginia Herold, Executive Officer  
California State Board of Pharmacy  
1625 N. Market Blvd., Suite N-219  
Sacramento, CA 95834



# CONSUMIDORES – ¡Queremos oír de usted!

¿Tiene usted sugerencias para mejorar las etiquetas del envase de recetas? La Junta de Farmacia del Estado de California da la bienvenida a su reacción para hacer etiquetas más-paciente amistosas con las indicaciones que son más fáciles de leer y comprender. Gracias por su reacción.

¿Qué información en la etiqueta de la receta es más importante para usted?

¿Comprende usted las instrucciones en la etiqueta de la receta?

¿Qué cambiaría usted en la etiqueta de la receta?

¿Qué haría la etiqueta de la receta más fácil de leer?

Ciudad: \_\_\_\_\_ Fecha: \_\_\_\_\_

Vuelva por favor su forma completada a: Virginia Herold, California State Board of Pharmacy  
1625 N. Market Blvd., Suite N-219, Sacramento, CA 95834



# CONSUMIDORES – ¡Queremos oír de usted!

¿Tiene usted sugerencias para mejorar las etiquetas del envase de recetas? La Junta de Farmacia del Estado de California da la bienvenida a su reacción para hacer etiquetas más-paciente amistosas con las indicaciones que son más fáciles de leer y comprender. Gracias por su reacción.

¿Qué información en la etiqueta de la receta es más importante para usted?

¿Comprende usted las instrucciones en la etiqueta de la receta?

¿Qué cambiaría usted en la etiqueta de la receta?

¿Qué haría la etiqueta de la receta más fácil de leer?

Ciudad: \_\_\_\_\_ Fecha: \_\_\_\_\_

Vuelva por favor su forma completada a: Virginia Herold, California State Board of Pharmacy  
1625 N. Market Blvd., Suite N-219, Sacramento, CA 95834



# Do you understand the directions on your Rx medicine label?

Approximately 46% of American adults do not.

A prescription label says to “Take two tablets by mouth twice daily.” Sounds simple, doesn’t it?

But patients have understood this to mean:

- Take it every 8 hours
- Take it every day
- Take one every 12 hours

Better directions might be “Take 2 tablets by mouth at 8 in the morning, and take 2 tablets at 9 at night.”

FACT: Six out of 10 people have taken their medicines incorrectly, due to:

- confusing directions on the container label,
- poor health literacy (the ability to read, understand, and act on healthcare information), and
- inability to read and/or understand directions written in English of those whose first language is not English.

FACT: Medicine errors are among the most common medical errors, harming at least 1.5 million people every year. More than one third of these take place outside a hospital in a home setting, costing close to \$1 billion annually.

FACT: Up to one-half of all medicines are taken incorrectly or mixed with other medicines that can cause dangerous reactions that can lead to injury and death.

Medicine-related errors must be reduced. One way to begin is by providing patients with easy to read and understand prescription container labeling. This can be a giant step toward increasing consumer protection and improving the health, safety, and well-being of consumers.

California recognizes the importance of improving medicine container labels. In 2007, the Legislature and Governor Schwarzenegger enacted Senate Bill 472, mandating the Board of Pharmacy to develop requirements for standardized, patient-centered, prescription drug labels on all prescription medicine dispensed to patients in California.

In 2008, the Board will hold statewide public meetings to consult with patients and health providers to improve prescription container labels. The meetings will focus on improving directions for the drug’s use, using better type fonts and sizes, and placement of information that is patient-centered. The needs of senior citizens and patients with limited English reading skills also will be identified.



# sample prescription labels

**OUS/pharmacy #0000 Ph: 555.555-5555 PC**

**SODERGREN, ANNE**  
1625 N MARKET BLVD  
Sacramento, CA 95834

000 WEST AVE  
DAVIS, CA  
95616

**Rx: 000000**      PRESCRIBER:  
Perez, Victor

**USE INTRAMUSCULARLY  
LATERAL THIGH AS NEEDED  
FOR SEVERE ALLERGIC  
REACTION**

**EPIPEN 0.15 MG 2-PAK AUTO-IDEY**  
PHARM FARM

Refillable 1 times before 01-03-2008 Qty:2 EA

RPh: HAGEN, VERONICA      Tech: LK      PIC: SUE DURST  
Date Filled: 01-03-2007      Orig Date: 01/03/2007      Discard After: \_\_\_\_\_

001122334 55 6677889

CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY OTHER PERSON. IT IS YOUR RESPONSIBILITY TO OBTAIN THIS DRUG FOR YOURSELF.

**KENNETH'S PHARMACY**      Refill Phone: (555) 555-5555      www.AP.com      **DESSERT MEDICAL/030**  
1625 North Market Blvd., Suite N-219  
Sacramento, CA 95834  
(555) 555-5555

Caution: Federal law prohibits transfer of this drug to any person other than the patient for whom prescribed.

**Rx# 111111**      **TAMRAZ, HOPE MD**      11/12/07 PXA

**PEREZ, VICTOR I**

TAKE 1 TABLE SPOON THREE TIMES A DAY AS NEEDED FOR COUGH

**PROMETHAZINE/CODEINE SYRUP**  
QTY: **480ML**      Mfr: **PHARM FARM**

*CLEAR, PURPLE-RED, PEACH-MINT, SYRUP..*

Discard: \_\_\_\_\_  
(FOR: PHENERGAN/CODEINE)

**Please call 48 hrs in advance for refills.**

MAY CAUSE DROWSINESS. USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINERY.

TAKING MORE OF THIS MEDIATION THAT RECOMMENDED MAY CAUSE SERIOUS BREATHING PROBLEMS.

**DO NOT DRINK ALCOHOLIC BEVERAGES WHILE TAKING THIS MEDICATION.**

KEEP ALL MEDICINE OUT OF REACH OF CHILDREN

**Linda's Drugs**      **Linda's HEALTHINESS**      TAKE MEDICATION WITH FOOD

Store # 1625 N MARKET      SACRAMENTO, CA 95834      www.lindas.com

**0000 24 HOUR PHONE (555) 555-5555**

**PEREZ, VICTOR MD**      01/07/2008      HAH

**Rx 0000000**  
Durst, Sue

TAKE 1 CAPSULE TWICE A DAY

Generic for ACTIGALL  
**URSODIOL 300 MG CAPSULE**  
# 60 (PHARM FARM)      USE BY \_\_\_\_\_  
NO REFILLS

WHITE, OBLONG CAPSULE  
Front: PHARM      Back: 0000

Caution: Do not use with alcohol or grapefruit juice without consulting the pharmacist.

Warning: Do not transfer or give this drug to any person other than the person for whom it was prescribed.

# Attachment 2

*New Consumer Educational Materials*



BE AWARE & TAKE CARE:  
Talk to your pharmacist!

# Measuring Liquid Medicine

**Never guess the  
dose -- if you  
don't know, ask  
your pharmacist!**

It's important to measure liquid medicine accurately in order to get the right dose. Liquid medicine sometimes comes with a measuring device like a cup, spoon, or dropper. Be sure to use the right device in order to get the right dose.

Check the markings carefully on the measuring device. Most liquid medicine is measured by teaspoon (tsp) or milliliter (mL) or cc.



1 mL = 1 cc

2.5 mL = 2.5 cc = 1/2 teaspoon (tsp)

5 mL = 5 cc = 1 tsp

15 mL = 15 cc = 3 tsp = 1 tablespoon (tbl or Tbsp)

30 mL = 30 cc = 2 Tbsp = 1 fluid ounce (oz)

Using kitchen silverware instead of a measuring device that comes with a medicine can result in the wrong dosing -- too much or too little of the medicine. For example, a large kitchen spoon can hold twice as much liquid as a small kitchen spoon. Use the measuring device provided with the medicine instead of kitchen silverware.

If your liquid medicine doesn't come with a measuring device, ask for one at the pharmacy. Some of the most common measuring devices include:



dosing cup



measuring spoons



dosing spoon



dosing syringe

Be sure to measure liquid medicine at eye level, and never guess at the dose. Use the dose shown on the prescription label. This is especially important when giving liquid medicine to children.

Ask your doctor or pharmacist if you have any questions about measuring liquid medicine.

California State  
Board of Pharmacy  
1625 N. Market Blvd.  
Suite N-219  
Sacramento, CA 95834

[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)  
(916) 574-7900





BE AWARE & TAKE CARE:  
Talk to your pharmacist!

# Drug discount programs

Drug discount programs may reduce your out-of-pocket costs for prescription drugs. Government agencies, retail pharmacies, drug manufacturers, and non-profit organizations offer a wide variety of programs with different kinds of benefits. One may be right for you.

The resources listed are provided as a convenience to the public and do not constitute all drug discount programs currently available to consumers. The California State Board of Pharmacy makes no guarantees or recommendations regarding individual organizations or the resources they provide.

## Prescription Drug Discount Program for California Medicare Recipients

California Department of Health Care Services (916) 552-9714  
<http://www.dhcs.ca.gov/individuals/Pages/PresDrgDisPrgmMedRcpts.aspx>

California Medicare recipients can pay Medi-Cal prices (plus 15 cents per prescription) for their prescription drugs. There are no forms to fill out, and you do not need to be a Medi-Cal recipient. Display your Medicare card at the pharmacy counter and ask for the Medi-Cal discount. The discount ranges from 10%-40%. You must pay out-of-pocket when filling the prescription, and the discount cannot be applied to other discounts or combined with any insurance coverage.

## Medicare Part D Prescription Drug Coverage / Medicare Advantage Plans

Centers for Medicare and Medicaid Services (CMS)  
[www.medicare.gov/pdphome.asp](http://www.medicare.gov/pdphome.asp) (800) 633-4227

Medicare prescription drug coverage is insurance coverage for brand-name and generic prescription drugs at participating pharmacies. Everyone with Medicare is eligible for coverage regardless of income, resources, or health status. To get Medicare prescription drug coverage, you must join a Medicare prescription drug plan or join a Medicare Advantage Plan or other Medicare Health Plan offering drug coverage. Monthly premiums and co-payments vary by plan.

## Social Security Prescription Drug Assistance

U.S. Social Security Administration  
[www.socialsecurity.gov](http://www.socialsecurity.gov) (800) 772-1213

If you have limited resources and income, you may qualify for extra help to pay for prescription drug coverage. The extra help could be worth up to \$3,600 per year by paying for all or most prescription drug co-payments, monthly premiums, and annual deductibles. Eligibility depends on your income and the value of your savings, investments and real estate (other than your home). If married, Social Security will need this information from your spouse as well.

California State  
Board of Pharmacy  
1625 N. Market Blvd.  
Suite N-219  
Sacramento, CA 95834

[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)  
(916) 574-7900



# Attachment 3

*SJR 19 Requirements Regarding*  
*Health Care Professionals*  
*Participating in or Duty to Report*  
*Torture*



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](http://www.pharmacy.ca.gov)

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

January 2009

## SENATE JOINT RESOLUTION 19

**NOTE:** The following is one of few individual notifications you will receive from the Board of Pharmacy. Because of budget restraints, **future notifications and regulatory/statutory changes will be provided ONLINE.** Relevant and important notifications about new pharmacy law, regulations, and policies can be found online in the Board's newsletter, *The Script*, which is also distributed to pharmacies and wholesalers. However, to receive important messages automatically, we strongly urge you to "Join Our E-Mail List" at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov). **Keeping abreast with law changes is *your* responsibility.**

Dear Pharmacist:

There have been reports and first-person accounts indicating that California health professions licensees have participated in the torture (and its cover up) of detainees in U.S. military custody. Such actions have presented licensees with the ethical dilemma of upholding written military guidelines while pledged to uphold the oath of their medical professions.

As a result of these reports, Senate Joint Resolution 19 (SJR 19), approved by the California Legislature on August 14, 2008, requires all health-related boards to notify their licensees of the following:

- California-licensed health professionals are absolutely prohibited from knowingly planning, designing, participating, or assisting in the use of condemned techniques at any time and may not enlist others to employ these techniques to circumvent the prohibition. The Common Article III of the Geneva Conventions, the United Nations Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (CAT), and the amended War Crimes Act prohibit such acts;
- California-licensed health professionals who participate in coercive or enhanced interrogation or torture, as defined by CAT, may one day be subject to prosecution;
- If any California-licensed health professionals have reason to believe that interrogations are in violation of CAT, they must report such actions to the appropriate authorities. If authorities are aware of the abusive treatment but fail to intervene, then the licensees are ethically obligated to report those practices to independent authorities who have the power to investigate and adjudicate the allegations;
- No law, regulation, order, or exceptional circumstance, state of war or the threat of war or internal political instability, or any other public emergency, can be invoked as justification for acts described in the CAT; and
- California-licensed health professionals should continue to provide appropriate health care if called upon to deal with a victim of the conduct and torture described in this resolution.

SJR 19 has requested the U.S. Department of Defense and the Central Intelligence Agency to remove California-licensed health professionals from participating in any form of prisoner and detainee interrogations.

The entire text of SJR 19 can be viewed at: [http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb\\_0001-0050/sjr\\_19\\_bill\\_20080818\\_chaptered.pdf](http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb_0001-0050/sjr_19_bill_20080818_chaptered.pdf).

**Senate Joint Resolution No. 19**

**RESOLUTION CHAPTER 114**

Senate Joint Resolution No. 19—Relative to health professionals.

[Filed with Secretary of State August 18, 2008.]

**LEGISLATIVE COUNSEL'S DIGEST**

**SJR 19, Ridley-Thomas. Health professionals: torture.**

This measure would request all relevant California agencies to notify California-licensed health professionals about their professional obligations under international law relating to torture and the treatment of detainees, as specified, and to also notify those professionals that those who participate in coercive or enhanced interrogation, torture, or other forms of cruel, inhuman, or degrading treatment or punishment may be subject to prosecution. The measure would request that those health professionals report abusive interrogation practices to the appropriate authorities, as specified. In addition, the measure would request the United States Department of Defense and the Central Intelligence Agency to remove all California-licensed health professionals from participating in prisoner and detainee interrogations, as specified.

WHEREAS, The citizens of the United States and the residents of the State of California acknowledge January 15th as the birthday of Dr. Martin Luther King, Jr., and mark the third Monday in January as a federal and state holiday to commemorate his lifework as a civil rights leader, an activist, and an internationally acclaimed proponent of human rights who warned, "He who passively accepts evil is as much involved in it as he who helps to perpetrate it"; and

WHEREAS, Dr. King challenged Americans to remain true to their most basic values, stating, "The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy"; and

WHEREAS, In 2002, for the first time in American history, the Bush administration initiated a radical new policy allowing the torture of prisoners of war and other captives with reports from the International Red Cross, The New England Journal of Medicine, The Lancet (a British medical journal), military records, and first-person accounts stating that California-licensed health professionals have participated in torture or its coverup against detainees in United States custody; and

WHEREAS, In honor of the birthday of Dr. Martin Luther King, Jr., a broad coalition of medical, human rights, and legal organizations are petitioning the State of California to warn its medical licensees of the legal prohibitions against torture and the risks of prosecution, and are demanding

that the United States government remove California-licensed health professionals from coercive interrogation and torture of detainees; and

WHEREAS, Representatives of Californians to Stop Medical Torture are carrying petition signatures to the California State Senate, asking that the Senate warn California-licensed physicians, psychologists, nurses, and other health care workers of possible future prosecution for participation in torture — cruel and degrading practices that have become a national shame; and

WHEREAS, Health professionals licensed in California, including, but not limited to, physicians, osteopaths, naturopaths, psychologists, psychiatric workers, and nurses, have and continue to serve nobly and honorably in the armed services of the United States; and

WHEREAS, United States Army regulations and the War Crimes Act and, relative to the treatment of prisoners of war, Common Article III of the Geneva Conventions and the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (CAT) require that all military personnel report and not engage in acts of abuse or torture; and

WHEREAS, CAT defines the term “torture” as “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity”; and

WHEREAS, In 2002, the United States Department of Justice reinterpreted national and international law related to the treatment of prisoners of war in a manner that purported to justify long-prohibited interrogation methods and treatment of detainees; and

WHEREAS, Physicians and other medical personnel and psychologists serving in noncombat roles are bound by international law and professional ethics to care for enemy prisoners and to report any evidence of coercion or abuse of detainees; and

WHEREAS, The World Medical Association (WMA) issued guidelines stating that physicians shall not use nor allow to be used their medical knowledge or skills, or health information specific to individuals, to facilitate or otherwise aid any interrogation, legal or illegal; and

WHEREAS, The guidelines issued by the WMA also state that physicians shall not participate in or facilitate torture or other forms of cruel, inhuman, or degrading procedures of prisoners or detainees in any situation; and

WHEREAS, The American Medical Association’s (AMA) ethical policy prohibits physicians from conducting or directly participating in an interrogation and from monitoring interrogations with the intention of intervening; and

WHEREAS, AMA policy also states that “[t]orture refers to the deliberate, systematic or wanton administration of cruel, inhumane and degrading treatments or punishments during imprisonment or detainment. Physicians

must oppose and must not participate in torture for any reason ... Physicians should help provide support for victims of torture and, whenever possible, strive to change the situation in which torture is practiced or the potential for torture is great”; and

WHEREAS, Section 2340 of Title 18 of the United States Code defines the term “torture” as an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control. That section further defines the term “severe mental pain or suffering” as the prolonged mental harm caused by or resulting from: (A) the intentional infliction or threatened infliction of severe physical pain or suffering; (B) the administration or application, or threatened administration or application, of mind-altering substances or other procedures calculated to disrupt profoundly the senses or the personality; (C) the threat of imminent death; or (D) the threat that another person will imminently be subjected to death, severe physical pain or suffering, or the administration or application of mind-altering substances or other procedures calculated to disrupt profoundly the senses or personality; and

WHEREAS, In May 2006, the American Psychiatric Association stated that psychiatrists should not “participate directly in the interrogation of persons held in custody by military or civilian investigative or law enforcement authorities, whether in the United States or elsewhere,” and that “psychiatrists should not participate in, or otherwise assist or facilitate, the commission of torture of any person. Psychiatrists who become aware that torture has occurred, is occurring, or has been planned must report it promptly to a person or persons in a position to take corrective action”; and

WHEREAS, In August 2006, the American Psychological Association stated that “psychologists shall not knowingly participate in any procedure in which torture or other forms of cruel, inhuman, or degrading treatment or cruel, inhuman, or degrading punishment is used or threatened” and that “should torture or other cruel, inhuman, or degrading treatment or cruel, inhuman, or degrading punishment evolve during a procedure where a psychologist is present, the psychologist shall attempt to intervene to stop such behavior, and failing that exit the procedure”; and

WHEREAS, In June 2005, the House of Delegates of the American Nurses Association issued a resolution stating all of the following: “prisoners and detainees have the right to health care and humane treatment”; “registered nurses shall not voluntarily participate in any deliberate infliction of physical or mental suffering”; “registered nurses who have knowledge of ill-treatment of any individuals including detainees and prisoners must take appropriate action to safeguard the rights of that individual”; “the American Nurses Association shall condemn interrogation procedures that are harmful to mental and physical health”; “the American Nurses Association shall advocate for nondiscriminatory access to health care for wounded military and paramilitary personnel and prisoners of war”; and “the American Nurses

Association shall counsel and support nurses who speak out about acts of torture and abuse”; and

WHEREAS, The California Nurses Association clearly states that “the social contract between registered nurses and society is based upon a code of ethics that is grounded in the basic ethical principles of respect for human rights and dignity, the non-infliction of harm, and because these principles command that registered nurses protect or preserve life, avoid doing harm, advocate in the exclusive interest of their patients, and create a fiduciary relationship of trust and loyalty with recipients of their care”; and

WHEREAS, In March 2005, the California Medical Association stated that it “condemns any participation in, cooperation with, or failure to report by physicians and other health professionals the mental or physical abuse, sexual degradation, or torture of prisoners or detainees”; and

WHEREAS, In November 2004, the American Public Health Association stated that it “condemns any participation in, cooperation with, or failure to report by health professionals the mental or physical abuse, sexual degradation, or torture of prisoners or detainees,” that it “urges health professionals to report abuse or torture of prisoners and detainees,” and that it “supports the rights of health workers to be protected from retribution for refusing to participate or cooperate in abuse or torture in military settings”; and

WHEREAS, The United States military medical system in Guantanamo Bay, Afghanistan, Iraq, and other foreign military prisons operated by the United States failed to protect detainees’ rights to medical treatment, failed to prevent disclosure of confidential medical information to interrogators and others, failed to promptly report injuries or deaths caused by beatings, failed to report acts of psychological and sexual degradation, and sometimes collaborated with abusive interrogators and guards; and

WHEREAS, Current United States Department of Defense guidelines authorize the participation of certain military health personnel, especially psychologists, in the interrogation of detainees as members of “Behavioral Science Consulting Teams” in violation of professional ethics. These guidelines also permit the use of confidential clinical information from medical records to aid in interrogations; and

WHEREAS, Evidence in the public record indicates that military psychologists participated in the design and implementation of psychologically abusive interrogation methods used at Guantanamo Bay, in Iraq, and elsewhere, including sleep deprivation, long-term isolation, sexual and cultural humiliation, forced nudity, induced hypothermia and other temperature extremes, stress positions, sensory bombardment, manipulation of phobias, force-feeding hunger strikers, and more; and

WHEREAS, Published reports indicate that the so-called “enhanced interrogation methods” of the Central Intelligence Agency reportedly include similar abusive methods and that agency psychologists may have assisted in their development; and

WHEREAS, Medical and psychological studies and clinical experience show that these abuses can cause severe or serious mental pain and suffering

in their victims, and therefore may violate the “torture” and “cruel and inhuman treatment” provisions of CAT and the United States War Crimes Act, as amended by the Military Commissions Act of 2006; and

WHEREAS, The United States Department of Defense has failed to oversee the ethical conduct of California-licensed health professionals related to torture; and

WHEREAS, Waterboarding is a crime under the United States War Crimes Act and Chapter 113C (commencing with Section 2340) of Title 18 of the United States Code, is a crime against humanity under international human rights law, is a war crime under humanitarian laws, and is prohibited by the United States Army Field Manual. United States district courts, state courts, including, but not limited to, the Mississippi Supreme Court, and United States military tribunals have convicted defendants of criminal acts in waterboarding cases; and

WHEREAS, Nobel Peace Prize Laureate Dr. Martin Luther King, Jr., said, “Commit yourself to the noble struggle for human rights. You will make a greater person of yourself, a greater nation of your country and a finer world to live in”; now, therefore, be it

*Resolved by the Senate and the Assembly of the State of California, jointly,* That California-licensed health professionals are absolutely prohibited from knowingly planning, designing, participating in, or assisting in the use of condemned techniques at any time and may not enlist others to employ these techniques to circumvent that prohibition; and be it further

*Resolved,* That the Legislature hereby requests all relevant California agencies, including, but not limited to, the Board of Behavioral Sciences, the Dental Board of California, the Medical Board of California, the Osteopathic Medical Board of California, the Bureau of Naturopathic Medicine, the California State Board of Pharmacy, the Physician Assistant Committee of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Vocational Nursing and Psychiatric Technicians, the Board of Psychology, and the Board of Registered Nursing, to notify California-licensed health professionals via newsletter, e-mail, Web site, or existing notification processes about their professional obligations under international law, specifically Common Article III of the Geneva Conventions, the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (CAT), and the amended War Crimes Act, which prohibit the torture of, and the cruel, inhuman, and degrading treatment or punishment of, detainees in United States custody; and be it further

*Resolved,* That the Legislature hereby requests all relevant California agencies to notify health professionals licensed in California that those who participate in coercive or “enhanced” interrogation, torture, as defined by CAT, or other forms of cruel, inhuman, or degrading treatment or punishment may one day be subject to prosecution; and be it further

RESOLVED, That the Legislature hereby requests that when California licensed health professionals have reason to believe that interrogations are coercive or “enhanced” or involve torture or cruel, inhuman, or degrading

treatment or punishment, they shall report their observations to the appropriate authorities, and if the authorities are aware of those abusive interrogation practices, but have not intervened, then those health professionals are ethically obligated to report those practices to independent authorities that have the power to investigate and adjudicate those allegations; and be it further

*Resolved*, That in view of the ethical obligations of health professionals, the record of abusive interrogation practices, and the Legislature's interest in protecting California-licensed health professionals, the Legislature hereby requests the United States Department of Defense and the Central Intelligence Agency to remove all California-licensed health professionals from participating in any way in prisoner and detainee interrogations that are coercive or "enhanced" or that involve torture or cruel, inhuman, or degrading treatment or punishment, as defined by the Geneva Conventions, CAT, relevant jurisprudence regarding CAT, and related human rights documents and treaties; and be it further

*Resolved*, That no law, regulation, order, or exceptional circumstance, whether induced by state of war or threat of war, internal political instability, or any other public emergency, may be invoked as justification for torture or cruel, inhuman, or degrading treatment or punishment; and be it further

*Resolved*, However, that California-licensed health professionals continue to provide appropriate health care if called upon to deal with a victim of the conduct and torture described in this resolution; and be it further

*Resolved*, That the Secretary of the Senate transmit copies of this resolution to the United States Department of Defense, the Central Intelligence Agency, and all relevant California agencies, including, but not limited to, the Board of Behavioral Sciences, the Dental Board of California, the Medical Board of California, the Osteopathic Medical Board of California, the Bureau of Naturopathic Medicine, the California State Board of Pharmacy, the Physician Assistant Committee of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Vocational Nursing and Psychiatric Technicians, the Board of Psychology, and the Board of Registered Nursing.

# 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:        | <ol style="list-style-type: none"> <li data-bbox="365 457 1485 745"> <p>1. <b>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.</b><br/> <i>2006-2007: 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.</i><br/> <i>2007-2008: Board publishes new board brochure and complaint brochure, and redesigns several board brochures into new single-page, format.</i></p> </li> <li data-bbox="365 745 1485 1123"> <p>2. <b>Restructure the board’s Web site to make it more user friendly.</b><br/> <i>2006-2007: 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.<br/> Links added to obtain various information regarding medication safety, and drug interactions, and information from FDA regarding Medications and Medical Devices.<br/> Work Initiated on new Website design to meet new state design standards.</i><br/> <i>2007-2008: New Website design completed in November 2007.<br/> Web page created consolidating all information on e-pedigree into one place.</i></p> </li> <li data-bbox="365 1123 1485 1344"> <p>3. <b>Work with the California Health Communication Partnership on integrated public information campaigns on health-care topics.</b><br/> <i>2006-2007: 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.<br/> No additional meetings scheduled after January 2007.</i></p> </li> <li data-bbox="365 1344 1485 1816"> <p>4. <b>Continue collaboration with schools of pharmacy for pharmacist interns to develop consumer fact sheets on health topics.</b><br/> <i>2006-2007: 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.</i><br/> <i>2007-2008: 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.<br/> Meanwhile discussion with UCSF lead to request for funding to continue project.<br/> Meanwhile board seeks to establish intern projects with other schools of pharmacy.</i><br/> <i>1st Qtr. 08/09: Letter to Deans of California's pharmacy schools mailed.</i></p> </li> </ol> |

|  |  |
|--|--|
|  | <p>5. <b>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.</b></p> <p><i>2006-2007: Governor signs AB 2583.<br/>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.<br/>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.</i></p> <p><i>2007-2008: New "Notice to Consumers" approved by board and later by the Office of Administrative Law.<br/>New design and layout for two new Notice to Consumer posters are selected.</i></p> <p><i>1st Qtr. 08/09: New posters are mailed to California pharmacies.</i></p> <p><i>2nd Qtr. 08/09: Posters are translated into several languages and made available on the board's Website.</i></p> <p>6. <b>Evaluate the practice of pill splitting as a consumer protection issue.</b></p> <p><i>2006-2007: Board holds discussion of pill splitting issues during January and April 2007 Board Meetings.</i></p> <p><i>2007-2008: <u>The Script</u> newsletter contains an article for pharmacists on pill splitting and a Fact Sheet for consumers is completed.</i></p> <p>7. <b>Evaluate the SCR 49 Medication Errors Report for implementation.</b></p> <p><i>2006-2007: Communication and Public Education Committee reviews SCR 49 report and Board has presentation of the SCR 49 report.</i></p> <p><i>2007-2008: SB 472 enacted to require the board to standardize container labels into a patient friendly format by 2011.</i></p> |
|--|--|

8. **Develop patient-centered standardized prescription container labels by 2011 pursuant to SB 472 (Corbett, Chapter 470, Statutes of 2007).**
- Oct. 2007: Board president appoints members to subcommittee.*
- Jan 2008: Board readies plans for six public hearings statewide during 2008*
- April 2008: First meeting in Fremont on April 12. Approximately 40 people attend.*
- Apr.-Jul. 2008: Board attends health fairs and interviews patients for information on how to improve prescription labels. Survey available on board's Website. 123 surveys completed.*
- July 2008: Board Inspector Bayley and Associate Analysts Durst and Abbe staff a resource table at the Lotus Festival in Los Angeles and interview attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.*
- Aug. 2008: Associate Analysts Durst and Abbe and Assistant Executive Officer Sodergren staff the department's booth at the State Fair and distribute brochures, respond to public questions and elicit suggestions to improve the labeling on prescription labels.*
- Oct. 2008: Board Member Powers provides information and conducted labeling surveys of those attending CARA's annual meeting. Publications Coordinator Abbe attends Celebrando Nuestra Salud to conduct labeling surveys of those in attendance.*
- Nov. 2008: Board sponsors public forum on health literacy and designing patient-centered labels. National experts provide information.*
- Dec. 2008: Board Executive Officer participates on National Association of Boards of Pharmacy task force to develop national standards for patient-centered labels. Board and CPhA develop joint survey for administration via listeners of radio stations on patient medication labels.*
- Jan. 2009: Over 600 consumer surveys submitted; SB 472 Subcommittee meets to begin developing regulations.*
9. **Address and promote licensee and public education on minimizing prescription errors.**
- July 2008: Forum on medication errors held as part of board meeting. Michael Cohen, Institute of Safe Medical Practices, John Keats, California Patient Action Coalition, and Lorian deMartini, California Department of Public Health, talk about activities of their organizations to prevent errors. Board Inspector Orlandella represented the board on a panel to a group of seniors in Roseville, CA.*
- Jan. 2009: Board publishes medication errors segment in its newsletter, The Script, describing several medication errors investigated by the board.*

|               |  |
|---------------|--|
| Objective 4.2 | Develop 10 communication venues to licensees by June 30, 2011.   |
| Measure:      | Number of communication venues developed to licensees.   |
| Tasks:        | <ol style="list-style-type: none"> <li data-bbox="370 218 1524 478"> <p><b>1. Publish The Script two times annually.</b></p> <p><i>2006-2007: The Script published, placed online and mailed to pharmacies and wholesalers in September 2006 and January 2007.</i></p> <p><i>2007-2008: The Script published, placed online and mailed to pharmacies and wholesalers in July 2007 and January 2008.</i></p> <p><i>July 2008: The Script published, placed online and mailed to pharmacies and wholesalers.</i></p> </li> <li data-bbox="370 478 1524 1283"> <p><b>2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California.</b></p> <p><i>2006-2007: The board's members, supervising inspector and executive officer provide 22 CE and licensee educational seminars during the year.</i></p> <p><i>2007-2008: The board's members, supervising inspector and executive officer provide at least 10 CE and licensee educational seminars during the year.</i></p> <p><i>1st Qtr 08/09: Board Member Goldenberg provides information about pharmacy law to medical staff at the Jewish Home Hospital in Los Angeles.</i><br/> <i>President Schell speaks on requirements regarding conscience provisions in California law at Loma Linda University.</i><br/> <i>Executive Officer Herold speaks to the CSHP's Board of Directors about the board's heparin inspections.</i><br/> <i>Executive Officer Herold speaks to CSHP's Seminar on Board legislative and regulation activities.</i><br/> <i>Assistant Executive Officer Sodergren and Supervising Inspector Ratcliff staff an informational booth at CSHP's Seminar.</i><br/> <i>Executive Officer Herold speaks to CSHP's Seminar on the heparin inspections conducted with the California Department of Public Health in California Hospitals.</i><br/> <i>Executive Officer Herold speaks to CSHP's Seminar on California's e-pedigree requirements.</i></p> </li> </ol> |

|  |  |
|--|--|
|  | <p><b>2007-2008:</b> <i>Added information about NAPLEX being suspended.</i><br/> <i>Added information about Heat Preparedness.</i><br/> <i>Added information about pill-splitting.</i><br/> <i>Sent out more than 55 subscriber alert notifications to the board's e-mail notification list.</i><br/> <i>Website reflecting the New State Redesign launched in November 2007.</i><br/> <i>Sent out three disaster response subscriber alerts regarding the Southern California wildfires to the board's e-mail notification list.</i><br/> <i>Created a page dedicated to E-Pedigree information and laws.</i><br/> <i>Updated the 2008 lawbook.</i><br/> <i>Added two sets of comments submitted to the FDA in support of a unique identifier and on promising technologies for prescription drug identification, validation, track and trace or authentication to E-Pedigree page.</i><br/> <i>Added survey of patients for prescription container labels.</i><br/> <i>Added page for subscription to board mailing list.</i></p> <p><b>1st Qtr 08/09:</b> <i>Updated information regarding release of exam results.</i><br/> <i>Added enforcement actions for the effective dates between July 1 and September 30, 2008.</i><br/> <i>Added two recall notifications to FDA recall page.</i><br/> <i>Posted board and committee meeting agendas and materials.</i><br/> <i>Sent out 24 subscriber alert notifications to the board's email notification list.</i></p> <p><b>2nd Qtr 08/09:</b> <i>Updated online renewal forms for individual licenses.</i><br/> <i>Created information on CURES page.</i><br/> <i>Created a survey page for public opinion on how to improve prescription labels (SB 472) in English and Spanish.</i><br/> <i>Added three recall notifications to FDA recall page.</i><br/> <i>Posted board and committee meeting agendas and materials.</i><br/> <i>Sent out 20 subscriber alert notifications to the board's email notification list.</i></p> |
|--|--|

|               |   |
|---------------|---|
| Objective 4.3 | Participate in 12 forums, conferences and public education events annually.   |
| Measure:      | Number of forums participated.  |
| Tasks:        | <p>1. Participate in forums, conferences and educational fairs.</p> <p><b>Sept. 2006:</b> <i>Supervising Inspector Nurse provides presentation on California's e-pedigree requirements at Logi-Pharma's Annual Convention in Austin TX.</i></p> <p><b>Oct. 2006:</b> <i>Board hosts the three-day NABP Districts 7 &amp; 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.</i><br/> <i>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.</i><br/> <i>Board staffs information booth at San Mateo Senior Fest where 600 people attend.</i></p> <p><b>Dec. 2006:</b> <i>Inspector Barnard and Public and Licensee Education Analyst Abbe staff information booth at the Sacramento AARP-sponsored Ask A Pharmacist event.</i></p> <p><b>Jan. 2007:</b> <i>Supervising Inspector Nurse provides presentation on California's e-pedigree requirements at Secure Pharma 2007, the supply chain security conference in Philadelphia.</i></p> <p><b>Feb. 2007:</b> <i>The board hosts an information booth for two days at CPhA's annual meeting.</i></p> <p><b>March 2007:</b> <i>Inspector Wong and Analyst Abbe staff information booth at the 2007 Consumer Protection Day forum in San Diego.</i></p> <p><b>April 2007:</b> <i>Presentation on being a pharmacist at a career day presentation in Southern California.</i></p> <p><b>May 2007:</b> <i>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.</i></p> <p><b>June 2007:</b> <i>Board Member 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.</i></p> <p><b>July 2007:</b> <i>Staff met with visiting dignitaries from Australia who were interested in learning about California's controlled substances requirements.</i></p> <p><b>Aug. 2007:</b> <i>The board staffed a public information booth at the California State Fair.</i></p> |

|  |  |
|--|--|
|  | <p><b>Oct. 2007:</b> Executive Officer Herold and Supervising Inspector Nurse speak at EPCglobal's annual U.S. Exposition on California's pedigree requirements. Executive Officer Herold and Supervising Inspector Nurse speak about California's electronic pedigree requirements at CSHP's Seminar. President Powers speaks to the Renaissance Society about pedigree issues, purchasing drugs online and other consumer issues involving pharmacy. The board staffed a public information booth at the Annual Marin County Senior Information Fair and at the CSHP's Seminar.</p> <p><b>Nov. 2007:</b> Executive Officer Herold provides information about the board's emergency response activities at CPhA's Synergy Conference. Executive Officer Herold and Supervising Inspector Nurse speak at the NACDS/HDMA conference on California's e-pedigree requirements.</p> <p><b>Feb. 2008:</b> Board Member Schell provided information on the board's compounding requirements at CPhA's annual meeting. Executive Officer Herold and President Powers presented information about medication errors at CPhA's annual meeting. Public Outreach Coordinator staffed a booth at a DCA outreach event held at Cal Expo in Sacramento. Supervising Inspector Nurse provided information about e-pedigree law via teleconference to a Secure Pharmacy Conference in Philadelphia.</p> <p><b>March 2008:</b> Inspector Ming provided information about pharmacy law to UCSF students. Executive Officer Herold provided a presentation along with FDA's Ilisa Bernstein on counterfeit drugs at the American Pharmacists Association Annual Meeting in San Diego.</p> <p><b>April 2008:</b> Public Outreach Coordinator attended a large public health fair at the Los Angeles Convention Center. Over 60,000 people attended. Board Member Graul provided information about the board's compounding regulations to a group of pharmacists, physicians and others. Executive Officer Herold provided information about Board of Pharmacy activities at a CSHP Board of Directors Meeting.</p> |
|--|--|

|  |   |
|--|---|
|  | <p><b>June 2008:</b> Board staff attended a Senior Health Expo in Riverside, CA and distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.</p> <p>Executive Officer Herold and Supervising Inspector Nurse provided a presentation via video conference at the Fourth Global Forum on Pharmaceutical AntiCounterfeiting, an international counterfeiting event. Associate Analyst Abbe staffed a booth at Community Alliance Day in Merced. Materials were distributed to about 500 attendees.</p> <p>Executive Officer Herold and Board Member Ravnar presented at the California Society of Health-Systems Pharmacist (CSHP) legislative day. Board staff attended a Family Health &amp; Safety Expo in Sacramento, CA and distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.</p> <p><b>July 2008:</b> Board Member Goldenberg provided information about pharmacy law to medical staff at the Jewish Home Hospital.</p> <p>Board Inspector Orlandella represented the board to a group of seniors and provided general information and responded to questions in Roseville, CA Executive Officer Herold provided a presentation to a group of 150 individuals and agencies regarding California law and drug take back programs in communities.</p> <p>Board staff attended the Lotus Festival in Bakersfield, CA and distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.</p> <p><b>Aug. 2008:</b> Associate Analysts Durst and Abbe and Assistant Executive Officer Sodergren staffed the department's booth at the State Fair and distribute brochures, respond to public questions and elicit suggestions to improve the labeling on prescription labels.</p> <p>Executive Officer Herold provided a presentation at a conference sponsored by the California Integrated Waste Management Board on the board's concerns with drug take back programs and sharps container returns.</p> |
|--|---|

|  |   |
|--|---|
|  | <p><b>Nov. 2008:</b> Board hosts two major forums on public policy. The board's forum on e-prescribing brings in national and state experts in a session designed for healing arts boards. The forum on designing patient-centered labels has national experts and health literacy advocates.</p> |
|--|---|