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

Legislation and Regulation Committee

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Part 2: LEGISLATION REPORT AND ACTION

A. FOR INFORMATION: Board Sponsored Legislation

1. SB 819 (Senate Business, Professions and Economic Development Committee) – Omnibus

Attachment A-1: Chapter 308, Statutes of 2009

At the October 2008 Board Meeting, the board voted to pursue all of the omnibus provisions approved for sponsorship in 2008. Many of these provisions were included in the prior session's SB 1779 (Senate Business, Professions and Economic Development Committee) and was vetoed by the Governor. Those same provisions were again introduced in 2009 via SB 819.

The omnibus provisions included in SB 819 are categorized into four types of changes:

- a. Omnibus provisions resulting from the recodification of Business and Professions Code section 4052.
- b. General omnibus provisions.
- c. Use of mobile pharmacies.
- d. Changes resulting in a comprehensive legal review by board staff and counsel on the legal requirements surrounding the Pharmacist-in-Charge and Designated Representative-in-Charge.

Below is a summary of the changes by category and section.

Omnibus Provisions Resulting from Recodification of Business and Professions Code §4052

In 2006 Business and Professions Code section 4052 was recodified into four sections. As a result, the following B&PC sections and H&SC section reference 4052 and require technical amendments.

- §733 – Dispensing Prescription Drugs and Devices
- §4027 – Skilled Nursing Facility; Intermediate Care Facility; Other Health Care Facilities
- §4040 – Prescription; Content Requirements
- §4051 – Conduct Limited to Pharmacist; Conduct Authorized by Pharmacist

§4060 – Controlled Substance – Prescription Required, Exceptions
§4076 – Prescription Container – Requirements for Labeling
§4111 – Restrictions on Prescriber Ownership
§4174 – Dispensing by Pharmacist Upon Order of Nurse Practitioner
H&SC §11150 – Persons Authorized to Write or Issue a Prescription

General Omnibus Provisions

In addition to the changes listed above, all of the following proposals were also approved as omnibus provisions for 2008:

Amend §4059.5 - Who May Order Dangerous Drugs or Devices, Exceptions.

This section clarifies that a designated representative must sign for and receive delivery of drugs by a wholesaler.

Amend §4081 – Records of Dangerous Drugs or Devices Kept Open for Inspection; Maintenance of Records, Current Inventory

This section replaces the term “representative-in-charge” with “designated representative-in-charge.”

Amend §4126.5 – Furnishing Dangerous Drugs by Pharmacy

This section clarifies who in the supply chain may receive dangerous drugs furnished by a pharmacy.

Amend §4231 – Requirements for Renewal of Pharmacist License: Clock Hours; Exemption for New Licensee

This section authorizes the board to automatically inactivate a pharmacist license when a pharmacist who certifies completion of the required CE as part of a renewal fails to provide proof of such either as part of an audit or investigation initiated by the board.

Amend §4301 – Unprofessional Conduct

This section authorizes the board to discipline a licensee for unprofessional conduct, as specified.

Amend H&SC 11165 – Controlled Substance Utilization Review and Evaluation System: Establishment; Operation; Funding; Reporting to Legislature

This section requires a clinic that dispenses schedule III and schedule IV controlled substances to report to CURES.

Use of Mobile Pharmacies

Amend § 4062 Furnishing Dangerous Drugs During an Emergency

This section allows the use of a mobile pharmacy in the event of a declared natural disaster, if certain criteria are met.

Amend §4110 License Required, Temporary Permit Upon Transfer of Ownership

This section allows the use of a mobile pharmacy on a temporary basis when a pharmacy is destroyed or damaged.

Pharmacist-in-Charge and Designated Representative-in-Charge

Consistent with the board's strategic objective 3.3, board staff and counsel completed a comprehensive review of the legal requirements surrounding the requirements of a pharmacist-in-charge (PIC) as well as a designated representative-in-charge (DRIC). As a result of this review, several omnibus changes were recommended to include some technical changes as well as refine the definitions of the pharmacist-in-charge and designated representative-in-charge and clarify the reporting requirements when a change of PIC or DRIC occurs. These changes were approved by the board and many were incorporated in SB 1779 as omnibus provisions.

Below is a list of the specific recommended changes as well as a brief statement about the specific proposed changes.

Amend §4022.5 – Designated Representative; Designated Representative-in-Charge
This section clarifies the definition of “designated representative-in-charge” as well as the responsibilities of a licensee serving as such.

Add §4036.5 – Pharmacist-in-Charge
This section defines the term “pharmacist-in-charge” as well as the responsibilities of a pharmacist serving as such.

Amend §4161 – Non-Resident Wholesaler; Requirements
This section clarifies the duties that constitute a business operating as a non-resident wholesaler. This definition is already provided in B&PC § 4043.

Amend §4305 – Pharmacist-in-Charge; Notice to Board; Disciplinary Action
This section specifies that failure to meet notification requirements will constitute grounds for disciplinary action.

Amend §4329 – Nonpharmacists; Prohibited Acts
This section prohibits a nonpharmacist from acting as a supervisor or pharmacist-in-charge.

Amend §4330 – Proprietors; Prohibited Acts
This section clarifies that any pharmacy owner that subverts or tends to subvert the efforts of a pharmacist-in-charge is guilty of a misdemeanor.

Status: SB 819 was signed by the Governor 10/11/09.

2. SB 821 (Senate Business, Professions and Economic Development Committee) – Omnibus

Attachment A-2: Chapter 307, Statutes of 2009

At the October 2008 Board Meeting, the board voted to pursue several new omnibus provisions, which were introduced in SB 821. This measure was amended on 7/6/09 to include two omnibus provisions approved by the board which were previously contained in SB 820. Below is a summary of Pharmacy Law provisions contained in SB 821.

Add §4013 – Subscriber Alert

This section requires all board-licensed facilities to join the board's e-mail notification list.

Add §4146 – Disposal of Returned Sharps by a Pharmacy

This section authorizes a pharmacy to accept returned sharps containers from consumers for disposal.

Amend §4101 – Pharmacist-in-Charge; Designated Representative-in-Charge; Termination of Status; Duty to Notify the Board.

This section provides clarification as to when a pharmacist-in-charge or designated representative-in-charge must notify the board that he or she ceased to serve in such a capacity.

Amend §4112 – Nonresident Pharmacy: Registration; Provision of Information to Board; Maintaining Records; Patient Consultation

This section explicitly states that a person cannot act as a nonresident pharmacy unless he or she has obtained a license from the state.

Amend §4113 – Pharmacist-in-Charge; Approval; Responsibilities; Notifications

This section clarifies procedures to be followed by a pharmacy when identifying a pharmacist-in-charge as well as the procedures to notify the board when a change in pharmacist-in-charge has occurred. In addition, this section allows for the use of an interim pharmacist-in-charge, for a period not greater than 120 days, when a pharmacy is unable to identify a permanent new pharmacist-in-charge within 30 days as required.

Amend §4160 – Wholesaler Licenses

This section clarifies the procedures to be followed by a wholesaler when identifying a designated representative-in-charge as well as the procedures to notify the board when a change in the designated representative-in-charge has occurred. (Note: per double-joining language, the change to §4160 in SB 821 will become effective – not the amendments found in AB 1071 [Section 16.5].)

Amend §4196 – Veterinary Food-Animal Drug Retailer Licenses; Persons Allowed in Areas Where Drugs are Stored, Possessed, or Repacked

This section clarifies the procedures to be followed by a veterinary food-animal drug retailer when identifying a designated representative-in-charge as well as the procedures to notify the board when a change in the designated representative-in-charge has occurred.

Amend §4200.3 – Updates reference to DCA's Office of *Professional Examination Resources* (this provision was previously contained in SB 820)

Amend §4200.4 – Updates reference to DCA's Office of *Professional Examination Resources* (this provision was previously contained in SB 820)

Status: SB 821 was signed by the Governor on 10/11/09.

3. SB 470 (Corbett) Prescription Labeling to add “Purpose” – Proposal to amend B&PC §4040 and §4076

Attachment A-3: Chapter 590, Statutes of 2009

At the October 2008 Board Meeting, the board voted to pursue a statutory change to replace the “condition” for which a prescription is prescribed, with the “purpose” for which the medicine is prescribed. This change will clarify a pharmacist’s authorization within Business and Professions Code section 4076(a)(10) and allow a pharmacist to place the “purpose” of the medication on the label that is affixed to every prescription container dispensed to a patient, if requested by the patient. This proposal is consistent with the results of the board’s prescription label survey where many consumers suggested that the purpose of the medicine be included on the label.

This bill amends Business and Professions Code sections 4040 and 4076 to include the “condition or purpose” for which a medicine is prescribed. (Note: Senator Corbett also authored SB 472, Chapter 470, and Statutes of 2007, requiring the board to standardize the prescription label to make them patient-centered.)

Board staff has worked to establish a broad base of support for this proposal. The California Medical Association submitted a letter advising the author’s office that it has taken a Support If Amended position and offered amendments. Senator Corbett’s office accepted the amendments which resulted in the current version of the bill. Senator Corbett’s office also worked with the California Retailers Association and the National Association of Chain Drug Stores to address and resolve opposition to the measure.

Status: The Governor signed SB 470 on 10/11/09.

4. AB 1071 (Emmerson) Pharmacy Fees – Proposal to Amend B&PC §4001, §4003, §4110, §4127.8, §4160, §4400 and Repeal §4127.5, and Extend the Sunset Dates of the Board of Pharmacy and Other Specified Boards

Attachment A-4: Chapter 270, Statutes of 2009

At the January 2009 Board Meeting, the board voted to pursue a statutory change increase to its fees.

AB 1071 adjusts application and renewal fees to ensure that the Board of Pharmacy has sufficient funds to fulfill all of its statutory obligations as a consumer protection agency. This bill also builds in a cap to increase future fees by no more than 30 percent.

During the January 2009 Board Meeting, significant discussion occurred regarding the best way to determine fees. The board voted to pursue the statutory fee increase, but did not reach consensus on the fees themselves. With approval of the board president, board staff drafted language that begins to reduce the current subsidy that exists between individual and site licenses, resulting in the current (introduced) version of AB 1071.

The board will immediately initiate a regulatory action to implement the new fee schedule by January 1, 2010, as specified in the bill signed by the Governor on 10/11/09.

B. Legislation Impacting the Practice of Pharmacy or the Board's Jurisdiction

Attachment B-1

1. **AB 583 (Hayashi) – Health Care Practitioners: Disclosure of Education and Office Hours (Last amend: 7/8/09)**

Existing law (BPC 680) requires a health care practitioner to disclose his or her name, license on a name tag in 18-point type. AB 583 as amended 7/8/09 further requires a health care practitioner to provide their license type and the highest level of academic degree he or she holds on either a name tag, in writing to a patient as specified, or on a prominent display in his or her office. The measure provides specified exceptions for those licensed under BPC 2700, makes additional requirements to those licensed under Chapter 5 or under the Osteopathic Act, and makes further requirements of physicians and surgeons who supervise locations outside of their primary office. The measure excepts from some of the requirements those who work in a facility licensed under HSC 1250 or in a clinical laboratory licensed under HSC 1265. The latest version passed the Senate but was then placed on the Inactive File at the request of the author.

The board has not taken a position on this measure.

2. **AB 830 (Cook) – Drugs and Devices. References to US Pharmacopoeia; Compendia Recognized by the Centers of Medicare and Medicaid**

Chapter 479 Statutes of 2009

This bill replaces references to various drug compendia with compendia approved by the federal Centers for Medicare and Medicaid Services for purposes of the Knox-Keene Health Care Service Plan Act of 1975, disability insurance, and Medi-Cal.

Early versions of the measure also amended Pharmacy Law references; however, on July 6, 2009, Assembly Member Cook amended the bill to remove the pharmacy law provisions.

The Legislation and Regulation Committee on July 8, 2009, moved to 'Support' AB 830 as amended on July 6. The Governor signed AB 830 on 10/11/09.

3. **AB 931 (Fletcher) – Emergency Supplies. Doses Stored in an Emergency Supplies Container (E-Kit)**

Chapter 491, Statutes of 2009

The Governor signed AB 931 on 10/11/09 to amend Health and Safety Code §1261.5 to increase the limit of oral dosage form and suppository dosage form drugs in a secure emergency pharmaceutical supplies container to 48 (from 24) in a health facility licensed under H&SC §1250. AB 931 places limitations on psychotherapeutic drugs, and also provides CDPH with authority to increase the number of those drugs in the e-kit, as specified. The measure is sponsored by the California Pharmacists Association. The board did not take a position on the bill.

4. SB 762 (Aanestad) – Professions and Vocations; Healing Arts

Chapter 16, Statutes of 2009

The Governor signed SB 762 which makes it unlawful for a city, county, or city and county to prohibit a healing arts licensee from engaging in any act or performing any procedure that falls within the professionally recognized scope of practice of that licensee, but would prohibit construing this provision to prohibit the enforcement of a local ordinance effective prior to January 1, 2010, as specified.

C. 2-Year or Inactive Bills

Several Legislative proposals were introduced this year that impact the practice of pharmacy or the board's jurisdiction. The board's Legislation and Regulation Committee reviewed these measures prior to session recess. Staff will continue to monitor these and other measures when the Legislature reconvenes in January 2010.

1. Sponsored by the Board: AB 977 (Skinner) Pharmacists: Immunization Administration – Proposal to Amend B&PC §4052 and §4052.8

ATTACHMENT C-1

At the October 2008 Board Meeting, the board voted to pursue a statutory change to allow a pharmacist to initiate and administer immunizations pursuant to the published recommendations of the Advisory Committee on Immunization Practices (ACIP).

As stated above and as introduced, this bill would have allowed a pharmacist to initiate and administer immunizations pursuant to the published recommendations of the Advisory Committee on Immunization Practices (ACIP); however, with the approval of the board president, this proposal was amended April 13, 2009, to (1) allow a pharmacist to administer influenza and pneumococcal vaccinations or (2) any other immunization pursuant to a prescriber protocol. The National Vital Statistics Report published by the U.S. Department of Health and Human Services reports that, combined, influenza and pneumonia are the eighth leading cause of death in people of all ages, and the sixth leading cause of death in people over 65.

Board staff worked with stakeholders to establish a broad base of support for the measure. Unfortunately, the California Medical Association (CMA) continued to oppose the bill, even with the amendments.

The bill was amended (gut & amend) on April 23, 2009, to remove all pharmacy law provisions and to state intent language (only) for industry to provide information regarding immunization protocols to specified Senate and Assembly committees.

Status: 2-year Bill

2. Other Bills

a. **AB 418 (Emmerson) – Pharmacy Technicians; Education and CE Requirements (Last amend: 4/12/09)**

This measure, sponsored by the California Society of Health System Pharmacists (CSHP) modifies the licensing criteria for Pharmacy Technicians effective January 2013. The bill failed passage in the Assembly Committee on Business and Professions but was granted reconsideration.

b. **AB 484 (Eng) – Licensees Not in Compliance with Judgment or Order; Enforcement; Action on a License (Last amend: 4/20/09)**

This measure provides that the Franchise Tax board can take specified actions on a professional license because of unpaid tax liabilities. The current version of the bill exempts the Contractors State License Board from those entities that the provisions of the bill would apply. The author's stated intent is to provide a way for the FTB to suspend one's license because of unpaid tax liabilities. The bill is similar to a measure introduced by the author in the previous session, which failed passage in the Senate.

The board has not taken a position on this measure.

c. **AB 877 (Emmerson) – Intent Language Healing Arts, DCA Committee Analysis; Scope of Healing Arts Practice (Last amend: 4/14/09)**

This bill would require the Department of Consumer Affairs to appoint a scope of practice committee of five members, as specified, to perform occupational analyses and prepare written reports on bills seeking to substantively expand the scope of a healing arts practice. The bill would require that the reasonable cost of analysis and report be paid by the affected licensing board. The bill was placed on suspense and subsequently held under submission.

The board has not taken a position on this measure.

d. **AB 1458 (Davis) – Drugs: Adverse Effects Reporting (Last amend 5/5/09) - Support**

This bill requires health professionals, as defined, to report serious adverse drug events, as defined, to the federal Food and Drug Administration and would exempt violations from related criminal provisions. The measure was placed on the Assembly Appropriations suspense file 5/5/09.

The board has taken a "Support" position on the 5/5/09 version of the bill, stating "[the board] strongly believes that MedWatch provides an important consolidation point for collecting drug related misadventures, but reporting to this system on a voluntary basis has not resulted in adequate reporting."

e. **SB 26 (Simitian) – Home Generated Pharmaceutical Waste (Last amend: 4/15/09)**

The board has closely monitored this measure for drug take-back. Amendments to sections 4040.5, 41266.5, and 4081 have been offered to the author to clarify the role of

reverse distributors; define “dispenses” for purposes of drug take-back; specify that a pharmacy may furnish dangerous drugs to a integrated waste hauler, as defined, for the sole purpose of waste disposal of pharmaceutical waste returned to a pharmacy; and to specify the recordkeeping requirements of those drugs returned to a wholesaler or reverse distributor. The measure was placed on the Senate Appropriations Suspense File.

f. SB 238 (Calderon) – Prescription Drugs (Last amend: 4/23/09)

SB 238 amends the Confidentiality of Medical Information Act to allow a pharmacy, without the patient’s authorization, to mail specified written materials to a patient regarding a prescribed course of treatment, only as specified. The latest amendment authorizes health care service enrollees to receive a 90-day supply of medication when so indicated on a prescription; and makes corresponding amendments to the Insurance Code related to the coverage of that 90-day supply. This measure failed passage from its first policy committee and is now a 2-year bill.

The board has not taken a position on this bill.

g. SB 341 (DeSaulnier) – California Department of Public Health; Contract with UC to Study / Evaluate the Safety and Effectiveness of Prescription Drugs (Last amend: 5/14/09)

This bill would require the California Department of Public Health (CDPH) to make every effort to enter into a contract with the University of California to establish a program to evaluate scientific literature related to the safety and effectiveness of prescription drugs and to communicate that information to consumers and prescribers. The bill did not pass out of the house of origin by deadline.

The board has not taken a position on this measure.

h. SB 389 (Negrete McLeod) – FBI and State Fingerprinting Requirements for DCA Boards and Bureaus (Last amend: 6/1/09)

The bill would require applicants for a license and, commencing January 1, 2011, licensees who have not previously submitted fingerprints, who petition for reinstatement of a revoked, surrendered or canceled license, or for whom a record of the submission of fingerprints no longer exists, to successfully complete a state and federal level criminal offender record information search, as specified. The bill would also require a licensee to, as a condition of renewal of the license, notify the board on the license renewal form if he or she has been convicted, as defined, of a felony or misdemeanor since his or her last renewal, or if this is the licensee's first renewal, since the initial license was issued. SB 389 failed passage in the Assembly Committee on Public Safety, but was granted reconsideration.

At its July 2009 Board Meeting, and to be consistent with the board’s public protection mandate, the board voted to “Support” the latest version (6/1/09) of the bill.

i. SB 484 (Wright) – Ephedrine Products / Schedule V

The California Office of the Attorney General sponsored SB 484 to place greater restrictions on the sale and reporting of sales of ephedrine / pseudoephedrine for the

purpose of combating the manufacture and sale of methamphetamine in California, including the requirement that a prescription would be required for ephedrine and pseudoephedrine. The bill amends the Health & Safety Code to require that transactions, as specified, be reported to DOJ / CURES. The bill exempts from these reporting requirements any manufacturer or wholesaler licensed by the board, as specified. The bill specifies criminal penalties for a person obtaining such substances without a prescription.

The board held a Support if Amended position of the 5/5/09 version, suggesting that ephedrine and pseudoephedrine be placed in controlled substance schedules III or IV. At its July 2009 Board Meeting, and to be consistent with the board's public protection mandate, the board voted to "Support" the latest version (5/12/09) of the bill.

j. SB 638 (Negrete McLeod) – DCA Regulatory Boards; Sunset Reviews; Operations; Report Requirements (Introduced: 2/27/09)

This bill would redefine the sunset review process. The bill was held in Senate Rules and did not meet the deadline for bills to be passed out of the house of origin. The board's Executive Officer worked with the Senate Business, Professions and Economic Development committee to identify options to secure an extension of the board's sunset date. Following discussion, the committee voted to recommend that the board authorize the Executive Officer to have the Board of Pharmacy's sunset provisions addressed through a different legislative measure in order to extend the board's sunset date. Through those efforts, and through the amendment of the board's fee bill, AB 1071, the Board of Pharmacy's sunset provisions were extended to 2013.

Staff will continue to monitor SB 638 when the Legislature reconvenes in January.

D. Action on Proposed Legislative and Regulation Items Identified During the Legislation and Regulation Committee Meeting Held October 21, 2009

The Committee Chair will provide the board with a summary of Committee recommendations from the October 21, 2009, committee meeting for the board's consideration and possible action.

E. Summary of the Legislation and Regulation Committee Meeting Held on October 21, 2009

The Committee Chair will provide the board with a summary of the items discussed at the Legislation and Regulation Committee meeting held October 21, 2009.

F. First Quarterly Report on Legislation / Regulation Committee Goals for 2009/10

ATTACHMENT F-1

A summary of the attached Quarterly Report on the Legislation and Regulation Committee Goals for 2009/2010 will be provided to the board.

ATTACHMENT A-1

**SB 819 (Senate Committee on Business, Professions and
Economic Development) – Omnibus**

Chapter 308, Statutes of 2009

Senate Bill No. 819

CHAPTER 308

An act to amend Sections 27, 101, 128.5, 144, 146, 149, 683, 733, 800, 801, 803, 1907, 2089.5, 2096, 2102, 2107, 2135, 2168.4, 2175, 2221, 2307, 2335, 2486, 2488, 2570.5, 2570.6, 2570.7, 2570.185, 2760.1, 3503, 3517, 3518, 3635, 3636, 3753.5, 4022.5, 4027, 4040, 4051, 4059.5, 4060, 4062, 4076, 4081, 4110, 4111, 4126.5, 4161, 4174, 4231, 4301, 4305, 4329, 4330, 4857, 4980.30, 4980.43, 4996.2, 4996.17, 4996.18, 5092, 5093, 5801, 6534, 6536, 6561, 7616, 7629, 8030.2, 8740, and 8746 of, to add Sections 2169, 2570.36, 2835.7, 4036.5, 4980.04, 4990.09, and 5094.6 to, to add and repeal Sections 5094.5 and 5094.7 of, to repeal Sections 2172, 2173, 2174, 4981, 4994.1, 4996.20, 4996.21, 5096.11, and 6761 of, and to repeal and amend Section 5094 of, the Business and Professions Code, to amend Section 8659 of the Government Code, to amend Sections 8778.5, 11150, and 11165 of the Health and Safety Code, and to amend Section 14132.100 of the Welfare and Institutions Code, relating to professions and vocations and making an appropriation therefor.

[Approved by Governor October 11, 2009. Filed with
Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

SB 819, Yee. Professions and vocations.

(1) Existing law provides for the licensure and regulation of various professions and vocations by boards and bureaus within the Department of Consumer Affairs.

Existing law requires certain boards and bureaus to disclose on the Internet information on licensees.

This bill would require the Cemetery and Funeral Bureau to disclose on the Internet information on specified licensees.

(2) Under existing law, if, upon investigation, any of a list of specified state regulatory agencies has probable cause to believe that a person is advertising in a telephone directory with respect to the offering or performance of services, without being properly licensed by or registered with that agency, the agency is authorized to issue a specified citation.

This bill would add the Physical Therapy Board of California to those authorized agencies.

Existing law requires specified healing arts boards to report to the State Department of Health Care Services the name and license number of a person whose license has been revoked, suspended, surrendered, made inactive, or otherwise restricted, and requires specified healing arts boards to create and maintain a central file of the names of all persons who hold a

license from the board, and to prescribe and promulgate written complaint forms, as specified.

This bill would also subject the California Board of Occupational Therapy to these requirements, and would subject the Acupuncture Board to the requirement to create and maintain a central file of the names of its licensees and to prescribe and promulgate written complaint forms, as specified.

(3) Existing law, the Dental Practice Act, provides for the licensure and regulation of registered dental hygienists, registered dental hygienists in alternative practice, registered dental hygienists in extended functions, and registered dental assistants, among others. Existing law authorizes a person holding a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions as of July 1, 2009, to perform the duties of a registered dental assistant, and requires persons issued one of those licenses on or after July 1, 2009, to also receive a registered dental assistant license before performing the duties of a registered dental assistant.

This bill would instead authorize a person holding a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions as of December 31, 2005, to perform the duties of a registered dental assistant, and would require persons issued one of those licenses on or after January 1, 2006, to also receive a registered dental assistant license before performing the duties of a registered dental assistant.

(4) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. The act requires each applicant for a physician and surgeon's license to meet specified training and examinations requirements, authorizes the appointment of examination commissioners, requires that examinations be conducted in English, except as specified, allows the examinations to be conducted in specified locations, requires notice of examinations to contain certain information, and requires examination records to be kept on file for a period of 2 years or more. The act authorizes a person whose certificate has been surrendered, revoked, suspended, or placed on probation, as specified, to petition for reinstatement of the certificate or modification of the penalty if specified requirements are met. Under existing law, any person who meets certain eligibility requirements, including, but not limited to, the requirement that the person is academically eminent, as defined, may apply for a special faculty permit that authorizes the holder to practice medicine, without a physician's and surgeon's certificate, within the medical school itself and certain affiliated institutions.

This bill would revise the training requirements for a physician and surgeon's license, and would delete the requirement of passage of a clinical competency examination that is applicable to certain applicants. The bill would delete the provisions related to the appointment of examination commissioners, examinations being conducted in English and examination interpreters, the location of examinations, and examination notices. The bill would also delete the requirement that the board keep examination records

on file for at least 2 years, and would instead require the board to keep state examination records on file until June 2070. The bill would revise the requirements for a petition for reinstatement or modification, as specified. The bill would require the holder of a special faculty permit to meet the same continuing medical education requirements as the holder of a physician's and surgeon's certificate and would also require a special faculty permitholder to show that he or she meets these requirements at the time of permit renewal.

Existing law provides for the licensure and regulation of podiatrists by the Board of Podiatric Medicine in the Medical Board of California. Existing law authorizes the Board of Podiatric Medicine to issue an order of nonadoption of a proposed decision or interim order of the Medical Quality Hearing Panel within 90 calendar days. Existing law requires an applicant for a certificate to practice podiatric medicine to meet specified application procedures.

This bill would instead authorize the Board of Podiatric Medicine to issue an order of nonadoption of a proposed decision or interim order of the Medical Quality Hearing Panel within 100 calendar days. The bill would revise the application procedures for a certificate to practice podiatric medicine, as specified.

(5) Existing law, the Occupational Therapy Practice Act, provides for the licensure of occupational therapists and the certification of occupational therapy assistants by the California Board of Occupational Therapy. Existing law requires an occupational therapist to document his or her evaluation, goals, treatment plan, and summary of treatment in the patient record. Existing law authorizes a limited permit to practice occupational therapy to be granted if specified education and examination requirements are met, but provides that if the person fails to qualify for or pass the first announced licensure examination, all limited permit privileges automatically cease upon due notice. Existing law requires an applicant applying for a license or certification to file with the board a written application provided by and satisfactory to the board, showing that he or she meets certain requirements, including, but not limited to, successful completion of an educational program's academic requirements approved by the board and accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE) and successful completion of a period of supervised fieldwork experience. Existing law also specifies the curriculum requirements for an education program for occupational therapists and occupational therapy assistants.

This bill would require an occupational therapy assistant to document in the patient record the services provided to the patient, and would require an occupational therapist or assistant to document and sign the patient record legibly. The bill would revise the provisions related to limited permit privileges to instead provide that a person's failure to pass the licensure examination during the initial eligibility period would cause the privileges to automatically cease upon due notice. The bill would require that the applicant successfully complete the educational program's academic

requirements approved by the board and accredited by ACOTE, or accredited or approved by the American Occupational Therapy Association's (AOTA) predecessor organization, or approved by AOTA's Career Mobility Program. The bill would also revise those curriculum requirements for an educational program. The bill would authorize an applicant who is a graduate of an educational program and is unable to provide evidence of having met the curriculum requirements to demonstrate passage of a specified examination as evidence of having successfully satisfied the curriculum requirements. The bill would require an applicant who completed AOTA's Career Mobility Program to demonstrate participation in the program and passage of a specified examination as evidence of having successfully satisfied the educational program and curriculum requirements. The bill would revise the supervised fieldwork experience requirement. The bill would require a licensee to report to the board violations of the Occupational Therapy Practice Act by licensees or applicants for licensure and to cooperate with the board, as specified.

(6) Existing law, the Nursing Practice Act, provides for the licensure and regulation of nurses by the Board of Registered Nursing. Existing law authorizes a registered nurse whose license is revoked or suspended, or who is placed on probation, to petition for reinstatement of his or her license or modification of the penalty after a specified time period.

This bill would require a petition by a registered nurse whose initial license application is subject to a disciplinary decision to be filed after a specified time period from the date upon which his or her initial license was issued.

Existing law provides for the certification and regulation of nurse practitioners and nurse-midwives by the Board of Registered Nursing and specifies requirements for qualification or certification as a nurse practitioner. Under the act, the practice of nursing is defined, in part, as providing direct and indirect patient care services, as specified, including the dispensing of drugs or devices under specified circumstances. The practice of nursing is also described as the implementation, based on observed abnormalities, of standardized procedures, defined as policies and protocols developed by specified facilities in collaboration with administrators and health professionals, including physicians and surgeons and nurses.

This bill would authorize the implementation of standardized procedures that would expand the duties of a nurse practitioner in the scope of his or her practice, as enumerated. The bill would make specified findings and declarations in that regard.

(7) Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician's assistants by the Physician Assistant Committee of the Medical Board of California. Existing law authorizes the committee to grant interim approval to an applicant for licensure as a physician assistant.

This bill would delete that authority to grant interim approval and would make conforming changes.

(8) Existing law, the Naturopathic Doctors Act, provides for the licensure and regulation of naturopathic doctors by the Bureau of Naturopathic Medicine. Existing law requires licensees to obtain continuing education through specified continuing education courses. Existing law requires a licensee on inactive status to meet certain requirements in order to restore his or her license to active status, including paying a reactivation fee.

This bill would revise the standards for continuing education courses. The bill would delete the requirement that a licensee on inactive status pay a reactivation fee in order to restore his or her license to active status, and would instead require him or her to be current with all licensing fees.

(9) Existing law provides for the licensure and regulation of respiratory care practitioners by the Respiratory Care Board of California. Existing law authorizes the board to direct a practitioner or applicant who is found to have violated the law to pay a sum not to exceed the costs of investigation and prosecution.

This bill would also authorize the board to direct a practitioner or applicant who is found to have violated a term or condition of board probation to pay a sum not to exceed the costs for investigation and prosecution.

Existing law exempts certain healing arts practitioners from liability for specified services rendered during a state of war, state of emergency, or local emergency.

This bill would also exempt respiratory care practitioners from liability for the provision of specified services rendered during a state of war, state of emergency, or local emergency.

(10) Existing law, the Pharmacy Law, the knowing violation of which is a crime, provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy.

Existing law authorizes a pharmacy to furnish dangerous drugs only to specified persons or entities, and subjects certain pharmacies and persons who violate the provision to specified fines.

This bill would provide that any violation of this provision by any person or entity would subject the person to the fine.

Existing law prohibits a person from acting as a wholesaler of any dangerous drug or device without a license from the board. Existing law requires a nonresident wholesaler, as defined, to be licensed prior to shipping, mailing, or delivering dangerous drugs or dangerous devices to a site located in this state.

This bill would modify that definition and would also require a nonresident wholesaler to be licensed prior to selling, brokering, or distributing dangerous drugs or devices within this state. By subjecting these nonresident wholesalers to these licensure requirements which include, among other things, payment of specified fees, the bill would increase that part of the revenue in the Pharmacy Board Contingent Fund that is continuously appropriated and would thereby make an appropriation.

Existing law requires a pharmacy or pharmacist who is in charge of or manages a pharmacy to notify the board within 30 days of termination of

employment of the pharmacist-in-charge or acting as manager, and provides that a violation of this provision is grounds for disciplinary action.

This bill would instead provide that failure by a pharmacist-in-charge or a pharmacy to notify the board in writing that the pharmacist-in-charge has ceased to act as pharmacist-in-charge within 30 days constitutes grounds for disciplinary action, and would also provide that the operation of the pharmacy for more than 30 days without supervision or management by a pharmacist-in-charge constitutes grounds for disciplinary action. The bill would revise the definition of a designated representative or designated representative-in-charge, and would define a pharmacist-in-charge.

Existing law makes a nonpharmacist owner of a pharmacy who commits acts that would subvert or tend to subvert the efforts of a pharmacist-in-charge to comply with the Pharmacy Law guilty of a misdemeanor.

This bill would apply this provision to any pharmacy owner.

The bill would require the board, during a declared federal, state, or local emergency, to allow for the employment of a mobile pharmacy in impacted areas under specified conditions, and would authorize the board to allow the temporary use of a mobile pharmacy when a pharmacy is destroyed or damaged under specified conditions. The bill would require the board, if a pharmacy fails to provide documentation substantiating continuing education requirements as part of a board investigation or audit, to cancel an active pharmacy license and issue an inactive pharmacy license, and would allow a pharmacy to reobtain an active pharmacy license if it meets specified requirements.

Because this bill would impose new requirements and prohibitions under the Pharmacy Law, the knowing violation of which would be a crime, it would impose a state-mandated local program.

Existing law requires pharmacies to provide information regarding certain controlled substances prescriptions to the Department of Justice on a weekly basis.

This bill would also require a clinic to provide this information to the Department of Justice on a weekly basis.

(11) Existing law, the Veterinary Medicine Practice Act, provides for the licensure and regulation of veterinarians by the Veterinary Medical Board. Existing law prohibits the disclosure of information about an animal receiving veterinary services, the client responsible for that animal, or the veterinary care provided to an animal, except under specified circumstances, including, but not limited to, as may be required to ensure compliance with any federal, state, county, or city law or regulation.

This bill would specify that such disclosure is prohibited except as may be required to ensure compliance with the California Public Records Act.

(12) Existing law provides for the licensure and regulation of educational psychologists, clinical social workers, and marriage and family therapists by the Board of Behavioral Sciences. Existing law generally provides for a system of citations and fines that are applicable to healing arts licensees.

This bill would prohibit the board from publishing on the Internet final determinations of a citation and fine of \$1,500 or less for more than 5 years from the date of issuance of the citation.

(13) Existing law provides for the licensure and regulation of accountants by the California Board of Accountancy in the Department of Consumer Affairs. Existing law requires an applicant for the certified public accountant license to comply with certain education, examination, and experience requirements under one of 2 provisions that set forth different standards, commonly referred to as the 2 "pathways." Existing law, under the first pathway, requires completion of a baccalaureate or higher degree conferred by a college or university with completion of at least 24 semester units in accounting and 24 semester units in business related subjects, board exam passage, and 2 years of qualifying experience. Existing law, under the 2nd pathway, imposes the same educational and examination requirements as the first pathway, but also requires proof of completion of at least 150 semester units, and instead accepts one year of qualifying experience.

This bill would make the first pathway inoperative as of January 1, 2014, except in certain circumstances, and would, on and after that date, with respect to the second pathway, require the 150 units to include 10 units of ethics study, as defined, and 20 units of accounting study, as defined. The bill would create the Advisory Committee on Accounting Ethics Curriculum within the jurisdiction of the board to be composed of 11 members, as specified, and would require the committee to, on or before January 1, 2012, recommend guidelines for the ethics study requirement to the board. The bill would require the board to adopt those recommendations by January 31, 2013, and would also require the board to adopt guidelines for the accounting study requirement by January 1, 2012, as specified. The bill would also require the board to, by September 1, 2010, hold a hearing on a specified report by the California Research Bureau and to, at the hearing, make recommendations on ensuring the relevancy of accountancy education to the modern practice of accounting, as specified. The bill would enact other related provisions.

Existing law allows an out-of-state accountant to engage in the practice of accountancy in this state without obtaining a certificate or license if the individual has practiced for at least 4 of the last 10 years, the individual is licensed in another state deemed substantially equivalent to this state under the 2nd pathway, or the individual's qualifications are determined to be substantially equivalent to this state's qualifications under the 2nd pathway. Existing law provides for the repeal of these provisions on January 1, 2011.

This bill would delete the January 1, 2011, repeal date for those provisions, thereby making them operative indefinitely.

(14) Existing law, the Professional Fiduciaries Act, provides for the licensure and regulation of professional fiduciaries by the Professional Fiduciaries Bureau until July 1, 2011. Existing law also requires applicants to provide certain boards and bureaus with a full set of fingerprints for the purpose of conducting criminal history record checks. Existing law requires licensees to file and the bureau to maintain certain information in each

licensee's file, including whether the licensee has ever been removed as a fiduciary by a court for breach of trust committed intentionally, with gross negligence, in bad faith, or with reckless indifference, or demonstrated a pattern of negligent conduct, as specified.

This bill would require the bureau to disclose on the Internet information on its licensees and would require applicants to the bureau to comply with that fingerprint requirement. The bill would require licensees to file and the bureau to maintain information regarding whether the licensee has ever been removed for cause or resigned as a conservator, guardian, trustee, or personal representative, as well as various other details relating to that removal or resignation. The bill would also make a conforming change.

(15) Existing law provides a comprehensive scheme for the certification and regulation of interior designers. Under existing law, a stamp from an interior design organization certifies that an interior designer has passed a specified examination and that he or she has met certain other education or experience requirements, such as a combination of interior design education and diversified interior design experience that together total at least 8 years.

This bill would revise that provision by specifying that an interior designer may meet these requirements by having at least 8 years of interior design education, or at least 8 years of diversified interior design experience, or a combination of interior design education and diversified interior design experience that together total at least 8 years.

(16) Existing law provides for the registration of professional engineers and the licensure of land surveyors by the Board for Professional Engineers and Land Surveyors. Under existing law, in determining the qualifications of an applicant for registration or licensure, a majority vote of the board is required.

This bill would delete that majority vote requirement.

(17) Existing law, the Funeral Directors and Embalmers Law, provides for the licensure and regulation of funeral establishments and directors by the Cemetery and Funeral Bureau. Under existing law, every funeral establishment holding a funeral director's license on December 31, 1996, shall, upon application and payment of fees for renewal, be issued a funeral establishment license.

This bill would delete that provision.

(18) Existing law creates the Transcript Reimbursement Fund, with revenues in the fund to be available to provide shorthand reporting services to low-income litigants in civil cases. Existing law requires all unencumbered funds remaining in the Transcript Reimbursement Fund as of June 29, 2009, to be transferred to the Court Reporters' Fund, and repeals these provisions on January 1, 2011.

This bill would instead provide for the transfer of those unencumbered funds on January 1, 2011.

(19) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons. Existing law provides that federally

qualified health center services and rural health clinic services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. For those purposes, a "visit" is defined as a face-to-face encounter between a patient of a federally qualified health center or a rural health clinic and a "physician," which is defined to include a medical doctor, osteopath, podiatrist, dentist, optometrist, and chiropractor.

This bill would instead provide that the term "physician" includes a physician and surgeon, podiatrist, dentist, optometrist, and chiropractor.

(20) This bill would incorporate additional changes to Sections 27 and 146 of the Business and Professions Code, proposed by AB 48, to be operative only if AB 48 and this bill are both chaptered and become effective on or before January 1, 2010, and this bill is chaptered last.

The bill would incorporate additional changes to Sections 101 and 149 of the Business and Professions Code, proposed by AB 20 of the 2009–10 Fourth Extraordinary Session, AB 48, and AB 1535, to be operative only if this bill and one, two, or all three other bills are chaptered and become effective on or before January 1, 2010, and this bill is chaptered last.

The bill would incorporate additional changes to Section 800 of the Business and Professions Code, proposed by SB 820, to be operative only if both bills are both chaptered and become effective on or before January 1, 2010, and this bill is chaptered last.

This bill would incorporate additional changes to Sections 2570.5, 2570.6, 2570.7, and 7616 of the Business and Professions Code proposed by both this bill and SB 821, to be operative only if SB 821 and this bill are both chaptered and become effective on or before January 1, 2010, and this bill is chaptered last.

This bill would incorporate additional changes to Sections 3635 and 3636 of the Business and Professions Code proposed by both this bill and AB 20 of the 2009–10 Fourth Extraordinary Session, to be operative only if AB 20 of the 2009–10 Fourth Extraordinary Session and this bill are both chaptered and become effective on or before January 1, 2010, and this bill is chaptered last.

The bill would incorporate additional changes to Sections 4040 and 4076 of the Business and Professions Code, proposed by SB 470, to be operative only if SB 470 and this bill are both chaptered and become effective on or before January 1, 2010, and this bill is chaptered last.

The bill would incorporate additional changes to Section 4110 of the Business and Professions Code, proposed by AB 1071, to be operative only if AB 1071 and this bill are both chaptered and become effective on or before January 1, 2010, and this bill is chaptered last.

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

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

Appropriation: yes.

who demonstrates financial hardship, through documentation satisfactory to the board, and who enters into a formal agreement with the board to reimburse the board within that one-year period for those unpaid costs.

SEC. 41. Section 4022.5 of the Business and Professions Code is amended to read:

4022.5. (a) "Designated representative" means an individual to whom a license has been granted pursuant to Section 4053. A pharmacist fulfilling the duties of Section 4053 shall not be required to obtain a license as a designated representative.

(b) "Designated representative-in-charge" means a designated representative or a pharmacist proposed by a wholesaler or veterinary food-animal drug retailer and approved by the board as the supervisor or manager responsible for ensuring the wholesaler's or veterinary food-animal drug retailer's compliance with all state and federal laws and regulations pertaining to practice in the applicable license category.

SEC. 42. Section 4027 of the Business and Professions Code is amended to read:

4027. (a) As used in this chapter, the terms "skilled nursing facility," "intermediate care facility," and other references to health facilities shall be construed with respect to the definitions contained in Article 1 (commencing with Section 1250) of Chapter 2 of Division 2 of the Health and Safety Code.

(b) As used in Section 4052.1, "licensed health care facility" means a facility licensed pursuant to Article 1 (commencing with Section 1250) of Chapter 2 of Division 2 of the Health and Safety Code or a facility, as defined in Section 1250 of the Health and Safety Code, operated by a health care service plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.

(c) As used in Section 4052.2, "health care facility" means a facility, other than a facility licensed under Division 2 (commencing with Section 1200) of the Health and Safety Code, that is owned or operated by a health care service plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of the Health and Safety Code, or by an organization under common ownership or control of the health care service plan; "licensed home health agency" means a private or public organization licensed by the State Department of Public Health pursuant to Chapter 8 (commencing with Section 1725) of Division 2 of the Health and Safety Code, as further defined in Section 1727 of the Health and Safety Code; and "licensed clinic" means a clinic licensed pursuant to Article 1 (commencing with Section 1200) of Chapter 1 of Division 2 of the Health and Safety Code.

(d) "Licensed health care facility" or "facility," as used in Section 4065, means a health facility licensed pursuant to Article 1 (commencing with Section 1250) of Chapter 2 of Division 2 of the Health and Safety Code or a facility that is owned or operated by a health care service plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or by an organization under common ownership or control with the health care service plan.

SEC. 43. Section 4036.5 is added to the Business and Professions Code, to read:

4036.5. "Pharmacist-in-charge" means a pharmacist proposed by a pharmacy and approved by the board as the supervisor or manager responsible for ensuring the pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

SEC. 44. Section 4040 of the Business and Professions Code is amended to read:

4040. (a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order pursuant to either Section 4052.1 or 4052.2.

(2) Issued by a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to either Section 4052.1 or 4052.2 by a pharmacist licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a

pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(e) Nothing in the amendments made to this section (formerly Section 4036) at the 1969 Regular Session of the Legislature shall be construed as expanding or limiting the right that a chiropractor, while acting within the scope of his or her license, may have to prescribe a device.

SEC. 44.5. Section 4040 of the Business and Professions Code is amended to read:

4040. (a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order pursuant to either Section 4052.1 or 4052.2.

(2) Issued by a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to either Section 4052.1 or 4052.2 by a pharmacist licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and

Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(e) Nothing in the amendments made to this section (formerly Section 4036) at the 1969 Regular Session of the Legislature shall be construed as expanding or limiting the right that a chiropractor, while acting within the scope of his or her license, may have to prescribe a device.

SEC. 45. Section 4051 of the Business and Professions Code is amended to read:

4051. (a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense any dangerous drug or dangerous device, or to dispense or compound any prescription pursuant to Section 4040 of a prescriber unless he or she is a pharmacist under this chapter.

(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052.1, 4052.2, or 4052.3, and otherwise provide clinical advice or information or patient consultation if all of the following conditions are met:

(1) The clinical advice or information or patient consultation is provided to a health care professional or to a patient.

(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.

(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

SEC. 46. Section 4059.5 of the Business and Professions Code is amended to read:

4059.5. (a) Except as otherwise provided in this chapter, dangerous drugs or dangerous devices may only be ordered by an entity licensed by the board and shall be delivered to the licensed premises and signed for and received by a pharmacist. Where a licensee is permitted to operate through a designated representative, the designated representative shall sign for and receive the delivery.

(b) A dangerous drug or dangerous device transferred, sold, or delivered to a person within this state shall be transferred, sold, or delivered only to an entity licensed by the board, to a manufacturer, or to an ultimate user or the ultimate user's agent.

(c) Notwithstanding subdivisions (a) and (b), deliveries to a hospital pharmacy may be made to a central receiving location within the hospital.

However, the dangerous drugs or dangerous devices shall be delivered to the licensed pharmacy premises within one working day following receipt by the hospital, and the pharmacist on duty at that time shall immediately inventory the dangerous drugs or dangerous devices.

(d) Notwithstanding any other provision of law, a dangerous drug or dangerous device may be ordered by and provided to a manufacturer, physician, dentist, podiatrist, optometrist, veterinarian, naturopathic doctor pursuant to Section 3640.7, or laboratory, or a physical therapist acting within the scope of his or her license. A person or entity receiving delivery of a dangerous drug or dangerous device, or a duly authorized representative of the person or entity, shall sign for the receipt of the dangerous drug or dangerous device.

(e) A dangerous drug or dangerous device shall not be transferred, sold, or delivered to a person outside this state, whether foreign or domestic, unless the transferor, seller, or deliverer does so in compliance with the laws of this state and of the United States and of the state or country to which the dangerous drugs or dangerous devices are to be transferred, sold, or delivered. Compliance with the laws of this state and the United States and of the state or country to which the dangerous drugs or dangerous devices are to be delivered shall include, but not be limited to, determining that the recipient of the dangerous drugs or dangerous devices is authorized by law to receive the dangerous drugs or dangerous devices.

(f) Notwithstanding subdivision (a), a pharmacy may take delivery of dangerous drugs and dangerous devices when the pharmacy is closed and no pharmacist is on duty if all of the following requirements are met:

(1) The drugs are placed in a secure storage facility in the same building as the pharmacy.

(2) Only the pharmacist-in-charge or a pharmacist designated by the pharmacist-in-charge has access to the secure storage facility after dangerous drugs or dangerous devices have been delivered.

(3) The secure storage facility has a means of indicating whether it has been entered after dangerous drugs or dangerous devices have been delivered.

(4) The pharmacy maintains written policies and procedures for the delivery of dangerous drugs and dangerous devices to a secure storage facility.

(5) The agent delivering dangerous drugs and dangerous devices pursuant to this subdivision leaves documents indicating the name and amount of each dangerous drug or dangerous device delivered in the secure storage facility.

The pharmacy shall be responsible for the dangerous drugs and dangerous devices delivered to the secure storage facility. The pharmacy shall also be responsible for obtaining and maintaining records relating to the delivery of dangerous drugs and dangerous devices to a secure storage facility.

SEC. 47. Section 4060 of the Business and Professions Code is amended to read:

4060. No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist,

optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to either Section 4052.1 or 4052.2. This section shall not apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, pharmacist, physician, podiatrist, dentist, optometrist, veterinarian, naturopathic doctor, certified nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled with the name and address of the supplier or producer.

Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, a physician assistant, or a naturopathic doctor, to order his or her own stock of dangerous drugs and devices.

SEC. 48. Section 4062 of the Business and Professions Code is amended to read:

4062. (a) Notwithstanding Section 4059 or any other provision of law, a pharmacist may, in good faith, furnish a dangerous drug or dangerous device in reasonable quantities without a prescription during a federal, state, or local emergency, to further the health and safety of the public. A record containing the date, name, and address of the person to whom the drug or device is furnished, and the name, strength, and quantity of the drug or device furnished shall be maintained. The pharmacist shall communicate this information to the patient's attending physician as soon as possible. Notwithstanding Section 4060 or any other provision of law, a person may possess a dangerous drug or dangerous device furnished without prescription pursuant to this section.

(b) During a declared federal, state, or local emergency, the board may waive application of any provisions of this chapter or the regulations adopted pursuant to it if, in the board's opinion, the waiver will aid in the protection of public health or the provision of patient care.

(c) During a declared federal, state, or local emergency, the board shall allow for the employment of a mobile pharmacy in impacted areas in order to ensure the continuity of patient care, if all of the following conditions are met:

(1) The mobile pharmacy shares common ownership with at least one currently licensed pharmacy in good standing.

(2) The mobile pharmacy retains records of dispensing, as required by subdivision (a).

(3) A licensed pharmacist is on the premises and the mobile pharmacy is under the control and management of a pharmacist while the drugs are being dispensed.

(4) Reasonable security measures are taken to safeguard the drug supply maintained in the mobile pharmacy.

(5) The mobile pharmacy is located within the declared emergency area or affected areas.

(6) The mobile pharmacy ceases the provision of services within 48 hours following the termination of the declared emergency.

SEC. 49. Section 4076 of the Business and Professions Code is amended to read:

4076. (a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

(1) Except where the prescriber or the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either Section 4052.1 or 4052.2 orders otherwise, either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

(2) The directions for the use of the drug.

(3) The name of the patient or patients.

(4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either Section 4052.1 or 4052.2.

(5) The date of issue.

(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

(7) The strength of the drug or drugs dispensed.

(8) The quantity of the drug or drugs dispensed.

(9) The expiration date of the effectiveness of the drug dispensed.

(10) The condition for which the drug was prescribed if requested by the patient and the condition is indicated on the prescription.

(11) (A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

(i) Prescriptions dispensed by a veterinarian.

(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

(iii) Dispensed medications for which no physical description exists in any commercially available database.

(B) This paragraph applies to outpatient pharmacies only.

(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

(b) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system, as defined by administrative regulation, for a patient in a skilled nursing, intermediate care, or other health care facility, the requirements of this section will be satisfied if the unit dose medication system contains the aforementioned information or the information is otherwise readily available at the time of drug administration.

(c) If a pharmacist dispenses a dangerous drug or device in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose containers for a specific patient, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either Section 4052.1 or 4052.2.

(d) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include the information required in paragraph (11) of subdivision (a) when the prescription drug is administered to a patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), or the Vocational Nursing Practice Act (Chapter 6.5 (commencing with Section 2840)), who is acting within his or her scope of practice.

SEC. 49.5. Section 4076 of the Business and Professions Code is amended to read:

4076. (a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

(1) Except where the prescriber or the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either Section 4052.1

or 4052.2 orders otherwise, either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

- (2) The directions for the use of the drug.
- (3) The name of the patient or patients.
- (4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either Section 4052.1 or 4052.2.
- (5) The date of issue.
- (6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.
- (7) The strength of the drug or drugs dispensed.
- (8) The quantity of the drug or drugs dispensed.
- (9) The expiration date of the effectiveness of the drug dispensed.
- (10) The condition or purpose for which the drug was prescribed if the condition or purpose is indicated on the prescription.
- (11) (A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:
 - (i) Prescriptions dispensed by a veterinarian.
 - (ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.
 - (iii) Dispensed medications for which no physical description exists in any commercially available database.
- (B) This paragraph applies to outpatient pharmacies only.
- (C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.
- (D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.
 - (b) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system, as defined by administrative regulation, for a patient in a skilled nursing, intermediate care, or other health care facility, the requirements of this section will be satisfied if the unit dose medication system contains the aforementioned information or the information is otherwise readily available at the time of drug administration.

(c) If a pharmacist dispenses a dangerous drug or device in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose containers for a specific patient, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either Section 4052.1 or 4052.2.

(d) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include the information required in paragraph (11) of subdivision (a) when the prescription drug is administered to a patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), or the Vocational Nursing Practice Act (Chapter 6.5 (commencing with Section 2840)), who is acting within his or her scope of practice.

SEC. 50. Section 4081 of the Business and Professions Code is amended to read:

4081. (a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

(b) The owner, officer, and partner of a pharmacy, wholesaler, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge or designated representative-in-charge, for maintaining the records and inventory described in this section.

(c) The pharmacist-in-charge or designated representative-in-charge shall not be criminally responsible for acts of the owner, officer, partner, or employee that violate this section and of which the pharmacist-in-charge or designated representative-in-charge had no knowledge, or in which he or she did not knowingly participate.

SEC. 51. Section 4110 of the Business and Professions Code is amended to read:

4110. (a) No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be

required for each pharmacy owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred.

(b) The board may, at its discretion, issue a temporary permit, when the ownership of a pharmacy is transferred from one person to another, upon the conditions and for any periods of time as the board determines to be in the public interest. A temporary permit fee shall be established by the board at an amount not to exceed the annual fee for renewal of a permit to conduct a pharmacy. When needed to protect public safety, a temporary permit may be issued for a period not to exceed 180 days, and may be issued subject to terms and conditions the board deems necessary. If the board determines a temporary permit was issued by mistake or denies the application for a permanent license or registration, the temporary license or registration shall terminate upon either personal service of the notice of termination upon the permitholder or service by certified mail, return receipt requested, at the permitholder's address of record with the board, whichever comes first. Neither for purposes of retaining a temporary permit nor for purposes of any disciplinary or license denial proceeding before the board shall the temporary permitholder be deemed to have a vested property right or interest in the permit.

(c) The board may allow the temporary use of a mobile pharmacy when a pharmacy is destroyed or damaged, the mobile pharmacy is necessary to protect the health and safety of the public, and the following conditions are met:

(1) The mobile pharmacy shall provide services only on or immediately contiguous to the site of the damaged or destroyed pharmacy.

(2) The mobile pharmacy is under the control and management of the pharmacist-in-charge of the pharmacy that was destroyed or damaged.

(3) A licensed pharmacist is on the premises while drugs are being dispensed.

(4) Reasonable security measures are taken to safeguard the drug supply maintained in the mobile pharmacy.

(5) The pharmacy operating the mobile pharmacy provides the board with records of the destruction of, or damage to, the pharmacy and an expected restoration date.

(6) Within three calendar days of restoration of the pharmacy services, the board is provided with notice of the restoration of the permanent pharmacy.

(7) The mobile pharmacy is not operated for more than 48 hours following the restoration of the permanent pharmacy.

SEC. 51.5. Section 4110 of the Business and Professions Code is amended to read:

4110. (a) No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be required for each pharmacy owned or operated by a specific person. A

separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred.

(b) The board may, at its discretion, issue a temporary permit, when the ownership of a pharmacy is transferred from one person to another, upon the conditions and for any periods of time as the board determines to be in the public interest. A temporary permit fee shall be required in an amount established by the board as specified in subdivision (a) of Section 4400. When needed to protect public safety, a temporary permit may be issued for a period not to exceed 180 days, and may be issued subject to terms and conditions the board deems necessary. If the board determines a temporary permit was issued by mistake or denies the application for a permanent license or registration, the temporary license or registration shall terminate upon either personal service of the notice of termination upon the permit holder or service by certified mail, return receipt requested, at the permit holder's address of record with the board, whichever comes first. Neither for purposes of retaining a temporary permit nor for purposes of any disciplinary or license denial proceeding before the board shall the temporary permit holder be deemed to have a vested property right or interest in the permit.

(c) The board may allow the temporary use of a mobile pharmacy when a pharmacy is destroyed or damaged, the mobile pharmacy is necessary to protect the health and safety of the public, and the following conditions are met:

(1) The mobile pharmacy shall provide services only on or immediately contiguous to the site of the damaged or destroyed pharmacy.

(2) The mobile pharmacy is under the control and management of the pharmacist-in-charge of the pharmacy that was destroyed or damaged.

(3) A licensed pharmacist is on the premises while drugs are being dispensed.

(4) Reasonable security measures are taken to safeguard the drug supply maintained in the mobile pharmacy.

(5) The pharmacy operating the mobile pharmacy provides the board with records of the destruction of, or damage to, the pharmacy and an expected restoration date.

(6) Within three calendar days of restoration of the pharmacy services, the board is provided with notice of the restoration of the permanent pharmacy.

(7) The mobile pharmacy is not operated for more than 48 hours following the restoration of the permanent pharmacy.

SEC. 52. Section 4111 of the Business and Professions Code is amended to read:

4111. (a) Except as otherwise provided in subdivision (b), (d), or (e), the board shall not issue or renew a license to conduct a pharmacy to any of the following:

(1) A person or persons authorized to prescribe or write a prescription, as specified in Section 4040, in the State of California.

(2) A person or persons with whom a person or persons specified in paragraph (1) shares a community or other financial interest in the permit sought.

(3) Any corporation that is controlled by, or in which 10 percent or more of the stock is owned by a person or persons prohibited from pharmacy ownership by paragraph (1) or (2).

(b) Subdivision (a) shall not preclude the issuance of a permit for an inpatient hospital pharmacy to the owner of the hospital in which it is located.

(c) The board may require any information the board deems is reasonably necessary for the enforcement of this section.

(d) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a person licensed on or before August 1, 1981, under the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and qualified on or before August 1, 1981, under subsection (d) of Section 1310 of Title XIII of the federal Public Health Service Act, as amended, whose ownership includes persons defined pursuant to paragraphs (1) and (2) of subdivision (a).

(e) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a pharmacist authorized to issue a drug order pursuant to either Section 4052.1 or 4052.2.

SEC. 53. Section 4126.5 of the Business and Professions Code is amended to read:

4126.5. (a) A pharmacy may furnish dangerous drugs only to the following:

(1) A wholesaler owned or under common control by the wholesaler from whom the dangerous drug was acquired.

(2) The pharmaceutical manufacturer from whom the dangerous drug was acquired.

(3) A licensed wholesaler acting as a reverse distributor.

(4) Another pharmacy or wholesaler to alleviate a temporary shortage of a dangerous drug that could result in the denial of health care. A pharmacy furnishing dangerous drugs pursuant to this paragraph may only furnish a quantity sufficient to alleviate the temporary shortage.

(5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law.

(6) A health care provider that is not a pharmacy but that is authorized to purchase dangerous drugs.

(7) To another pharmacy under common control.

(b) Notwithstanding any other provision of law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the board.

(c) Amounts due from any person under this section on or after January 1, 2005, shall be offset as provided under Section 12419.5 of the Government

Code. Amounts received by the board under this section shall be deposited into the Pharmacy Board Contingent Fund.

(d) For purposes of this section, "common control" means the power to direct or cause the direction of the management and policies of another person whether by ownership, by voting rights, by contract, or by other means.

SEC. 54. Section 4161 of the Business and Professions Code is amended to read:

4161. (a) A person located outside this state that (1) ships, sells, mails, or delivers dangerous drugs or dangerous devices into this state or (2) sells, brokers, or distributes dangerous drugs or devices within this state shall be considered a nonresident wholesaler.

(b) A nonresident wholesaler shall be licensed by the board prior to shipping, selling, mailing, or delivering dangerous drugs or dangerous devices to a site located in this state or selling, brokering, or distributing dangerous drugs or devices within this state.

(c) A separate license shall be required for each place of business owned or operated by a nonresident wholesaler from or through which dangerous drugs or dangerous devices are shipped, sold, mailed, or delivered to a site located in this state or sold, brokered, or distributed within this state. A license shall be renewed annually and shall not be transferable.

(d) The following information shall be reported, in writing, to the board at the time of initial application for licensure by a nonresident wholesaler, on renewal of a nonresident wholesaler license, or within 30 days of a change in that information:

- (1) Its agent for service of process in this state.
- (2) Its principal corporate officers, as specified by the board, if any.
- (3) Its general partners, as specified by the board, if any.
- (4) Its owners if the applicant is not a corporation or partnership.

(e) A report containing the information in subdivision (d) shall be made within 30 days of any change of ownership, office, corporate officer, or partner.

(f) A nonresident wholesaler shall comply with all directions and requests for information from the regulatory or licensing agency of the state in which it is licensed, as well as with all requests for information made by the board.

(g) A nonresident wholesaler shall maintain records of dangerous drugs and dangerous devices sold, traded, or transferred to persons in this state or within this state, so that the records are in a readily retrievable form.

(h) A nonresident wholesaler shall at all times maintain a valid, unexpired license, permit, or registration to conduct the business of the wholesaler in compliance with the laws of the state in which it is a resident. An application for a nonresident wholesaler license in this state shall include a license verification from the licensing authority in the applicant's state of residence.

(i) The board may not issue or renew a nonresident wholesaler license until the nonresident wholesaler identifies a designated representative-in-charge and notifies the board in writing of the identity and license number of the designated representative-in-charge.

(j) The designated representative-in-charge shall be responsible for the nonresident wholesaler's compliance with state and federal laws governing wholesalers. A nonresident wholesaler shall identify and notify the board of a new designated representative-in-charge within 30 days of the date that the prior designated representative-in-charge ceases to be the designated representative-in-charge.

(k) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be five hundred fifty dollars (\$550) or another amount established by the board not to exceed the annual fee for renewal of a license to compound injectable sterile drug products. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. Neither for purposes of retaining a temporary license, nor for purposes of any disciplinary or license denial proceeding before the board, shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

(l) The registration fee shall be the fee specified in subdivision (f) of Section 4400.

SEC. 55. Section 4174 of the Business and Professions Code is amended to read:

4174. Notwithstanding any other provision of law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1 or a naturopathic doctor functioning pursuant to Section 3640.5, or the order of a pharmacist acting under Section 4052.1, 4052.2, or 4052.3.

SEC. 56. Section 4231 of the Business and Professions Code is amended to read:

4231. (a) The board shall not renew a pharmacist license unless the applicant submits proof satisfactory to the board that he or she has successfully completed 30 hours of approved courses of continuing pharmacy education during the two years preceding the application for renewal.

(b) Notwithstanding subdivision (a), the board shall not require completion of continuing education for the first renewal of a pharmacist license.

(c) If an applicant for renewal of a pharmacist license submits the renewal application and payment of the renewal fee but does not submit proof satisfactory to the board that the licensee has completed 30 hours of continuing pharmacy education, the board shall not renew the license and shall issue the applicant an inactive pharmacist license. A licensee with an

inactive pharmacist license issued pursuant to this section may obtain an active pharmacist license by paying the renewal fees due and submitting satisfactory proof to the board that the licensee has completed 30 hours of continuing pharmacy education.

(d) If, as part of an investigation or audit conducted by the board, a pharmacist fails to provide documentation substantiating the completion of continuing education as required in subdivision (a), the board shall cancel the active pharmacist license and issue an inactive pharmacist license in its place. A licensee with an inactive pharmacist license issued pursuant to this section may obtain an active pharmacist license by paying the renewal fees due and submitting satisfactory proof to the board that the licensee has completed 30 hours of continuing pharmacy education.

SEC. 57. Section 4301 of the Business and Professions Code is amended to read:

4301. The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

- (a) Gross immorality.
- (b) Incompetence.
- (c) Gross negligence.
- (d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.
- (e) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153.5 of the Health and Safety Code. Factors to be considered in determining whether the furnishing of controlled substances is clearly excessive shall include, but not be limited to, the amount of controlled substances furnished, the previous ordering pattern of the customer (including size and frequency of orders), the type and size of the customer, and where and to whom the customer distributes its product.
- (f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.
- (g) Knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.
- (h) The administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public, or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.
- (i) Except as otherwise authorized by law, knowingly selling, furnishing, giving away, or administering, or offering to sell, furnish, give away, or administer, any controlled substance to an addict.
- (j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

(k) The conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any dangerous drug or alcoholic beverage, or any combination of those substances.

(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(m) The cash compromise of a charge of violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code relating to the Medi-Cal program. The record of the compromise is conclusive evidence of unprofessional conduct.

(n) The revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required by this chapter.

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

(p) Actions or conduct that would have warranted denial of a license.

(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board.

(r) The selling, trading, transferring, or furnishing of drugs obtained pursuant to Section 256b of Title 42 of the United States Code to any person a licensee knows or reasonably should have known, not to be a patient of a covered entity, as defined in paragraph (4) of subsection (a) of Section 256b of Title 42 of the United States Code.

(s) The clearly excessive furnishing of dangerous drugs by a wholesaler to a pharmacy that primarily or solely dispenses prescription drugs to patients of long-term care facilities. Factors to be considered in determining whether the furnishing of dangerous drugs is clearly excessive shall include, but not be limited to, the amount of dangerous drugs furnished to a pharmacy that primarily or solely dispenses prescription drugs to patients of long-term care facilities, the previous ordering pattern of the pharmacy, and the general patient population to whom the pharmacy distributes the dangerous drugs. That a wholesaler has established, and employs, a tracking system that complies with the requirements of subdivision (b) of Section 4164 shall be considered in determining whether there has been a violation of this subdivision. This provision shall not be interpreted to require a wholesaler to obtain personal medical information or be authorized to permit a wholesaler to have access to personal medical information except as otherwise authorized by Section 56 and following of the Civil Code. For purposes of this section, "long-term care facility" shall have the same meaning given the term in Section 1418 of the Health and Safety Code.

SEC. 58. Section 4305 of the Business and Professions Code is amended to read:

4305. (a) Failure by any pharmacist to notify the board in writing that he or she has ceased to act as the pharmacist-in-charge of a pharmacy, or by any pharmacy to notify the board in writing that a pharmacist-in-charge is no longer acting in that capacity, within the 30-day period specified in Sections 4101 and 4113 shall constitute grounds for disciplinary action.

(b) Operation of a pharmacy for more than 30 days without supervision or management by a pharmacist-in-charge shall constitute grounds for disciplinary action.

(c) Any person who has obtained a license to conduct a pharmacy, who willfully fails to timely notify the board that the pharmacist-in-charge of the pharmacy has ceased to act in that capacity, and who continues to permit the compounding or dispensing of prescriptions, or the furnishing of drugs or poisons, in his or her pharmacy, except by a pharmacist subject to the supervision and management of a responsible pharmacist-in-charge, shall be subject to summary suspension or revocation of his or her license to conduct a pharmacy.

SEC. 59. Section 4329 of the Business and Professions Code is amended to read:

4329. Any nonpharmacist who takes charge of or acts as supervisor, manager, or pharmacist-in-charge of any pharmacy, or who compounds or dispenses a prescription or furnishes dangerous drugs except as otherwise provided in this chapter, is guilty of a misdemeanor.

SEC. 60. Section 4330 of the Business and Professions Code is amended to read:

4330. (a) Any person who has obtained a license to conduct a pharmacy, who fails to place in charge of the pharmacy a pharmacist, or any person, who by himself or herself, or by any other person, permits the compounding or dispensing of prescriptions, or the furnishing of dangerous drugs, in his

or her pharmacy, except by a pharmacist, or as otherwise provided in this chapter, is guilty of a misdemeanor.

(b) Any pharmacy owner who commits any act that would subvert or tend to subvert the efforts of the pharmacist-in-charge to comply with the laws governing the operation of the pharmacy is guilty of a misdemeanor.

SEC. 61. Section 4857 of the Business and Professions Code is amended to read:

4857. (a) A veterinarian licensed under the provisions of this chapter shall not disclose any information concerning an animal receiving veterinary services, the client responsible for the animal receiving veterinary services, or the veterinary care provided to an animal, except under any one of the following circumstances:

(1) Upon written or witnessed oral authorization by knowing and informed consent of the client responsible for the animal receiving services or an authorized agent of the client.

(2) Upon authorization received by electronic transmission when originated by the client responsible for the animal receiving services or an authorized agent of the client.

(3) In response to a valid court order or subpoena.

(4) As may be required to ensure compliance with any federal, state, county, or city law or regulation, including, but not limited to, the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code).

(5) Nothing in this section is intended to prevent the sharing of veterinary medical information between veterinarians or facilities for the purpose of diagnosis or treatment of the animal who is the subject of the medical records.

(6) As otherwise provided in this section.

(b) This section shall not apply to the extent that the client responsible for an animal or an authorized agent of the client responsible for the animal has filed or caused to be filed a civil or criminal complaint that places the veterinarian's care and treatment of the animal or the nature and extent of the injuries to the animal at issue, or when the veterinarian is acting to comply with federal, state, county, or city laws or regulations.

(c) A veterinarian shall be subject to the criminal penalties set forth in Section 4831 or any other provision of this code for a violation of this section. In addition, any veterinarian who negligently releases confidential information shall be liable in a civil action for any damages caused by the release of that information.

(d) Nothing in this section is intended to prevent the sharing of veterinary medical information between veterinarians and peace officers, humane society officers, or animal control officers who are acting to protect the welfare of animals.

SEC. 62. Section 4980.04 is added to the Business and Professions Code, to read:

4980.04. This chapter shall be known and may be cited as the Marriage and Family Therapist Act.

SB 820. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) each bill amends Section 800 of the Business and Professions Code, and (3) this bill is enacted after SB 820, in which case Section 9 of this bill shall not become operative.

SEC. 102. Section 28.5 of this bill incorporates amendments to Section 2570.5 of the Business and Professions Code proposed by both this bill and SB 821. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) both bills amend Section 2570.5 of the Business and Professions Code, and (3) this bill is enacted after SB 821, in which case Section 28 of this bill shall not become operative.

SEC. 103. Section 29.5 of this bill incorporates amendments to Section 2570.6 of the Business and Professions Code proposed by both this bill and SB 821. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) both bills amend Section 2570.6 of the Business and Professions Code, and (3) this bill is enacted after SB 821, in which case Section 29 of this bill shall not become operative.

SEC. 104. Section 30.5 of this bill incorporates amendments to Section 2570.7 of the Business and Professions Code proposed by both this bill and SB 821. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) each bill amends Section 2570.7 of the Business and Professions Code, and (3) this bill is enacted after SB 821, in which case Section 30 of this bill shall not become operative.

SEC. 105. Section 38.5 of this bill incorporates amendments to Section 3635 of the Business and Professions Code proposed by both this bill and AB 20 of the 2009–10 Fourth Extraordinary Session. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) both bills amend Section 3635 of the Business and Professions Code, and (3) this bill is enacted after AB 20 of the 2009–10 Fourth Extraordinary Session, in which case Section 3635 of the Business and Professions Code as amended by AB 20 of the 2009–10 Fourth Extraordinary Session, shall remain operative only until the operative date of this bill, at which time Section 38.5 of this bill shall become operative, and Section 38 of this bill shall not become operative.

SEC. 106. Section 39.5 of this bill incorporates amendments to Section 3636 of the Business and Professions Code proposed by both this bill and AB 20 of the 2009–10 Fourth Extraordinary Session. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) both bills amend Section 3636 of the Business and Professions Code, and (3) this bill is enacted after AB 20 of the 2009–10 Fourth Extraordinary Session, in which case Section 3636 of the Business and Professions Code as amended by AB 20 of the 2009–10 Fourth Extraordinary Session, shall remain operative only until the operative date of this bill, at which time Section 39.5 of this bill shall become operative, and Section 39 of this bill shall not become operative.

SEC. 107. Section 44.5 of this bill incorporates amendments to Section 4040 of the Business and Professions Code proposed by both this bill and SB 470. It shall only become operative if (1) both bills are enacted and

become effective on or before January 1, 2010, (2) each bill amends Section 4040 of the Business and Professions Code, and (3) this bill is enacted after SB 470, in which case Section 44 of this bill shall not become operative.

SEC. 108. Section 49.5 of this bill incorporates amendments to Section 4076 of the Business and Professions Code proposed by both this bill and SB 470. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) each bill amends Section 4076 of the Business and Professions Code, and (3) this bill is enacted after SB 470, in which case Section 49 of this bill shall not become operative.

SEC. 109. Section 51.5 of this bill incorporates amendments to Section 4110 of the Business and Professions Code proposed by both this bill and AB 1071. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) each bill amends Section 4110 of the Business and Professions Code, and (3) this bill is enacted after AB 1071, in which case Section 51 of this bill shall not become operative.

SEC. 110. Section 86.5 of this bill incorporates amendments to Section 7616 of the Business and Professions Code proposed by both this bill and SB 821. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) each bill amends Section 7616 of the Business and Professions Code, and (3) this bill is enacted after SB 821, in which case Section 86 of this bill shall not become operative.

SEC. 111. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

ATTACHMENT A-2

**SB 821 (Senate Committee on Business, Professions and
Economic Development) – Omnibus**

Chapter 307, Statutes of 2009

Senate Bill No. 821

CHAPTER 307

An act to amend Sections 139, 805, 1632.5, 1634.2, 2493, 2530.2, 2532.2, 2532.7, 2570.2, 2570.3, 2570.4, 2570.5, 2570.6, 2570.7, 2570.9, 2570.10, 2570.13, 2570.16, 2570.18, 2570.20, 2570.26, 2570.28, 2571, 2872.2, 3357, 3362, 3366, 3456, 3740, 3750.5, 3773, 4101, 4112, 4113, 4160, 4196, 4200.3, 4200.4, 4510.1, 4933, 4938, 4980.45, 4980.48, 4982, 4982.2, 4989.22, 4989.54, 4992.1, 4992.3, 4996.23, 4996.28, 4996.5, 4999.2, 5016, 5021, 5022, 5023, 5651, 7028.7, 7044, 7159, 7159.5, 7159.14, 7303.2, 7500.1, 7505.5, 7507.9, 7507.12, 7606, 7616, 7641, 7643, 7646, 7647, 7662, 7665, 7666, 7671, 7725.5, 7729, 9884.2, 9889.3, and 10146 of, to add Sections 2532.25, 2570.17, 4013, 4146, 4989.49, 4992.2, 4996.24, 7044.01, and 7507.115 to, to repeal Sections 821.5 and 821.6 of, and to repeal and add Section 7108.5 of, the Business and Professions Code, to amend Sections 44014.2, 44017.3, 44072.1, 44072.2, 44095, and 123105 of the Health and Safety Code, to amend Sections 28, 5201, and 24603 of the Vehicle Code, and to amend Section 3 of Chapter 294 of the Statutes of 2004, relating to consumer affairs.

[Approved by Governor October 11, 2009. Filed with
Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

SB 821, Committee on Business, Professions and Economic Development.
Consumer affairs: professions and vocations.

(1) Existing law provides for the licensure and regulation of various professions and vocations by boards and bureaus within the Department of Consumer Affairs. Existing law requires that certain examinations for licensure be developed by, or in consultation, with the Office of Examination Resources in the department, as specified.

This bill would rename that office the Office of Professional Examination Services.

(2) Existing law provides for the professional review of specified healing arts licentiates through a peer review process, and requires the peer review body to report to the relevant agency upon certain circumstances, including circumstances related to an obsolete diversion program.

This bill would include within the definition "licentiate" a holder of a special faculty permit to practice medicine within a medical school. The bill would also delete the peer review provisions related to the obsolete diversion program.

(3) Existing law, the Bagley-Keene Open Meeting Act, requires a state body, as defined, to provide prescribed notice of its meetings to any person who requests that notice in writing. Existing law provides for the licensure

and regulation of accountants by the California Board of Accountancy and requires the executive officer of the board to give at least 7 days' notice of board meetings. Existing law authorizes the board to appoint an administrative committee and an advisory committee for certain purposes and requires members of the administrative committee to hold office for one year.

This bill would designate the advisory committee as the qualifications committee and would require members of that committee and the administrative committee to hold office for 2 years. The bill would require notice of each meeting of the board to be given in accordance with the Bagley-Keene Open Meeting Act.

(4) Existing law provides for the licensure and regulation of landscape architects by the California Architects Board. Existing law requires the board to ascertain the qualifications of applicants for a license by means of written examination. Under existing law, the board may waive the written examination for a person licensed out of state, as specified, if the person has passed an equivalent examination and a supplemental examination, as specified.

This bill would also require an out-of-state licensee to submit proof of job experience equivalent to that required of California applicants in order to waive the written examination.

(5) Existing law, the Contractors' State License Law, provides for the licensure and regulation of contractors by the Contractors' State License Board. Existing law imposes specified requirements on home improvement contracts and service and repair contracts and requires contractors to pay subcontractors within a specified period of time. Existing law makes it a misdemeanor for a person to engage in the business or act in the capacity of a contractor without a license and provides certain exemptions from that licensure requirement, including exemptions for owner-builders, as specified. Existing law authorizes the Registrar of Contractors to issue citations for violations of that licensure requirement, as specified.

This bill would make various technical, nonsubstantive changes to those provisions.

Under existing law, a person who violates the law by engaging in work as an owner-builder without a contractor's license or an exemption from licensure is prohibited from obtaining a contractor's license for a period of one year following the violation.

This bill would delete that prohibition.

(6) Existing law provides for the licensure and regulation of speech-language pathologists and audiologists by the Speech-Language Pathology and Audiology Board. Existing law provides that an audiology aide is any person who meets the minimum requirements of the board and who works directly under the supervision of an audiologist.

This bill would prohibit an audiology aide from performing any function that constitutes the practice of audiology unless he or she is under the supervision of an audiologist, except if the board exempts certain functions

performed by an industrial audiology aide and if the employer establishes a set of procedures or protocols.

Existing law requires an applicant for licensure as an audiologist to meet specified educational and curriculum standards, including possession of at least a master's degree in audiology.

This bill would revise the educational and curriculum standards for licensure as an audiologist, as specified, and instead require possession of a doctorate in audiology. The bill would apply those requirements to applicants who graduate from an approved educational institution on or after January 1, 2008. The bill would make conforming changes to provisions related to the issuance of a required professional experience (RPE) temporary license, as specified.

(7) The Occupational Therapy Practice Act provides for the licensure and regulation of occupational therapists and occupational therapy assistants. Existing law prohibits an occupational therapy assistant from supervising an aide engaged in client-related tasks. Existing law also provides for minimizing the risk of transmission of blood-borne infectious diseases.

This bill would authorize occupational therapy assistants to supervise aides engaged in client-related tasks, and make conforming changes. The bill would delete obsolete certification terms and replace them with licensure references. The bill would provide for minimizing the risk of transmission of infectious diseases.

Under the Occupational Therapy Practice Act, occupational therapists and occupational therapy assistants are subject to licensure and regulation by the California Board of Occupational Therapy and specified licensure fees, which are deposited into the Occupational Therapy Fund.

This bill would require the board to issue retired licenses to certain occupational therapists or occupational therapy assistants, as specified, subject to a \$25 fee.

Existing law regulates telephone medical advice services, and requires all staff who provide medical advice services to be appropriately licensed, certified, or registered professionals, as specified.

This bill would add occupational therapists to the enumerated professionals authorized to provide telephone medical advice.

Existing law imposes specified recordkeeping and disclosure requirements on health care providers, as defined.

This bill would impose those requirements on occupational therapists.

(8) Existing law provides for the licensure and regulation of vocational nurses and psychiatric technicians by the Board of Vocational Nursing and Psychiatric Technicians of the State of California. Existing law provides, upon application, for the issuance of an interim permit authorizing an applicant to practice vocational nursing or, in the case of a psychiatric technician, all skills in his or her basic course of study, pending the results of a licensing examination.

This bill would require the application for an interim permit to be submitted no later than 4 months after completion of a board-accredited program, and would limit the use of the permit to 9 months pending the

results of the first examination, and 6 months pending the issuance of the initial license, as specified.

(9) Existing law provides for the licensure and regulation of hearing aid dispensers by the Hearing Aid Dispensers Bureau, and a person who violates that law is guilty of a misdemeanor. Existing law provides for the issuance of a temporary license to an applicant who has made application for licensure and who proves that he or she will be supervised and trained by a hearing aid dispenser, pending approval by the board. A temporary license is effective and valid for 6 months, and may be renewed twice for an additional period of 6 months.

This bill would allow for the issuance of a new temporary license if more than 3 years have lapsed from the expiration or cancellation date of a previous temporary license.

Existing law requires a person engaging in the practice of fitting or selling hearing aids to notify the bureau in writing of his or her business address or addresses or changes in that address or addresses. Existing law requires a licensee to keep and maintain his or her business records for a 7-year period.

This bill would require the written notification to be given to the bureau within a 30-day period. The bill would also require a licensee to allow his or her business records, as specified, to be inspected by the bureau upon reasonable notice. Because a violation of those provisions would be a crime, the bill would impose a state-mandated local program.

Existing law allows the bureau to impose upon licensees specified licensure fees and penalties, including a fee for a continuing education course transcript and for a license confirmation letter.

This bill would delete those transcript and letter fee provisions.

(10) The Respiratory Care Practice Act provides for the licensure and regulation of respiratory care practitioners by the Respiratory Care Board of California. The act authorizes the board to deny, suspend, or revoke the license of any applicant or licensee who has committed a specified violation, including obtaining or possessing in violation of law or, except as directed by a licensed physician and surgeon, dentist, or podiatrist, furnishing or administering to himself or herself or another a controlled substance, as defined.

This bill would clarify that the licensee is prohibited from obtaining, possessing, using, or administering to himself or herself in violation of law, or furnishing or administering to another, any controlled substance, as defined, except as directed by a licensed physician and surgeon, dentist, podiatrist, or other authorized health care provider. The bill would also subject to disciplinary action a licensee who uses alcoholic beverages to an extent that is injurious to self or others or if it impairs his or her ability to conduct with safety the practice of respiratory care. For a violation thereof, the bill would specify that the board is authorized to place the license of an applicant or licensee on probation. The bill would also require a renewing applicant for licensure to provide additional information requested by the board and, if the applicant fails to provide that information within 30 days

of the request, his or her license would be made inactive until the information is received.

(11) The Pharmacy Law provides for the licensure and regulation of pharmacists and pharmacy establishments by the California State Board of Pharmacy, and makes a knowing violation of the law a misdemeanor.

On and after July 1, 2010, this bill would require any facility licensed by the board to join the board's e-mail notification list and make specified e-mail address updates. The bill would also require nonresident pharmacies to obtain licensure from the board, and would make certain changes with regard to pharmacists-in-charge of a pharmacy, representatives-in-charge of the wholesale of any dangerous drug or device, and representatives-in-charge of veterinary food-animal drug retailers, and respective notification requirements. The bill would also allow a pharmacy to accept the return of needles and syringes from the public if contained in a sharps container, as defined. Because a knowing violation of those provisions would be a crime, the bill would impose a state-mandated local program.

(12) Existing law provides for the licensure and regulation of acupuncturists by the Acupuncture Board. Existing law provides that 5 members of the board shall constitute a quorum.

This bill would provide that 4 members, including at least one acupuncturist, shall constitute a quorum.

(13) Existing law provides for the licensure and regulation of marriage and family therapists by the Board of Behavioral Sciences, and makes a violation of the law a misdemeanor.

This bill would delete references to the employment of unlicensed interns and instead refer to marriage and family therapy interns or associate clinical social workers, and would apply specified disciplinary and probationary provisions to registered marriage and family therapy interns and associate clinical social workers. The bill would require any person that advertises services performed by a trainee, as defined, to include the trainee's name and supervisor information. Because a violation of this requirement would be a crime, the bill would impose a state-mandated local program. The bill would additionally modify the disciplinary provisions that apply to marriage and family therapists, as specified.

(14) Existing law provides for the regulation of educational psychologists by the Board of Behavioral Sciences, and makes a violation of the law a misdemeanor. Existing law sets forth certain prohibited acts that subject a licensee to disciplinary action.

This bill would modify the licensure provisions that apply to an applicant pending investigation of a complaint, and would add to those prohibited acts provisions related to drug use, telemedicine consent, subversion of an examination, impersonation, incompetence, and fraudulent advertising. The bill would define the term "advertising" for purposes of those provisions.

(15) Existing law provides for the regulation of clinical social workers by the Board of Behavioral Sciences. Existing law sets forth certain prohibited acts that subject a licensee to disciplinary action.

This bill would add to those prohibited acts provisions related to the subversion of an examination, access to certain psychological tests, and advertising. The bill would define the term “advertising” for purposes of those provisions. The bill would additionally modify the licensure provisions that apply to an applicant pending investigation of a complaint. The bill would modify provisions related to the supervision and employment of a marriage and family therapist interns or associate clinical social workers, as specified.

(16) Existing law appropriates specified sums from the State Dental Auxiliary Fund to the Committee on Dental Auxiliaries for operating expenses necessary to manage the dental hygiene licensing examination. Existing law requires the Dental Hygiene Committee of California to administer the dental hygiene licensing examination. Existing law also provides that on and after July 1, 2009, specified moneys are to be transferred from the State Dental Auxiliary Fund to the State Dental Hygiene Fund for purposes of carrying out certain provisions of the Dental Practice Act, including the payment of any encumbrances, related to dental hygienists, dental hygienists in alternative practice, and dental hygienists in extended functions.

This bill would specify that the moneys for operating the dental hygiene licensing examination are to be transferred to the Dental Hygiene Committee of California from the State Dental Hygiene Fund.

(17) Existing law, the Collateral Recovery Act, provides for the licensure and regulation of repossession agencies by the Bureau of Security and Investigative Services under the supervision and control of the Director of Consumer Affairs. The act defines “collateral” as any vehicle, boat, recreational vehicle, motor home, appliance, or other property that is subject to a security agreement. Under the act, a person may be actively in charge of only one repossession office at a time. A violation of the act is a misdemeanor.

This bill would specify that the act also applies to trailers and would authorize a person to be actively in charge of 2 repossession offices at a time. The bill would prohibit a licensee from appraising the value of any collateral. Because a violation of that prohibition would be a crime, the bill would impose a state-mandated local program.

(18) Existing law sets forth a procedure for the removal, inventory, and storage of personal effects from repossessed collateral. Existing law allows a debtor to waive the preparation and presentation of an inventory in certain circumstances and authorizes a repossession agency to release those personal effects to someone other than the debtor when authorized by the debtor or legal owner. Existing law requires specified special interest license plates that remain the personal effects of the debtor to be removed from the collateral and inventoried and requires the destruction of those plates and notification to the Department of Motor Vehicles if the plates are not claimed by the debtor within 60 days.

This bill would authorize a debtor to make that waiver only with the consent of the licensee and would authorize the release of personal effects

to someone other than the debtor only when authorized by the debtor. The bill would also authorize a licensee to retain those special interest license plates indefinitely for return to the debtor, as specified.

Existing law provides that whenever possession is taken of any vehicle by or on behalf of any legal owner under the terms of a security agreement or lease agreement, the person taking possession is required to notify specified law enforcement agencies within one hour after taking possession of the vehicle and by the most expeditious means available. Failure to provide that notice is an infraction.

This bill would require separate notifications for multiple vehicle repossessions. By changing the definition of a crime, the bill would impose a state-mandated local program. The bill would also make certain provisions that apply to tow trucks also apply to repossessioners' tow vehicles.

(19) Existing law, the Funeral Directors and Embalmers Law, provides for the licensure and regulation of embalmers and funeral directors by the Cemetery and Funeral Bureau. Existing law requires an applicant for an embalmer's license to, among other things, have successfully completed a course of instruction in a specified embalming school and to either furnish proof of completion of a high school course or evidence of licensure and practice for a certain period of time prior to application.

This bill would instead require the applicant to have graduated from a specified mortuary science program and to furnish official transcripts from that program. The bill would make other conforming changes.

Existing law requires the applicant to pass an examination including specified subjects and requires the bureau to examine applicants at least once annually.

This bill would require the applicant to pass the sciences section of a specified national examination and an examination on the state's laws and the rules and regulations of the bureau and would delete the requirement that the board examine applicants at least once annually. The bill would, until June 30, 2010, authorize an applicant who failed the examination previously administered by the bureau to retake that examination.

(20) Existing law, the Real Estate Law, provides for the licensure and regulation of real estate brokers and salespersons by the Real Estate Commissioner. Existing law authorizes the commissioner to issue rules and regulations he or she deems necessary to regulate the method of accounting and to accomplish certain purposes related to advance fees, as specified.

This bill would make certain nonsubstantive, technical changes to those provisions.

(21) Existing law, the Automotive Repair Act, provides for the registration, licensure, and regulation of automotive repair dealers, lamp and brake adjusting stations, and smog check stations and technicians by the Bureau of Automotive Repair in the Department of Consumer Affairs and requires the Director of Consumer Affairs to validate an automotive repair dealer registration upon receipt of a specified form and fee. Existing law authorizes the director to refuse to validate or invalidate that registration for, among other things, a conviction for providing consideration to insurance

agents for referrals. Under existing law, the director may deny, suspend, revoke, or take other disciplinary action against lamp and brake adjusting station or smog check station and technician applicants and licensees for, among other things, the conviction of a crime substantially related to the qualifications, functions, and duties of the licensee.

This bill would require the director to issue an automotive repair dealer registration upon receipt of a specified form and fee and would authorize the director to deny, suspend, revoke, or place on probation a registration for specified acts or omissions related to the business of the automotive repair dealer. The bill would also authorize the director to deny, suspend, revoke, or take other disciplinary action against lamp and brake adjusting station and smog check station and technician applicants and licensees for the conviction of a crime substantially related to the qualifications, functions, or duties of that licensee.

(22) Existing law establishes the vehicle inspection and maintenance (smog check) program, administered by the Department of Consumer Affairs and prescribes certain cost limits for repairs under the program. Existing law requires a smog check station where smog check inspections are performed to post a sign advising customers of those cost limits.

This bill would instead require the department to provide licensed smog check stations with a sign informing customers about their options when a vehicle fails a smog check inspection, as specified.

The bill would revise provisions relating to repair assistance agreements and would make other technical, nonsubstantive changes.

(23) This bill would incorporate additional changes in Section 4160 of the Business and Professions Code proposed by AB 1071, to be operative if AB 1071 and this bill become effective on or before January 1, 2010, and this bill is enacted last.

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

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

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

SECTION 1. Section 139 of the Business and Professions Code is amended to read:

139. (a) The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs. It is the intent of the Legislature that the policy developed by the department pursuant to subdivision (b) be used by the fiscal, policy, and sunset review committees of the Legislature in their annual reviews of these boards, programs, and bureaus.

(b) Notwithstanding any other provision of law, the department shall develop, in consultation with the boards, programs, bureaus, and divisions

(f) Falsified, or made grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a).

SEC. 35. Section 3773 of the Business and Professions Code is amended to read:

3773. (a) At the time of application for renewal of a respiratory care practitioner license, the licensee shall notify the board of all of the following:

(1) Whether he or she has been convicted of any crime subsequent to the licensee's previous renewal.

(2) The name and address of the licensee's current employer or employers.

(b) The licensee shall cooperate in furnishing additional information as requested by the board. If the licensee fails to provide the requested information within 30 days, the license shall be made inactive until the information is received.

SEC. 36. Section 4013 is added to the Business and Professions Code, to read:

4013. (a) Any facility licensed by the board shall join the board's e-mail notification list within 60 days of obtaining a license or at the time of license renewal.

(b) Any facility licensed by the board shall update its e-mail address with the board's e-mail notification list within 30 days of a change in the facility's e-mail address.

(c) This section shall become operative on July 1, 2010.

SEC. 37. Section 4101 of the Business and Professions Code is amended to read:

4101. (a) A pharmacist may take charge of and act as the pharmacist-in-charge of a pharmacy upon application by the pharmacy and approval by the board. Any pharmacist-in-charge who ceases to act as the pharmacist-in-charge of the pharmacy shall notify the board in writing within 30 days of the date of that change in status.

(b) A designated representative or a pharmacist may take charge of, and act as, the designated representative-in-charge of a wholesaler or veterinary food drug-animal retailer upon application by the wholesaler or veterinary food drug-animal retailer and approval by the board. Any designated representative-in-charge who ceases to act as the designated representative-in-charge at that entity shall notify the board in writing within 30 days of the date of that change in status.

SEC. 38. Section 4112 of the Business and Professions Code is amended to read:

4112. (a) Any pharmacy located outside this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy.

(b) A person may not act as a nonresident pharmacy unless he or she has obtained a license from the board. The board may register a nonresident pharmacy that is organized as a limited liability company in the state in which it is licensed.

(c) A nonresident pharmacy shall disclose to the board the location, names, and titles of (1) its agent for service of process in this state, (2) all principal corporate officers, if any, (3) all general partners, if any, and (4) all pharmacists who are dispensing controlled substances, dangerous drugs, or dangerous devices to residents of this state. A report containing this information shall be made on an annual basis and within 30 days after any change of office, corporate officer, partner, or pharmacist.

(d) All nonresident pharmacies shall comply with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as with all requests for information made by the board pursuant to this section. The nonresident pharmacy shall maintain, at all times, a valid unexpired license, permit, or registration to conduct the pharmacy in compliance with the laws of the state in which it is a resident. As a prerequisite to registering with the board, the nonresident pharmacy shall submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.

(e) All nonresident pharmacies shall maintain records of controlled substances, dangerous drugs, or dangerous devices dispensed to patients in this state so that the records are readily retrievable from the records of other drugs dispensed.

(f) Any pharmacy subject to this section shall, during its regular hours of operation, but not less than six days per week, and for a minimum of 40 hours per week, provide a toll-free telephone service to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. This toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state.

(g) The board shall adopt regulations that apply the same requirements or standards for oral consultation to a nonresident pharmacy that operates pursuant to this section and ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state, as are applied to an in-state pharmacy that operates pursuant to Section 4037 when the pharmacy ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state. The board shall not adopt any regulations that require face-to-face consultation for a prescription that is shipped, mailed, or delivered to the patient. The regulations adopted pursuant to this subdivision shall not result in any unnecessary delay in patients receiving their medication.

(h) The registration fee shall be the fee specified in subdivision (a) of Section 4400.

(i) The registration requirements of this section shall apply only to a nonresident pharmacy that ships, mails, or delivers controlled substances, dangerous drugs, and dangerous devices into this state pursuant to a prescription.

(j) Nothing in this section shall be construed to authorize the dispensing of contact lenses by nonresident pharmacists except as provided by Section 4124.

SEC. 39. Section 4113 of the Business and Professions Code is amended to read:

4113. (a) Every pharmacy shall designate a pharmacist-in-charge and, within 30 days thereof, shall notify the board in writing of the identity and license number of that pharmacist and the date he or she was designated.

(b) The proposed pharmacist-in-charge shall be subject to approval by the board. The board shall not issue or renew a pharmacy license without identification of an approved pharmacist-in-charge for the pharmacy.

(c) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

(d) Every pharmacy shall notify the board in writing, on a form designed by the board, within 30 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge. The proposed replacement pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

(e) If a pharmacy is unable, in the exercise of reasonable diligence, to identify within 30 days a permanent replacement pharmacist-in-charge to propose to the board on the notification form, the pharmacy may instead provide on that form the name of any pharmacist who is an employee, officer, or administrator of the pharmacy or the entity that owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis, to act as the interim pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity that owns the pharmacy, shall be prepared during normal business hours to provide a representative of the board with the name of the interim pharmacist-in-charge with documentation of the active involvement of the interim pharmacist-in-charge in the daily management of the pharmacy, and with documentation of the pharmacy's good faith efforts prior to naming the interim pharmacist-in-charge to obtain a permanent pharmacist-in-charge. By no later than 120 days following the identification of the interim pharmacist-in-charge, the pharmacy shall propose to the board the name of a pharmacist to serve as the permanent pharmacist-in-charge. The proposed permanent pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

SEC. 40. Section 4146 is added to the Business and Professions Code, to read:

4146. A pharmacy may accept the return of needles and syringes from the public if contained in a sharps container, as defined in Section 117750 of the Health and Safety Code.

SEC. 41. Section 4160 of the Business and Professions Code is amended to read:

4160. (a) A person may not act as a wholesaler of any dangerous drug or dangerous device unless he or she has obtained a license from the board.

(b) Upon approval by the board and the payment of the required fee, the board shall issue a license to the applicant.

(c) A separate license shall be required for each place of business owned or operated by a wholesaler. Each license shall be renewed annually and shall not be transferable.

(d) Every wholesaler shall be supervised or managed by a designated representative-in-charge. The designated representative-in-charge shall be responsible for the wholesaler's compliance with state and federal laws governing wholesalers. As part of its initial application for a license, and for each renewal, each wholesaler shall, on a form designed by the board, provide identifying information and the California license number for a designated representative or pharmacist proposed to serve as the designated representative-in-charge. The proposed designated representative-in-charge shall be subject to approval by the board. The board shall not issue or renew a wholesaler license without identification of an approved designated representative-in-charge for the wholesaler.

(e) Every wholesaler shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge ceases to act as the designated representative-in-charge, and shall on the same form propose another designated representative or pharmacist to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board. If disapproved, the wholesaler shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a designated representative-in-charge is approved by the board.

(f) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

(g) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be five hundred fifty dollars (\$550) or another amount established by the board not to exceed the annual fee for renewal of a license to compound injectable sterile drug products. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary

license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. Neither for purposes of retaining a temporary license, nor for purposes of any disciplinary or license denial proceeding before the board, shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

SEC. 42. Section 4160 of the Business and Professions Code is amended to read:

4160. (a) A person may not act as a wholesaler of any dangerous drug or dangerous device unless he or she has obtained a license from the board.

(b) Upon approval by the board and the payment of the required fee, the board shall issue a license to the applicant.

(c) A separate license shall be required for each place of business owned or operated by a wholesaler. Each license shall be renewed annually and shall not be transferable.

(d) Every wholesaler shall be supervised or managed by a designated representative-in-charge. The designated representative-in-charge shall be responsible for the wholesaler's compliance with state and federal laws governing wholesalers. As part of its initial application for a license, and for each renewal, each wholesaler shall, on a form designed by the board, provide identifying information and the California license number for a designated representative or pharmacist proposed to serve as the designated representative-in-charge. The proposed designated representative-in-charge shall be subject to approval by the board. The board shall not issue or renew a wholesaler license without identification of an approved designated representative-in-charge for the wholesaler.

(e) Every wholesaler shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge ceases to act as the designated representative-in-charge, and shall on the same form propose another designated representative or pharmacist to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board. If disapproved, the wholesaler shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a designated representative-in-charge is approved by the board.

(f) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

(g) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be required in an amount established by the board as specified in subdivision (f) of Section 4400. When needed to protect public safety, a temporary license may be issued for a period not to exceed

180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. Neither for purposes of retaining a temporary license, nor for purposes of any disciplinary or license denial proceeding before the board, shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

SEC. 43. Section 4196 of the Business and Professions Code is amended to read:

4196. (a) No person shall conduct a veterinary food-animal drug retailer in the State of California unless he or she has obtained a license from the board. A license shall be required for each veterinary food-animal drug retailer owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a veterinary food-animal drug retailer in more than one location. The license shall be renewed annually and shall not be transferable.

(b) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be fixed by the board at an amount not to exceed the annual fee for renewal of a license to conduct a veterinary food-animal drug retailer.

(c) No person other than a pharmacist, an intern pharmacist, a designated representative, an authorized officer of the law, or a person authorized to prescribe, shall be permitted in that area, place, or premises described in the permit issued by the board pursuant to Section 4041, wherein veterinary food-animal drugs are stored, possessed, or repacked. A pharmacist or designated representative shall be responsible for any individual who enters the veterinary food-animal drug retailer for the purpose of performing clerical, inventory control, housekeeping, delivery, maintenance, or similar functions relating to the veterinary food-animal drug retailer.

(d) Every veterinary food-animal drug retailer shall be supervised or managed by a designated representative-in-charge. The designated representative-in-charge shall be responsible for the veterinary food-animal drug retailer's compliance with state and federal laws governing veterinary food-animal drug retailers. As part of its initial application for a license, and for each renewal, each veterinary food-animal drug retailer shall, on a form designed by the board, provide identifying information and the California license number for a designated representative or pharmacist proposed to serve as the designated representative-in-charge. The proposed designated representative-in-charge shall be subject to approval by the board. The board shall not issue or renew a veterinary food-animal drug retailer license without identification of an approved designated representative-in-charge for the veterinary food-animal drug retailer.

(e) Every veterinary food-animal drug retailer shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge who ceases to act as the designated representative or pharmacist to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board. If disapproved, the veterinary food-animal drug retailer shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a designated representative-in-charge is approved by the board.

(f) For purposes of this section, designated representative-in-charge means a person granted a designated representative license pursuant to Section 4053, or a registered pharmacist, who is the supervisor or manager of the facility.

SEC. 44. Section 4200.3 of the Business and Professions Code is amended to read:

4200.3. (a) The examination process shall be regularly reviewed pursuant to Section 139.

(b) The examination process shall meet the standards and guidelines set forth in the Standards for Educational and Psychological Testing and the Federal Uniform Guidelines for Employee Selection Procedures. The board shall work with the Office of Professional Examination Services of the department or with an equivalent organization who shall certify at minimum once every five years that the examination process meets these national testing standards. If the department determines that the examination process fails to meet these standards, the board shall terminate its use of the North American Pharmacy Licensure Examination and shall use only the written and practical examination developed by the board.

(c) The examination shall meet the mandates of subdivision (a) of Section 12944 of the Government Code.

(d) The board shall work with the Office of Professional Examination Services or with an equivalent organization to develop the state jurisprudence examination to ensure that applicants for licensure are evaluated on their knowledge of applicable state laws and regulations.

(e) The board shall annually publish the pass and fail rates for the pharmacist's licensure examination administered pursuant to Section 4200, including a comparison of historical pass and fail rates before utilization of the North American Pharmacist Licensure Examination.

(f) The board shall report to the Joint Committee on Boards, Commissions, and Consumer Protection and the department as part of its next scheduled review, the pass rates of applicants who sat for the national examination compared with the pass rates of applicants who sat for the prior state examination. This report shall be a component of the evaluation of the examination process that is based on psychometrically sound principles for establishing minimum qualifications and levels of competency.

SEC. 45. Section 4200.4 of the Business and Professions Code is amended to read:

4200.4. An applicant who fails the national examination may not retake the examination for at least 90 days or for a period established by regulations adopted by the board in consultation with the Office of Professional Examination Services of the department.

SEC. 46. Section 4510.1 of the Business and Professions Code is amended to read:

4510.1. An applicant for license by examination shall submit a written application in the form prescribed by the board. Provided that the application for licensure is received by the board no later than four months after completion of a board accredited psychiatric technician program and approval of the application, the board may issue an interim permit authorizing the applicant to practice all skills included in the permittee's basic course of study, pending the results of the first licensing examination, or for a period of nine months, whichever occurs first.

A permittee shall function under the supervision of a licensed psychiatric technician or a registered nurse, who shall be present and available on the premises during the time the permittee is rendering professional services. The permittee may perform any function taught in the permittee's basic psychiatric technician program.

If the applicant passes the examination, the interim permit shall remain in effect until an initial license is issued by the board or for a maximum period of six months after passing the examination, whichever occurs first. If the applicant fails the examination, the interim permit shall terminate upon notice by certified mail, return receipt requested, or if the applicant fails to receive the notice, upon the date specified in the interim permit, whichever occurs first. An interim permittee shall not use any title or designation other than psychiatric technician interim permittee or "P.T.I.P."

SEC. 47. Section 4933 of the Business and Professions Code is amended to read:

4933. (a) The board shall administer this chapter.

(b) The board may adopt, amend, or repeal, in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), regulations as may be necessary to enable it to carry into effect the provisions of law relating to the practice of acupuncture.

(c) Four members of the board, including at least one acupuncturist, shall constitute a quorum to conduct business.

(d) It shall require an affirmative vote of a majority of those present at a meeting of the board to take any action or pass any motion.

SEC. 48. Section 4938 of the Business and Professions Code is amended to read:

4938. The board shall issue a license to practice acupuncture to any person who makes an application and meets the following requirements:

(a) Is at least 18 years of age.

(b) Furnishes satisfactory evidence of completion of one of the following:

(1) An educational and training program approved by the board pursuant to Section 4939.

and mounted not lower than 15 inches above the roadway. The supplemental stoplamp on that side of a vehicle toward which a turn will be made may flash as part of the supplemental turn signal lamp.

A supplemental stoplamp may be mounted inside the rear window of a vehicle, if it is mounted at the centerline of the vehicle and is constructed and mounted so as to prevent any light, other than a monitorial indicator emitted from the device, either direct or reflected, from being visible to the driver.

(h) Any supplemental stoplamp installed after January 1, 1987, shall comply with Federal Motor Vehicle Safety Standard No. 108 (49 C.F.R. 571.108). Any vehicle equipped with a stoplamp that complies with the federal motor vehicle safety standards applicable to that make and model vehicle shall conform to that applicable safety standard unless modified to comply with the federal motor vehicle safety standard designated in this subdivision.

SEC. 109. Section 3 of Chapter 294 of the Statutes of 2004 is amended to read:

Sec. 3. The sum of one hundred thirty-eight thousand dollars (\$138,000) in the 2004–05 fiscal year, and the sum of two hundred sixty-four thousand dollars (\$264,000) in the 2005–06 fiscal year and subsequent fiscal years, is hereby appropriated from the State Dental Hygiene Fund to the Dental Hygiene Committee of California for operating expenses necessary to manage the dental hygiene licensing examination.

SEC. 110. Section 42 of this bill incorporates amendments to Section 4160 of the Business and Professions Code proposed by both this bill and AB 1071. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) each bill amends Section 4160 of the Business and Professions Code, and (3) this bill is enacted after AB 1071, in which case Section 41 of this bill shall not become operative.

SEC. 111. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

ATTACHMENT A-3

**SB 470 (Corbett) – Prescription Labeling to add “Purpose”
Proposal to Amend Business & Professions Code
§4040 and §4076**

Chapter 590, Statutes of 2009

Senate Bill No. 470

CHAPTER 590

An act to amend Sections 4040 and 4076 of the Business and Professions Code, relating to pharmacy.

[Approved by Governor October 11, 2009. Filed with
Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

SB 470, Corbett. Prescriptions.

Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy and provides that a knowing violation of the law is a crime. Existing law requires a prescription, as defined, to include a legible, clear notice of the condition for which the drug is prescribed, if requested by the patient. Existing law prohibits a pharmacist from dispensing any prescription unless it is in a specified container that is correctly labeled to include, among other information, the condition for which the drug was prescribed if requested by the patient and the condition is indicated on the prescription.

This bill would instead require that every prescription include a legible, clear notice of the condition or purpose for which the drug is prescribed, if requested by the patient. The bill would also require that every prescription container be correctly labeled to include that information if so indicated on the prescription.

By revising these requirements, the knowing violation of which would be a crime, the bill would impose a state-mandated local program.

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

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

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

SECTION 1. Section 4040 of the Business and Professions Code is amended to read:

4040. (a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052.

(2) Issued by a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052 by a pharmacist licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (3) of subdivision (b) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(e) Nothing in the amendments made to this section (formerly Section 4036) at the 1969 Regular Session of the Legislature shall be construed as expanding or limiting the right that a chiropractor, while acting within the scope of his or her license, may have to prescribe a device.

SEC. 2. Section 4076 of the Business and Professions Code is amended to read:

4076. (a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

(1) Except where the prescriber or the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052 orders otherwise, either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

(2) The directions for the use of the drug.

(3) The name of the patient or patients.

(4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052.

(5) The date of issue.

(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

(7) The strength of the drug or drugs dispensed.

(8) The quantity of the drug or drugs dispensed.

(9) The expiration date of the effectiveness of the drug dispensed.

(10) The condition or purpose for which the drug was prescribed if the condition or purpose is indicated on the prescription.

(11) (A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

(i) Prescriptions dispensed by a veterinarian.

(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for

the 90 days during which the national reference file has no description on file.

(iii) Dispensed medications for which no physical description exists in any commercially available database.

(B) This paragraph applies to outpatient pharmacies only.

(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

(b) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system, as defined by administrative regulation, for a patient in a skilled nursing, intermediate care, or other health care facility, the requirements of this section will be satisfied if the unit dose medication system contains the aforementioned information or the information is otherwise readily available at the time of drug administration.

(c) If a pharmacist dispenses a dangerous drug or device in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose containers for a specific patient, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052.

(d) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include the information required in paragraph (11) of subdivision (a) when the prescription drug is administered to a patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), or the Vocational Nursing Practice Act (Chapter 6.5 (commencing with Section 2840)), who is acting within his or her scope of practice.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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ATTACHMENT A-4

**AB 1071 (Emmerson) – Pharmacy Fees
Proposal to Amend Business and Professions Code Sections
4001, 4003, 4110, 4127.8, 4160, 4400, and Repeal 4127.5**

**Extend Sunset Dates of the Board of Pharmacy and Other
Specified Boards**

Chapter 270, Statutes of 2009

Assembly Bill No. 1071

CHAPTER 270

An act to amend Sections 2001, 2020, 2460, 2701, 2708, 3010.5, 3014.6, 3685, 3710, 4001, 4003, 4110, 4127.8, 4160, 4400, and 5810 of, to add and repeal Section 3686 of, and to repeal Section 4127.5 of, the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

[Approved by Governor October 11, 2009. Filed with
Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1071, Emmerson. Professions and vocations.

(1) Existing law provides for the licensure and regulation of various healing arts licensees by various boards within the Department of Consumer Affairs, including, but not limited to, the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, the State Board of Optometry, the Respiratory Care Board of California, and the California State Board of Pharmacy. Existing law requires or authorizes these boards, with the exception of the California Board of Podiatric Medicine, to appoint an executive director or officer. Under existing law, these provisions will become inoperative on July 1, 2010, and will be repealed on January 1, 2011.

Under this bill, these provisions would become inoperative and be repealed on January 1, 2013. The bill would also make nonsubstantive changes to similar provisions of the Naturopathic Doctors Act.

(2) Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacies, pharmacists, pharmacy technicians, wholesalers of dangerous drugs or devices, and others by the California State Board of Pharmacy. Existing law imposes fees on these persons and pharmacies for, among other things, application, examination, licensure, and licensure renewal. Under existing law, these fees are fixed by the board based on a fee schedule that sets forth the minimum and maximum fees.

This bill would increase the minimum and maximum fees in that schedule and would make other conforming changes. Because the bill would increase fees that would be deposited into the Pharmacy Board Contingent Fund, which is continuously appropriated, the bill would make an appropriation.

(3) Existing law provides for the certification of interior designers, and repeals these provisions on January 1, 2010.

This bill would instead repeal these provisions on January 1, 2013.

(4) This bill would incorporate additional changes in Section 4110 of the Business and Professions Code proposed by SB 819, to be operative if

SB 819 and this bill become effective on or before January 1, 2010, and this bill is chaptered last.

(5) This bill would incorporate additional changes in Section 4160 of the Business and Professions Code proposed by SB 821, to be operative if SB 821 and this bill become effective on or before January 1, 2010, and this bill is chaptered last.

Appropriation: yes.

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

SECTION 1. Section 2001 of the Business and Professions Code is amended to read:

2001. (a) There is in the Department of Consumer Affairs a Medical Board of California that consists of 15 members, seven of whom shall be public members.

(b) The Governor shall appoint 13 members to the board, subject to confirmation by the Senate, five of whom shall be public members. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.

(c) Notwithstanding any other provision of law, to reduce the membership of the board to 15, the following shall occur:

(1) Two positions on the board that are public members having a term that expires on June 1, 2010, shall terminate instead on January 1, 2008.

(2) Two positions on the board that are not public members having a term that expires on June 1, 2008, shall terminate instead on August 1, 2008.

(3) Two positions on the board that are not public members having a term that expires on June 1, 2011, shall terminate instead on January 1, 2008.

(d) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date. The repeal of this section renders the board subject to the review required by Division 1.2 (commencing with Section 473).

SEC. 2. Section 2020 of the Business and Professions Code is amended to read:

2020. (a) The board may employ an executive director exempt from the provisions of the Civil Service Act and may also employ investigators, legal counsel, medical consultants, and other assistance as it may deem necessary to carry into effect this chapter. The board may fix the compensation to be paid for services subject to the provisions of applicable state laws and regulations and may incur other expenses as it may deem necessary. Investigators employed by the board shall be provided special training in investigating medical practice activities.

(b) The Attorney General shall act as legal counsel for the board for any judicial and administrative proceedings and his or her services shall be a charge against it.

(c) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date. The repeal of this section renders the board subject to the review required by Division 1.2 (commencing with Section 473).

SEC. 7. Section 3014.6 of the Business and Professions Code is amended to read:

3014.6. (a) The board may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter.

(b) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

SEC. 8. Section 3685 of the Business and Professions Code, as amended by Section 38 of Chapter 18 of the Fourth Extraordinary Session of the Statutes of 2009, is amended to read:

3685. (a) The repeal of this chapter renders the committee subject to the review required by Division 1.2 (commencing with Section 473).

(b) The committee shall prepare the report required by Section 473.2 no later than September 1, 2010.

SEC. 9. Section 3686 is added to the Business and Professions Code, to read:

3686. This chapter shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

SEC. 10. Section 3710 of the Business and Professions Code is amended to read:

3710. (a) The Respiratory Care Board of California, hereafter referred to as the board, shall enforce and administer this chapter.

(b) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date. The repeal of this section renders the board subject to the review required by Division 1.2 (commencing with Section 473).

SEC. 11. Section 4001 of the Business and Professions Code is amended to read:

4001. (a) There is in the Department of Consumer Affairs a California State Board of Pharmacy in which the administration and enforcement of this chapter is vested. The board consists of 13 members.

(b) The Governor shall appoint seven competent pharmacists who reside in different parts of the state to serve as members of the board. The Governor shall appoint four public members, and the Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member who shall not be a licensee of the board, any other board under this division, or any board referred to in Section 1000 or 3600.

(c) At least five of the seven pharmacist appointees to the board shall be pharmacists who are actively engaged in the practice of pharmacy. Additionally, the membership of the board shall include at least one pharmacist representative from each of the following practice settings: an acute care hospital, an independent community pharmacy, a chain community pharmacy, and a long-term health care or skilled nursing facility. The pharmacist appointees shall also include a pharmacist who is a member of a labor union that represents pharmacists. For the purposes of this subdivision, a "chain community pharmacy" means a chain of 75 or more stores in California under the same ownership, and an "independent community pharmacy" means a pharmacy owned by a person or entity who owns no more than four pharmacies in California.

(d) Members of the board shall be appointed for a term of four years. No person shall serve as a member of the board for more than two consecutive terms. Each member shall hold office until the appointment and qualification of his or her successor or until one year shall have elapsed since the expiration of the term for which the member was appointed, whichever first occurs. Vacancies occurring shall be filled by appointment for the unexpired term.

(e) Each member of the board shall receive a per diem and expenses as provided in Section 103.

(f) In accordance with Sections 101.1 and 473.1, this section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date. The repeal of this section renders the board subject to the review required by Division 1.2 (commencing with Section 473).

SEC. 12. Section 4003 of the Business and Professions Code is amended to read:

4003. (a) The board may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter. The executive officer may or may not be a member of the board as the board may determine.

(b) The executive officer shall receive the compensation as established by the board with the approval of the Director of Finance. The executive officer shall also be entitled to travel and other expenses necessary in the performance of his or her duties.

(c) The executive officer shall maintain and update in a timely fashion records containing the names, titles, qualifications, and places of business of all persons subject to this chapter.

(d) The executive officer shall give receipts for all money received by him or her and pay it to the Department of Consumer Affairs, taking its receipt therefor. Besides the duties required by this chapter, the executive officer shall perform other duties pertaining to the office as may be required of him or her by the board.

(e) In accordance with Sections 101.1 and 473.1, this section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless

a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

SEC. 13. Section 4110 of the Business and Professions Code is amended to read:

4110. (a) No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be required for each pharmacy owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred.

(b) The board may, at its discretion, issue a temporary permit, when the ownership of a pharmacy is transferred from one person to another, upon the conditions and for any periods of time as the board determines to be in the public interest. A temporary permit fee shall be required in an amount established by the board as specified in subdivision (a) of Section 4400. When needed to protect public safety, a temporary permit may be issued for a period not to exceed 180 days, and may be issued subject to terms and conditions the board deems necessary. If the board determines a temporary permit was issued by mistake or denies the application for a permanent license or registration, the temporary license or registration shall terminate upon either personal service of the notice of termination upon the permitholder or service by certified mail, return receipt requested, at the permitholder's address of record with the board, whichever comes first. Neither for purposes of retaining a temporary permit nor for purposes of any disciplinary or license denial proceeding before the board shall the temporary permitholder be deemed to have a vested property right or interest in the permit.

SEC. 13.5. Section 4110 of the Business and Professions Code is amended to read:

4110. (a) No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be required for each pharmacy owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred.

(b) The board may, at its discretion, issue a temporary permit, when the ownership of a pharmacy is transferred from one person to another, upon the conditions and for any periods of time as the board determines to be in the public interest. A temporary permit fee shall be required in an amount established by the board as specified in subdivision (a) of Section 4400. When needed to protect public safety, a temporary permit may be issued for a period not to exceed 180 days, and may be issued subject to terms and conditions the board deems necessary. If the board determines a temporary permit was issued by mistake or denies the application for a permanent license or registration, the temporary license or registration shall terminate

upon either personal service of the notice of termination upon the permitholder or service by certified mail, return receipt requested, at the permitholder's address of record with the board, whichever comes first. Neither for purposes of retaining a temporary permit nor for purposes of any disciplinary or license denial proceeding before the board shall the temporary permitholder be deemed to have a vested property right or interest in the permit.

(c) The board may allow the temporary use of a mobile pharmacy when a pharmacy is destroyed or damaged, the mobile pharmacy is necessary to protect the health and safety of the public, and the following conditions are met:

(1) The mobile pharmacy shall provide services only on or immediately contiguous to the site of the damaged or destroyed pharmacy.

(2) The mobile pharmacy is under the control and management of the pharmacist-in-charge of the pharmacy that was destroyed or damaged.

(3) A licensed pharmacist is on the premises while drugs are being dispensed.

(4) Reasonable security measures are taken to safeguard the drug supply maintained in the mobile pharmacy.

(5) The pharmacy operating the mobile pharmacy provides the board with records of the destruction of, or damage to, the pharmacy and an expected restoration date.

(6) Within three calendar days of restoration of the pharmacy services, the board is provided with notice of the restoration of the permanent pharmacy.

(7) The mobile pharmacy is not operated for more than 48 hours following the restoration of the permanent pharmacy.

SEC. 14. Section 4127.5 of the Business and Professions Code is repealed.

SEC. 15. Section 4127.8 of the Business and Professions Code is amended to read:

4127.8. The board may, at its discretion, issue a temporary license to compound injectable sterile drug products, when the ownership of a pharmacy that is licensed to compound injectable sterile drug products is transferred from one person to another, upon the conditions and for any periods of time as the board determines to be in the public interest. A temporary license fee shall be required in an amount established by the board as specified in subdivision (u) of Section 4400. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, and may be issued subject to terms and conditions the board deems necessary. If the board determines a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested at the licenseholder's address of record with the board, whichever comes first. Neither for purposes of retaining a temporary license nor for purposes of any disciplinary or license denial proceeding before the

board shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

SEC. 16. Section 4160 of the Business and Professions Code is amended to read:

4160. (a) A person may not act as a wholesaler of any dangerous drug or dangerous device unless he or she has obtained a license from the board.

(b) Upon approval by the board and the payment of the required fee, the board shall issue a license to the applicant.

(c) A separate license shall be required for each place of business owned or operated by a wholesaler. Each license shall be renewed annually and shall not be transferable.

(d) The board shall not issue or renew a wholesaler license until the wholesaler identifies a designated representative-in-charge and notifies the board in writing of the identity and license number of that designated representative. The designated representative-in-charge shall be responsible for the wholesaler's compliance with state and federal laws governing wholesalers. A wholesaler shall identify and notify the board of a new designated representative-in-charge within 30 days of the date that the prior designated representative-in-charge ceases to be the designated representative-in-charge. A pharmacist may be identified as the designated representative-in-charge.

(e) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

(f) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be required in an amount established by the board as specified in subdivision (f) of Section 4400. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. Neither for purposes of retaining a temporary license, nor for purposes of any disciplinary or license denial proceeding before the board, shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

(g) This section shall become operative on January 1, 2006.

SEC. 16.5. Section 4160 of the Business and Professions Code is amended to read:

4160. (a) A person may not act as a wholesaler of any dangerous drug or dangerous device unless he or she has obtained a license from the board.

(b) Upon approval by the board and the payment of the required fee, the board shall issue a license to the applicant.

(c) A separate license shall be required for each place of business owned or operated by a wholesaler. Each license shall be renewed annually and shall not be transferable.

(d) Every wholesaler shall be supervised or managed by a designated representative-in-charge. The designated representative-in-charge shall be responsible for the wholesaler's compliance with state and federal laws governing wholesalers. As part of its initial application for a license, and for each renewal, each wholesaler shall, on a form designed by the board, provide identifying information and the California license number for a designated representative or pharmacist proposed to serve as the designated representative-in-charge. The proposed designated representative-in-charge shall be subject to approval by the board. The board shall not issue or renew a wholesaler license without identification of an approved designated representative-in-charge for the wholesaler.

(e) Every wholesaler shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge ceases to act as the designated representative-in-charge, and shall on the same form propose another designated representative or pharmacist to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board. If disapproved, the wholesaler shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a designated representative-in-charge is approved by the board.

(f) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

(g) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be required in an amount established by the board as specified in subdivision (f) of Section 4400. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. Neither for purposes of retaining a temporary license, nor for purposes of any disciplinary or license denial proceeding before the board, shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

SEC. 17. Section 4400 of the Business and Professions Code is amended to read:

4400. The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a) The fee for a nongovernmental pharmacy license shall be four hundred dollars (\$400) and may be increased to five hundred twenty dollars (\$520). The fee for the issuance of a temporary nongovernmental pharmacy permit shall be two hundred fifty dollars (\$250) and may be increased to three hundred twenty-five dollars (\$325).

(b) The fee for a nongovernmental pharmacy license annual renewal shall be two hundred fifty dollars (\$250) and may be increased to three hundred twenty-five dollars (\$325).

(c) The fee for the pharmacist application and examination shall be two hundred dollars (\$200) and may be increased to two hundred sixty dollars (\$260).

(d) The fee for regrading an examination shall be ninety dollars (\$90) and may be increased to one hundred fifteen dollars (\$115). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license and biennial renewal shall be one hundred fifty dollars (\$150) and may be increased to one hundred ninety-five dollars (\$195).

(f) The fee for a nongovernmental wholesaler license and annual renewal shall be six hundred dollars (\$600), and may be increased to seven hundred eighty dollars (\$780). The application fee for any additional location after licensure of the first 20 locations shall be two hundred twenty-five dollars (\$225) and may be increased to three hundred dollars (\$300). A temporary license fee shall be five hundred fifty dollars (\$550) and may be increased to seven hundred fifteen dollars (\$715).

(g) The fee for a hypodermic license and renewal shall be one hundred twenty-five dollars (\$125) and may be increased to one hundred sixty-five dollars (\$165).

(h) (1) The fee for application, investigation, and issuance of license as a designated representative pursuant to Section 4053 shall be two hundred fifty-five dollars (\$255) and may be increased to three hundred thirty dollars (\$330).

(2) The fee for the annual renewal of a license as a designated representative shall be one hundred fifty dollars (\$150) and may be increased to one hundred ninety-five dollars (\$195).

(i) (1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be two hundred fifty-five dollars (\$255) and may be increased to three hundred thirty dollars (\$330).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be one hundred fifty dollars (\$150) and may be increased to one hundred ninety-five dollars (\$195).

(j) (1) The application fee for a nonresident wholesaler's license issued pursuant to Section 4161 shall be six hundred dollars (\$600) and may be increased to seven hundred eighty dollars (\$780).

(2) For nonresident wholesalers who have 21 or more facilities operating nationwide the application fees for the first 20 locations shall be six hundred dollars (\$600) and may be increased to seven hundred eighty dollars (\$780). The application fee for any additional location after licensure of the first 20 locations shall be two hundred twenty-five dollars (\$225) and may be increased to three hundred dollars (\$300). A temporary license fee shall be five hundred fifty dollars (\$550) and may be increased to seven hundred fifteen dollars (\$715).

(3) The annual renewal fee for a nonresident wholesaler's license issued pursuant to Section 4161 shall be six hundred dollars (\$600) and may be increased to seven hundred eighty dollars (\$780).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars (\$40) per course hour.

(l) The fee for an intern pharmacist license shall be ninety dollars (\$90) and may be increased to one hundred fifteen dollars (\$115). The fee for transfer of intern hours or verification of licensure to another state shall be twenty-five dollars (\$25) and may be increased to thirty dollars (\$30).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be thirty-five dollars (\$35) and may be increased to forty-five dollars (\$45).

(o) The fee for the reissuance of any license, or renewal thereof, that must be reissued because of a change in the information, shall be one hundred dollars (\$100) and may be increased to one hundred thirty dollars (\$130).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a nongovernmental clinic license shall be four hundred dollars (\$400) and may be increased to five hundred twenty dollars (\$520) for each license. The annual fee for renewal of the license shall be two hundred fifty dollars (\$250) and may be increased to three hundred twenty-five dollars (\$325) for each license.

(r) The fee for the issuance of a pharmacy technician license shall be eighty dollars (\$80) and may be increased to one hundred five dollars (\$105). The fee for renewal of a pharmacy technician license shall be one hundred dollars (\$100) and may be increased to one hundred thirty dollars (\$130).

(s) The fee for a veterinary food-animal drug retailer license shall be four hundred five dollars (\$405) and may be increased to four hundred twenty-five dollars (\$425). The annual renewal fee for a veterinary food-animal drug

retailer license shall be two hundred fifty dollars (\$250) and may be increased to three hundred twenty-five dollars (\$325).

(t) The fee for issuance of a retired license pursuant to Section 4200.5 shall be thirty-five dollars (\$35) and may be increased to forty-five dollars (\$45).

(u) The fee for issuance or renewal of a nongovernmental license to compound sterile drug products shall be six hundred dollars (\$600) and may be increased to seven hundred eighty dollars (\$780). The fee for a temporary license shall be five hundred fifty dollars (\$550) and may be increased to seven hundred fifteen dollars (\$715).

SEC. 18. Section 5810 of the Business and Professions Code is amended to read:

5810. (a) This chapter shall be subject to the review required by Division 1.2 (commencing with Section 473).

(b) This chapter shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

SEC. 19. Section 13.5 of this bill incorporates amendments to Section 4110 of the Business and Professions Code proposed by this bill and SB 819. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) each bill amends Section 4110 of the Business and Profession Code, and (3) this bill is enacted after SB 819, in which case Section 4110 of the Business and Professions Code, as amended by SB 819, shall remain operative only until the operative date of this bill, at which time Section 13.5 of this bill shall become operative, and Section 13 of this bill shall not become operative.

SEC. 20. Section 16.5 of this bill incorporates amendments to Section 4160 of the Business and Professions Code proposed by both this bill and SB 821. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2010, (2) each bill amends Section 4160 of the Business and Professions Code, and (3) this bill is enacted after SB 821, in which case Section 16 of this bill shall not become operative.

ATTACHMENT B-1

**AB 583 (Hayashi) – Health Care Practitioners: Disclosure of
Education and Office Hours
Last Amend: 7/8/09**

**AB 830 (Cook) – Drugs and Devices; References to Compendia
Chapter 479, Statutes of 2009**

**AB 931 (Fletcher) – Emergency Supplies Container
Chapter 491, Statutes of 2009**

**SB 762 (Aanestad) – Professions and Vocations; Healing Arts
Chapter 16, Statutes of 2009**

AMENDED IN SENATE JULY 8, 2009
AMENDED IN SENATE JUNE 22, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 583

Introduced by Assembly Member Hayashi

February 25, 2009

An act to amend Section 680 of the Business and Professions Code, relating to health care practitioners.

LEGISLATIVE COUNSEL'S DIGEST

AB 583, as amended, Hayashi. Health care practitioners: disclosure of education and office hours.

Existing law requires a health care practitioner to disclose, while working, his or her name and practitioner's license status on a name tag in at least 18-point type or to prominently display his or her license in his or her office, except as specified.

This bill would require each of those health care practitioners to also display the type of license and, except for nurses, the highest level of academic degree he or she holds either on a name tag in at least 18-point type, in his or her office, or in writing given to patients. The bill would require a physician and surgeon, osteopathic physician and surgeon, and doctor of podiatric medicine who is certified in a medical specialty, as specified, to disclose the name of the certifying board or association either on a name tag in at least 18-point type, in writing given to the patient on the patient's first office visit, or in his or her office. The bill would require a physician and surgeon who supervises an office in addition to his or her primary practice location to conspicuously post in each office a schedule of the regular hours when he or she will be

present in that office and the office hours during which he or she will not be present. The bill would also require an office that is part of a group practice with more than one physician and surgeon to post a current schedule of the hours when a physician and surgeon is present. The bill would exempt health care practitioners working in certain licensed laboratories and health care facilities, as specified, from the requirements to disclose license type, highest level of academic degree, and name of certifying board or association providing certification in the practitioner's specialty or subspecialty.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

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

1 SECTION 1. Section 680 of the Business and Professions Code
2 is amended to read:

3 680. (a) (1) Except as otherwise provided in this section, a
4 health care practitioner shall disclose, while working, his or her
5 name, practitioner's license status, license type, as granted by this
6 state, and the highest level of academic degree he or she holds, by
7 one of the following methods:

8 (A) On a name tag in at least 18-point type.

9 (B) In writing to a patient at the ~~patient's~~ *patient's* initial office
10 visit.

11 (C) In a prominent display in his or her office.

12 (2) If a health care practitioner or a licensed clinical social
13 worker is working in a psychiatric setting or in a setting that is not
14 licensed by the state, the employing entity or agency shall have
15 the discretion to make an exception from the name tag requirement
16 for individual safety or therapeutic concerns.

17 (3) (A) In the interest of public safety and consumer awareness,
18 it shall be unlawful for any person to use the title "nurse" in
19 reference to himself or herself in any capacity, except for an
20 individual who is a registered nurse or a licensed vocational nurse,
21 or as otherwise provided in Section 2800. Nothing in this section
22 shall be deemed to prohibit a certified nurse assistant from using
23 his or her title.

24 (B) An individual licensed under Chapter 6 (commencing with
25 Section 2700) is not required to disclose the highest level of
26 academic degree he or she holds.

1 (b) Facilities licensed by the State Department of Social
2 Services, the State Department of Mental Health, or the State
3 Department of Public Health shall develop and implement policies
4 to ensure that health care practitioners providing care in those
5 facilities are in compliance with subdivision (a). The State
6 Department of Social Services, the State Department of Mental
7 Health, and the State Department of Public Health shall verify
8 through periodic inspections that the policies required pursuant to
9 subdivision (a) have been developed and implemented by the
10 respective licensed facilities.

11 (c) For purposes of this article, "health care practitioner" means
12 any person who engages in acts that are the subject of licensure
13 or regulation under this division or under any initiative act referred
14 to in this division.

15 (d) An individual licensed under Chapter 5 (commencing with
16 Section 2000) or under the Osteopathic Act, who is certified by
17 (1) an American Board of Medical Specialties member board, (2)
18 a board or association with equivalent requirements approved by
19 that person's medical licensing authority, or (3) a board or
20 association with an Accreditation Council for Graduate Medical
21 Education approved postgraduate training program that provides
22 complete training in that specialty or subspecialty, shall disclose
23 the name of the board or association by one of the following
24 methods:

25 (1) On a name tag in at least 18-point type.

26 (2) In writing to a patient at the patient's initial office visit.

27 (3) In a prominent display in his or her office.

28 (e) A physician and surgeon who supervises an office in addition
29 to his or her primary practice location shall prominently display
30 in each of those offices a current schedule of the regular hours
31 when he or she is present in the respective office, and the hours
32 during which each office is open and he or she is not present. If
33 the office is a part of a group practice with more than one physician
34 and surgeon, the office shall post a current schedule of the hours
35 when a physician and surgeon is present in the office.

36 (f) Subdivisions (d) and (e) shall not apply to a health care
37 practitioner working in a facility licensed under Section 1250 of

- 1 the Health and Safety Code or in a clinical laboratory licensed
- 2 under Section 1265.

O

Assembly Bill No. 830

CHAPTER 479

An act to amend Sections 1367.21 and 1370.4 of the Health and Safety Code, to amend Sections 10123.195 and 10145.3 of the Insurance Code, and to amend Sections 14105.43 and 14133.2 of the Welfare and Institutions Code, relating to drugs and devices.

[Approved by Governor October 11, 2009. Filed with
Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

AB 830, Cook. Drugs and devices.

Existing law references various drug compendiums and compendia, including the United States Pharmacopoeia, for purposes of the Knox-Keene Health Care Service Plan Act of 1975, disability insurance, and for Medi-Cal.

This bill would revise these references to include references to a specified compendia, if recognized by the federal Centers for Medicare and Medicaid Services, as specified, or with respect to Medi-Cal, a compendia that is listed in a specified federal Medicaid provision of the federal Social Security Act.

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

SECTION 1. Section 1367.21 of the Health and Safety Code is amended to read:

1367.21. (a) No health care service plan contract which covers prescription drug benefits shall be issued, amended, delivered, or renewed in this state if the plan limits or excludes coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met:

(1) The drug is approved by the FDA.

(2) (A) The drug is prescribed by a participating licensed health care professional for the treatment of a life-threatening condition; or

(B) The drug is prescribed by a participating licensed health care professional for the treatment of a chronic and seriously debilitating condition, the drug is medically necessary to treat that condition, and the drug is on the plan formulary. If the drug is not on the plan formulary, the participating subscriber's request shall be considered pursuant to the process required by Section 1367.24.

(3) The drug has been recognized for treatment of that condition by any of the following:

(A) The American Hospital Formulary Service's Drug Information.

(B) One of the following compendia, if recognized by the federal Centers for Medicare and Medicaid Services as part of an anticancer chemotherapeutic regimen:

(i) The Elsevier Gold Standard's Clinical Pharmacology.

(ii) The National Comprehensive Cancer Network Drug and Biologics Compendium.

(iii) The Thomson Micromedex DrugDex.

(C) Two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence presented in a major peer reviewed medical journal.

(b) It shall be the responsibility of the participating prescriber to submit to the plan documentation supporting compliance with the requirements of subdivision (a), if requested by the plan.

(c) Any coverage required by this section shall also include medically necessary services associated with the administration of a drug, subject to the conditions of the contract.

(d) For purposes of this section, "life-threatening" means either or both of the following:

(1) Diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted.

(2) Diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

(e) For purposes of this section, "chronic and seriously debilitating" means diseases or conditions that require ongoing treatment to maintain remission or prevent deterioration and cause significant long-term morbidity.

(f) The provision of drugs and services when required by this section shall not, in itself, give rise to liability on the part of the plan.

(g) Nothing in this section shall be construed to prohibit the use of a formulary, copayment, technology assessment panel, or similar mechanism as a means for appropriately controlling the utilization of a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA.

(h) If a plan denies coverage pursuant to this section on the basis that its use is experimental or investigational, that decision is subject to review under Section 1370.4.

(i) Health care service plan contracts for the delivery of Medi-Cal services under the Waxman-Duffy Prepaid Health Plan Act (Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code) are exempt from the requirements of this section.

SEC. 2. Section 1370.4 of the Health and Safety Code is amended to read:

1370.4. (a) Every health care service plan shall provide an external, independent review process to examine the plan's coverage decisions

regarding experimental or investigational therapies for individual enrollees who meet all of the following criteria:

(1) (A) The enrollee has a life-threatening or seriously debilitating condition.

(B) For purposes of this section, "life-threatening" means either or both of the following:

(i) Diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted.

(ii) Diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

(C) For purposes of this section, "seriously debilitating" means diseases or conditions that cause major irreversible morbidity.

(2) The enrollee's physician certifies that the enrollee has a condition, as defined in paragraph (1), for which standard therapies have not been effective in improving the condition of the enrollee, for which standard therapies would not be medically appropriate for the enrollee, or for which there is no more beneficial standard therapy covered by the plan than the therapy proposed pursuant to paragraph (3).

(3) Either (A) the enrollee's physician, who is under contract with or employed by the plan, has recommended a drug, device, procedure, or other therapy that the physician certifies in writing is likely to be more beneficial to the enrollee than any available standard therapies, or (B) the enrollee, or the enrollee's physician who is a licensed, board-certified or board-eligible physician qualified to practice in the area of practice appropriate to treat the enrollee's condition, has requested a therapy that, based on two documents from the medical and scientific evidence, as defined in subdivision (d), is likely to be more beneficial for the enrollee than any available standard therapy. The physician certification pursuant to this subdivision shall include a statement of the evidence relied upon by the physician in certifying his or her recommendation. Nothing in this subdivision shall be construed to require the plan to pay for the services of a nonparticipating physician provided pursuant to this subdivision, that are not otherwise covered pursuant to the plan contract.

(4) The enrollee has been denied coverage by the plan for a drug, device, procedure, or other therapy recommended or requested pursuant to paragraph (3).

(5) The specific drug, device, procedure, or other therapy recommended pursuant to paragraph (3) would be a covered service, except for the plan's determination that the therapy is experimental or investigational.

(b) The plan's decision to delay, deny, or modify experimental or investigational therapies shall be subject to the independent medical review process under Article 5.55 (commencing with Section 1374.30) except that, in lieu of the information specified in subdivision (b) of Section 1374.33, an independent medical reviewer shall base his or her determination on relevant medical and scientific evidence, including, but not limited to, the medical and scientific evidence defined in subdivision (d).

(c) The independent medical review process shall also meet the following criteria:

(1) The plan shall notify eligible enrollees in writing of the opportunity to request the external independent review within five business days of the decision to deny coverage.

(2) If the enrollee's physician determines that the proposed therapy would be significantly less effective if not promptly initiated, the analyses and recommendations of the experts on the panel shall be rendered within seven days of the request for expedited review. At the request of the expert, the deadline shall be extended by up to three days for a delay in providing the documents required. The timeframes specified in this paragraph shall be in addition to any otherwise applicable timeframes contained in subdivision (c) of Section 1374.33.

(3) Each expert's analysis and recommendation shall be in written form and state the reasons the requested therapy is or is not likely to be more beneficial for the enrollee than any available standard therapy, and the reasons that the expert recommends that the therapy should or should not be provided by the plan, citing the enrollee's specific medical condition, the relevant documents provided, and the relevant medical and scientific evidence, including, but not limited to, the medical and scientific evidence as defined in subdivision (d), to support the expert's recommendation.

(4) Coverage for the services required under this section shall be provided subject to the terms and conditions generally applicable to other benefits under the plan contract.

(d) For the purposes of subdivision (b), "medical and scientific evidence" means the following sources:

(1) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff.

(2) Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institutes of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline, and MEDLARS database of Health Services Technology Assessment Research (HSTAR).

(3) Medical journals recognized by the Secretary of Health and Human Services, under Section 1861(t)(2) of the Social Security Act.

(4) Either of the following reference compendia:

(A) The American Hospital Formulary Service's Drug Information.

(B) The American Dental Association Accepted Dental Therapeutics.

(5) Any of the following reference compendia, if recognized by the federal Centers for Medicare and Medicaid Services as part of an anticancer chemotherapeutic regimen:

(A) The Elsevier Gold Standard's Clinical Pharmacology.

(B) The National Comprehensive Cancer Network Drug and Biologics Compendium.

(C) The Thomson Micromedex DrugDex.

(6) Findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including the Federal Agency for Health Care Policy and Research, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services.

(7) Peer-reviewed abstracts accepted for presentation at major medical association meetings.

(e) The independent review process established by this section shall be required on and after January 1, 2001.

SEC. 3. Section 10123.195 of the Insurance Code is amended to read:

10123.195. (a) No group or individual disability insurance policy issued, delivered, or renewed in this state or certificate of group disability insurance issued, delivered, or renewed in this state pursuant to a master group policy issued, delivered, or renewed in another state that, as a provision of hospital, medical, or surgical services, directly or indirectly covers prescription drugs shall limit or exclude coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA), provided that all of the following conditions have been met:

(1) The drug is approved by the FDA.

(2) (A) The drug is prescribed by a contracting licensed health care professional for the treatment of a life-threatening condition; or

(B) The drug is prescribed by a contracting licensed health care professional for the treatment of a chronic and seriously debilitating condition, the drug is medically necessary to treat that condition, and the drug is on the insurer's formulary, if any.

(3) The drug has been recognized for treatment of that condition by any of the following:

(A) The American Hospital Formulary Service's Drug Information.

(B) One of the following compendia, if recognized by the federal Centers for Medicare and Medicaid Services as part of an anticancer chemotherapeutic regimen:

(i) The Elsevier Gold Standard's Clinical Pharmacology.

(ii) The National Comprehensive Cancer Network Drug and Biologics Compendium.

(iii) The Thomson Micromedex DrugDex.

(C) Two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence presented in a major peer reviewed medical journal.

(b) It shall be the responsibility of the contracting prescriber to submit to the insurer documentation supporting compliance with the requirements of subdivision (a), if requested by the insurer.

(c) Any coverage required by this section shall also include medically necessary services associated with the administration of a drug subject to the conditions of the contract.

(d) For purposes of this section, "life-threatening" means either or both of the following:

(1) Diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted.

(2) Diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

(e) For purposes of this section, "chronic and seriously debilitating" means diseases or conditions that require ongoing treatment to maintain remission or prevent deterioration and cause significant long-term morbidity.

(f) The provision of drugs and services when required by this section shall not, in itself, give rise to liability on the part of the insurer.

(g) This section shall not apply to a policy of disability insurance that covers hospital, medical, or surgical expenses which is issued outside of California to an employer whose principal place of business is located outside of California.

(h) Nothing in this section shall be construed to prohibit the use of a formulary, copayment, technology assessment panel, or similar mechanism as a means for appropriately controlling the utilization of a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA.

(i) If an insurer denies coverage pursuant to this section on the basis that its use is experimental or investigational, that decision is subject to review under the Independent Medical Review System of Article 3.5 (commencing with Section 10169).

(j) This section is not applicable to vision-only, dental-only, Medicare or Champus supplement, disability income, long-term care, accident-only, specified disease or hospital confinement indemnity insurance.

SEC. 4. Section 10145.3 of the Insurance Code is amended to read:

10145.3. (a) Every disability insurer that covers hospital, medical, or surgical benefits shall provide an external, independent review process to examine the insurer's coverage decisions regarding experimental or investigational therapies for individual insureds who meet all of the following criteria:

(1) (A) The insured has a life-threatening or seriously debilitating condition.

(B) For purposes of this section, "life-threatening" means either or both of the following:

(i) Diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted.

(ii) Diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

(C) For purposes of this section, "seriously debilitating" means diseases or conditions that cause major irreversible morbidity.

(2) The insured's physician certifies that the insured has a condition, as defined in paragraph (1), for which standard therapies have not been effective in improving the condition of the insured, for which standard therapies would not be medically appropriate for the insured, or for which there is no more beneficial standard therapy covered by the insurer than the therapy proposed pursuant to paragraph (3).

(3) Either (A) the insured's contracting physician has recommended a drug, device, procedure, or other therapy that the physician certifies in writing is likely to be more beneficial to the insured than any available standard therapies, or (B) the insured, or the insured's physician who is a licensed, board-certified or board-eligible physician qualified to practice in the area of practice appropriate to treat the insured's condition, has requested a therapy that, based on two documents from the medical and scientific evidence, as defined in subdivision (d), is likely to be more beneficial for the insured than any available standard therapy. The physician certification pursuant to this subdivision shall include a statement of the evidence relied upon by the physician in certifying his or her recommendation. Nothing in this subdivision shall be construed to require the insurer to pay for the services of a noncontracting physician, provided pursuant to this subdivision, that are not otherwise covered pursuant to the contract.

(4) The insured has been denied coverage by the insurer for a drug, device, procedure, or other therapy recommended or requested pursuant to paragraph (3), unless coverage for the specific therapy has been excluded by the insurer's contract.

(5) The specific drug, device, procedure, or other therapy recommended pursuant to paragraph (3) would be a covered service except for the insurer's determination that the therapy is experimental or under investigation.

(b) The insurer's decision to deny, delay, or modify experimental or investigational therapies shall be subject to the independent medical review process established under Article 3.5 (commencing with Section 10169) of Chapter 1 of Part 2 of Division 2, except that in lieu of the information specified in subdivision (b) of Section 10169.3, an independent medical reviewer shall base his or her determination on relevant medical and scientific evidence, including, but not limited to, the medical and scientific evidence defined in subdivision (d).

(c) The independent medical review process shall also meet the following criteria:

(1) The insurer shall notify eligible insureds in writing of the opportunity to request the external independent review within five business days of the decision to deny coverage.

(2) If the insured's physician determines that the proposed therapy would be significantly less effective if not promptly initiated, the analyses and recommendations of the experts on the panel shall be rendered within seven days of the request for expedited review. At the request of the expert, the deadline shall be extended by up to three days for a delay in providing the documents required. The timeframes specified in this paragraph shall be in

addition to any otherwise applicable timeframes contained in subdivision (c) of Section 10169.3.

(3) Each expert's analysis and recommendation shall be in written form and state the reasons the requested therapy is or is not likely to be more beneficial for the insured than any available standard therapy, and the reasons that the expert recommends that the therapy should or should not be covered by the insurer, citing the insured's specific medical condition, the relevant documents, and the relevant medical and scientific evidence, including, but not limited to, the medical and scientific evidence as defined in subdivision (d), to support the expert's recommendation.

(4) Coverage for the services required under this section shall be provided subject to the terms and conditions generally applicable to other benefits under the contract.

(d) For the purposes of subdivision (b), "medical and scientific evidence" means the following sources:

(1) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff.

(2) Peer-reviewed literature, biomedical compendia and other medical literature that meet the criteria of the National Institutes of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline and MEDLARS database of Health Services Technology Assessment Research (HSTAR).

(3) Medical journals recognized by the Secretary of Health and Human Services, under Section 1861(t)(2) of the Social Security Act.

(4) Either of the following reference compendia:

(A) The American Hospital Formulary Service's Drug Information.

(B) The American Dental Association Accepted Dental Therapeutics.

(5) Any of the following reference compendia, if recognized by the federal Centers for Medicare and Medicaid Services as part of an anticancer chemotherapeutic regimen:

(A) The Elsevier Gold Standard's Clinical Pharmacology.

(B) The National Comprehensive Cancer Network Drug and Biologics Compendium.

(C) The Thomson Micromedex DrugDex.

(6) Findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including the Federal Agency for Health Care Policy and Research, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services.

(7) Peer-reviewed abstracts accepted for presentation at major medical association meetings.

(e) The independent review process established by this section shall be required on and after January 1, 2001.

SEC. 5. Section 14105.43 of the Welfare and Institutions Code is amended to read:

14105.43. (a) (1) Notwithstanding other provisions of this chapter, any drug which is approved by the federal Food and Drug Administration for use in the treatment of acquired immunodeficiency syndrome (AIDS) or an AIDS-related condition shall be deemed to be approved for addition to the Medi-Cal list of contract drugs only for the purpose of treating AIDS or an AIDS-related condition, for the period prior to the completion of the procedures established pursuant to Section 14105.33.

(2) In addition to any drug that is deemed to be approved pursuant to paragraph (1), any drug that meets any of the following criteria shall be a Medi-Cal benefit, subject to utilization controls:

(A) Any vaccine to protect against human immunodeficiency virus (HIV) infection.

(B) Any antiviral agent, immune modulator, or other agent to be administered to persons who have been infected with human immunodeficiency virus to counteract the effects of that infection.

(C) Any drug or biologic used to treat opportunistic infections associated with acquired immune deficiency syndrome, that have been found to be medically accepted indications and that has either been approved by the federal Food and Drug Administration or recognized for that use in a compendia listed in Section 1927 of the federal Social Security Act (42 U.S.C. Sec. 1396r-8).

(D) Any drug or biologic used to treat the chemotherapy-induced suppression of the human immune system resulting from the treatment of acquired immune deficiency syndrome.

(3) The department shall add any drug deemed to be approved pursuant to paragraph (1) to the Medi-Cal list of contract drugs or allow the provision of the drug as a Medi-Cal benefit, subject to utilization controls, pursuant to paragraph (2), only if the manufacturer of the drug has executed a contract with the Centers for Medicare and Medicaid Services which provides for rebates in accordance with Section 1396r-8 of Title 42 of the United States Code.

(b) Any drug deemed to be approved pursuant to paragraph (1) of subdivision (a) shall be immediately added to the Medi-Cal list of contract drugs, and shall be exempt from the contract requirements of Section 14105.33.

(c) If it is determined pursuant to subdivision (c) of Section 14105.39 that a drug to which subdivision (a) applies should not be placed on the Medi-Cal list of contract drugs, that drug shall no longer be deemed to be approved for addition to the list of contract drugs pursuant to subdivision (a).

SEC. 6. Section 14133.2 of the Welfare and Institutions Code is amended to read:

14133.2. (a) The director shall include in the Medi-Cal list of contract drugs any drug approved for the treatment of cancer by the federal Food and Drug Administration, so long as the manufacturer has executed a contract with the Health Care Financing Administration which provides for rebates in accordance with Section 1396r-8 of Title 42 of the United States Code. These drugs shall be exempt from the contract requirements of Section 14105.33.

(b) In addition to any drug added to the list of contract drugs pursuant to subdivision (a), any drug that meets either of the following criteria and for which the manufacturer has executed a contract with the Health Care Financing Administration that provides for rebates in accordance with Section 1396r-8 of Title 42 of the United States Code, shall be a Medi-Cal benefit, subject to utilization controls, unless the contract requirements of Section 14105.33 have been complied with:

(1) Any drug approved by the federal Food and Drug Administration for treatment of opportunistic infections associated with cancer.

(2) Any drug or biologic used in an anticancer chemotherapeutic regimen for a medically accepted indication, which has either been approved by the federal Food and Drug Administration, or recognized for that use in a compendia listed in Section 1927 of the federal Social Security Act (42 U.S.C. Sec. 1396r-8).

Assembly Bill No. 931

CHAPTER 491

An act to amend Section 1261.5 of the Health and Safety Code, relating to health facilities.

[Approved by Governor October 11, 2009. Filed with Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

AB 931, Fletcher. Emergency supplies.

Existing law provides for the licensing and regulation by the State Department of Public Health of health facilities, including, but not limited to, skilled nursing facilities and intermediate care facilities.

Existing Pharmacy Law provides for the licensing and regulation of the practice of pharmacy under the jurisdiction of the California State Board of Pharmacy and establishes requirements for the dispensing of drugs.

Existing law authorizes a pharmacy to furnish dangerous drugs or devices to a licensed health facility for storage in a secure emergency pharmaceutical supplies container that is maintained within the facility under regulations of the department. Existing law limits the number of oral dosage form and suppository dosage form drugs for storage within this container to 24. It also authorizes the department to limit the number of doses of each drug available to a skilled nursing facility or intermediate care facility to not more than 4 doses of any separate drug dosage form in each emergency supply.

This bill would increase the storage container limit to 48, as specified. The bill would also increase the authorized dosage amount available to a skilled nursing facility or intermediate care facility.

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

SECTION 1. Section 1261.5 of the Health and Safety Code is amended to read:

1261.5. (a) The number of oral dosage form or suppository form drugs provided by a pharmacy to a health facility licensed pursuant to subdivision (c) or (d), or both (c) and (d), of Section 1250 for storage in a secured emergency supplies container, pursuant to Section 4119 of the Business and Professions Code, shall be limited to 48. The State Department of Public Health may limit the number of doses of each drug available to not more than 16 doses of any separate drug dosage form in each emergency supply.

(b) Not more than four of the 48 oral form or suppository form drugs secured for storage in the emergency supplies container shall be

psychotherapeutic drugs, except that the department may grant a program flexibility request to the facility to increase the number of psychotherapeutic drugs in the emergency supplies container to not more than 10 if the facility can demonstrate the necessity for an increased number of drugs based on the needs of the patient population at the facility. In addition, the four oral form or suppository form psychotherapeutic drug limit shall not apply to a special treatment program service unit distinct part, as defined in Section 1276.9. The department shall limit the number of doses of psychotherapeutic drugs available to not more than four doses in each emergency supply. Nothing in this section shall alter or diminish informed consent requirements, including, but not limited to, the requirements of Section 1418.9.

(c) Any limitations established pursuant to subdivisions (a) and (b) on the number and quantity of oral dosage or suppository form drugs provided by a pharmacy to a health facility licensed pursuant to subdivision (c), (d), or both (c) and (d), of Section 1250 for storage in a secured emergency supplies container shall not apply to an automated drug delivery system, as defined in Section 1261.6, when a pharmacist controls access to the drugs.

Senate Bill No. 762

CHAPTER 16

An act to amend Section 460 of the Business and Professions Code, relating to professions and vocations.

[Approved by Governor July 2, 2009. Filed with Secretary of State July 2, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

SB 762, Aanestad. Professions and vocations: healing arts.

Existing law makes it unlawful for a city or county to prohibit a person, authorized by one of the agencies of the Department of Consumer Affairs to engage in a particular business, from engaging in that business, occupation, or profession or any portion thereof.

This bill would also make it unlawful for a city, county, or city and county to prohibit a healing arts licensee from engaging in any act or performing any procedure that falls within the professionally recognized scope of practice of that licensee, but would prohibit construing this provision to prohibit the enforcement of a local ordinance in effect prior to January 1, 2010, as specified, or to prohibit the adoption or enforcement of a local ordinance governing zoning, business licensing, or reasonable health and safety requirements, as specified.

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

SECTION 1. Section 460 of the Business and Professions Code is amended to read:

460. (a) No city or county shall prohibit a person or group of persons, authorized by one of the agencies in the Department of Consumer Affairs by a license, certificate, or other such means to engage in a particular business, from engaging in that business, occupation, or profession or any portion thereof.

(b) No city, county, or city and county shall prohibit a healing arts professional licensed with the state under Division 2 (commencing with Section 500) from engaging in any act or performing any procedure that falls within the professionally recognized scope of practice of that licensee.

(1) This subdivision shall not be construed to prohibit the enforcement of a local ordinance in effect prior to January 1, 2010, related to any act or procedure that falls within the professionally recognized scope of practice of a healing arts professional licensed under Division 2 (commencing with Section 500).

(2) This subdivision shall not be construed to prevent a city, county, or city and county from adopting or enforcing any local ordinance governing zoning, business licensing, or reasonable health and safety requirements for establishments or businesses of a healing arts professional licensed under Division 2 (commencing with Section 500).

(c) Nothing in this section shall prohibit any city, county, or city and county from levying a business license tax solely for revenue purposes, nor any city or county from levying a license tax solely for the purpose of covering the cost of regulation.

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ATTACHMENT C-1

**AB 977 (Skinner) – Pharmacists: Immunization Administration
Proposal to Amend Business and Professions Code Sections
§4052 and §4052.8**

Last Amend: April 23, 2009

AMENDED IN ASSEMBLY APRIL 23, 2009

AMENDED IN ASSEMBLY APRIL 13, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 977

Introduced by Assembly Member Skinner

February 26, 2009

An act to amend Section 4052 of, and to add Section 4052.8 to, the Business and Professions Code, relating to pharmacy.

LEGISLATIVE COUNSEL'S DIGEST

AB 977, as amended, Skinner. Pharmacists: immunization ~~administration. protocols with physicians.~~

Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy.

This bill would request the California Pharmacists Association to provide information to specified legislative committees on the status of immunization protocols between independent pharmacists and physicians.

~~Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the Board of Pharmacy in the Department of Consumer Affairs. A violation of the Pharmacy Law is a crime. Existing law, among other things, authorizes a pharmacist to administer immunizations pursuant to a protocol with a prescriber.~~

~~This bill would additionally authorize a pharmacist to initiate and administer influenza and pneumococcal immunizations to any person 7 years of age or older. The bill would require a pharmacist, prior to initiating and administering those immunizations, to complete a specified pharmacy-based immunization delivery training program. The bill~~

would also require a pharmacist initiating and administering immunizations to complete 3 hours of immunization-related continuing education coursework annually and to be certified in basic life support. The bill would require a pharmacist, at the time of administration of an immunization, to provide the patient with a Vaccine Information Statement and to provide the patient's physician with documentation of administration of the immunization. The bill would also require a pharmacist administering an immunization to maintain a specified immunization administration record, provide documentation of administration to the California Immunization Registry, report any adverse event and assure proper storage and handling of vaccines. The bill would authorize a pharmacist initiating and administering vaccines to initiate and administer epinephrine for severe allergic reactions. The bill would also require a pharmacist to obtain the consent of a parent or guardian before administering any immunization to a patient under 18 years of age.

Because this bill would create new requirements under the Pharmacy Law, the violation of which would be a crime, it would impose a state-mandated local program.

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

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

Vote: majority. Appropriation: no. Fiscal committee: yes-no.
State-mandated local program: no.

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

1 SECTION 1. *The California Pharmacists Association is hereby*
2 *requested to provide information to the respective chairpersons*
3 *of the Committees on Business and Professions and Health of the*
4 *Assembly and of the Committees on Business, Professions and*
5 *Economic Development and Health of the Senate on the status of*
6 *immunization protocols between independent pharmacists and*
7 *physicians.*

8 SECTION 1. ~~The Legislature finds and declares all of the~~
9 ~~following:~~

1 ~~(a) Vaccines are a safe, effective, and efficient means to prevent~~
2 ~~sickness and death from infectious diseases as reported by the~~
3 ~~United States Department of Health and Human Services (HHS).~~

4 ~~(b) The National Vital Statistics Report published by HHS~~
5 ~~reports that influenza and pneumonia combined are the eighth~~
6 ~~leading cause of death in people of all ages, and the sixth leading~~
7 ~~cause of death in people over 65 years of age.~~

8 ~~(c) The federal Centers for Disease Control and Prevention~~
9 ~~report that 220,000,000 persons should get the influenza~~
10 ~~vaccination annually, however, fewer than 100,000,000 do.~~

11 ~~(d) According to the California Health Care Foundation,~~
12 ~~6,600,000 Californians are uninsured and may not have access to~~
13 ~~immunizations.~~

14 ~~(e) Pharmacists represent the third largest health professional~~
15 ~~group in the United States and are on the front line of preventative~~
16 ~~care.~~

17 ~~(f) Pharmacists are trained to screen, administer, and properly~~
18 ~~deal with any adverse events that may arise from vaccines.~~

19 ~~(g) Therefore, in order to achieve greater access to immunization~~
20 ~~and to protect Californians, it is the intent of the Legislature to~~
21 ~~provide greater access to lifesaving vaccinations and to ensure that~~
22 ~~pharmacists may independently administer influenza and~~
23 ~~pneumonia vaccinations.~~

24 ~~SEC. 2. Section 4052 of the Business and Professions Code is~~
25 ~~amended to read:~~

26 ~~4052. (a) Notwithstanding any other provision of law, a~~
27 ~~pharmacist may:~~

28 ~~(1) Furnish a reasonable quantity of compounded drug product~~
29 ~~to a prescriber for office use by the prescriber.~~

30 ~~(2) Transmit a valid prescription to another pharmacist.~~

31 ~~(3) Administer, orally or topically, drugs and biologicals~~
32 ~~pursuant to a prescriber's order.~~

33 ~~(4) Perform procedures or functions in a licensed health care~~
34 ~~facility as authorized by Section 4052.1.~~

35 ~~(5) Perform procedures or functions as part of the care provided~~
36 ~~by a health care facility, a licensed home health agency, a licensed~~
37 ~~clinic in which there is a physician oversight, a provider who~~
38 ~~contracts with a licensed health care service plan with regard to~~
39 ~~the care or services provided to the enrollees of that health care~~
40 ~~service plan, or a physician, as authorized by Section 4052.2.~~

1 ~~(6) Manufacture, measure, fit to the patient, or sell and repair~~
2 ~~dangerous devices or furnish instructions to the patient or the~~
3 ~~patient's representative concerning the use of those devices.~~

4 ~~(7) Provide consultation to patients and professional information,~~
5 ~~including clinical or pharmacological information, advice, or~~
6 ~~consultation to other health care professionals.~~

7 ~~(8) Furnish emergency contraception drug therapy as authorized~~
8 ~~by Section 4052.3.~~

9 ~~(9) Administer or initiate and administer immunizations pursuant~~
10 ~~to Section 4052.8.~~

11 ~~(b) A pharmacist who is authorized to issue an order to initiate~~
12 ~~or adjust a controlled substance therapy pursuant to this section~~
13 ~~shall personally register with the federal Drug Enforcement~~
14 ~~Administration.~~

15 ~~(c) Nothing in this section shall affect the requirements of~~
16 ~~existing law relating to maintaining the confidentiality of medical~~
17 ~~records.~~

18 ~~(d) Nothing in this section shall affect the requirements of~~
19 ~~existing law relating to the licensing of a health care facility.~~

20 ~~SEC. 3. Section 4052.8 is added to the Business and Professions~~
21 ~~Code, to read:~~

22 ~~4052.8. (a) A pharmacist may do either of the following:~~

23 ~~(1) Administer any immunization pursuant to a protocol with a~~
24 ~~prescriber.~~

25 ~~(2) Initiate and administer influenza or pneumococcal~~
26 ~~immunizations to any person seven years of age or older.~~

27 ~~(b) Prior to initiating and administering immunizations, a~~
28 ~~pharmacist shall complete the American Pharmacists Association's~~
29 ~~Pharmacy-Based Immunization Delivery Certificate Training~~
30 ~~Program or another pharmacy-based immunization training~~
31 ~~certificate program endorsed by the federal Centers for Disease~~
32 ~~Control and Prevention or the Accreditation Council for~~
33 ~~Pharmaceutical Education.~~

34 ~~(c) (1) A pharmacist initiating and administering any~~
35 ~~immunization pursuant to this section shall also complete three~~
36 ~~hours of immunization-related continuing education coursework~~
37 ~~annually.~~

38 ~~(2) If a pharmacist fails to satisfy this requirement, he or she~~
39 ~~shall, in addition to any other applicable disciplinary action, retake~~
40 ~~the training identified in subdivision (b) and also complete the~~

1 ~~three hours of immunization-related continuing education~~
2 ~~coursework described in paragraph (1) prior to initiating and~~
3 ~~administering any further immunizations.~~

4 ~~(3) The three hours of immunization-related continuing~~
5 ~~education may be applied toward the continuing education~~
6 ~~requirement described in Section 4231.~~

7 ~~(d) A pharmacist initiating and administering any immunization~~
8 ~~pursuant to this section shall at all times be certified in basic life~~
9 ~~support.~~

10 ~~(e) A pharmacist shall obtain the consent of a parent or guardian~~
11 ~~before administering an immunization to a patient under 18 years~~
12 ~~of age.~~

13 ~~(f) At the time of administration of an immunization, the~~
14 ~~pharmacist shall do all of the following:~~

15 ~~(1) Provide the patient or the patient's agent with the appropriate~~
16 ~~Vaccine Information Statement, produced by the Centers for~~
17 ~~Disease Control and Prevention, for each immunization~~
18 ~~administered.~~

19 ~~(2) Provide documentation of administration of the~~
20 ~~immunization to the patient and the patient's physician or primary~~
21 ~~care provider, if one can be identified.~~

22 ~~(3) Provide documentation of administration of the~~
23 ~~immunization to the California Immunization Registry (CAIR):~~

24 ~~(g) The pharmacist shall maintain an immunization~~
25 ~~administration record, which shall include, but not be limited to,~~
26 ~~the name of the vaccine, the expiration date, the date of~~
27 ~~administration, the manufacturer and lot number, the administration~~
28 ~~site and route, the Vaccine Information Statement date, and the~~
29 ~~name and title of the person administering, for the longer of the~~
30 ~~following periods:~~

31 ~~(1) Ten years from the date of administration.~~

32 ~~(2) If the patient is younger than 18 years of age at the time of~~
33 ~~administration, three years beyond the patient's 18th birthday.~~

34 ~~(h) Any pharmacist initiating and administering vaccines may~~
35 ~~initiate and administer epinephrine by injection for severe allergic~~
36 ~~reactions.~~

37 ~~(i) Any adverse event shall be reported to the Vaccine Adverse~~
38 ~~Event Reporting System within the U.S. Department of Health~~
39 ~~and Human Services.~~

1 ~~(j) Upon receipt of a vaccine as authorized by this section, a~~
2 ~~pharmacist is responsible for assuring that proper vaccine~~
3 ~~temperatures are maintained during subsequent storage and~~
4 ~~handling to preserve the potency of the vaccine.~~

5 SEC. 4. ~~No reimbursement is required by this act pursuant to~~
6 ~~Section 6 of Article XIII B of the California Constitution because~~
7 ~~the only costs that may be incurred by a local agency or school~~
8 ~~district will be incurred because this act creates a new crime or~~
9 ~~infraction, eliminates a crime or infraction, or changes the penalty~~
10 ~~for a crime or infraction, within the meaning of Section 17556 of~~
11 ~~the Government Code, or changes the definition of a crime within~~
12 ~~the meaning of Section 6 of Article XIII B of the California~~
13 ~~Constitution.~~

14

15

16 CORRECTIONS: _____

17 Digest—Page 2—Vote key line.

18 _____

ATTACHMENT F-1

Legislation and Regulation Committee Quarterly Report and Goals

LEGISLATION AND REGULATION COMMITTEE

Goal 3: Advocate legislation and promulgate regulations that advance the vision and mission of the Board of Pharmacy.

Outcome: Improve the health and safety of Californians.

<p>Objective 3.1</p>	<p>Annually identify and respond with legislative changes to keep pharmacy laws current and consistent with the board's mission.</p>
<p>Measure:</p>	<p>100 percent successful enactment of promoted legislative changes.</p>
<p>Tasks:</p>	<ol style="list-style-type: none"> 1. Secure extension of board's sunset date. <ul style="list-style-type: none"> <i>Sept. 30, 2006:</i> Governor signs SB 1476 which delays the board's sunset date two years (until 2010), and requires the board's sunset report in 2008. <i>June 2007:</i> SB 963 (Ridley-Thomas) is amended to alter the sunset review process. <i>July 2008:</i> SB 963 (Ridley-Thomas) is amended to alter the sunset review process. Board staff attend a stakeholders meeting with committee staff to discuss amendments. <i>Sept. 2008:</i> Governor signs SB 963 (Chapter 385, Statutes of 2008) <i>Sept. 2009:</i> Sunset extension amended into AB 1071. Bill enrolled and sent to Governor. <i>Oct. 2009:</i> Governor signs AB 1071 (Chapter 270, Statutes of 2009) to extend the board's sunset date to 2013. 2. Sponsor legislation to update pharmacy law. <ul style="list-style-type: none"> <i>Enacted - 1st Qtr. 08/09:</i> SB 1048 (Chapter 588, Statutes 2007) containing board omnibus provisions <i>Oct. 2007:</i> Board sponsors omnibus provisions for 2008. Four types of changes are discussed. <ol style="list-style-type: none"> (1) Changes specific to the PIC and DRC requirements <ul style="list-style-type: none"> • Section 4022.5 – Designated Representative; Designated Representative-in-Charge • Section 4036.5 – Pharmacist-in-Charge • Section 4161 – Nonresident wholesaler • Section 4305 – Pharmacist-in-Charge; Notice to Board; Disciplinary Action • Section 4329 – Nonpharmacists; Prohibited Acts • Section 4330 – Proprietors; Prohibited Acts (2) Changes to allow for the use of mobile pharmacies <ul style="list-style-type: none"> • Section 4062 – Furnishing Dangerous Drugs During an Emergency. • Section 4110 – License Required, Temporary Permit Upon Transfer of Ownership. (3) General changes <ul style="list-style-type: none"> • Section 4059.5 – Who May order Dangerous Drugs or Devices, Exceptions. • Section 4081 – Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory • Section 4126.5 – Furnishing Dangerous Drugs by Pharmacy. • Section 4231 – Requirements for Renewal of Pharmacist License: Clock Hours; Exemption for New Licensee. • H&SC 11165 – Controlled Substance Utilization Review and Evaluation System: Establishment; Operation; Funding; Reporting to Legislature.

(4) *Changes based on recodification of Business and Professions Code section 4052*

- *Section 733 – Dispensing Prescription Drugs and Devices*
- *Section 4027 – Skilled Nursing Facility – Intermediate Care Facility – Other Health Care Facilities*
- *Section 4040 – Prescription; Content Requirements*
- *Section 4051 – Conduct Limited to Pharmacist; Conduct Authorized by Pharmacist*
- *Section 4060 – Controlled Substance – Prescription Required, Exceptions*
- *Section 4076 – Prescription Container – Requirements for Labeling*
- *Section 4111 – Restrictions on Prescriber Ownership*
- *Section 4174 – Dispensing by Pharmacist Upon Order of Nurse Practitioner*
- *H&SC 11150 – Persons Authorized to Write or Issue a Prescription*

Jan. 2008: *Staff provides language to Senate Business and Professions Committee for inclusion in omnibus bill.*

Board approved language for omnibus bill.

April 2008: *Some provisions of omnibus bill removed:*

- *Section 4101 – Pharmacist-in-Charge; Designation Representative-in-Charge; Termination of Status; Duty to Notify the Board.*
- *Section 4113 – Pharmacist-in-Charge; Approval; Responsibilities; Notifications*
- *Section 4160 – Wholesaler Licenses*
- *Section 4196 – Veterinary Food-Animal Drug Retailer Licenses; Persons Allowed in Areas Where Drugs are Stored, Possessed, or Repacked*
- *Section 4362 – Entry Into Pharmacists Recovery Program.*

Oct. 2008: *Governor vetoes SB 1779*

1st Qtr. 08/09: *Board seeks to pursue omnibus provisions (formerly contained in SB 1779). Four areas of change:*

(1) Changes specific to the PIC and DRC requirements

- *Section 4022.5 – Designated Representative; Designated Representative-in-Charge*
- *Section 4036.5 – Pharmacist-in-Charge*
- *Section 4305 – Pharmacist-in-Charge; Notice to Board; Disciplinary Action*
- *Section 4329 – Nonpharmacists; Prohibited Acts*
- *Section 4330 – Proprietors; Prohibited Acts*

(2) Changes to allow for the use of mobile pharmacies

- *Section 4062 – Furnishing Dangerous Drugs During an Emergency.*
- *Section 4110 – License Required, Temporary Permit Upon Transfer of Ownership.*

(3) *General changes*

- *Section 4059.5 – Who May order Dangerous Drugs or Devices, Exceptions.*
- *Section 4081 – Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory*
- *Section 4126.5 – Furnishing Dangerous Drugs by Pharmacy.*
- *Section 4231 – Requirements for Renewal of Pharmacist License: Clock Hours; Exemption for New Licensee.*
H&SC 11165 – Controlled Substance Utilization Review and Evaluation System: Establishment; Operation; Funding; Reporting to Legislature.

(4) *Changes based on recodification of Business and Professions Code section 4052*

- *Section 733 – Dispensing Prescription Drugs and Devices*
- *Section 4027 – Skilled Nursing Facility – Intermediate Care Facility – Other Health Care Facilities*
- *Section 4040 – Prescription; Content Requirements*
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- *Section 4060 – Controlled Substance – Prescription Required, Exceptions*
- *Section 4076 – Prescription Container – Requirements for Labeling*
- *Section 4111 – Restrictions on Prescriber Ownership*
- *Section 4174 – Dispensing by Pharmacist Upon Order of Nurse Practitioner*
- *H&SC 11150 – Persons Authorized to Write or Issue a Prescription*

1st Qtr. 08/09: *Board seeks to introduce additional changes:*

- *Section 4101 – Pharmacist-in-Charge; Designation Representative-in-Charge; Termination of Status; Duty to Notify the board.*
- *Section 4113 – Pharmacist-in-Charge; Approval; Responsibilities; Notifications*
- *Section 4160 – Wholesaler Licenses*
- *Section 4196 – Veterinary Food-Animal Drug Retailer Licenses; Persons Allowed in Areas Where Drugs are Stored, Possessed, or Repacked*
- *Section 4362 – Entry Into Pharmacists Recovery Program.*

New Provisions

- *4200.1 – Pharmacist Examination; Remedial Education*
- *4112 – Non-resident Pharmacy; Registration Required*
- *4146 – Return and Disposal of Sharps*
- *4013 – Subscriber Alert*

2nd Qtr. 08/09: Provisions contained in SB 821:

- *Section 4101 – Pharmacist-in-Charge; Designation Representative-in-Charge; Termination of Status; Duty to Notify the board.*
- *Section 4113 – Pharmacist-in-Charge; Approval; Responsibilities; Notifications*
- *Section 4160 – Wholesaler Licenses*
- *Section 4196 – Veterinary Food-Animal Drug Retailer Licenses; Persons Allowed in Areas Where Drugs are Stored, Possessed, or Repacked*

New Provisions

- *4112 – Non-resident Pharmacy: Registration Required*
- *4146 – Return and Disposal of Sharps*
- *4013 – Subscriber Alert*

3rd Qtr. 08/09: Governor signs SB 819 and SB 821, which contains all omnibus provisions with the exception of 4200.1 - Pharmacists Examination.

- 3. Advocate the board's role and its positions regarding pharmacists' care and dispensing of dangerous drugs and devices (AB 2408).**

Sept. 30, 2006: Governor signs AB 2408. Amendments taken in August remove provisions that would have described the professional services provided by pharmacists, and authorized pharmacists outside California to provide pharmacists' care services to patients in California if licensed here or working within the framework of a nonresident pharmacy. Remaining provisions restructure pharmacist protocol provisions and several other changes.

- 4. Secure statutory standards for pharmacies that compound medications (AB 595).**

Aug. 2006: Amendments made to remove opposition of DHS regarding pharmacy contracting with another pharmacy for compounded drugs triggers opposition from pharmacy organizations. Board drops AB 595, but will advance regulations developed for compounding pharmacies in the future.

Aug. 2008: Comprehensive regulatory notice issued to amend, repeal and add regulatory provisions to Article 7 and Article 4.5 to update general compounding regulations and to make consistent regulations for sterile injectable compounding.

- 5. Secure implementation of e-pedigrees on prescription drugs dispensed in California.**

Sept. 2006: Governor signs SB 1476 which contains board amendments to delay implementation of the e-pedigree requirements until 2009, or upon board action, until 2011. Amendments also require interoperability, serialization, returned drug products to retain the initiating pedigree, require notice to the board of suspected or actual counterfeiting, and continuation of the pedigree through repackaging operations.

Sept. 2008: Governor signs SB 1307 which delays implementation of e-pedigree.

6. Advocate the board's position on pending legislation affecting pharmacy practice and/or the board's jurisdiction.

Oct. 2007: Governor signs the following:

AB 110 (Chapter 707, Statutes of 2007) Drug Paraphernalia: Clean Needle and Syringe Exchange Projects.

SB 472 (Chapter 470, Statutes of 2007) Prescription Drugs: Labeling Requirements.

SB 966 (Chapter 542, Statutes of 2007) Pharmaceutical Drug Disposal.

Governor vetoes the following:

AB 249 (Eng) Healing Arts: Settlement Agreements.

AB 543 (Plescia) Ambulatory Surgical Centers: Licensure.

AB 1025 (Bass) Professions and Vocations: Denial of Licensure.

SB 615 (Oropeza) Pharmacy Technicians: Scholarship Fund.

Oct. 2008: Governor signs the following:

AB 1394 (Chapter 431, Statutes of 2008) Counterfeit: Trademarks

SB 963 (Chapter 385, Statutes of 2008) Regulatory Boards: Sunset Review

Governor vetoes the following:

AB 501 (Swanson) Pharmaceutical Devices

AB 865 (Davis) State Agencies

AB1574 (Plescia) Surgical Clinics: Licensure

Jan. 2009: Legislation introduced affecting Pharmacy law:

(New Session) *AB 67 (Nava) Pharmacy Patient Protection Act of 2008: Dispensing of prescriptions, irrespective of a pharmacist's ethical, moral, or religious objections.*

SB 26 (Simitian) Home-generated pharmaceutical wastes and the disposal of devices.

<p>April 2009:</p>	<p>AB 418 (Emmerson) Pharmacy Technicians – Education and CE Requirements AB 484 (Eng) Licensees Not in Compliance with Judgment or Order; Enforcement; Action on a License AB 718 (Emmerson) Prescription Drugs: Electronic Transmissions – Requirement to Electronically Transmit Data by January 2012 AB 830 (Cook) Drugs and Devices. References to US Pharmacopoeia; Compendia Recognized by the Centers of Medicare and Medicaid AB 877 (Emmerson) Healing Arts; DCA Committee Analysis; Scope of Healing Arts Practice AB 931 (Fletcher) Emergency Supplies – Doses Stored in an Emergency Supplies Container AB 1310 (Hernandez) Specifies Mandatory Fields for Initial and Renewal Application Forms (Various Healing Arts Boards). Annual Transmission of Data to Health Care Workforce Clearinghouse (OSHDP) AB 1370 (Solario) “Best Before” Date on a Prescription Label AB 1458 (Davis) Drugs: Adverse Effects Reporting SB 26 (Simitian) Home-Generated Pharmaceutical Waste SB 43 (Alquist) Cultural and Linguistic Competency SB 238 (Calderon) Medical Information SB 341 (DeSaulnier) California Department of Public Health to Contract with UC to Evaluate the Safety and Effectiveness of Prescription Drugs SB 389 (McLeod) – FBI and State Fingerprinting Requirements for DCA Boards and Bureaus SB 484 (Wright) Ephedrine Products to Schedule V SB 638 (Negrete McLeod) DCA Regulatory Boards -- Sunset Reviews SB 762 (Aanestad) Professions and Vocations; Healing Arts</p>
<p>June 2009:</p>	<p>AB 718 (Emmerson) Prescription Drugs: Electronic Transmissions – Requirement to Electronically Transmit Data by January 2012 AB 830 (Cook) Drugs and Devices. References to US Pharmacopoeia; Compendia Recognized by the Centers of Medicare and Medicaid AB 931 (Fletcher) Emergency Supplies – Doses Stored in an Emergency Supplies Container AB 1310 (Hernandez) Specifies Mandatory Fields for Initial and Renewal Application Forms (Various Healing Arts Boards). Annual Transmission of Data to Health Care Workforce Clearinghouse (OSHDP) SB 389 (McLeod) – FBI and State Fingerprinting Requirements for DCA Boards and Bureaus SB 484 (Wright) Ephedrine Products to Schedule V SB 638 (Negrete McLeod) DCA Regulatory Boards -- Sunset Reviews SB 762 (Aanestad) Professions and Vocations; Healing Arts</p>
<p>July 2009:</p>	<p>Governor signs SB 762 (Aanestad) Professions and Vocations; Healing Arts</p>
<p>Oct. 2009:</p>	<p>Governor signs SB 819 (Omnibus) Governor signs SB 821 (Omnibus) Governor signs SB 470 (Corbett) - “Purpose” Governor signs AB 1071 (Emmerson) Pharmacy Fees; Sunset Governor signs AB 931 (Fletcher) - Emergency Supplies Container Governor signs AB 830 (Cook) Drugs and Devices; references to Compendia</p>

7. **Expand the conditions under which a pharmacist may administer an immunization independent of physician protocol.**
- March 2007: Licensing Committee considers and approves concept. More work is required.*
- June 2007: Licensing Committee considers draft language and requests additional refinements to proposal for consideration at September 2007 committee meeting.*
- Sept. 2007: Licensing Committee forwards to full board legislative proposal.*
- Oct. 2007: Board approved draft legislation.*
- Nov. 2007: Staff meeting with stakeholders to elicit support for the proposal.*
- Dec. 2007: Staff develop fact sheets and work with experts in immunizations.*
- Feb. 2009: Assembly Member Skinner authors AB 977, to allow pharmacists to initiate and administer immunizations pursuant to the Centers for Disease Control's guidelines for the adult and adolescent immunizations schedules.*
- April 2009: Bill amended to allow pharmacists to initiate and administer pneumonococcal and influenza vaccines.*
- May 2009: Bill amended to intent language requesting the California Pharmacists Association to provide information to legislative Committees on the status of immunization protocols. (2-year bill)*
8. **Advocate the board's role as an advocate for consumers by redesigning prescription label for all medicines dispensed to California patients.**
- Oct. 2007: Governor signs SB 472 (Chapter 470, Statutes of 2007) Prescription Drugs: Labeling Requirements.*
- Apr. 2008: First public forum held in Fremont.*
- May 2008: Staff develop survey form to distribute to consumers to solicit input
Staff attend Senior Seminar, interview attendees about prescription label and distribute surveys.*
- June 2008: Staff attends community events, interview attendees about prescription label and distribute surveys.*
- July 2008: Staff attends community events, interview attendees about prescription label and distribute surveys.*
- Oct. 2008: Staff continues to attend community events, interview attendees about prescription label and distribute surveys.
Public Education Committee updated on the status of survey results.*
- Feb. 2009: Senator Corbett authors SB 470, to allow the purpose for which a medicine is prescribed to be included in the prescription and prescription label.*
- May 2009: Bill passes out of the Senate*
- Oct. 2009: Governor signs SB 470 (Chapter 590, Statutes of 2009).*
9. **Secure statutory fee increase to ensure sufficient funding to fulfill all of the boards statutory obligations as a consumer protection agency.**
- Dec. 2008: Board receives findings of independent fee audit.*
- Jan. 2009: Board votes to pursue fee increase.*
- Feb. 2009: Assembly Member Emmerson authors AB 1071 which establishes new application and renewal fees.*
- June 2009: Bill passes out of the Assembly.*
- Sept. 2009: Bill is enrolled and sent to the Governor.*
- Sept. 2009: Bill enrolled, then pulled back and amended to include sunset provisions for the board. Amendments pass Senate and Assembly concurs. The bill is re-enrolled.*
- Oct. 2009: Governor signs AB 1071 (Chapter 270, Statutes of 2009)*

Objective 3.2	Annually identify and respond with regulatory changes to keep pharmacy regulations current and consistent with the board's mission.
Measure:	Percentage successful enactment of promoted regulatory changes.
Tasks:	<ol style="list-style-type: none"> 1. Authorize technicians to check technicians in inpatient pharmacies with clinical pharmacist programs (sections 1793.7-1793.8). <i>Jan. 2007: Office of Administrative Law approves rulemaking. Regulation takes effect.</i> 2. Authorize the use of prescription drop boxes and automated delivery machines for outpatient pharmacies (sections 1713 and 1717(e)). <i>Jan. 2007: Regulation takes effect following approval by the Office of Administrative Law.</i> 3. Make technical changes in pharmacy regulations to keep the code updated. <i>April 2007: Section 1775.4 – contested citations. DCA determines no regulation is needed to accomplish the requirement to allow 1 rescheduling of an office conference. This regulation is withdrawn.</i> <i>June 2007: Section 1706.2 – Criteria for abandonment of files, changes take effect following approval by the Office of Administrative Law.</i> 4. Repeal the requirement to post a notice regarding electronic files (section 1717.2). <i>March 2007: Office of Administrative Law approves rulemaking. Regulation takes effect.</i> 5. Revise and update Disciplinary Guidelines revision and update (section 1760). <i>Aug. 2006: Final changes to Disciplinary Guidelines being compiled by staff.</i> <i>Dec. 2006: Disciplinary Guidelines is being reformatted into strikeout and underscore version for eventual release for public comment.</i> <i>June 2007: Enforcement Committee reviews Disciplinary Guidelines and requests additional time to review before being submitted to the board.</i> <i>Sept. 2007: Enforcement Committee approves Disciplinary Guidelines and recommends board approval.</i> <i>Oct. 2007: Board approves Disciplinary Guidelines for 45-day comment period.</i> <i>Feb. 2008: Regulation released for 45 days of public comment.</i> <i>April 2008: Board adopts regulation.</i> <i>Sept. 2008: Rulemaking file submitted for review by the administration.</i> <i>Jan. 2009: Board pursues 15-day comment to eliminate an optional provision contained in the guidelines.</i> <i>March 2009: Rulemaking compiled and resubmitted for review by the administration.</i> <i>May 2009: Regulation takes effect.</i> 6. Self-assessment of a wholesaler by the designated representative (section 1784). <i>April 2007: Office of Administrative Law approves rulemaking. Regulation takes effect.</i> 7. Exempt the address of records of interns from display on the board's website (section 1727.1). <i>Sept. 2006: Office of Administrative Law approves rulemaking. Regulation takes effect October 2006.</i> 8. Modification of building standards for pharmacies – rulemaking by the California Building Standards Commission. <i>July 2006: Board notified that a new procedure now exists for adopting building standards. Staff will pursue these procedures in 2007.</i> <i>June 2007: Board staff submit rulemaking file to the California Building Standards Commission.</i>

9. Update Notice to Consumers Poster in conformance with AB 2583 (Chapter 487, Statutes 2006)(Section 1707.2).
- Feb. 2007: Board notices regulation for 45 days comment period.*
- April 2007: Board considers comments submitted during public comment period and modifies text regulation to reflect comments.*
- May 2007: New section 1707.2 released for 45 days of public comment.*
- July 2007: Board adopts regulation and compiles rulemaking file. File submitted to the Department of Consumer Affairs to initiate Administration Review.*
- Sept. 2007: File submitted to the Office of Administrative Law for review.*
- Oct. 2007: Office of Administrative Law approves rulemaking.*
- Nov. 2007: Regulation changes takes effect.*
- Nov. 2007: Staff solicits design submissions from graphic designers.*
- Jan. 2008: Communication and Public Education Committee make recommendations on design submissions.*
- Jul. 2008: Board mails updated Notice to Consumers to all pharmacies in California.*
10. Secure changes without regulatory effect (Section 100 changes) to pharmacy regulations to keep them accurate and current.
- Dec. 2007: Office of Administrative Law approves Section 100 Changes. Amend the following:*
- 1707 – Waiver of requirements for off-site storage of records*
 - 1709.1 – Designation of pharmacist-in-charge*
 - 1715 – Self-assessment of a pharmacy by the pharmacist-in-charge*
 - 1717 – Pharmacy practice*
 - 1746 – Emergency contraception*
 - 1780.1 – Minimum standards for veterinary food-animal drug retailers*
 - 1781 – Exemption certificate*
 - 1787 – Authorization to distribute dialysis drugs and devices*
 - 1790 – Assembling and packaging*
 - 1793.8 – Technician check technician*
 - Repeal section 1786 – Exemptions*
- March 2009: Office of Administrative Law approves Section 100 Changes to update the self-assessment forms required in California Code of Regulations 1715 and 1784.*
11. Increase fees to keep the board's contingency fund solvent and maintain operations.
- Nov. 2007: Office of Administrative Law approves rulemaking.*
- Nov. 2007: Staff complete necessary programming changes and begin advising licensees of the change.*
- Jan. 1, 2008: New fees take effect.*
- Oct. 2009: Governor signs AB 1071, new fee schedule.*

12. Secure regulatory standards for pharmacies that compound.

Dec. 2006: Licensing Committee evaluates proposed compounding regulations developed in 2004. Some modifications may be needed.

March 2007: Licensing Committee convenes discussion of amendments to compounding regulations. More work is required.

May 2007: Licensing Committee holds detailed discussion on compounding regulations.

Sept. 2007: Licensing Committee forwards regulation proposal to the board for review.

Nov. 2007: Board releases language for the 45-day comment period.

Jan. 2008: Board held regulation hearing and considers written comments and oral testimony.

April 2008: Board votes to withdraw rulemaking.

Aug. 2008: Board releases new language for the 45-day comment period.

Oct. 2008: Board holds regulation hearing to elicit additional comments.

Jan. 2009: Board votes to pursue 15-day notice.

April 2009: Board releases second 15-day comment period.

May 2009: Board releases second 15-day comment period.

July 2009: Board votes to approve regulation.

Aug. 2009: Rulemaking submitted for review by the administration.

13. Establish an ethics course.

April 2007: Board establishes a subcommittee to examine the development of an ethics course.

Oct. 2007: Board votes to pursue regulation change to establish program components.

Sept. 2008: Board notices regulation for 45-day comment period.

Oct. 2008: Board votes to pursue 15-day comment period and, absent any negative comments, authorizes the Executive Officer to complete the rulemaking file.

March 2009: Rulemaking submitted for review by the administration.

Aug. 2009: Office of Administrative Law approves regulation.

Sept. 2009: Regulation takes effect.

Objective 3.3	Review five areas of pharmacy law for relevancy, currency and value for consumer protection by June 30, 2011.
Measure:	Number of areas of pharmacy law reviewed.
Tasks:	<p>1. Initiate review of the pharmacist-in-charge requirement.</p> <p><i>Aug. 2007:</i> Staff and counsel review pharmacist-in-charge and designated representative-in-charge statutes and regulations for reporting requirements and make recommendations to amend various statutes and regulations.</p> <p><i>Oct. 2007:</i> Legislation and Regulation Committee reviews draft language to be incorporated into omnibus bill.</p> <p><i>Jan. 2008:</i> Board approves omnibus language recommended by Legislation and Regulation Committee.</p> <ul style="list-style-type: none"> • Section 4022.5 – Designated Representative; Designated Representative-in-Charge • Section 4036.5 – Pharmacist-in-Charge • Section 4101 – Pharmacist-in-Charge; Designation Representative-in-Charge; Termination of Status; Duty to Notify the board. • Section 4113 – Pharmacist-in-Charge; Approval; Responsibilities; Notifications • Section 4160 – Wholesaler Licenses • Section 4196 – Veterinary Food-Animal Drug Retailer Licenses; Persons Allowed in Areas Where Drugs are Stored, Possessed, or Repacked • Section 4305 – Pharmacist-in-Charge; Notice to Board; Disciplinary Action • Section 4329 – Nonpharmacists; Prohibited Acts • Section 4330 – Proprietors; Prohibited Acts <p><i>April 2008:</i> The following provisions are not incorporated into omnibus bill.</p> <ul style="list-style-type: none"> • Section 4101 – Pharmacist-in-Charge; Designation Representative-in-Charge; Termination of Status; Duty to Notify the board. • Section 4113 – Pharmacist-in-Charge; Approval; Responsibilities; Notifications • Section 4160 – Wholesaler Licenses • Section 4196 – Veterinary Food-Animal Drug Retailer Licenses; Persons Allowed in Areas Where Drugs are Stored, Possessed, or Repacked <p><i>Sept. 2008:</i> Governor vetoes SB 1779.</p> <p><i>Jan. 2009:</i> Board seeks to reintroduce provisions contained in SB 1779 via omnibus bill. Provisions contained in SB 819 and SB 821. Senate BP & ED introduce Omnibus bills containing previously-approved / Pharmacist-in-Charge provisions.</p> <p><i>Sept. 2009:</i> SB 819 and SB 821 enrolled and sent to the Governor.</p> <p><i>Oct. 2009:</i> Governor signs SB 819 and SB 821. Provisions go into effect January 2010.</p>