Title 16. Board of Pharmacy
Proposed Language

To Add Section 1707.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1707.5 Patient Centered-Labels on Medication Containers

(a) Labels on drug containers dispensed to patients in California shall conform to the following format to ensure patient-centeredness.

(1) Each of the following items shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in at least a 12-point, sans serif typeface, and listed in the following order:

(A) Name of the patient
(B) Name of the drug and strength of the drug. For the purposes of this section, “name of the drug” means either the manufacturer’s trade name, or the generic name and the name of the manufacturer.
(C) Directions for use
(D) Purpose or condition, if entered onto the prescription by the prescriber, or otherwise known to the pharmacy and its inclusion on the label is desired by the patient.

(2) For added emphasis, the label may also highlight in bold typeface or color, or use “white space” to set off the items listed in subdivision (a)(1).

(3) The remaining required elements for the label specified in Business and Professions Code section 4076 and other items shall be placed on the container in a manner so as to not interfere with emphasis of the primary elements specified in subdivision (a)(1), and may appear in any style and size typeface.

(4) When applicable, directions for use shall use one of the following phrases:

(A) Take 1 tablet at bedtime
(B) Take 2 tablets at bedtime
(C) Take 3 tablets at bedtime
(D) Take 1 tablet in the morning
(E) Take 2 tablets in the morning
(F) Take 3 tablets in the morning
(G) Take 1 tablet in the morning, and Take 1 tablet at bedtime
(H) Take 2 tablets in the morning, and Take 2 tablets at bedtime
(I) Take 3 tablets in the morning, and Take 3 tablets at bedtime
(J) Take 1 tablet in the morning, 1 tablet at noon, and 1 tablet in the evening.
(K) Take 2 tablets in the morning, 2 tablets at noon, and 2 tablets in the evening.
(L) Take 3 tablets in the morning, 3 tablets at noon, and 3 tablets in the evening.
(M) Take 1 tablet in the morning, 1 tablet at noon, 1 tablet in the evening, and 1 tablet at bedtime
(N) Take 2 tablets in the morning, 2 tablets at noon, 2 tablets in the evening, and 2 tablets at bedtime
(O) Take 3 tablets in the morning, 3 tablets at noon, 3 tablets in the evening, and 3 tablets at bedtime
(P) Take 1 tablet as needed for pain. You should not take more than __ tablets in one day.
(Q) Take 2 tablets as needed for pain. You should not take more than __ tablets in one day.

(b) By October 2011, and updated as necessary, the board shall publish on its Web site translation of the directions for use listed in subdivision (a)(4) into at least five languages other than English, to facilitate the use thereof by California pharmacies.

(c) Beginning in October 2010, the board shall collect and publish on its Web site examples of labels conforming to these requirements, to aid pharmacies in label design and compliance.

(d) For patients who have limited English proficiency, upon request by the patient, the pharmacy shall provide an oral language translation of the prescription container label's information specified in subdivision (a)(1) in the language of the patient.

(e) The board shall re-evaluate the requirements of this section by December 2013 to ensure optimal conformance with Business and Professions Code section 4076.5.

Authority cited: Sections 4005 and 4076.5, Business and Professions Code.

Reference: Sections 4005, 4076, and 4076.5, Business and Professions Code.
Title 16. Board of Pharmacy
Proposed Language

To Add Section 1707.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1707.5 Patient Centered-Labels on Medication Containers

(a) Labels on drug containers dispensed to patients in California shall conform to the following format to ensure patient-centeredness.

(1) Each of the following items shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in at least a 12-point, 10-point, sans serif typeface, and listed in the following order:

(A) Name of the patient
(B) Name of the drug and strength of the drug. For the purposes of this section, “name of the drug” means either the manufacturer’s trade name, or the generic name and the name of the manufacturer.
(C) Directions for use.
(D) Purpose or condition, if entered onto the prescription by the prescriber, or otherwise known to the pharmacy and its inclusion on the label is desired requested by the patient.

(2) For added emphasis, the label shall also highlight in bold typeface or color, or use “white space” blank space to set off the items listed in subdivision (a)(1).

(3) The remaining required elements for the label specified in Business and Professions Code section 4076 and other items shall be placed on the container in a manner so as to not interfere with emphasis of the primary elements specified in subdivision (a)(1), and may appear in any style and size typeface.

(3) The remaining required elements for the label specified in section 4076 of the Business and Professions Code, as well as any other items of information appearing on the label or the container, shall be printed so as not to interfere with the legibility or emphasis of the

Deletions to the regulatory text are indicated by double strike-through, thus: deleted language. Additions to the regulatory text are indicated by a double underline, thus: added language.
primary elements specified in paragraph (1) of subdivision (a). These additional elements may appear in any style, font, and size typeface.

(4) When applicable, directions for use shall use one of the following phrases:

(A) Take 1 tablet [insert appropriate dosage form] at bedtime
(B) Take 2 tablets [insert appropriate dosage form] at bedtime
(C) Take 3 tablets [insert appropriate dosage form] at bedtime
(D) Take 1 tablet [insert appropriate dosage form] in the morning
(E) Take 2 tablets [insert appropriate dosage form] in the morning
(F) Take 3 tablets [insert appropriate dosage form] in the morning
(G) Take 1 tablet [insert appropriate dosage form] in the morning, and Take 1 tablet [insert appropriate dosage form] at bedtime
(H) Take 2 tablets [insert appropriate dosage form] in the morning, and Take 2 tablets [insert appropriate dosage form] at bedtime
(I) Take 3 tablets [insert appropriate dosage form] in the morning, and Take 3 tablets [insert appropriate dosage form] at bedtime
(J) Take 1 tablet [insert appropriate dosage form] in the morning, 1 tablet [insert appropriate dosage form] at noon, and 1 tablet [insert appropriate dosage form] in the evening
(K) Take 2 tablets [insert appropriate dosage form] in the morning, 2 tablets [insert appropriate dosage form] at noon, and 2 tablets [insert appropriate dosage form] in the evening
(L) Take 3 tablets [insert appropriate dosage form] in the morning, 3 tablets [insert appropriate dosage form] at noon, and 3 tablets [insert appropriate dosage form] in the evening
(M) Take 1 tablet [insert appropriate dosage form] in the morning, 1 tablet [insert appropriate dosage form] at noon, 1 tablet [insert appropriate dosage form] in the evening, and 1 tablet [insert appropriate dosage form] at bedtime
(N) Take 2 tablets [insert appropriate dosage form] in the morning, 2 tablets [insert appropriate dosage form] at noon, 2 tablets [insert appropriate dosage form] in the evening, and 2 tablets [insert appropriate dosage form] at bedtime.

(O) Take 3 tablets [insert appropriate dosage form] in the morning, 3 tablets [insert appropriate dosage form] at noon, 3 tablets [insert appropriate dosage form] in the evening, and 3 tablets [insert appropriate dosage form] at bedtime.

(P) Take 1 tablet as needed for pain. You should not take more than ___ tablets in one day.

(P) If you have pain, take ___ [insert appropriate dosage form] at a time. Wait at least ___ hours before taking again. Do not take more than ___ [appropriate dosage form] in one day.

(Q) Take 2 tablets as needed for pain. You should not take more than ___ tablets in one day.

(b) By October 2011, and updated as necessary, the board shall publish on its Web site translation of the directions for use listed in subdivision (a)(4) into at least five languages other than English, to facilitate the use thereof by California pharmacies.

(c) Beginning in October 2010, the board shall collect and publish on its Web site examples of labels conforming to these requirements, to aid pharmacies in label design and compliance.

(d) For patients who have limited English proficiency, upon request by the patient, the pharmacy shall provide an oral language translation of the prescription container label's information specified in subdivision (a)(1) in the language of the patient.

(d) The pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand the information on the label as specified in subdivision (a) in the patient's language. The pharmacy's policies and procedures shall be specified in writing and shall include, at minimum, the selected means to identify the patient's language and to provide interpretive services in the patient's language. The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available, during all hours that the pharmacy is open.

Deletions to the regulatory text are indicated by double strike-through, thus: deleted language. Additions to the regulatory text are indicated by a double underline, thus: added language.
either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.

(e) The board shall re-evaluate the requirements of this section by December 2013 to ensure optimal conformance with Business and Professions Code section 4076.5.

(f) As used in this section, “appropriate dosage form” includes pill, caplet, capsule or tablet.

1707.5 Comments Received – An Overview

15-Day Comment Period: February 22, 2010 – March 10, 2010

TOTAL COMMENTS RECEIVED:  1,161

- 2  Letters of Support of Modified Text:  CSHP, and Joint CRA, NACDS, CPhA, CGA
- 1,159  Letters stating at least one form of opposition in response to the proposed text.
  Five (5) of these letters object to ALL 15-day modifications:  Senator Corbett, Consumers Union, Health Access, CAC, Winters

(a)(1) Modified Font Size  (modified from 12 pt to 10 pt)

- 1,078  Objects to 10-point modified text; recommends / urges 12-point font; or urges “larger font sizes” for the most important information on a label
- 1  Recommendation of requirement to provide a reading lens, if 9 or 10 point font is used

(a)(1)(D)  Purpose or Condition

- Comment to require that if purpose or condition is included on the label; it must be specified by the prescriber; recommendation to improve clarity (CMA)
- Comments in support of “purpose” being on the label (e.g., Harm, Hamm)
- General comments – patients should not be required to ‘request’ that purpose be on the label (e.g., NHeLP)

(d)  Oral Language Assistance

- Objection to inclusion of modified text “if available” (e.g., Hinman, NHeLP, Murphy)
- Comment as to lack of clarity (e.g., CPHEN)
- Objections to modified text (e.g., Health Access, Murphy)
- General comments to require oral language assistance (e.g., Health Access, CPHEN)
- General comments in support of providing language assistance (e.g., Nguyen, Kosakowski, Sadhwani, Nguyen, Magill, Sayeed)

TRANSLATIONS – OUTSIDE SCOPE OF 15-DAY COMMENT PERIOD

- Comments that translated labels should be required (e.g., CPHEN)
- Comments in support of translated labels (e.g., Quach, Lembke, Sayeed)
- Statements of concern or general comments (e.g., Sadhwani, Metzler, Brasmer)

TOPICS NOT RELATED TO ANY MODIFIED TEXT – OUTSIDE SCOPE OF 15-DAY COMMENT PERIOD

- Notice to consumers necessary (CPHEN, NHeLP, Health Access)
- Patient Medical Record requirements
- Report to Legislature – Recommendation to submit by 2011 (not 2013)

Rev. 4/19/2010
March 10, 2010

Dr. Kenneth H. Schell, President
California Board of Pharmacy
1625 N. Market Boulevard, Suite N 219
Sacramento, CA 95834

Dear Dr. Schell:

I wish to share my concerns with the prescription labeling proposal currently before the California Board of Pharmacy (Board).

In 2007, the Governor signed my Senate Bill 472, authorizing the Board to establish standards for patient-centered prescription drug labeling in California. The purpose of patient-centered labeling is to protect California’s seniors and vulnerable populations from taking incorrect dosages caused by an inability to read and understand prescription drug labels. During the Board’s public hearing process, witness after witness testified about their inability to read a prescription label due to font size or language barriers.

SB 472 directs the Board to consider all of the following factors when developing a new patient centered label:

- Medical literacy research that points to increased understandability of labels
- Improved directions for use
- Improved font types and sizes
- Placement of information that is patient-centered
- The needs of patients with limited English proficiency
- The needs of senior citizens
- Technology requirements necessary to implement the standards.

SB 472 was introduced to address the very serious problem of patient dosing errors, which studies have concluded can lead to death and injury. At the request of the Board, the bill was amended to require public hearings. At the hearings the Board heard public testimony from consumers, advocates and experts.
Taking into account the information that was gathered at the hearings, Board staff recommended, and the Board adopted, a proposal that included 12 point label font and increased assistance for patients who have language barriers. This proposal is supported by a recent report by the National Association of Boards of Pharmacy acknowledging 12 point font as an industry standard.

Therefore, it was troubling when the Board recently rejected the initial patient-centered proposal and accepted new proposed regulations supported by industry. The current proposal before the Board lack sufficient consumer protects by removes meaningful assistance for people with language barriers and adopts smaller font size, which studies show seniors have difficulty reading. By doing this the Board rejected the will of the people and the testimony of experts. Not only does this proposal lead California in the wrong direction, but it sets a standard that puts industry before consumers.

The current proposal, which will be voted on in April, flies in face of our good faith agreement to use the facts gathered at public hearings to guide the Board's decision and violates the spirit of SB 472. I urge the Board to join experts, patient advocates, consumers and the National Association of Boards of Pharmacy by rejecting the current labeling proposal before you. I encourage the Board to revisit the original proposal that contained real reform and true patient-centered labeling.

Should you have any questions or if I may otherwise be of assistance, please do not hesitate to contact me.

Sincerely,

[Signature]
ELLEN M. CORBETT
Senator, District 10
March 8, 2010

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

RE: Proposed Title 16 CCR Section 1707.5 Patient-Centered Prescription Labels

Dear President Schell:

I am writing in response to the Board of Pharmacy’s decision to adopt regulations pursuant to Division 17 of Title 16 of the California Code of Regulations, Section 1707.5, regarding requirements for patient-centered prescription container labels. The Department of Consumer Affairs is opposed to the 10-point sans serif type minimum font requirement on prescription container labels and encourages the Board to reconsider the original draft regulation language that specifies the minimum font size at 12-point sans serif type.

The number one priority of the Department is to protect the health and safety of California consumers. We believe that a minimum standard of 10-point font is inadequate. Based on the testimony received at the public hearing, the Department is especially concerned with the safety of seniors throughout the State. Many seniors have expressed their opposition to a minimum 10-point font standard because they cannot read print in 10-point font.

Approximately 750 Californians (including seniors and non-English speaking consumers) participated in a Board of Pharmacy study with open-ended questions regarding prescription labels. When asked what would make prescription labels easier to read, 60% of respondents said larger or bolder print. In addition, The National Association of Boards of Pharmacy’s (NABP) Task Force on Uniform Prescription Labeling found that the model requirement would be a minimum 12-point font for critical information.

Senate Bill 472 (Corbett, Chapter 470, Statutes of 2007) called for the Board to establish standards for patient-centered prescription drug labeling in California in an effort to reduce medication errors. The Department is concerned that a 10-point font requirement does not meet the needs of patients and urges the Board to reverse its decision establishing 10-point font as the minimum standard for prescription labeling. Thank you for your consideration.

Sincerely,

Brian Stiger
Director, California Department of Consumer Affairs
cc: Virginia Herold, Executive Officer, California State Board of Pharmacy
    Carolyn Klein, Coordinator, Legislation and Regulations, Board of Pharmacy
    Members of the California State Board of Pharmacy
    Thomas L. Sheehy, Acting Secretary, State and Consumer Services Agency
March 9, 2010

Kenneth H. Schell, PharmD, President
California Board of Pharmacy
Attn: Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834
Via Fax (916) 574-8618

Re: California Code of Regulations Section 1707.5 Relating to Patient-Centered Prescription Container Labels

Dear Dr. Schell and Members of the California Board of Pharmacy:

I am writing to you on behalf of the members of Health Access California, a statewide coalition representing consumers, seniors, people with disabilities, religious, labor, and multi-lingual/multi-cultural groups.

We are exceedingly disappointed with the most recent actions taken by the Board to approve regulatory language that includes watered-down language that does not provide the essential consumer protections stipulated in SB 472, The California Patient Medication Safety Act (Corbett, D-San Leandro). Specifically, we request the Board to:

- reinstate the proposed regulatory language under consideration up until January 19, 2010 that contained specific patient-centered provisions regarding language accessibility and font size as required by the law and reinforced by public testimony and academic research, and
- reconvene a new public discussion of the regulatory language before the Board, prior to their vote, to provide a full opportunity for public comment in accordance with established notice and comment rules under the APA, and
- conduct a new Board discussion and subsequent vote regarding the adoption of previously proposed January 19, 2010 regulatory language.

SB 472, signed by Governor Schwarzenegger, requires the Board to promulgate regulations that require, on or before January 1, 2011, a standardized, patient-centered, prescription drug label on all prescription medication dispensed to patients in California. This landmark legislation requires that the regulation outline requirements for drug labeling that take into account consumers’ needs, particularly those of seniors and people with little medical literacy and/or limited English proficiency.
We note that SB 472 underwent four revisions in the Senate and two in the Assembly before being signed into law. These revisions were largely to accommodate objections raised by the industry. During the process that lasted more than a year, we believe the staff of the Board of Pharmacy did an excellent job researching the issues at hand, holding public hearings, conducting surveys, and incorporating research results into the original draft regulation.

However, the Board’s preliminary vote on January 20, 2010 adopted language that neither corresponded with the statute, nor was in keeping with the research, public hearing testimony, or survey results. Furthermore, we believe the process used by the Board did not comport with the requirements outlined in the Administrative Procedures Act (APA) as enforced by the Office of Administrative Law.

Our specific objections are as follows:

1. The Board’s action is not consistent with the underlying statute. The most recent version of the regulatory language does not comply with the language of SB 472. While the Board’s staff undertook to summarize available research and solicit opinions from consumers, this information was not ultimately incorporated into the regulatory language that the Board adopted.

The industry asserted that the cost of the law was too expensive and too cumbersome to implement. They never were called upon to make a case for how the patient-centered labels could be achieved from an industry perspective.

Consumers and researchers argued in favor of language translations and larger font size for certain key elements on the label. However, this testimony from consumers and academics was not included in the regulatory language.

The close vote by the Board relied exclusively on the industry’s testimony and was influenced most significantly by the statements of the representatives from the industry who are members of the Board, including the industry representative appointed to the Board by the Governor on the day before the meeting.

In addition, Health Access over the last two decades has appeared at public hearings before various state agencies to argue in favor of specific consumer provisions in regulatory language. However, we have never participated in a public hearing where the legislator who was the author of the bill both provided written testimony and sent a
member of her staff to provide public testimony on her behalf to the
Board to urge them to adopt language consistent with the statute.
In this case, Senator Corbett did both, presumably because she was
not confident that that the Board would adopt language that was
congruent with her bill. However, her recommendations regarding
specific provisions contained in her bill were not included in the
regulatory language adopted by the Board.

§11349 (d) establishes that “‘consistency’ means being in harmony
with, and not in conflict with or contradictory to, existing
statutes, court decisions, or other provisions of law.” It is further
explained that “this situation does not present a Consistency
problem so long as the tasks specified in the regulation are
reasonably designed to aid a statutory objective, do not conflict
with or contradict (or alter, amend, enlarge, or restrict) any
statutory provision.”

We believe this regulatory language does not meet that consistency
standard. The statute requires the implementing regulation to take
into account the needs of seniors, people with low health literacy,
and low English proficiency. However, the arguments put forward by
the industry that this law was too inconvenient and too expensive
prevailed before the Board. For all intents and purposes, consumer
provisions stipulated in the statute, although part of the original
regulation, were not incorporated into the final regulatory language
in any meaningful way.

2. The Board did not provide an opportunity for meaningful public
comment with sufficient advance notice at the public hearings.

The APA requires The Board to “make each substantial, sufficiently
related change to its initial proposal available for public comment
for at least 15 days before adopting such a change.” The Board did
not do so. The changes to the proposed regulatory language were
posted to the official agency website in the evening of January 19,
2010 before the hearing was set to begin on January 20, 2010. This
was approximately 14 hours before the commencement of the
hearing and in no way could be construed to meet the 15 day
advance notice that is required to be available for public comment.
We also believe that the advance notice requirement should fall into
the “45-day rule” because of the substantial changes to the language
to accommodate industry objections to the relatively pro-consumer
original language. However, regardless of the rule that is invoked,
less than a day’s advance notice cannot be considered to even
remotely meet either of the requirements.
The unfolding of subsequent events raises further concerns. The Board apparently realized the fact that there was insufficient advance notice of the changes to the language before the January 20, 2010 hearing. As a result, the Board scheduled another meeting on February 17, 2010. There was only a brief discussion of the regulatory language at that meeting before another vote was taken. This vote affirmed their previous vote by adopting the pro-industry language. However, there was no opportunity for public comment before the second Board's vote. As a result, once again, the Board was not able to hear any input from many members of the public assembled at the hearing before they made their decision about the regulatory language. Although the Board did permit public comment after their vote, they did not permit any comments from those at the hearing before they took their vote.

In essence, the Board made at least three procedural errors:

- They did not give sufficient notice of revised regulatory language to the public to meet either the 15-day or 45-day requirement, and
- They scheduled a subsequent vote, but permitted no public comment whatsoever prior to their vote, and
- Board staff acknowledged that several public comment letters had inadvertently not been furnished to Board members prior to their previous vote. Although the staff had since provided those materials to the Board, what had been omitted, the identity of who was making the comments, and the nature of those comments was not communicated to the public.

Consequently, we believe the adoption of the regulatory language as drafted is flawed and the Board’s vote is invalid. We believe the regulatory process at the Board of Pharmacy should be re-started with a full and complete review of the intent of the statute, the relevant research, with full consideration of the public testimony offered. We believe this will result in regulatory language being adopted that will more closely adhere to the statutory intent and contain strong consumer protections.

We believe the original draft language represented a closer approximation of the requirement of this statute. We remain particularly supportive of the following provisions which we believe should be included in the Board’s regulatory language to implement SB 472 (as reflected in the research, survey and public hearing testimony):

- Labels should be printed in 12-point font or larger.
• The Board should provide pharmacies with standard label language in at least the 14 threshold languages delineated for language assistance in California based on population size.
• All patients with limited English proficiency should have the right to have their prescription drug instructions orally interpreted by a health professional working within his or her field of clinical expertise.
• Pharmacies should post signs explaining the availability of interpretation services of the pharmacists’ instructions in languages other than English. We strongly believe that few people take advantage of their rights under the law if they are unaware that such rights exist.

The prevalence of medical prescription errors and the lack of public comprehension of prescription labels provide a compelling and urgent rationale for this regulation. We urge strong action to implement what California’s policymakers have determined is needed “to increase consumer protection and improve the health, safety, and well-being of consumers.”

We believe that standardized, readable, language-accessible, prescription labels are a vital element in appropriate health care delivery. Without them we all risk injury, inappropriate care, or even death. We strongly believe that language providing these consumer protections according to the law should be adopted at the next Board meeting in April or as soon thereafter as possible to correct the procedural errors that occurred.

If you have any questions or need more information, please contact Elizabeth Abbott, Project Director at Health Access, at (916) 497-0923, ext. 201 or at eabbott@health-access.org.

Sincerely,

/s/

Anthony Wright
Executive Director
Health Access
1127 11th Street, Suite 234
Sacramento, CA 95814

cc: Senator Ellen Corbett, author
Senator Elaine Alquist (D-Santa Clara), Chair, Senate Health
Senator Denise Ducheny (D-San Diego), Chair, Senate Budget
Senator Negrete-McLeod (D-Chino), Chair, Senate Business, Professions, & Economic Development
Assemblymember David Jones (D-Sacramento), Chair, Assembly Health
Mary P. Magill
654 East L. St.
Benicia, Ca. 94510-3513
Mar. 2, 2010
Re: Jan. 20th hearing and the Feb. 17 hearing

Dear President Schell and Members of the Board of Pharmacy,

I am writing this letter to protest the decisions you have made and the manner in which you came to those decisions. To vote before any testimony was given really puts into question your role as a public agency.

Those of us that had come long distances were so insulted by the very manner in which you conduct your public hearing. You are given expert testimony in January and have it repeated to you from one of your own board members that 12 point font is the bare minimum that could possibly save the lives of the 300,000 over 75 whose lives are put at risk by unreadable prescription labels. In spite of all this, you vote to require 10 point font a still unreadable font size. WHAT A TRAVESTY! And then to give native language no consideration, as though it were some kind of big effort to ask a computer to print in other than English. A push of a button for the pharmacy, life and death for the patient.

I speak with many senior and community groups. I hope that you will reconsider your manner of fulfilling your duties to the public. You have a duty to hear them and to respond truthfully to their concerns. And that was not done on February 17th. We deserve better. You can do better!

Sincerely,

Mary P. Magill, CARA Action Team Leader
Feb 27, 2010

To Whom It May Concern:

2010MAR12 AM 8:19

I am appalled at the way you are treating the seniors of California. You believe you can play God with our lives.

Seniors need Patient-Centered Care表格.

The pharmaceutical companies cannot afford to make the changes, they have the money! Their greed is costing human lives.

There is a television program on cable called American Health. The pharmaceutical companies should be on it.

I'm 60 years old, I've struggled all my life to get this far. Only to find that my coming golden years won't be golden. It's not my fault I'm a baby boomer. Talk to my parents!

Blair P. 079
March 10, 2010

Carolyn Klein
California Board of Pharmacy
1625 N Market Blvd, N219
Sacramento, CA 95834
Via Fax (916) 574-8618

Re: 16 California Code of Regulations Section 1707.5 Relating to Patient-Centered Prescription Drug Labels

Dear Ms. Klein:

On behalf of the National Health Law Program (NHeLP), I am submitting comments in response to the modified proposed regulations issued on February 22, 2010. NHeLP is a national public interest legal organization seeking to improve health care for America's low-income population, including people of color, women, children, the elderly and people with special needs, immigrants, and limited-English proficient (LEP) individuals.

Procedural Defects
As we have noted before, we believe that there are procedural defects with the flawed regulatory process followed by the Board of Pharmacy (Board). First, there was a lack of notice provided to the public -- less than fifteen (15) days -- when there was a substantial change from the prior text provided for the January 20th meeting. The revised language that was adopted by the Board at the January 20, 2010 meeting substantially changed the font size from 12 point to 10 point and changed the text regarding the language assistance provisions of the proposed regulations. There was little time to consider the proposed language recommending the change in font size from 12 point to 10 point and the changes requiring limited interpreter services rather than translation services for LEP patients. The proposed changes did not fall within the two exceptions allowed to avoid the additional 15 day public comment period. This is in violation of Cal. Gov't Code § 11346.8(c).

1 The statute states that “[n]o state agency may adopt, amend, or repeal a regulation which has been changed from that which was originally made available to the public pursuant to § 11346.5, unless the change is (1) nonsubstantial or solely grammatical in nature, or (2) sufficiently related to the original text that the public was adequately placed on notice that the change could result from the originally proposed regulatory action. If a sufficiently related change is made, the full text of the resulting adoption, amendment, or repeal, with the change clearly indicated, shall be made available to the public for at least 15 days before the agency adopts, amends, or repeals the resulting regulation. Any written comments received regarding the change must be responded to in the final statement of reasons required by Section 11346.9.” Cal. Gov’t Code § 11346.8(c).
Second, the public did not have an adequate opportunity to comment on the proposed changes shared with the public on the morning of January 20, 2010. The proposed language was not available until the morning of January 20th and merely placed in the back of the room, with no reference to its existence by the Board. Having seen the changes for the first time that day, most of the public did not see the revised text and did not have a chance to include comments on the proposed changes in our testimony. By the time many of us reviewed the changes, we had already testified and lost our opportunity to address the proposed language. So we could only sit and listen while the Board discussed proposed changes to the regulations without adequate public input. The Board subsequently voted for the changes on January 20, 2010 and reaffirmed the final vote on February 17, 2010. The Board refused to hold another public hearing and would only allow public comment after it voted on the proposed regulations at the February 20, 2010 meeting. Thus, the only time that we were allowed to speak was after their final vote at the end of the morning agenda. This violates Cal. Gov't Code § 11346.45, which requires those parties who would be affected by the proposed regulations to have an opportunity to participate in public discussions of the proposed regulations.

Finally, we were never informed that any member of the public could request additional time if comments were made that raises new issues concerning a proposed regulation if a member of the public needs more time to respond to the new issue before the agency takes final action, pursuant to Cal. Gov't Code §§ 11346.45(a) and 11346.8(a) &(c). We believe that the lack of time to review the revised text that was presented on the morning of the January 20th public hearing required at least another fifteen (15) day period for reconsideration, and arguably another 45 days since it was such a substantial change, and public input BEFORE the final Board vote accepting the modifications on February 17th. Therefore, the public was not allowed adequate time to respond and to fully address the substantial changes adopted by the Board. We are hereby requesting additional time and/or another public hearing to provide an opportunity for the public to properly respond to the changes adopted by the Board at its January 20th and February 17th, 2010 meetings. Unless the additional time is provided for public comment, we recommend the rejection of the modified text of 16 California Code of Regulations § 1707.5 by the Office of Administrative Law.

Substantive Comments to the Modified Text
As expressed in prior comments and testimony regarding the proposed regulations submitted on November 20, 2008, July 15, 2009, October 19, 2009, October 22, 2009, November 17, 2010, November 20, 2010, January 4, 2010, January 20, 2010 and February 17, 2010, we believe that SB 472 requires the Board to issue clearer and stronger regulations in order to address the needs of LEP patients and seniors as directed by SB 472. The current proposed regulations violate the intent and statutory requirements of SB 472 as confirmed by its legislative sponsor and author, Senator Ellen Corbett. She has stated in letters and testimony to the Board at its January 20th and February 17th meetings that she preferred the Board’s originally proposed draft regulations and was very disappointed by the Board’s changes in its current form, which violated the intent of the statute. The modified regulations also are inconsistent with federal and state law and fail to comply with the federal and state obligations of pharmacists to effectively communicate with their patients and provide meaningful access to their services because the regulations do not adequately address the needs of LEP patients.
We are again submitting an attached document with recommended changes to the proposed regulations for your review and the comments below provide support for the proposed changes in the order presented by the proposed regulations, and not necessarily the order of importance. Many of our concerns and recommendations have not been addressed or responded to in the Board’s “Initial Statement of Reasons” or its “Review of All Comments Submitted During the 45-day Comment Period and Testimony Provided During the Regulation Hearing Held January 20, 2010.”

**Modified Sections (a) & (c)**

We strongly recommend that the modified regulations must be changed back to the Board’s original requirement of a 12-point font size from its revised 10-point font size requirement. The larger font size must be adopted in order to ensure that seniors and older patients will be able to read the labels. There was overwhelming testimony in support of the 12 point font size, specifically provided by an expert, Dr. Michael Wolf, who is providing the Board with expertise in translation of the sixteen directions, and clearly stated that the current standard in the industry and at the National Institute of Health was the 12 point font size. There were numerous seniors and others who consistently testified about the need and importance of the size and legibility of directions for their medication. Studies also support this requirement, as well as official federal agencies, such as the Centers for Medicare and Medicaid Services (CMS). For example, in its Prescription Drug Benefit Manual, Ch. 2 at 40.1, there is guidance that requires a 12 point font size for beneficiary communications by plans for its Medicare Part D Program. With regard to subsection (a)(1)(D), we recommend that the requirement of the patient to request the inclusion of the purpose or condition on the drug label is too great a burden on the patient and should be deleted. Since the patient is unlikely to know to ask for the information, it does not seem reasonable to require the patient to ask for the “purpose or condition” to be included.

As will be explained below to support the notice requirement for patients, if the patient does not know what rights she or he has, or what to ask for or to expect, he or she will not know to make specific requests such as this. The requirement that the patient “requests” the information is not required in the container and labeling requirements in Cal. Business & Professions Code Section 4076(a)(10).

**Modified Section (b)/NHeLP Recommendation (d)**

We also recommend that the number of languages for which the Board should translate the sixteen (16) directions listed in subdivision (a)(4) be expanded to match the twelve (12) non-English Medi-Cal Managed Care threshold languages. These languages have been identified by

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2 See Attachment 1 (Recommended Changes to Modified Text of 16 California Code of Regulations Section 1707.5 Relating to Patient-Centered Prescription Drug Labels)


4 In recognition of the large health benefit for LEP patients, its commitment to linguistic sensitivity in the provision of medical care, and ensuring effective communication with patients for maintaining quality care and patient compliance with treatment plans, the California Medical Association also supports the expansion of published translation of directions by the Board into 14 languages spoken by groups of 10,000 or more LEP speakers in the state. Letter from Veronica Ramirez, Research Associate, California Medical Association (Jan 4, 2010).
the Department of Health Care Services as the top languages of Medi-Cal LEP beneficiaries and can be a useful guide to identify the most common languages spoken by LEP patients. In fact, for those in the Medi-Cal program, translated materials must already be provided to LEP beneficiaries and it is likely that most pharmacies in the state accept Medi-Cal patients. It would also expedite the Board’s identification of the languages for which the labels should be translated. There is precedent for the Board to defer to the Department of Health Care Services to designate the languages for the translation of information, such as the lists of drugs covered in the state’s AIDS drug program, in which pharmacies may participate. See Cal. Health & Safety Code Section 120970(j). The Board has also translated Emergency Contraception Fact Sheets into ten (10) non-English languages.

**NHeLP Recommendations (d)-(g)**

According the 2006 American Community Survey of the U.S. Census, over 42% of Californians speak a language other than English at home, which is significantly above the national figure of 19.7%. Of these, 47% report that they do not speak English “very well” and thus could be considered LEP (representing just over 20% of all Californians). Given the large LEP population in California, and after hearing repeatedly from LEP patients at these Board hearings about the serious consequences of misunderstanding medication instructions, there should not be any question of the critical need for translated labels.

Numerous articles and studies have highlighted the language barriers faced by LEP patients and shown that providing adequate language services improves health outcomes and patient satisfaction, comports with existing federal and state requirements, and achieves long-term cost savings. Language services do so by facilitating effective communication between medical care providers and patients, thereby reducing medical errors, ensuring better health outcomes and lessening health disparities. In contrast, language barriers impede access and quality of care, and also result in costly, unnecessary testing due to the lack of a thorough patient interview.

In order to ensure that LEP patients understand medication instructions, at a minimum, the seventeen (17) directions that the Board will translate and post on its website must be used by pharmacists/pharmacies. Title VI of the 1964 Civil Rights Act prohibits discrimination on the basis of race, color, or national origin and provides the framework to support the provision of

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5 See Attachment 2 (Medi-Cal Managed Care Division All Plan Letter 02003, Cultural and Linguistic Contractual Requirements, June 7, 2002)


8 See e.g., L. Ku and G. Flores, *Pay Now or Pay Later: Providing Interpreter Services in Health Care*;

March 10, 2010

Kenneth H. Schell, PharmD
President
California Board of Pharmacy
1625 N Market Blvd, N219
Sacramento, CA 95834
Via Fax (916) 574-8618

Re: California Code of Regulations Section 1707.5 Relating to Patient-Centered Prescription Container Labels

Dear Dr. Schell and Members of the California Board of Pharmacy:

On behalf of the California Pan-Ethnic Health Network (CPEHN) we submit the following comments to proposed regulations related to patient-centered prescription drug labeling.

CPEHN’s mission is to improve access to health care and eliminate health disparities by advocating for public policies and sufficient resources to address the health needs of communities of color. CPEHN works to ensure that all Californians have access to health care and can live healthy lives.

We are extremely concerned that the current draft regulations fall short of the intent of the statute, and will not meet the health and safety needs of consumers, including the 40% of Californians who speak a language other than English at home. Prescription drug labels in 12-point font that are translated into the patient’s language are vital for quality care, but the current regulations address neither. We also believe there is a need for adequate public comment and participation since the adoption of the formal rulemaking process has been flawed. We need further opportunities to debate this issue and ensure quality patient care.

SB 472, signed by Governor Schwarzenegger, requires the Board to promulgate regulations that require, on or before January 1, 2011, a standardized, patient-centered, prescription drug label on all prescription medication dispensed to patients in California. However, the Board adopted language that neither corresponded with the statute, nor was in keeping with the research, public hearing testimony, or results of the survey conducted by the Board staff. Furthermore, we believe the process...
used by the Board did not comport with the requirements outlined in the Administrative Procedures Act (APA) as enforced by the Office of Administrative Law. Our specific objections are as follows:

**The Board’s action is not consistent with the underlying statute, and does not meet the APA’s consistency standard.** The statute requires the implementing regulation to take into account the needs of seniors, people with low health literacy, and low English proficiency. Even the author of the legislation, Senator Corbett, provided comments in writing and through an in-person comment by her staff that the proposed regulatory language was inconsistent with the intent of her legislation. However, the arguments put forward by the industry that this law was too inconvenient and too expensive prevailed before the Board. The decisions by the Board are in direct contradiction to the research conducted by the Board staff that indicated that translated labels and 12-point font are necessary for quality care. The Board also heard directly from seniors and people with low English proficiency about their need for 12-point font and translated labels. Yet, the Board decided to go in a different direction and provided no rationale or evidence that 10-point font meets patient needs, and that oral interpretation services (to be provided only if they are available) are an adequate and safe substitute for a translated, written label.

**The Board’s action does not comply with the clarity standard of the APA.** At 1707.5.(d), the proposed regulation reads, “…The pharmacy shall, at minimum, provide interpretive services in the patient’s language, if interpretive services in such language are available, during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.”

The inclusion of the phrase, “if interpretive services in such language are available” does not meet the clarity standard. No guidance is provided to pharmacies on how to define availability. The language of this part of the regulation conflicts with the description of its effect. The Board discussion on January 20 implies that the Board’s intent here is to make allowance for infrequently encountered languages for which finding interpretation services would be almost impossible for the pharmacist. Such a situation would very rarely be encountered. Although in-person interpretation is preferred for patient comprehension, there are phone-based interpretation services that can provide interpretation in over 170 languages. A person who did not attend the hearing would not understand the intent of this provision just by reading it.

**The Board did not provide an opportunity for meaningful public comment with sufficient advance notice at the public hearings.** The APA requires The Board to “make each substantial, sufficiently related change to its initial proposal available for public comment for at least 15 days before adopting such a change.” The Board did not do so. The changes to the proposed regulatory language were posted to the official agency website in the evening of January 19, 2010 before the
March 9, 2010

By email to carolyn_klein@dca.ca.gov
By fax to (916) 574-8618

Carolyn Klein
California State Board of Pharmacy
1625 North Market Blvd, Suite N219
Sacramento, CA 95834

Re: Modified Text of Section 1707.5 Patient Centered-Labels on Medication Containers

Dear Ms. Klein,

Consumers Union, the non-profit publisher of Consumer Reports, is writing to express concerns that the modified text of proposed Section 1707.5 does not sufficiently improve prescription labeling requirements in a manner that protects seniors and those with limited English proficiency from the dangers of medication errors.

Consumers Union supported proposed Section 1707.5 in its original draft form, which would have required pharmacies to use a minimum 12-point font on prescription labels for the most important patient information, and would have required pharmacies to provide oral translation of important information when requested by a patient with limited English proficiency. We urged the Board to strengthen the language requirements by requiring written translations on labels for patients who need it. Instead, the Board has watered down the font and translation requirements. The Board has voted to change the proposed regulation to require only a minimum 10-point font, and require oral translation only “if available” to the pharmacy. If these regulations are enacted, Californians who are most vulnerable to misreading labels – those with limited eyesight and limited English proficiency – will continue to be at grave risk of suffering harm from a medication error.

A 12-Point Font Minimum is Necessary to Reduce Risk for Seniors and Others with Limited Eyesight.

Consumers Union’s activists have indicated that readability of prescription medication labels is a widely held concern. As of March 9, 2010, more than 1050 of our activists submitted letters to the board in favor a 12-point font minimum.

Support for a 12-point font minimum comes from the Board’s own findings from a review of scientific research and medical opinion on the issue. The Board’s own survey found that 60% percent of respondents thought that larger or bolder print would make prescription labels easier to read. The American College of Physicians recommended the use of a 12-point
font minimum on prescription medication container labels in its 2007 white paper “Improving Prescription Drug Container Labeling in the United States.” In reducing the minimum required font size under the new proposal, the Board did not cite any evidence-backed study or expert recommendation in favor of a 10-point font.

Addressing the needs of seniors with diminished vision is a pressing concern. Presbyopia, a condition that makes it hard for the eyes to focus on close objects, is a nearly universal part of the aging process, and approximately one in three Americans have a vision-reducing eye disease such as macular degeneration, glaucoma, cataract and diabetic retinopathy by the age of 65.1

Arguments against a 12-point font minimum are unfounded. The California Retailers Association and chain pharmacy representatives (who offered the only comments in opposition to the 12-point minimum) testified that larger bottles would be needed to fit a 12-point font, causing environmental damage, increasing costs, and making it more difficult for patients to handle. However, they presented no evidence that requiring just the most essential information to be in 12-point font will require anything but marginal increases in the size of bottles. Furthermore, no scientific evidence was presented showing that the increased font would cause environmental damage, increase costs, or increase medication errors. Testimony presented to the Board by pharmacists indicates that costs will not rise significantly. Consumers Union believes that the resultant increase in safety from a 12-point font is well worth the additional cents that may be spent on plastic or ink for a marginally larger bottle or label.

Pharmacies may also consider the use of alternative label designs to account for a lack of space. A 1996 study of the use of alternative label designs for pharmaceutical containers (tag and fold-out) found that both young and older adults preferred the alternative design to the standard, and rated it higher for readability, noticeability, and likelihood of reading.2

The Board should consider findings that the average font size for medication instructions was 9.3-point and the average for drug name was 8.9-point, while the average for the pharmacy name was 13.6-point in a study led by Harvard Medical School’s Dr. William Shrank published in 2007 in the Archives of Internal Medicine. Dr. Shrank’s study, which evaluated 85 labels from pharmacies in four different metropolitan areas, reported that “Warning or instructions were frequently printed in a small font, smaller than many elderly patients can read even with the assistance of refractive glasses.” The current draft of the regulations does not represent a significant improvement over this status quo.

The Board Should Strengthen – Not Weaken – Requirements for Language Translation

Consumers Union also calls upon the Board to reverse changes to the regulations that weaken protections for limited-English proficient patients. As in the case of the font size requirements, the current version of the regulations does not do much to improve the status quo.

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The current draft regulation requires oral translation “if available” and does not require written translation of pharmacy labels. At the January 17th Pharmacy Board meeting, Consumers Union, along with the California Medical Association and many groups representing limited-English proficient Californians, called on the Board to issue stronger translation regulations, but the Board chose instead to weaken those regulations. Pharmacy drug labels play a significant role in the appropriate administration of prescription medications. If a patient cannot understand the label instructions, there is a higher chance of error. Californians with limited English proficiency were 50% more likely to report trouble understanding labels and were more than twice as likely to report a bad reaction to medication, according to a 2005 study.³

Conclusion

Consumers Union urges the Board to reconsider changes made on January 21st to weaken the draft regulations on medication labeling. Elderly and limited-English proficient Californians currently are not well-served by pharmacy labeling practices, and the current incarnation of Section 1707.5 will do little to improve the status quo and reduce the risk of medication errors. Seniors and limited-English proficient patients will continue to be vulnerable if the regulations are passed in their current form. Consumers Union urges the Board to return to a 12-point font minimum for the most important pieces of information on a prescription label and establish strong oral and written translation requirements.

Sincerely,

Syed Sayeed
Policy Analyst
Consumers Union

Dear President Schell and Members of the California Board of Pharmacy,  
March 1, 2010

I am writing this letter on behalf of the California Alliance for Retired Americans (CARA) to again express our continued disappointment and disgust with the proposed regulations for patient-centered labels that you passed at your February 17th Board of Pharmacy meeting. What you approved made the entire process for developing these regulations a joke, and completely disregarded not only the concerns expressed by dozens of consumers and consumer advocacy groups, but also the wisdom and experience of organizations such as the World Health Organization, and Northwestern University and other academics and professionals in the field. Furthermore, the issues outlined in our previous letter, and those presented in other letters, were not adequately addressed by the Board and appear to be in violation of the intent of the legislation.

Specifically CARA is concerned with the regulation establishing 10 point font as the standard. All of the testimony presented by every group and individual, with the sole exception of the Retail Association and Pharmacy chains, has clearly indicated that 12 point font is the MINIMUM standard for readability. One of the Board members, Ramon Castellblanch shared some statistics at the Feb. 17th meeting clearly indicating that over 300,000 seniors over the age of 75 will be immediately at risk if these lower font standards go forward, and many more will be at risk as more and more seniors age in California. The issue of translation on the labels was also not adequately addressed, as was required and expected in the original language of SB 472.

These two concerns are enough, in our opinion, to put the entire process and final recommendations in question. But, to add insult to injury, we believe that the process itself was flawed. The revised language that was presented to the Board at the January 20th hearing was released only 14 hours prior to the hearing. No one had time for thoughtful review and consideration, yet the Board voted on these recommendations and reaffirmed them at the Feb. 17th hearing. The hearing on Feb. 17th took public comment only after a vote was taken – clearly an undemocratic and flawed procedure at best. The Board failed to consider pertinent testimony prior to voting – an issue we believe must be addressed by the Office of Administrative Law.

Finally, the author of the statute, Senator Ellen Corbett, expressed her disappointment in the way the Board interpreted the intent of SB 472, which was shared at the Feb. 17th by her staff person, Anthony Valdez. We believe that her concerns must be addressed by the Board and by the OAL before the regulations are finally adopted.

We urge the Board of Pharmacy to reconsider these regulations, and at least increase the font size standard to 12 point font and translation of the labels into key languages before finalizing these regulations. Let’s turn the Board’s lemon of a proposal into lemonade while we still have time.

Sincerely,

Nan Brasmer, CARA President

CARA* 600 Grand Ave. #410 * Oakland, CA 94610 * 510-663-4086 * www.c alterniaiance.org
March 1, 2010

Dear President Schell and Members of the California Board of Pharmacy,

I write this letter on behalf of the Sacramento Gray Panthers to again let you know how disappointed and angered we continue to be about the regulations for patient-centered labels passed at your February 17th Board of Pharmacy meeting. Your decisions ignored all the scientific studies cited, including those of the World Health Organization, Northwestern University and others. The only apparent consumer representative on the Board, Ramon Castellblanch, presented evidence that clearly indicated that as many as 300,000 seniors in California are at risk of harm because of your recklessness in mandating a minimum 10 point font rather than 12 point font that all these studies recommended. This harm to seniors will increase dramatically as the Baby Boomers age and will be a real black mark on your reputation.

In addition, the issue of translations on labels was flippantly disregarded, deadly indeed in the most diverse state in the nation. You have shown a callous disregard to the millions of limited English speakers in California.

We in Gray Panthers have been involved with this bill from the very beginning, and were thrilled to have Senator Ellen Corbett carry the bill to passage. Your actions have made a mockery of SB 472's spirit and intent, as was expressed at the Feb. 17th meeting by her staff person, Anthony Valdez. This flagrant disregard of both the California Legislature and seniors is a real slap in the face.

Your decision has caused us to question the commitment of the Board of Pharmacy and the corporate members of that Board to the wellbeing of all consumers. Furthermore, I doubt that I will ever have the trust I used to have in Rite-Aid and CVS.

We urge the Board of Pharmacy to reconsider these regulations, and at least increase the font size standard to 12 point font and translation of the labels into key languages before finalizing these regulations.

Sincerely,

Margie Metzler
margiemetz@hotmail.com
Convenor, Sacramento Gray Panthers

READY FOR ACTION TO TAKE ON THE FUTURE
Feb. 24, 2010

California Board of Pharmacy
1625 N. Market Blvd., N219
Sacramento, CA 95834

Dear California Board of Pharmacy Members:

As president of CSEA Retirees, Inc. — representing 29,000 state retirees throughout California — I strongly oppose using font sizes smaller than 12 points on drug labels and prescription instructions.

It goes without saying that many retirees have a harder time reading the names of their medications and the instructions for taking them. To help reduce the millions of prescription errors occurring every year, the board should help — not hinder — by requiring the bare minimum of 12-point type on drug labels and instructions.

The 12-point standard coincides with the recommendations made by your own staff and the National Association of Boards of Pharmacy. The standard is also in line with what many of the 29,000 members of CSEA Retirees, Inc. have told me they want and need. Both verbal and written communication is essential to ensure the best outcome for patients, as well as pharmacists, doctors and the entire health care industry.

Please take a proactive stand toward reducing dangerous prescription errors by making labels and instructions user-friendly for California seniors.

Sincerely,

Roger Marxen
President, CSEA Retirees, Inc.
1108 O St.
Sacramento, CA 95814
March 9, 2010

Virginia Herald, CEO  
California Board of Pharmacy  
1625 N. Market Boulevard, Suite N219  
Sacramento, CA 95834

Kenneth H. Schell, Pharm.D., Pres.  
California Board of Pharmacy  
Prescription Solutions  
2300 Main Street  
Irvine, CA 92614

Dear Ms. Herald and Dr. Schell:

Re: 1707.5 Patient Centered Labels & SB 472 (Corbett Legislation issues)  
Comments to be sent on to Office of Administrative Law

Pharmacists Planning Service, Inc. (PPSI), a 501 C (3) nonprofit public health, consumer, pharmacy education organization, submits the following comments and testimony regarding 1707.5 Patient Centered Labels, and SB 472 implementation issues to the Office of Administrative Law with additional comments for the upcoming April California State Board of Pharmacy meeting in Riverside (which I am unable to attend):

1. I and many consumer advocates were unable to attend the January 20, 2010 Board of Pharmacy meeting in Sacramento due to five days of extremely heavy rain.

2. Due to this poor weather it is my understanding the electricity went off during the meeting including the lights and audio visual. Many of the consumer advocates could not testify, could not be heard or hear the other speakers on this crucial issue.

3. At the February 17th Board meeting I asked the Board prior and during to the meeting:

   a. Could we, consumers and patient advocates in the audience, address the Board prior to its vote? It was stated the January meeting was for testimony and we could comment after the vote on SB 472.
Board prior to its vote? It was stated the January meeting was for testimony and we could comment after the vote on SB 472.

b. I asked the Board before the vote if the Board could poll the members present on the voting so the consumers in the room would know how each member of the Board voted.

c. I was told that the Board does not poll its Board on individual votes.

d. I mentioned that some of the Board members had a conflict of interest and represented chain drug store management and did not represent the public health and safety of the patients/consumers in the audience even though they are in managerial positions at major chain stores.

e. The Board's response was that they represented the people of California and not their corporate interest.

4. In an article in the Los Angeles Times "Drug Executive Cast Key Vote to Kill Labeling Law...Pharmacy Board was Posed to OK Measure Opposed by One of the Governor's Major Donors Until he Named a CVS/Pharmacy Official to the Panel" written by Shane Goldmacher, February 20, 2010. This article stated "CVS/Pharmacy Official, Deborah Veale, provided the vote that killed a plan to require large type on drug labels and instructions to make oral translation of them available for all non-English speakers". This was after the California Retailers Association donated $400,000 to Governor Schwarzenegger's political committees and campaign.

5. For those members of the Board who belong to the California Retailers Association, PPSI submits there appears to be a conflict of interest as in testimony it was brought out that enlarging the labels under SB 472 it would cost one to three cents.

6. In the January/February material sent by the Board to all consumers, patients and interested parties, the material specifically stated that a 12-point font is the minimum standard for readability. Before the assembled Board at the February 17th meeting and before the vote was taken, it was reiterated by one of the Board members, a consumer advocate, Dr. Ramon Castellblanch, with documented statistics that yes indeed that the 12-point font is the minimum standard for readability and that 300,000 seniors over 75 with macular degeneration and glaucoma along with cataracts and poor vision, would not able to read the labels.

7. In my testimony after the vote was taken, I mentioned Lucian Leape, M.D.,
Harvard Medical and Public Health Schools, authored a study showing that 107,000 Americans die each year from mixing their prescriptions, taking the incorrect medication, mixing their Rx's with herbals and over-the-counter products and that by not increasing the label print to a 12-point font another 300,000 Californians could be injured.

8. I pointed out again that the injury takes the shape of increased medical, hospital and emergency room visits. I suggested the Board could rescind its vote to include a 12-point font which fell on deaf ears.

9. In my testimony I mentioned that by lowering the font size of the drug manufacturer who produces the product, the patient would not be able to return these prescription drug products to the pharmacies if they could not read the manufacturer's name on all recalls by the Federal Food and Drug Administration (FDA).

10. I mentioned that in the most recent FDA Recall, November 19, 2009 to December 18, 2009 a major drug company, Apotex, Inc., Ontario, Canada, announced by letter on August 28, 2009 a firm initiated recall for 73 products due to current good manufacturing practices deviations. The company reported that 4,578,203 boxes and bottles were affected and the letter stated "CONTACT YOUR PHARMACIST TO INQUIRE IF YOUR'S (PRODUCT) IS ONE OF THE AFFECTED LOTS". This was a Class II Recall indicating a problem which may have caused temporary or reversible health effects.

11. After the 5-4 vote which defeated the labeling consumer action issues, a discussed on No. 10 (above) took place as to whether to put the labeling of the drug manufacturer in small font. In my opinion the print would be too small for patients to read "Contact Your Pharmacist if Your's is One of the Affected Lots" for all FDA recalls which would cause further serious harm to California consumer/patients. I was under the impression that this kind of conversation which is part of the 1707.5 proposed modifications under SB 472 should have taken place before the vote was taken.

12. Perhaps the mass confusion on most seniors' minds in my discussion with them seems to be that the print-size and font-size should be separated from the issue of labels being printed in various languages as languages were not discussed in the February 17th meeting. The language issue is more complicated than the print-size issue. This was never made clear to the audience.

In summary, I would like the above information sent on to the Office of Administrative Law for its opinion as the proposed regulations for patient-
centered labels is confusing, the issues which were discussed were not discussed before the vote was taken by the Board, there appears to be a conflict of interest among the California Board of Pharmacy members who represent the chain pharmacies with the passing of $400,000 through the California Retailers Association to the Governor's political committees.

PPSI is asking OAL to separate the two major issues, print-size and the printing of labels in various languages. 12-point font is the MINIMUM standard for readability which is the Board's own documentation but was completely ignored. There is a conflict, confusion and a public health and safety hazard which has been ignored at these hearings with the request of an individual poll vote of the Board members. The issue of various languages on the labels was also completely ignored as originally requested in the original language of SB 472.

For the above reasons, I request the Office of Administrative Law turn back this entire packet to the California Board of Pharmacy for a re-hearing before finalizing these regulations.

I stand ready to testify again prior to the voting once the conflicts are corrected.

Fred S. Mayer, RPh, MPH
President, PPSI
101 Lucas Valley Road, Suite 384
San Rafael, CA 94903
Telephone: 415 479-8628
Fax: 415 479-8608
Email: ppsi@aol.com
Website: www.ppsinc.org
Attn Mrs. Carolyn Klein

Dear Ms. Klein,

I want to vigorously protest the use of #8 font on the labels of prescription medications.

The size of printing is very difficult for most people—certainly difficult for teachers.

Please change the font to at least #12 font.

Very truly yours,

[Signature]

Ruth M. Ryan
2101 Lambert Dr.
Pasadena, CA 91107

Pharmacy Bd
1625 No. Market Blvd — N 219
Sacramento 95835

Claude Monet (1840–1926). The Artist's Garden at Vétheuil, 1880. Oil on canvas. 38 1/2 in. x 44 1/2 in. National Gallery of Art, Washington. Asia Mellon Bruce Collection 70.7.45
Ms. Carolyn Klein, Coordinator
Legislation and Regulations
California State Board of Pharmacy
1625 N. Market Blvd. N 219
Sacramento, CA 95834

Dear Ms. Klein,

I am writing to express my concerns about changes that the State Board of Pharmacy has made to proposed regulations regarding patient centered drug labeling.

In these revisions, the Board backed away from an earlier requirement that labels be printed in a font no smaller than 12-points. The new requirement will be 10-points. Considerable research has shown that a minimum of a 12-point font size is needed for readability.

The Board eliminated a requirement for pharmacies to translate drug labels. Even though the Board will be providing some translated labels on their website, the regulations do not require the pharmacies to use them. Without translated labels, patients whose primary language is not English will not be able to read instructions on how to take their medication.

The Board also weakened the requirement to provide patients with oral interpretation of the drugs' directions, with a caveat that translation will be provided only "if available".

These issues are no small matter. According to the US Census Bureau, over 14 million people in California speak English less than well. For their sake, and for the general welfare of us all, we need to do all that we can to assure that people clearly understand the instructions for use of their prescription medications.

To that end, please make sure the Board understands these following points:

- 12-point font is the minimum size for readability.
- Translated labels are essential for our communities to understand how to take their medication effectively and safely.
- Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.
- Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave people who speak limited English vulnerable to misuse of their prescriptions.

I look forward to hearing that these important points will be reflected in the final regulations issued by the Board.

Sincerely,
I am a senior, wear glasses, & 12 point font is the minimum I am able to read. It is important for me to be able to read my prescription labels easily. Since most of take several different medications it could be a matter of life & death to take the wrong medication or the wrong dosage of one or more. PLEASE reconsider the 10 point font. It is ridiculous to have a problem due to this new idea. Many of us live alone & have no one to help us read our prescription labels, so please do NOT use the 10 point font. Mary Grisaffi---a concerned senior in California.

mjg.mail@sbcglobal.net
Please stop the proposed changes to drug labeling (the size of the type and absence of translation). I would be adversely affected by the reduced size of type since I take multiple drugs and have difficulty seeing. I hate to think of the dangers of compounding these problems with the lack of primary language support.

Sincerely yours,

Margaret Murphy
Dear Carolyn Klein,

I am 83 years old and still take care for my own medication. I usually have 3 or 4 all the time. I think it would be very important for the pharmacist to put on the label what the medication is used for. For instance, I usually write on the label what I am taking the medicine for. Pravastatin Sodium - cholesterol, Cozaar - Blood Pressure, Warfarin Sodium - Blood thinner, Atenolol - Heart & Blood Pressure.

There are so many drugs for the same diseases, many people would be more apt to take drugs if they understand what the drug is used for.

I'm just a new member of CARAS, not too forward about suggesting in the meeting but can write as they ask us to. I want to help anyway. I'm 83, a cardio, longer, take long bus trips or walk a great length. So this is one way of helping other seniors. My grammar & spelling is not the best.
but hope you can see what I am trying to accomplish.

Thank you! Leonie Harris

Registered Volunteer

309 E. Adams St.
Long Beach, California

90805-2230
March 9, 2010

To the Board of Pharmacy Board

We the undersigned are writing in response to the Board of Pharmacy devastating blow to consumers on enacting provisions for patient centered labels, especially who comprise of 48% of all prescription drugs.

The board were given responsibility to address the needs of seniors, patients with limited English and improved the font size and listen to medical literacy research in helping to implement the bill once it became law.

We listened and observed the board fail in their mandate. They failed California consumers big time with two of the most important requests; at least medication labels in at least 12-points (the standard for newspapers) and that labels be translated into most common languages spoken in California. It was outrageous. The drug chains won the day when the board vote for a 10 point standards and no translations.

Despite evidence based testimonies that supported what seniors needed to avoid medication errors and injuries, a 12 point at minimal, this board did not stand up for seniors and consumers. Those on the board with recent drug industry and chain employment ties should have excused themselves. The consumers reps on the voice should have acted in the consumers best interest. Obvious to me and others, the bill/law should have been more specifics with the font size and translation, because the board did not close the deal in consumers best interest.

There is still time for the Board of Pharmacy to act on behalf of the seniors and consumers of California. Reverse the vote for the 10 point standard. Then you will still be protecting and ensuring the safety seniors and all Californians.

Please don't disregard our input.

Respectfully,

Diana Madoshi, 3220 Santa Fe Wy #108 Rocklin, CA; Blair P. Ogg, Villa Serena Circle, Rocklin; Deloris Bennett, 11 Villa Serena Circle, Rocklin; Adrienne Forrest, 3704 Villa Serena Circle, Rocklin; Marian L. Benson, Villa Serena Circle, Rocklin; Lorene Ware 209 Villa Serena Circle, Rocklin; Christina Rojas, 3220 Santa Fe Wy #201, Rocklin; Frances Herdanez, 1711 Villa Serena Circle, Rocklin; Marie H. Risucci, Villa Serena Circle, Rocklin; Barbara Costas, 3220 Santa Fe Wy #149, Rocklin; Ruth Nonnenberg, 415 Villa Serena, Rocklin; Mary Lou Hill, 3703 Villa Circle, Rocklin; Mrs. Barbara Ulrici, 2709 Villa Serena Circle, Rocklin

(6) (1) 12 pt
translated labels
February 23, 2010

Senior request,

Please enlarge prescription numbers on medication bottles.

Thank you,

Adriene Forrest
3704 Villa Serena Way
Rocklin, CA. 95765
February 23, 2010

Senior request,

Please enlarge prescription labels on medication bottles.

Thank you,

Delora Bennett
611 Villa Serena Cir.
Rocklin, CA, 95765

February 23, 2010

Senior request,

Please enlarge prescription labels on medication bottles.

Thank you,

Mary Lou Hill
3703 Villa Serena Cir.
Rocklin, CA, 95765
February 23, 2010

Senior request,

Please enlarge prescription labels numbers on medication bottles.

Thank you,

Barbara Watts
3210 Santa Fe Way #149
Rocklin, CA 95765
February 23, 2010

Senior request,

Please enlarge prescription labels on medication bottles.

Thank you,

Frances Hernandez
1711 Villa Serena Cir.
Rocklin, California
95765
February 23, 2010

Senior request,

Please enlarge prescription labels on medication bottles.

Thank you,

Christina Rojas  
3200 Santa Fe Way # 201  
Rocklin Ca. 95765

February 23, 2010

Senior request,

Please enlarge prescription labels on medication bottles.

Thank you,

Lorene Ware  
2007 Villalba St. W.  
Rocklin Ca. 95765
February 23, 2010

Senior request,

Please enlarge prescription labels on medication bottles.

Thank you,

Barbara D. Ulrici

Mrs. Barbara Ulrici
2709 Villa Serena Cir.
Rocklin, CA 95765-5532
March 10, 2010

Via email Carolyn_Klein@dca.ca.gov
Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

RE: Proposed Title 16 CCR Section 1707.5 Delivery of Prescriptions – Technical Amendments

Dear Ms. Klein:

On behalf of its members operating retail pharmacies in the State of California, the California Pharmacists Association, (CPhA), the California Retailers Association (CRA), the California Grocers Association (CGA) and the National Association of Chain Drug Stores (NACDS) write to acknowledge the amount of work, time and resources the Board of Pharmacy (Board) has devoted to the development of the proposed Section 1707.5 of Division 17 of Title 16 of the California Code of Regulations regarding Patient Centered Labels on Medication Containers. We appreciate that this has been a long and difficult task and thank the Board for soliciting comments from interested parties to draft a regulation that balances the concerns of all stakeholders. We share the Board’s goal of ensuring prescription labels provide patients with information necessary to ensure the safe and proper use of prescription medications.

We greatly appreciate the Board’s willingness work with pharmacies on the concerns we raised on the previous draft of the regulation. In the interests of clarity, we would like to offer a couple of technical amendments that we believe will clarify the regulation. The first suggested amendment is intended to clarify the requirement to list the name of the manufacturer in way that is consistent with state law. The second technical suggestion would offer pharmacists latitude, based upon their education and training, in providing instruction for usage information to patients.

Suggested technical amendment 1:
1707.5(a)(1)(B) Name of the drug and strength of the drug. For the purposes of this section, "name of the drug" means either the manufacturer’s trade name, or generic name and the name of the labeler or manufacturer pursuant to sections 4033 and 4076 of the Business and Professions Code.

Suggested technical amendment 2:
1701(a)(4) When applicable clinically appropriate and in the professional judgment of the pharmacist, directions for use shall use one of the following phrases:
We thank Board for the opportunity to submit comments and to testify during public meetings on the proposed rule and urge the Board to consider the two technical amendments suggested above. We thank you in advance for consideration of our comments and please do not hesitate to contact us with any questions.

Sincerely,

Missy Johnson
CRA

Diane L. Darvey, Pharm.D., JD
NACDS

Lynn Rolston
CPhA

Kara Bush,
CGA
March 3, 2010

Virginia Herold, Executive Officer  
California Board of Pharmacy  
1625 N. Market Blvd. N219  
Sacramento, California 95834  
Virginia_Herold@dca.ca.gov

RE: 1707.5 Patient Centered Labels on Medication Containers  
CSHP Position: Support

Dear Ms. Herold:

The California Society of Health-System Pharmacists (CSHP) is pleased to inform you that our organization continues to support the addition of Section 1707.5 Patient Centered Labels on Medication Containers of Division 17 of Title 16 of the California Code of Regulations.

According to the findings of the 2005 Senate Concurrent Resolution (SCR) 49 Medication Errors Panel, medication errors cost California $17.7 billion dollars and causes harm to 150,000 Californians every year. In an effort to address this alarming rate of fiscal and physical damage, the Medication Errors Panel recommended that the California Board of Pharmacy examine the existing requirements for prescription container labels and prescription containers. Senate Bill (SB) 472, authored by Senator Ellen Corbett, was adopted and requires the Board of Pharmacy to promulgate regulations on or before January 1, 2011, a standardized, patient-centered, prescription drug label on all prescription medication dispensed to patients in California. CSHP supported SB 472 and continues to assert that having a standardized prescription label would reduce medication errors and protect Californian consumers.

In 2007, the Institute of Medicine published Preventing Medication Errors, a report by its Committee on Identifying and Preventing Medication Errors. They identified eight elements contributing to communication lapses that lead to medication errors. Cluttered labeling, ie, font size, poor typeface, no background contrast, and overemphasis on company logos was included on this list amongst others. We support adopting the proposed language of this section to reduce medication errors and maintain safe medication use.

Founded in 1962, CSHP is a professional society representing more than 4,000 pharmacists, pharmacy technicians, and associates who serve patients and the public by promoting wellness and the best use of medications. CSHP members practice in a variety of organized health care settings including, but not limited to hospitals, integrated healthcare systems, clinics, home health care and ambulatory settings.

If you have any questions, please do not hesitate to contact Bryce W.A. Docherty, CSHP's legislative advocate at (916) 446-4343 or me at (916) 447-1033.

Respectfully,

Dawn Benton  
Executive Vice President/CEO
To the Board,
I am writing to request that the labeling of potentially deadly medication, if misused, be written in a larger font than 10 and also be translated when necessary. If this does not happen, there will be harm done to patients.

Marsha Hirsch
Dear Carolyn,

As a nurse, and a senior, I am really shocked by the news that the CA Board of Pharmacy has made a decision to make medication labels LESS patient centered rather than MORE patient centered.

This is out and out age discrimination and national origin discrimination. 10 point type is too small for me to read easily, and I am on the younger end of senior. It would be criminal for pharmacies to only label in English, when a patient cannot read the English. We have laws that require pharmacies to ensure safety by using childproof caps and consulting with patients. Not labeling medications in languages the patient can read is another safety hazard that needs to be addressed.

PLEASE RECONSIDER YOUR DECISION AND VOTE FOR PATIENT SAFETY AND USABILITY, RATHER THAN BE SWAYED BY BIG MONEY INTO DOING THE WRONG THING.

Thank you very much.

Sincerely,

Robin Candace, RN
Another vote is necessary on Patient Friendly Prescription Labels. As one of the group of senior advocates and limited English proficiency consumers who has worked for three years to get legislation, SB 472 (Corbett) passed, and then implemented by the Pharmacy Board, it was astounding to see both the font size and the translation issue discounted. We have attended numerous hearings and presented reams of evidence indicating that labels unreadable by senior citizens or limited-English speakers pose a very real hazard to their health. At one of the hearings research from universities, phone calls from experts and researchers, and sample labels were presented. All of this, paid for by tax payer dollars for the past two years, was negated by the Pharmacy Board action. This is a travesty of our legislative process. Carol Bailey, Stockton

"Taxes are what pays for a civilized society."
Oliver Wendell Holmes, U.S. Supreme Court
but Kaiser does give us the large print option...it is in their computer.

Many friends constantly complain that they have trouble reading the information on their prescription bottles. And others make mistakes, because they can't read the small print!

Please, listen to the large segment of the population with eye problems. **Mandate large print on the labels**, please. Thank you very much for your attention to this.

Sincerely,

Mr. and Mrs. Arthur Cupples
Sherman Oaks CA 91423-4647
The intent of the law establishing the Pharmacy Board was to protect the public. This should have been your only criterion when deciding the labels issue. It is obvious that you were swayed by arguments from the drug industry. This amounts to dereliction in your duty.

Jane Eiseley
Berkeley, CA
C Klein
Manager, Legislation and Regulations
California State Board of Pharmacy

Dear Ms Klein,

I am a physician currently working in teaching Family Medicine in Alberta, Canada, but previously have done so in Hong Kong, and Malaysia, where multiethnic populations were common and required information that is understandable to them. I wish to add my voice to the protests at watering down requirements on pharmacies to ensure that patients can understand their medications and take them properly.

Most patients needing multiple drug therapy, those who are most at risk of side effects and interactions are elderly. These people all have presbyopia, (ageing of the lens of the eye) so they need reading glasses at least, and often degenerative eye disease, so they need magnification. Starting with a small font size makes their disabilities even worse. Therefore they need large fonts.

In all these countries medication compliance was an issue, but pharmacists (and many doctors who do their own dispensing) have computerised labelling software, so that once the quite limited required information is entered into the dispensing program, it is a simple matter to code in the required language for the label. With modern computers and printers, the computer then prints out labels in the required language, using the preferred language font: roman, Tamil, Hindi, traditional or simplified Chinese. It is a simple matter to specify that the English generic name and dose also be printed.

It is absurd that pharmacies assert that they cannot quickly set up the required software and translations in California, with its ethnic mix of highly educated computer and medical professionals. These translations already exist around the world, and since there is a limited number of standard drugs and directions it should take no more than a few days for a programmer to amend the programs already being used by the vast majority of pharmacies. In a competitive market as large as California, the initial costs would be spread over many users, so licensing a program should cost a trivial amount to each pharmacy.

The cost of such a program would quickly be defrayed if only a few extra patients were able to take their medicine properly, and thereby were able to return to work faster, or were able to avoid unnecessary hospitalisation because of treatment errors.

Dr J A Dickinson
Professor of Family Medicine and Community Health Sciences
University of Calgary

Phone Office (403) 2109200
Direct line 2109213
Fax 210 9204
To Ms. Klein,

I have been a health educator for Behavioral Health Services – Medicine Education Program, a not-for-profit organization, for the past 25 years. The focus of our “Take Charge of Your Health” series of classes (provided to older adults in Los Angeles County) is to teach participants to take responsibility as health care consumers. We encourage people to read the labels on all their Rx and OTC medicines to avoid making mistakes.

Mistakes are not made on purpose. The longer period of time a person takes medicines, and the more medicines a person takes, the chances of mistakes increases. Mistakes increase when it is difficult to see or understand directions on a Rx label. Reading 10pt font on labels can be difficult for many older adults, but especially difficult for an elderly person with failing eyesight. A larger print of 12 pt. or higher is needed without question. Also, we have participants in our classes who do not speak, read or understand English. I am very concerned that these people are using medicines without knowing the correct way of taking them, and not understanding the dangers when medicines are taken incorrectly. Put yourself in the position of looking at your medicine containers and trying to remember which one is your high blood pressure medicine and remembering the information that was given to you verbally in a foreign language by the doctor or pharmacist. Now imagine having your five year old grandson translate the label on your prescription container.

And as we know, directions are often very poorly written on RX labels. For example, the directions – take one pill four times daily – how many hours between each pill? And should it be taken on an empty stomach or with food? Poorly written instructions, small lettering and a language barrier leads to mistakes in taking medicines. The result is often a trip to the emergency room, hospitalization, bodily harm or even death. This is too big of a price to pay for not having the pharmacies make simple changes that will increase safety of consumers using medicines.

I am asking that you reconsider the modification of changes to Rx labels by requiring pharmacies to write Rx labels at 12pt. or higher, and to translate labels into the language of the patient.

Gloria Riese, MA
Health Educator
Behavioral Health Services – Medicine Education Program
310-679-9035
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors. I find that 12-point font is too small to use as a minimum; I urge the California Board of Pharmacy to use at least 13-point font for the important information on medication labels. I would suggest 14-point even better, but the medication container would be too large.

From the two years of study I see the American College of Physicians and some other experts support the Board's draft regulations requiring 12-point font. It is too small a font but better than what is now used.

I am surprised that the Board sided with the pharmacy retailers in overturning their own studied recommendation. The pharmacy retailers must have lots of influence. Sad!

I agree with the American Academy of Family Physicians that the older we get the less easy it is for us to read small print. I know longer easily read the font-9 and 10 well. I am sorry that the Board canceled their own study's recommendation. I wish the Board would change its mind.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Sherwood Rupp
PO Box 637
Applegate, CA 95703-0637
(530) 878-8849
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions. This information is especially important as to the number of times a day the medication is to be administered, whether food is required and when it is safe to cease the medication. The name of the medication should be in a font larger than 12 so that patients or their caregivers could access information on the web. Just go to your computer and see for yourself how small 10 point font is. Remember the font on the computer is back lighted. 10 pointt is harder to read will reduced night time light.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Kellam de Forest
2651 Todos Santos Ln
Santa Barbara, CA 93105-2916
(805) 682-4834
Thank you for your efforts to make prescription labels clearer and more patient centered.

I have the following recommendations for the text of the final regulations:

1. Font size - require the use of 12-point rather than 10-point font. 10-point font is difficult for many elderly patients to read.

2. Medication name - standardize labels with the generic name of the medication. Alternating between trade and generic names is a significant source of confusion for patients.

3. Language requirements: Please discard the clause "if interpretive services in such language are available" present in the current version. Pharmacy's should not be able to opt out of providing interpretive services.

Thank you for taking the time to read my suggestion.

All the best,
Debra Keller, MD
UCSF Medical Center
Internal Medicine Resident

Subject Comments to 1707.5.
Dear Ms. Klein,

Re: Translation for patients prescriptions

It is very important for our patients who are monolingual in Spanish to have the correct information on their prescription labels so they can read it.

I agree that the following should be included in the final draft of the regulations.

(a) 12-point font is the minimum size for readability. Translated labels are essential for our communities to understand how to take their medication effectively and safely.

(b) Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.

(c) Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

Thank you kindly,

Ron Chavez, Executive Director
Grupo Fremont VIP
4766 Serra Avenue
Fremont, CA 94538
Alameda County

(d) Recommendation: Strike "if available".
Ms Klein:
The following are my comments on the action of the California Board of Pharmacy (Board) at its February 2010 meeting regarding prescription drug labels.

My name is William Powers and I am the immediate past president of the Board having served in that post for two terms. I was a public member of the Board for over eight years. During that time I considered the Board to be primarily a consumer protection agency and not an industry protection group. That is why it is located in the Department of Consumer Affairs.

Medical errors continue to plague our society on many levels causing suffering and sometimes even death. SCR 49 created a taskforce to address these problems and seek solutions.

One of the recommendations of the taskforce was that the Board look at the standardization of prescription drug labels as one way of addressing this vexing problem. The Board held hearings around the state to hear from consumers, invited experts to provide testimony and generally tried to be open to all suggestions. As one who was intimately in this process, I believe the Board acted in a responsible and prudent manner.

Among the suggestions that emerged from this lengthy process was that the size of the print on the labels should meet certain criteria and the research provided by the experts was that the print for key elements of the label should be no less than a 12 point font. Anything less would make it difficult for a large number of consumers to read the print. This recommendation was presented to the Board at the February 2010 meeting. And despite all of the science and the overwhelming testimony of seniors, who are the group most affected by medical errors, the Board chose to ignore the staff recommendation and reduced the font size to 10 point to meet the objections of the large corporate interests. How sad and disappointing it is to see a governmental agency dedicated to consumer protection bend to the will of industry causing potential harm to seniors and other consumers.

In addition, the Board refused to consider requiring that prescription drug labels be translated into at least the five most commonly spoken languages in the state. This despite the fact that the populations that speak these languages are expanding in the state. There was recent testimony that the technical capacity to easily produce these translations is available.

Once again the Board chose the interests of the corporate retailers over the safety needs of consumers. I am strongly urging the Board to reverse these two unfortunate decisions and restore the 12 point font and require the above noted translations. While these by themselves will not eliminate medical errors they will get our state on the right track and not go backwards. I trust you will do the right thing by the seniors and consumers of our state.

require translated labels
March 6, 2010

From:
Trang T. Nguyen
1009 Cypress Lane
Davis, CA 95616

To:
Carolyn Klein, Coordinator
Legislation and Regulations
California State Board of Pharmacy
1625 N. Market Blvd. N 219
Sacramento, CA 95834
E-mail: carolyn_klein@dca.ca.gov
Telephone No.: (916) 574-7913
Fax No.: (916) 574-8618

I am writing on behalf of California Communities United Institute as well as an advocate for drug label language assistance.

In 2007 the state legislature passed SB 472, which requires that medication container labels become more patient centered. As a result, the State Board of Pharmacy considered regulations that would establish the size and type of font to be used on the labels along with a standardized set of instructions to be used on those labels. By this, patients will be able to safely take his or her medications labeled in an understandable language.

Recently my grandfather received the wrong prescription drug from his local pharmacy that is managed by Vietnamese pharmacists and staff. No one informed him at the pharmacy that they had given him the wrong drug, an antibiotic. It was not until my aunt looked over his prescriptions two days later and notified the pharmacy about their mistake. Not only should drug labels be clearly written in his or her own preferred language, but also verbally instructed to prevent errors in prescription drug distribution.
Please enforce pharmacies and/or health institutions that distribute prescriptions to have drug labels language assistance available on the medicine bottle and/or access to a third party interpretive service. In addition, to further protect consumers, pharmacy staff should also verbally inform patients on what type of drugs they are prescribed and how to take those drugs.

Sincerely,

Trang T. Nguyen
Dear Ms. Klein,

As Director of Older Adult Services for a non-profit in Los Angeles County, Behavioral Health Services, Inc., I operate several programs for seniors, including case management and home care for frail elderly and a medication misuse prevention program for active older adults. Staff members of these programs witness the multiple medications consumed by their older adult clients/participants and the great potential for misuse, given the clients’ impaired vision, hearing, memory issues and language barriers. I urge you to add stronger language in the proposed regulations that will help prevent medication misuse and its negative consequences among this vulnerable population. Specifically, I recommend and support the following:

- **12-point font size** for labels. 12-point font is the minimum size for readability and has been validated through research.
- **Translated labels.** Translated labels are essential for our communities to understand how to take their medication effectively and safely.
- Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.
- **Oral interpretation must be required** for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

I appreciate your consideration. Please feel free to contact me if you have any questions.

Sincerely,

Debbie Levan

Debbie Levan, M.P.H.
Divisional Director, Older Adult Services
Behavioral Health Services, Inc.
15519 Crenshaw Blvd.
Gardena, CA 90249
310-679-9035
Fax 310-679-2795
Email dlevan@bhs-inc.org

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Mission: The mission of BHS is to transform lives by offering hope and opportunities for recovery, wellness and independence.
Ms. Klein,

I am writing to you as a concerned medical director of a community medical center that serves many patients with non-English primary languages. Many of our patients do the work that nobody else wants to do — either in the agricultural industry or at the very bottom ranks of the service industries. Many of our patients have chronic conditions that require medications. In order to assure “compliance”, our patients need to understand how to take their prescribed medications. While I applaud the proposed changes in Title 16, they do not go far enough. Specifically, in Section 1707.5 (a) (1) (B) it states that the medication name can either be the manufacturer’s brand name or the generic name. In order to decrease confusion when more drugs are able to become available in generic forms and providers make the switch, it is best that all prescription labels use the generic medication name. In regards to Section 1707.5 (d) — the limited/no English proficiency section — the last clause that gives the condition that interpretive services need only be met “if available” is unacceptable. Who defines what is “unavailable”? The addition of this clause subtracts the intent of Section 1707.5. I strongly urge you to take this out. Thank you for reading my comments.

Respectfully,

Thomas Mahoney, MD, MPH
Medical Director
Community Medical Centers, Inc.
Administrative Office -- 7210 Murray Drive
Stockton, CA 95210
Ph: 209-373-2830
Fx: 209-373-2878
An article in the LA Times regarding mandatory change in prescription labels has gotten my attention and I wish to make a few comments.

While I do agree that some of the labeling is small and very hard to read (particularly those little tiny sticky ones w/precautions that are stuck to the side of the bottle), I do not understand why the proposed labeling cannot be made OPTIONAL for those requiring larger fonts rather than mandatory. I have several medications that I take on a regular basis and have for years, the pills are tiny, and to have them in a now even larger bottle is foolish, not cost effective and creates more burden for our environment. They would definitely be more cumbersome in many ways including storage at home and in facilities. If a patient requires large print, why not just have a large computer print-out on a sheet of paper that is given to the consumer. Of recent, I have had problems with my eyes which also require multiple drops. The solution to knowing what to take when---my physician has given me written instructions on how and when to administer the drops. Perhaps this onus needs to be on the physicians themselves and not the pharmacies.

I clearly believe that the issue of hard to read bottles can be done on a optional, case by case basis, and not a requirement for all prescriptions. Likewise, physicians who prescribe drugs should be responsible for instructing the patient, not the pharmacist. Yes, the labels need to be legible and clear, but not to the extreme proposed by the modifications as outlined in 1707.5

Thank you,
Anita Sherbanee, R.N., J.D.
Dear Board of Pharmacy –

Please take into account the following recommendations, as they are much more patient friendly.

1) font size: section a)1 the current proposed regulations requires labels to use 10-point font. Recommendation: require use of 12-point font

2) medication name: section a1B) states that "name of the drug' means either the manufacturer's trade name, or the generic name and the name of the manufacturer"

Recommendation: standardize labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients

3) language requirements: section d) the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter."

Recommendation: eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation

Caroline

Caroline A Peck, MD, MPH, FACOG
Assistant Director, General Preventive Medicine/Public Health Residency
Director, Cal EIS Applied Epidemiology Fellowship

Chief, Program Development Section
California Department of Public Health
1616 Capitol Ave  Suite 74.420
PO Box 997377  MS 7213
Sacramento, CA 95899-7377

(916) 552-9940
(916) 552-9994 FAX
caroline.peck@cdph.ca.gov

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Thank you.
To Honorable Legislators:
As a community based organization working with community to prevent and/or manage their health, it is imperative that we pay attention to the needs of individuals that need to feel safe, secure and confident that they understand their prescriptions. We encourage you to think about instructions being necessary to the patient - not the provider and general medical community. If this is what changes are needed then let's move in that direction. It just makes sense and agencies, outlet staff and providers have ENOUGH TO DO!!!

We encourage you to consider the following:

- 12-point font as the minimum size for readability.
- Translated labels essential for our communities to feel secure in understanding how to take their medication effectively and safely.
- Pharmacies be required to use the translated labels provided by the Board or develop their own translations. Community organizations would be willing to help!!!!
- Oral interpretation be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse and is irresponsible.

Thank you for the opportunity to speak our voice. gfg

Gloria Flores-Garcia
Associate Executive Director
El Concilio of San Mateo County Administration
1419 Burlingame Avenue, Suite N
Burlingame, CA 94010
(650) 373-1084
Fax (650) 373-1090
Hello Ms. Klein:

I am a senior research scientist who has worked on public health issues with low-income and immigrant populations for over 40 years. Among other projects, I work on the California Health Interview Survey, the largest population-based survey in the nation, and a survey that administers health questions in 5 languages to insure inclusiveness in health data obtained for the entire California population.

I am writing to you to advocate for making some needed changes on prescription formats. I want to begin by asking you to increase the font size on prescription labels to 12 point. It is so difficult for our senior population to read small prescription labels, and erroneously misreading their type of medication, or directions in how to administer the medication could have disastrous effects. When pharmacies print the prescription labels they also increasingly move to smaller and smaller fonts as they attempt to squeeze a lot of information onto a tiny bottle or packet; the impact of such small fonts means that many citizens are unable to read the labels even with the aid of glasses.

In addition, at a minimum, we must have prescriptions available in Spanish in California when it comes to the need for translation. Recent immigrants and senior citizens of Asian and Hispanic backgrounds often are monolingual, and have to rely on their bilingual family members to go with them to visit their medical providers, or to help them with their medications. While difficult, some may be able to get someone to help them at initial doctor visits, but then they return to their homes alone and don't have family members living with them who can read the English-only labels. In the most racially/ethnically diverse state in the nation, I do not understand how you could approve English-only labels in good conscience. At a minimum please help out all seniors by increasing the font size of the labels. Additionally, regardless of cost or challenges for the pharmaceutical industry in implementing these new, needed changes, please adopt a new model standard and have California lead the way in the nation once again in making health care more accessible to seniors and non-English speakers.

Thank you for your consideration.

Elaine Zahnd, PhD
Senior Research Scientist
925.283.6432 FAX/phone
ezahnd@phi.org
Dear Ms. Klein,

With regards to the approved draft regulations, I urge you to consider the following:

12-point font is the minimum size for readability.

Translated labels are essential for our communities to understand how to take their medication effectively and safely.

Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.

Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

Thank you.

Rocky Schnaath
Spanish Translator & Interpreter
The Board heard the testimony from one of its own members: Decreasing font size from 12 to 10 point type would mean an additional 300,000 Californians would not be able to read their prescription labels, and would be put a risk of being one of the 100,000 yearly deaths in the US from medical mistakes.

Only these deaths would not be the result of a mistake. The Board had already arrived a 12 point type protocol, after exhaustive investigation and consultation with experts, including the Board's hired consultants. The 12 point protocol was reversed, not on the basis of new scientific or clinical information, but on the last-minute stacking of the Board with chain-drug-sympathetic members, who were willing to ignore the advice of one of California's largest prescribes, Kaiser Permanente, who said they have implemented the 12 point protocol with no problem. I know, as I am a Kaiser Permanente patient.

I also cannot believe the Pharmacy Board would reverse its recommendations requiring translations of prescription labels and available on-site translation. It is outrageous that it be official State policy that residents be put at danger of harm or even death as a consequence of not being proficient in English. On-site translation is not hard to do: I worked fifteen years at San Francisco General Hospital, and translation in almost any language was always available by phone, if it was not covered by staff interpreters. Similarly, if an easily understandable protocol for prescription labels in English were agreed on, translations of these labels could be greatly simplified, and shared by all pharmacies.

There is no excuse for the Pharmacy Board's negligence of California's elder and non-English-speaking population.

I speak for the Boards of the California Alliance for Retired Americans, San Francisco Gray Panthers, and Senior Action Network.

Michael Lyon
128 Faith St.
San Francisco, CA 94110
415-215-7575
mlyon01@comcast.net
Dear Ms. Klein:

I am writing to recommend that you fully implement SB 472. As a gerontologist and the son of an aging mother, I am aware that readability of prescription bottles is a safety and effectiveness concern.

While some bottles and packaging may be small, there are a number of innovative ways to attach labels that are large enough to support 12 point-type with key information. Cataracts and other vision problems are common among older adults, so anything less than 12-point becomes a problem for the group with the highest number of prescriptions. In addition, over 20% of older Californians have problems speaking English. Since most labels are computer printed using standardized forms, it seems logical to require label information be available when needed in threshold languages. And similarly, we should encourage pharmacies to offer in-language counseling when possible.

Please do not allow the health and safety of California consumers to continue to be at risk due to unreadable prescription labels. They should be at least 12 point in size, in as many alternative languages as feasible (but, at a minimum in threshold languages), and have counseling in their own language when possible. I hope to see the regulations you issue follow these evidence-based standards.

Sincerely,

Steven P. Wallace, Ph.D.
UCLA School of Public Health
Professor & Vice-Chair, Dept. Community Health Sciences
Associate Director, UCLA Center for Health Policy Research

10960 Wilshire Blvd., #1550
Los Angeles, CA 90024
310-794-0910 (voice)
310-794-2686 (fax)
www.healthpolicy.ucla.edu
I am writing concerning regulations being drafted by the California Board of Pharmacy on improving prescription drug labels. The regulations are required by SB 472, which was signed by Governor Schwarzenegger in 2008. I am concerned because on February 17 the Board approved draft regulations that are considerably weaker than previous versions. I feel strongly that:

- 12-point font is the minimum size for readability.
- Translated labels are essential for our communities to understand how to take their medication effectively and safely.
- Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.
- Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

Please make sure that the new regulations contain the above criteria.

Thank you.

Lindy Tillement
ricelindy@yahoo.com
In order to comply with AB 472, it would seem to any disinterested person that 12 point type should be the smallest that can be used on pill bottles, in order to be legible for patients. Additionally, translation for the instructions for use should be provided for non-English speakers. Jim Forsyth, 1926 Wingate Way, Hayward CA 94541.
Ms Klein, if pharmacies do not provide translated labels, you discriminate against people who do not read English. You condemn them to poor health outcomes, as they cannot follow the directions properly.

In addition
- 12-point font is the minimum size for readability.
- Translated labels are essential for our communities to understand how to take their medication effectively and safely.
- Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.
- Oral interpretation must be required for all patients. Using the caveat “if available” in the regulation will leave our communities vulnerable to misuse of their prescriptions.

Thanks,
/luis

---

Luis Miguel, PhD | CEO | luis@avantpage.com
530.750.2040 | cel 530.867.1148 | fax 530.750.2024
Avantpage | Connect in any Language® | http://www.avantpage.com/
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Dear President Schell and Members of the California Board of Pharmacy, March 1, 2010

I am writing this letter on behalf of the California Alliance for Retired Americans (CARA) to again express our continued disappointment and disgust with the proposed regulations for patient-centered labels that you passed at your February 17th Board of Pharmacy meeting. What you approved made the entire process for developing these regulations a joke, and completely disregarded not only the concerns expressed by dozens of consumers and consumer advocacy groups, but also the wisdom and experience of organizations such as the World Health Organization, and Northwestern University and other academics and professionals in the field. Furthermore, the issues outlined in our previous letter, and those presented in other letters, were not adequately addressed by the Board and appear to be in violation of the intent of the legislation.

Specifically CARA is concerned with the regulation establishing 10 point font as the standard. All of the testimony presented by every group and individual, with the sole exception of the Retail Association and Pharmacy chains, has clearly indicated that 12 point font is the MINIMUM standard for readability. One of the Board members, Ramon Castellblanch shared some statistics at the Feb. 17th meeting clearly indicating that over 300,000 seniors over the age of 75 will be immediately at risk if these lower font standards go forward, and many more will be at risk as more and more seniors age in California. The issue of translation on the labels was also not adequately addressed, as was required and expected in the original language of SB 472.

These two concerns are enough, in our opinion, to put the entire process and final recommendations in question. But, to add insult to injury, we believe that the process itself was flawed. The revised language that was presented to the Board at the January 20th hearing was released only 14 hours prior to the hearing. No one had time for thoughtful review and consideration, yet the Board voted on these recommendations and reaffirmed them at the Feb. 17th hearing. The hearing on Feb. 17th took public comment only after a vote was taken – clearly an undemocratic and flawed procedure at best. The Board failed to consider pertinent testimony prior to voting – an issue we believe must be addressed by the Office of Administrative Law.

Finally, the author of the statute, Senator Ellen Corbett, expressed her disappointment in the way the Board interpreted the intent of SB 472, which was shared at the Feb. 17th by her staff person, Anthony Valdez. We believe that her concerns must be addressed by the Board and by the OAL before the regulations are finally adopted.

We urge the Board of Pharmacy to reconsider these regulations, and at least increase the font size standard to 12 point font and translation of the labels into key languages before finalizing these regulations. Let’s turn the Board’s lemon of a proposal into lemonade while we still have time.

Sincerely,
Nan Brasmer, CARA President

CARA* 600 Grand Ave. #410 * Oakland, CA 94610 * 510-663-4086 *
www.californiaalliance.org

bop letter re feb 17 regs.doc
Carolyn,

I am writing to encourage you to support stronger measures to protect our communities by mandating real, meaningful regulations that provide standards that will result in more equity and fairness in our state’s medical system. I believe it is important that our Spanish speaking population is treated with respect and consideration. I support the following issues currently under discussion:

- 12-point font is the minimum size for readability.
- Translated labels are essential for our communities to understand how to take their medication effectively and safely.
- Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.
- Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

regards

Steve Spiker (GISP)
Research & Technology Director
URBAN STRATEGIES COUNCIL
672 13th Street | Oakland, CA 94612
(510) 463-2880 ph | (510) 893-6657 fx (Note new phone #)
email: SteveS@urbanstrategies.org
            www.benefitingbvhp.org  www.alamedacountycan.org
            www.oaklandafterschool.org  www.infoalamedacounty.org

Working to eliminate persistent poverty by building healthy, vibrant communities.

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Hi Carolyn,

I appreciate you accepting public comment on the implementation of SB 472. As a public health professional who works primarily with patients whose primary language is not English, I am writing to urge strict compliance with the following criteria:

- 12-point font. Anything smaller than that is not legible.
- Translated labels must be available in order for patients to understand how to take their medications and avoid harmful/deadly mistakes.
- Pharmacies should be required to use translated labels.
- Oral interpretation must be required for all patients. It is important for pharmacists to take responsibility for making sure that patients are informed of how to take their medications.

Thank you,
Ali Uscilka
306 Elsie Street
San Francisco, CA 94110
(801) 391-1027
Email: ali.uscilka@gmail.com
Pharmacy Online Complaint: #PHAR-100221010207
Business/Professional Name: David Fritz
License Number:
Address: 19009 Sherman Way #49
City: Reseda
State: CA
ZIP Code: 91335
Phone Number: (818) 705-0898
Person dealt with: geroguy@dslextreme.com

Complaint: VIRGINIA HEROLD ASKED FOR LETTERS REGARDING THIS MATTER. HERE'S MY LETTER TO CVS CORPORATE—I'M SURE YOU'LL GET MY POINT: As a longtime CVS customer and gerontology professional, I was appalled to read that you allowed Deborah Veale to be appointed by Gov. Schwarzenegger to California's pharmacy board for the express purpose of killing a bill that would have required large-print labeling on California prescriptions. If you wish to keep my business and that of my employer (Los Angeles Unified School District, for whom I am both a teacher and on the teachers' union House of Representatives—and I've got a fair amount of clout when it comes to negotiating our annual healthcare contracts [and Medco was just fine before we switched to CVS CareMark]), I insist that you immediately terminate not only Ms. Veale but anyone at CVS who approved her appointment to this committee. I used to think CVS outclassed the other national drug chains when it came to customer service and ethics. You sure showed me, huh!

Date of Incident:
Requested Resolution:
Supporting Documents:
Previous Complaint:

***********************
Complainant: Fritz, David
Address: 19009 Sherman Way #49
City: Reseda
State: CA
ZIP Code: 91335
Phone Number: (818) 705-0898
Email Address: geroguy@dslextreme.com
Pharmacy Online Complaint: #PHAR-100220081718
Business/Professional Name: JOHN POITRAS <
License Number:
Address: XXX
City: Santa Ynez
State: CA
ZIP Code: 93460
Phone Number: (805) 686-9747
Person dealt with:
Email Address: jake@batnet.com<
Complaint: This is not a complaint but a comment as requested by Ms. Herhold on the recently defeated legislation: THANK GA WD COMMEN SENSE RULED. PLEASE STOP THIS NONSENSE ABOUT COMMUNICATING IN ALL LANGUAGES--IF SOMEONE IS IN OUR COUNTRY LEGALLY OR OTHERWISE IT IS HIS/HER OBLIGATION TO SPEAK/READ OUR LANGUAGE. THE REST OF US DO NOT NEED MORE BURDENS AND COSTS OF THIS LEGISLATION. THANK YOU.
Date of Incident:
Requested Resolution:
Supporting Documents:
Previous Complaint:
*************************
Complainant: POITRAS, JOHN
Address: 3631 Woodstock Road
City: Santa Ynez
State: CA
ZIP Code: 93460
Phone Number: (805) 686-9747
Email Address:
PLEASE! No print smaller than 12 point on the bottles. and translation also for those who don't read English.

A bit of common sense these days goes a long way.

All best,

Sarah Sadowsky
Dear Ms. Klein:

I am writing in response to the Board of Pharmacy’s revised regulations for SB472 (Corbett), the Standardized Prescription Drug Labeling Act.

As a board certified physician who has been practicing for over 10 years, I have seen first-hand the challenges that my patients face in trying to decipher prescription labels. My current practice includes 33% geriatric patients and 35% limited English speaking patients. The current prescription labeling system is nothing short of a patient safety hazard. I commend the Board for attempting to address this issue by promulgating regulations to standardize prescription labels across our state; however, the current regulations contain several points that miss the mark.

First, with regards to the proposed font size in section a)1, the current proposed regulations requires labels to use 10-point font. I would urge the Board to require the use of 12-point font. Literacy experts recommend the use of 12 point font as a minimum size (for example, see the Harvard School of Public Health’s evidence-based guidelines on creating and assessing print materials, available at http://www.hsph.harvard.edu/healthliteracy/materials.html). In fact, studies assessing the needs of seniors often study font sizes 12-point and larger, with general findings that seniors prefer larger font (for example, see attached study of seniors by Bernard et al, 2001).

Second, with regards to the proposed standardization of medication name, section a1B) states that “name of the drug” means either the manufacturer’s trade name, or the generic name and the name of the manufacturer.” I would urge the Board to require standardization of labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients.

Lastly, with regards to the requirements addressing limited English proficiency in section d), the last sentence reads “The pharmacy shall, at minimum, provide interpretive services in the patient’s language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.” I would urge the Board to remove the clause “if interpretive services in such language are available” as this effectively releases pharmacists from any obligation to provide interpretation. If the concern is that there are times when a contracted telephonic interpreter service (e.g. Language Line) may not have an infrequently encountered language available (e.g. Samoan) then the regulations should be amended to reflect this specific concern.

Thank you for your consideration.

Alice Hm Chen, MD, MPH
Medical Director, Adult Medical Center, San Francisco General Hospital

Box 1364, San Francisco, CA 94143-1364
tel 415-206-4049 fax 415-206-5586 email achen@medsfgh.ucsf.edu
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I have 3 suggestions on amending these regulations:

1) Increase font size for labels to minimum 12-point type. Many patients are vision impaired, and for patients with low health literacy, larger type is important.

2) Patients are very confused about brand vs. generic names. All labels should have the generic name.

3) Section d) reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter." This is not acceptable, because the clause "if interpretive services in such language are available" makes this a meaningless regulation. Please delete "if interpretive services in such language are available."

Thank you for your consideration.

Thomas Bodenheimer MD

Thomas Bodenheimer MD
Professor of Family and Community Medicine
University of California at San Francisco
Bldg 80-83, SF General Hospital
1001 Potrero Ave. San Francisco CA 94110
phone 415/206-6348
fax 415/206-8387
TBodenheimer@fcm.ucsf.edu or tbodie@earthlink.net
Ms. Klein,

I am submitting this communication in direct response to The California Board of Pharmacy’s draft regulation Section 1707.5 of Division 17 of Title 16 of the California Code of Regulations on **Patient Centered-Labels on Medication Containers**.

My specific comments and recommendations are:

1) Font Size under section a (1): The current proposed regulations require labels to use 10-point font.

   **Recommendation:** Require the use of 12-point font to ensure seniors or others with visual impairment can read and follow instruction. The goal is to enhance patient adherence and safety.

2) Medication Name under section a (1B): States that “name of the drug’ means either the manufacturer’s trade name, or the generic name and the name of the manufacturer”

   **Recommendation:** Standardize labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients which hinder adherence; worse lead to poorer patient outcomes.

3) Language Requirements under section d: The last sentence reads “The pharmacy shall, at minimum, provide interpretive services in the patient’s language, if interpretive services in such language are available, during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.”

   **Recommendation:** Eliminate the clause “if interpretive services in such language are available” as this effectively releases pharmacists from any obligation to provide interpretation. Patients with limited English proficiency require clear explanation in order for them to understand the instructions for taking prescribed medications.

Sincerely, Albert

Albert Yu, MD, MPH, MBA
Director, SFDPH Chinatown Public Health Center
Clinical Professor, UCSF Family & Community Medicine
1490 Mason Street
San Francisco, CA 94133
415-364-7600 (P)
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Albert.Yu@sfdph.org

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Please make the following changes to the regulations regarding pharmacy labels as in order to help limited literacy patients, seniors, and people with English as a Second Language.

1) font size: section a)1 the current proposed regulations requires labels to use 10-point font.
   This is too small. Please change requirements to 12-point font

2) medication name: section a)2) states that “name of the drug” means either the manufacturer’s trade name, or the generic name and the name of the manufacturer”
   Please change the recommendations to the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients

3) language requirements: section d) the last sentence reads “The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.”
   Please eliminate the clause “if interpretive services in such language are available” as this effectively releases pharmacists from any obligation to provide interpretation

Thank you.

L. Elizabeth Goldman

Assistant Professor of Medicine

University of California, San Francisco
Hello,

I am a resident physician in Internal Medicine at UCSF and I would like to encourage that you consider amending the current proposed regulations for prescription labeling. My clinic is at San Francisco General Hospital, where 60% of my patients have a first language that is something other than English. Numerous patients are also elderly or have visual difficulties secondary to their complex medical problems. I cannot emphasize enough the number of times medication errors have occurred because the label was too difficult to read or not in their language. We can change this.

I would ask that the following changes be made to be more patient-friendly and overall safer:

1) The use of 12-point font.
2) Standardize labels with the generic name of the medication
3) Eliminate the clause "if interpretive services in such language are available" thereby requiring that all patients have access to explanation/information about their medications in a language they feel comfortable in.

Thank you very much for your consideration,

Mia Lozada, MD
Resident Physician, Internal Medicine
San Francisco General Hospital
Hello - I am a long time primary care provider in a clinic of SF Dept of Public Health, serving a geriatric patient population. A majority of my patients do not have limited English or are completely monolingual. Here is my input to the proposed regulations, with my recommendations for change. thank you

1) font size: section a)1 the current proposed regulations require labels to use 10-point font. 
   Recommendation: require use of 12-point font at a minimum (and with serif)

2) medication name: section a)1B) states that "name of the drug" means either the manufacturer's trade name, or the generic name and the name of the manufacturer

   Recommendation: standardize labels with the GENERIC NAME - this 2 name system is a major source of confusion and is a huge patient safety issue, especially in the limited English populations.

3) language requirements: section d) the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter." (a)

   Recommendation: eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation

Lisa Johnson, M.D.
Medical Director for Quality Improvement Programs
Community Primary Care
pager: 327-6247 phone: 415-581-2426
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Hello Ms. Klein,

My name is Soraya Azari and I am a doctor that works at San Francisco General Hospital. I am writing in regard to the Board of Pharmacy's Proposed Language for Section 1707.5. As a doctor, I'm concerned about the following sections:

-- 1707.5, a), 1): FONT - I strongly recommend that font be printed in at least 12-point font. I have many elderly patients, that live alone, that bring in their pill bottles and I ask them what the bottles say and they have difficulty reading them. So, if they do not have aggressive coaching and med teaching, they will just take one pill per day. This is extremely important.

-- 1707.5, B): NAME OF THE DRUG. I think that the name of the the drug should include the manufacturer's trade name AND the generic name (it currently states or). I have had patients walk into clinic with bottles of both glyburide (generic) and Micronase (trade name) and tell me that they are taking both and have documented cases of hypoglycemia. This is also a frequent occurrence with anti-hypertensives and so double usage can cause life threatening hypotension, especially if the patient has cardiovascular disease. You would think it wouldn't be common to have multiple bottles of meds, but it's actually quite common. The biggest source is hospital discharges. A patient goes to a different hospital, stays for 1-2 days, doesn't get aggressive discharge counseling, goes home now with a repeat prescription for a med, then the patient doesn't know whether to just take the new medicines or to take them all - but they often do the latter - and it's only until their next primary care visit that these issues can be straightened out (and that appointment usually does not happen under one week). At least if both names were there, in large font, the patient could see that they are the same.

-- 1707.5, d): Policies for limited or no English proficiency patients. Currently, the way this section is written, it implies that if pharmacies do not have those capabilities, then they will not be required to provide it. I think instead it should say that "the pharmacy will provide an oral language translation of the prescription to the patient." I understand that pharmacies may not want to invest in this infrastructure - bilingual personnel or a phone interpreter service, but the reality is that limited english proficiency patients are so prevalent in California that to not accommodate this group amounts to unfair and unequal treatment. Not provided these interpreters will also lead to significant errors. I have witnessed many patients coming in with pills which they are not taking correctly because they did not receive counseling. I would strongly suggest that this portion be amended.

I appreciate your consideration for this very, very important legislation. I know it will affect the lives of all of many of my patients and I am writing on their behalf.

Best,

Soraya Azari, MD
Would you please provide me with a reason why the labels on drugs should not be read by ALL the people who use them?

Thank you for your answer.
Dear Ms. Klein:

I am writing to you now to urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

It is unconscionable that at the last minute, the Board of Pharmacy, bolstered by Gov. Schwarzenegger's overnight appointment of Deborah Veale of CVS, sided with pharmacy overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect patients, particularly seniors, from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Equally important is the need to make sure that all Californians, regardless of what language they speak and/or read, to be able to receive Rx labels and to be given counseling about their prescription(s) in language that they can understand. Interpretation and translation of medicine information and usage instructions are not optional add-ons that are nice to have "if available", but are essential to protect the lives and well-being of the significant number of patients of all ages who have limited proficiency in spoken and/or written English. To do so, the original language and intent of SB 472 must be upheld.

California has no shortage of highly skilled multilingual healthcare, language services, and technology professionals whose services could be readily utilized to create translated Rx labels and to routinely provide personalized interpretation to each patient on the use of his/her medicine(s). Investing in these services now will go a long way to preventing medication errors, and will pay enormous dividends in terms of improved health of individuals and reduction of unacceptable health inequalities among vulnerable populations.

Policy must be based on the needs of California's people, not the profit motives of major pharmacy chains and pharmaceutical companies. And by implementing the best-practices mandated by law, California can serve as a model leading the way for protecting patients and improving health nationwide.

Sincerely,

Joana Ramos, MSW
Seattle WA
Director, Washington Coalition for Prescribing Integrity
Founding member, Washington State Coalition for Language Access and
Chair, WASCLA Pharmacy Access Committee
Portuguese Medical Interpreter
http://www.diversityrxconference.org/Your-Voice/Webinars/Webinar-3-Meds-LEP/165/
email: warxreform@gmail.com
I would like to draw your attention to three specific issues that I feel should be amended:

1) font size: section a)1 the current proposed regulations requires labels to use 10-point font.
   **Recommendation:** require use of 12-point font

2) medication name: section a1B) states that "name of the drug" means either the manufacturer's trade name, or the generic name and the name of the manufacturer.
   **Recommendation:** standardize labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients

3) language requirements: section d) the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available" [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.
   **Recommendation:** eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation

**Urmimala Sarkar**  
Assistant Professor in Residence  
Division of General Internal Medicine  
University of California, San Francisco  
Center for Vulnerable Populations  
San Francisco General Hospital  
Box 1364, SFGH Bldg 10, Ward 13 1310  
University of California, San Francisco  
San Francisco, CA. 94143 -1364  
Office 415 206-4273  
Fax 415 206-5586
As a researcher on LEP patients and quality of care, I would like to make the following suggestions:

1) Font size: section a)1 the current proposed regulations requires labels to use 10-point font. Recommendation: require use of 12-point font.

2) Medication name: section a)B) states that "name of the drug" means either the manufacturer's trade name, or the generic name and the name of the manufacturer. Recommendation: standardize labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients.

3) Language requirements: section d) the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available" [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter. Recommendation: eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation.

Thank you for your attention,
Anna

Anna Maria Nápoles, PhD, MPH
Associate Professor of Medicine
University of California San Francisco
Box 0856
San Francisco, CA 94143-0856
ph 415-476-6290
fax 415 502-8291
anapoles@ucsf.edu
OK now I can read this as a senior with decent vision, my client residents already have a difficult time with medicines, if it is printed as pt10 then this is how it would look, they will need more help getting there medications right, one slip up can cost a life! What are you thinking? Wrong headed.

pam

Pamela R. Spevack, SSC
Social Services Department

Westlake Christian Terrace
(510) 893-2999 x106
Pharmacy Online Complaint: #PHAR-100225105812
Business/Professional Name: pamela spevack
License Number: 0
Address: 275 28th
City: Oakland
State: CA
ZIP Code: ca
Phone Number: (510) 593-0063
Person dealt with: email
Email Address: pam_wctss@yahoo.com
Complaint: I was referred to your website to complain about a change in point size on prescriptions/medications. It is absurd that seniors who have a difficult time and others with vision problems are expected to read it. This difficulty will result in incorrect and possible death to those taking the wrong medicine. It is already difficult now!
Date of Incident:
Requested Resolution:
Supporting Documents:
Previous Complaint: No125 Resident Seniors living independently where I am the Social Services Coordinator.

Complainant: Spevack, pam
Address: 6 Wyman Place
City: Oakland
State: CA
ZIP Code: 94611
Phone Number: (510) 893-2999
Email Address: pam_wctss@yahoo.com
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

I need someone to clarify what has been done in this regard, so I can make the 400 or more people attending our non-profit health fair in Bellflower on March 21 aware. Perhaps a piece of fresnel lens could be attached over the 9 or 10 point print on prescription labels. We already have data on how much the pharmacy industry has spent on seeing that health care changes are defeated. I assume that members of the California Board of Pharmacy are appointed by someone. Perhaps you can clarify some of these issues for me from your point of view. I wouldn't intentionally spread misinformation.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Mary Kooiman
Dear Tessa,

I would like to add comments for the Proposal to Adopt New Section at Title 16 California Code of Regulations Section 1707.5. I have search everywhere for an email but was unable to find the right person to email this to. Can you please forward the note below to the proper persons. Thanks for your time.

Sincerely,

Julie Quach

To the Board of Pharmacy,

As a current public health student and a future Pharmacy student at Touro University—California, I am concerned that the minimal change being made to prescription labels is not enough to help the public. I attended the board of pharmacy meeting regarding Section 1707.5 on February 17th with a common goal like the Gray Panthers—to advocate for the implementation of a 12 point Sans Serif font and to make directions on labels available in different languages.

I would like to share a couple of experiences with the board. My parents are in their late-fifties and have to take about six different types of medication a day. It annoys me to see them squint in order to decipher what the directions say in small font, despite having their reading glasses on. I try my best to help them when I am around.

Another instance that I encountered last week was at the Vietnamese Senior Center in Oakland, California. Upon speaking to a middle-aged Vietnamese lady, she told me that she is unable to read her labels as well. Also, she occasionally goes out of her way to a small Vietnamese pharmacy to buy her medications that is labeled in Vietnamese. She told me that it is easier to not mix up her medications when she understands what it says.

I hope that these real life experiences show the board of pharmacy the importance of how little change can make a big difference for the community. I would love to be around more often to help my parents by explaining the regimen and uses, but they can be self-sufficient if the words are bigger. I also faced these issue at the pharmacy while working there as a pharmacy technician; elders share instances of under-dosing their medications because of the small print on the labels. Besides, I have noticed that labels of Target’s medication bottles are available in a readable size. Implementing a standardized label of 12-point font will make it patient-centered.

In addition, being multilingual, I can see the convenience of having the main dialects used available to cater the diversity of California.

Being at the meeting was an eye opener. After witnessing strong-willed people who care for the
public showed me the importance of what we are fighting for—a drastic change that will only help the public. As a future public health practitioner I would like to see little changes that would be appreciated in the community.

Sincerely,
Julie Quach
Master of Public Health, 2010 Candidate
Doctor of Pharmacy, 2014 Candidate
Touro University—California
Pharmacy Technician, State of California

This message has been scanned for viruses and dangerous content by MailScanner, and is believed to be clean.
Feb 26, 2010

Ms. Carolyn Klein  
1625 N Market Blvd, N219  
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

What is the upside of the smaller font?

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Bob denton  
2973 Bimini Pl  
Costa Mesa, CA 92626-3705  
(714) 556-3932
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Individuals with low vision, including millions of senior citizens, must be able to access the labels on their prescription bottles in order to avoid pharmacological mistakes. These kinds of mistakes could cost lives. Please make prescription bottles accessible to ALL people.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mrs. Gina Ouellette
PO Box 636
Pleasanton, CA 94566-0063
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Daria Flores
4429 New Hampshire St
San Diego, CA 92116-1045
(619) 542-0030
To the California State Board of Pharmacy regarding Section 1707.5 of Division 17 of Title 16 of the California Code of Regulations:

(a) (1) I am in favor of keeping the font at 12. As a senior citizen and pharmacist, I know this would be helpful for us. Thank you for your consideration. Horace Williams, 175 S. Madison Ave., #9, Pasadena, CA 91101. 626-793-3524
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on 2 years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9-or-10-point font currently used by pharmacies.

The Board overturned their own recommendations by requiring only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect patients from medication errors. These new regulations do not make prescription labels safe.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is dangerous to force parents and grandparents to strain eyes reading their dosing instructions and other essential information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Siddharth Mehrotra
3230 Orange Dr
Camarillo, CA 93010-1322
(805) 384-2724
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

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However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring 12-point font on the most important parts of medication labels is a small but crucial step that will save lives. Elderly patients, and those with multiple medical conditions, taking multiple medications are especially at risk of error from being unable to read their pill containers. I urge the Board to return to its initial recommendation and vote for stronger prescription drug labeling standards.

Sincerely,

Elizabeth Imholz
1535 Mission St.
San Francisco CA 94103

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

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However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information. There have been numerous serious accidents with medications, many of which were preventable, if the print on the bottle had been larger. We are now living in a country where the aging population is larger than the youthful one, and this fact should be accommodated. We are paying for it anyway, so make the print larger and save some lives!

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. LoRonce Anderson
880 W 47th St
Los Angeles, CA 90037-2910
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I personally had an experience once where I awoke with high blood pressure and took the wrong dosage of medication: there were two bottles, one with the much higher dose and one with the lower dose I was supposed to take if I had already taken the higher dose and it wasn’t enough. I had taken the higher dose pill before going to bed, but woke up two hours later with a headache and very high blood pressure. The print labeling on the bottles was small, I was tired, and I have mild vision problems; I ended up taking the larger dose again by mistake, overdosed on the medication, and could have died because my blood pressure dropped way too low. Had I taken the correct pill, I would have had in my body the highest safe dose possible; instead, I had taken way over that amount.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients like myself can more easily read their prescriptions. I believe that if the font size had been larger on those two bottles of prescription medication, I never would have overdosed.

Based on two years of study, the Board’s draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board’s action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information. Even highly educated, middle-aged people like myself can have problems reading these labels, as my experience with the high blood pressure medications demonstrates.

Requiring a 12-point font on the most important parts of medication...
labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Mary Ann Leiby, Ph.D.
16327 Haas Ave
Torrance, CA 90504-1909
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions. I can usually read instructions, but text at 3 or 4 points is too small for people even with 20-20 vision.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Charles Wolfe
13376 Dronfield Ave
Sylmar, CA 91342-1401
(818) 367-6798
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Febo Bartoli
43440 25th St W
Lancaster, CA 93536-5212
(661) 942-4034
Feb 25, 2010

Ms. Carolyn Klein  
1625 N Market Blvd, N219  
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Robert Macartney  
65 Broadway  
Los Gatos, CA 95030-6819  
(408) 354-6642
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

As a senior, I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

There is no cost for this, only benefits.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Dr. William Koon
412 N Janss St
Anaheim, CA 92805-2527
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

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According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

I DON'T UNDERSTAND WHAT YOUR PROBLEM IS WITH A 12-POINT FONT. ISN'T YOUR MAIN PURPOSE TO HELP AND PROTECT THE USER? THE COST OF CHANGING THE FONT SIZE IS NEGLIGIBLE TO THE PHARMACEUTICAL INDUSTRY AND IT WOULD BE A GREAT HELP (AS SHOWN IN YOUR OWN FINDINGS) TO THE FINAL USER.

WHY ARE YOU PROTECTING THE PHARMACEUTICAL INDUSTRY INSTEAD OF DOING YOUR JOB AS A CONSUMER PROTECTION AGENCY? WHAT ARE YOU PEOPLE GETTING
Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Steve Bauman
1262 Aspen Dr
Pacifica, CA 94044-3717
(650) 355-0459
Feb 25, 2010

Ms. Carolyn Klein  
1625 N Market Blvd, N219  
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

When I am ill I do not want to hunt up a magnifying glass to read the label so I do not over dose!! I will skip the med if I am in doubt.

Please make the font bigger for safety.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Mary M Wood  
1085 Tasman Dr Spc 665  
Cupertino, CA 95014-5754
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

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According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparentsto strain to read their dosing instructions and other essential prescription information.

Why are you making life more difficult for those who must use prescription drugs? For heaven sake, where is the humanity needed in what is already a difficult situation? Get with it!

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Roger Fetterman
415 Rex Ave
Jackson, CA 95642-2022
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Why, in the name of God, would you ignore such a common-sense recommendation from your own years-long study? This is the kind of thing that absolutely enrages voters. Please implement this simple recommendation.

I appreciate your time and consideration.

Requiring a 12-point font on the most important parts of medication...
labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Allan Fix
1305 Solano Ave Apt G
Albany, CA 94706-1845
(510) 292-5828
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels. -Based on two years of study, the Board’s draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this. However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. WHY!! --The Board’s action - ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels.

Approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. lemlem Getachew
17514 Ventura Blvd
Encino, CA 91316-3852
(818) 728-0607
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's drafted regulations that would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this. Yet despite their own findings of the need for such larger print on labels, the Board sided with pharmacy retailers to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect seniors and other patients from medication errors. Californians need and deserve greater safety.

According to the American Academy of Family Physicians, almost one in three Americans develops a vision-reducing eye disease by age of 65. It is, therefore, too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Dr. Pauline Yahr
24 Dickens Ct
Irvine, CA 92617-4029
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Cathy Holden
PO Box 254733
Sacramento, CA 95865-4733
Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

What the hell are you doing?

THIS IS GODDAMNED COMMON SENSE!

WHAT QUALIFICATIONS HAVE YOU SHOWN TO DO THE JOB YOU HAVE BEEN GIVEN?

I AM TIRED OF YOU STUPID AND I MEAN STUPID REGULATORS TAKE GIANT COMPENSATION PACKAGES AND NOT DO YOUR JOB?

IN THE REAL WORLD IT IS CALLED THEFT! TAKING COMPANY ASSEST AND NOT DELIVERING ON YOUR JOB IS THEFT!

WHAT DOES IT TAKE TO REMOVE ALL OF YOU FROM THIS BOARD?

ANSWER THAT GODDAMN IT!

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to
return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Glenn Ross  
PO Box 3807  
Eureka, CA 95502-3807  
(707) 601-2775
Dear Ms. Klein,

As I age, I am having more problems reading the important information on my medications. The size of the font needs to be larger than the 10pt. that is now authorized. Please reconsider and make it at least a 12 pt.

Thank you,

Mary Taylor, retired teacher, LAUSD
Subject: Label Clarity on Prescription Drugs a Necessity
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

There is only one reason such a requirement would be voted down. Those against this are simply trying to hide information from the consumer. That, in some cases, is tantamount to criminal assault! Fix this NOW! The public has lost all patience and will no longer tolerate your abject lack of concern for our well-being!

Requiring a 12-point font on the most important parts of medication
labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mrs. Jana Harley Oto
1158 W 20th St
San Pedro, CA 90731-4919
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

I have been diagnosed with macular degeneration. As my eyesight decreases, I do not want to be put in the position of depending on others to provide me the important information about my medications.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Dr. Lyn Lofland
523 E St
Davis, CA 95616-3816
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

It's about time this became an issue...to be corrected. Every single person who purchases medical items, prescription as well as over the counter says the same thing, "I cannot read the print." Fix this so we know what they want us to know that is on the labels...or is it so small so that we do not know what they have printed....even a worse situation.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.
Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. zia shields
12435 Kagel Canyon Rd
Lake View Terrace, CA 91342-5824
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

And you want the public support? How can we, the people support, government that goes out of its way to give in to pharmaceuticals. This is preposterous. I don't care who your are you won't get my support for this dangerous nonsense.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Robert Valdez
PO Box 185
Rio Nido, CA 95471-0185
(707) 869-2075
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

Dear Ms. Klein and fellow Board members:

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions. Please help save lives and prevent medical emergencies. You know the pros and cons of this. You just need to do the right thing to help ensure public safety.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies. As we age, it gets harder to read anything - let alone fine print.

Why ignore the wisdom? Seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.
Please help. Thank you.
Sheila Hershon
135 Corte Elena
Greenbrae, CA 94904-1114

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Sheila Hershon
135 Corte Elena
Greenbrae, CA 94904-1114
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors. I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

It's also costly for the pharmaceutical industry to have patients taking their prescriptions incorrectly because they misread the label, and not being able to read about side effects to look out for and other areas of concern when taking prescription medications.
Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Stewart Rebecca
966 Oak St
San Francisco, CA 94117-2311
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board’s draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board’s action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

It’s about time that those responsible for the safety of Californians and those that are put in the position to ensure that businesses are doing the right thing for their customers, take the side of those that depend on them instead of the side of business. Whenever I hear corporations complain about excess regulation and the extra costs of compliance I am reminded of what we went through with the auto industry in regard to seat belts, catalytic converters, fuel economy, and all the rest that they said would make their products too expensive. We have all of those things now, well fuel economy is still a problem, and most people can still afford to buy a car. Do the right thing.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. David Loiselle
3979 Avenida Simi
Simi Valley, CA 93063-1079
(805) 522-1308
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

Can you read your medicine labels? - I sure can't unless I put on special magnifying glasses that I was forced to buy just for this purpose!

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Hadley Louden, Esq.
2630 Monticello Ave
Oakland, CA 94619-3229
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I was born in 1934 and find it increasingly difficult to read the telephone directory or many of the crucial instructions/cautions on medication labels. Please urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels.

The 9 or 10 point font currently used by most pharmacies is a dangerous affront to those of us who are older.

I am dismayed at the February 17th decision which ignores the recommendations of experts and fails to protect patients from medication errors. These new regulations requiring 10 point type do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65 -- or simple aging of the eyes.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Joan Bazar
616 Salberg Ave
Santa Clara, CA 95051-6213
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

WHY IS IT SO DIFFICULT TO MAKE THINGS EASIER FOR SENIORS? It's just a matter of consideration.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mrs. SYLVIA RESNICK
27356 Bellogente Apt 248
Mission Viejo, CA 92691-6345

(714) 744-6661
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

WHY HAS THE BOARD SIDED WITH THE PHARMACY LOBBY?
WHO ARE YOU PROTECTING?
These new regulations do not go far enough to make prescription labels safer for Californians.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Coplan AnaLuisa
2928 Wheeler St
Berkeley, CA 94705-1811
(510) 841-5407
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

Why are you abandoning the recommendations of your own study on prescription labeling? Do you want more patients to make mistakes in dosages and to ignore warning labels about potential risks?

I urge the California Board of Pharmacy to require pharmacies to use a 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

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Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Dr. James Lobdell
940B Temple Ave
Santa Rosa, CA 95404-5512
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Please act on this now!

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Earl Shirley
1510 Foxridge Cir
Auburn, CA 95603-5953
Feb 25, 2010

Ms. Carolyn Klein  
1625 N Market Blvd, N219  
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

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According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information. Are you bloody nuts or what, reject your own report. Help make it possible for seniors and disabled who cannot see that well to potentially overdose and die? What kind of morons have we elected to office and sadly keep doing so idiots

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Kenneth Hornby  
1045 Mission St Apt 242  
San Francisco, CA 94103-5820  
(415) 553-8685
Pharmacy Board,

I am a retired person, 70 years of age, and have corrected vision and better than average health, etc. Yet, on my prescriptions I am still unable to read material at 10pts of type. Many prescription materials and informational materials are printed on round surfaces and the combination of small type and a un flat surface makes reading the information and instructions almost impossible. 12 point type would make a world of difference. Here starts 12 point as an example of the difference. While it might be argued that 10 point is good enough, it isn’t. I have even had to read some material that came with prescriptions that had type face as small as this 8 point and it was pointless trying to read it.

Do the right thing and bring 12 point to the prescription bottle/container and make it so seniors like myself are able to read accurately and follow the instructions, understand the cautionary information, and protect and enhance our health. This is your responsibility to the people of the state.

Thank you,

Hollis Stewart
Hstewart10@roadrunner.com
Hello.

Prescription labels need to be "readable". Please keep the 12 point font size.

It's bad enough that the "description inserts" are impossible to read... unless you have a home copy machine and copy the pages with a "zoom the size" 5 times larger than the company's print.

What, pray tell, is the rationale for smaller print?

Please share this serious concern with your department.

Thank You,

Anna Paikow
Feb 28, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

Please require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients, particularly elders like me, can more easily read my prescription information.

Seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers and overturned their own studied recommendations. The Board’s action at its February 17th meeting ignores the recommendations of experts and fails to protect seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Stanley Miller
17401 Village Dr
Tustin, CA 92780-2525
7145447577
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

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Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

However, seniors and patient safety advocates were surprised when the Board sided with pharmacy retailers in the 11th hour and overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect our seniors and other patients from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

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Sincerely,

Ms. Karen Jones
704 Sunset Ave
Venice, CA 90291-2735
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Jeanette Varsik
410 Riverview Dr
Redlands, CA 92374-1767
(909) 798-5412
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Cheryl Gonzales
24353 Corte Sanino
Murrieta, CA 92562-6146
(951) 696-2483
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Jeffrey Carr
3400 Avenue Of The Arts
Costa Mesa, CA 92626-1927
(714) 688-1689
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. Karen Roth
4217 1/2 Sunnyslope Ave
Sherman Oaks, CA 91423-6159
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Jordan Colburn
31 Corte Ortega Apt 23
Greenbrae, CA 94904-1908
(415) 925-0226
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Samuel Wines
21812 Kaneohe Ln
Huntington Beach, CA 92646-7827
(714) 962-9604
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Gayle Hansen
2425 Jerilynn Dr
Concord, CA 94519-2157
(925) 429-5108
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,
Dr. Jeanne Panell
27839 21st St
Highland, CA 92346-2646
(909) 862-2886
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Tina Jaime
3746 Heppner Ln
San Jose, CA 95136-1505
(408) 269-2431
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. A.M. Naquin
2424 Portola Way
Sacramento, CA 95818-3528
(916) 454-9116
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Harry Freeman
1774 Chevalier Dr
San Jose, CA 95124-6201
(408) 265-7039
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Edie Bruce
1116 King Dr
El Cerrito, CA 94530-2512
(510) 526-0595
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Annette Pittari
136 Kelton Ave
San Carlos, CA 94070-4743
(650) 400-3977
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,
Mr. Norman DuRoff
7092 Mule Team Way
Roseville, CA 95747-8070
(916) 772-0672
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Sam Sloneker
PO Box 33
Pioneertown, CA 92268-0033
(760) 366-9081
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Arthur Garcia
402 W Harding Ave
Montebello, CA 90640-4250
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. Margaret Nordstrom
1045 W San Madele Ave
Fresno, CA 93711-3142
(559) 431-6749
Feb 25, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834  

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Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Bruce McGraw  
4127 Ibis St  
San Diego, CA 92103-1325
Laura Ferejohn
<brainbarnstorming@yahoo.com>
Sent by:
Consumers.Union@dca.ca.gov
; nonprofit publisher of Consumer Reports
<action@consumer.org>
02/25/2010 10:09 AM
Please respond to
Laura Ferejohn
<brainbarnstorming@yahoo.com>

Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

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Ms. Laura Ferejohn
4 Mirror Lk
Irvine, CA 92604-2835
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely, 

Ms. RuthAnne Dayton
310 Lovers Ln
Vacaville, CA 95688-4321
(415) 288-6386
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Muffett Kaufman
1257 Ferrelo Rd
Santa Barbara, CA 93103-2101
(805) 965-5454
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. Webb Martha
928 Mussel Shoals Ave
Shasta Lake, CA 96019-9750
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. John Brophy
653 Cantara Ln
Vista, CA 92081-6357
(760) 473-9677
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Joe Yee
361 La Questa Dr
Danville, CA 94526-3512
(925) 837-8092

Joe Yee
<danvillejoe2@yahoo.com>
Sent by:
Consumers.Union@dca.ca.gov
nonprofit publisher of
Consumer Reports
<action@consumer.org>
02/25/2010 10:11 AM
Please respond to
Joe Yee
<danvillejoe2@yahoo.com>
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Dr. Amos Hobby
743 Alpha Rd
Turlock, CA 95380-5505
(209) 669-4651
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Christian Elliott
1156 Block Dr
Santa Clara, CA 95050-4409
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. David Whipple
2903 Ransford Ave
Pacific Grove, CA 93950-5150
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. JACKI RUBY
2633 Etna St
Berkeley, CA 94704-3408
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Glenn Spradley
122 Pageantry Dr
Placentia, CA 92870-4330
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Dr. Mark Feldman
137 Winchester Dr
Santa Rosa, CA 95401-9137
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Mike Noonan
23666 Via Pellicer
Mission Viejo, CA 92692-1735
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. B. Morgan Martin
1846 North Avenue 50
Los Angeles, CA 90042-1010
(323) 256-2813
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. Sharon Selinski
72 Donald Ave
Newbury Park, CA 91320-4407
(805) 498-4304
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Linda Trevillian
2216 Westminster Ave
Alhambra, CA 91803-3727
(626) 576-8718
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Michael Cannon
201 Vallecito Ln
Walnut Creek, CA 94596-5819
(925) 930-9436
Feb 25, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834

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Mr. Jim McCurdy  
11 Argonne Ave  
Long Beach, CA 90803-3213
Feb 25, 2010

Ms. Carolyn Klein  
1625 N Market Blvd, N219  
Sacramento, CA 95834

Dear Ms. Klein,

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I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Frank Cintas
156 Gumtree Dr
Rancho Cordova, CA 95670-4358  
(209) 765-8213
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. dale riehart
86 S Park St
San Francisco, CA 94107-1807
Feb 25, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834

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Sincerely,

Dr. Allan Boodnick  
5301 Ladera Crest Dr  
Los Angeles, CA 90056-1152  
(310) 337-7200
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. John Ashcraft
23118 Baltar St
West Hills, CA 91304-3503
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,
Mr. Ken Carrell
21681 Shasta Lake Rd
Lake Forest, CA 92630-2529
(949) 215-2273
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Everett Mehner
2510 Horton Ave
San Diego, CA 92101-1350
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Nathan Rosenblatt
3515 Bahia Blanca W Unit C
Laguna Woods, CA 92637-2984
(949) 598-9795
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Gordon Gross
2000 Franciscan Way Apt 101
Alameda, CA 94501-6168
(510) 747-8250
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Robert Miller
1395 Dunning Dr
Laguna Beach, CA 92651-2822
(949) 494-3263
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Kevin Reynolds
1412 Highland Blvd
Hayward, CA 94542-1104
(510) 889-5953
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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Virginia Greenwald
206 Clover Springs Dr
Cloverdale, CA 95425-5439
(707) 894-0763
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mrs. Jocelyn J
404 Saratoga Ave
Santa Clara, CA 95050-7000
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Joseph Costantino
1091 Alta Cresta
Palm Springs, CA 92262-1247
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Richard Dunagan
4180 Suffolk Way
Pleasanton, CA 94588-4119
(925) 462-0715
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Ms. Nancy Calsbeek
1510 Gershwin St
Cardiff By The Sea, CA 92007-2344
(760) 635-3636
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Todd Umeda
42 Via Armilla
San Clemente, CA 92673-7204
(925) 244-1604
Feb 25, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834

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Ms. darynne jessler  
4408 Gentry Ave  
Valley Village, CA 91607-4115  
(818) 609-1708
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Kenneth Finucane
12876 Mission St
Oak Hills, CA 92344-8624
(760) 216-7918
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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Calvin Marble
PO Box 5669
Santa Barbara, CA 93150-5669
(805) 687-9481
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1625 N Market Blvd, N219
Sacramento, CA 95834

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Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Dr. Dennis Guido
502 Cullum Ct
Lincoln, CA 95648-3119
(916) 644-3789
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

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Sincerely,

Ms. Geri Esposito
720 Howe Ave Ste 112
Sacramento, CA 95825-4687
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. AL HOLUB
944 N Fairview St
Anaheim, CA 92801-3414
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Rob Beemer
13140 Otsego St
Sherman Oaks, CA 91423-1520
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Jeff Tyson
1532 Todd St
Mountain View, CA 94040-2934
(650) 967-1742
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Gretchen Andrews
105 S Center St
Redlands, CA 92373-5134
(909) 793-8884
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. George Oyama
3533 Santa Flora Ct
Escondido, CA 92029-7914
Feb 25, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834

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Sincerely,  
Dr. Keith Kirk  
203 Capelli Dr  
Felton, CA 95018-9314
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Dr. Richard Hardack
640 Euclid Ave
Berkeley, CA 94708-1332
(510) 526-5715
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Ms. Donna Farran
24180 Falconer Dr
Murrieta, CA 92562-4622
(951) 600-1561
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. JENNY ULLETT
8663 Wonderland Ave
Los Angeles, CA 90046-1452
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Caryn Graves
1642 Curtis St
Berkeley, CA 94702-1329
(510) 559-9047
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Ms. Pamela Johnston
PO Box 386
Lewiston, CA 96052-0386
(706) 782-2141
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. John Weinstein
110 Mangels Ave
San Francisco, CA 94131-2833
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Ms. Eileen Ehresmann
756 Istvan Rd
Sonoma, CA 95476-4638
(707) 477-4921
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Ms. Sharon Eubank
440 Sunningdale Ct
Roseville, CA 95747-5819
Feb 25, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834

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Mrs. Betty & Mr. Martin Ellyn  
9426 Hargis St  
Los Angeles, CA 90034-1849  
(310) 837-7894
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. David Respecke
1244 Balboa Ct Apt 5
Sunnyvale, CA 94086-5605
(650) 966-1647
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Ms. Donna Woodhams
124 W Victoria St
Rialto, CA 92376-5024
(909) 873-8933
Feb 25, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834

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Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Dibbern Carol  
Shady Glen  
Walnut Creek, CA 94596
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

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Sincerely,

Ms. Nicole Rieger
6294 Caminito Salado
San Diego, CA 92111-7224
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Dr. Carol Beuchat
24441 Sadaba
Mission Viejo, CA 92692-2331
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Paul Dandurand
5449 Pioneer Blvd
Whittier, CA 90601-2155
(562) 309-1723
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Klaus Schreyack
2759 Brookfield Pl
West Covina, CA 91792-1912
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. Rosalie De Vito
24211 La Pala Ln
Mission Viejo, CA 92691-4424
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Dr. STEPHEN MAZUREK
PO Box 30268
Santa Barbara, CA 93130-0268
(805) 569-6880
Feb 25, 2010

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1625 N Market Blvd. N219
Sacramento, CA 95834

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Sincerely,

Ms. Barbara Britton
131 Luella Dr
Pleasant Hill, CA 94523-2905
(925) 689-3386
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. Janet McEntee
5550 Oak Park Ln Apt 300
Oak Park, CA 91377-5418
(818) 706-3683
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Mrs. Jeanne Baller
1925 April Ct
Lomita, CA 90717-1261
Feb 25, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834

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Mrs. Blythe Graves  
630 Ambrose Dr  
Salinas, CA 93901-1021
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Bill Walton
16925 Hwy 9
PO Box 850
Boulder Creek, CA 95006-0850
(831) 338-0479
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Ms. Knanishu Linda
45 Plumas Cir
Novato, CA 94947-5226
(415) 898-9567
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Frank Jay Ackerman
1325 Henry St
Berkeley, CA 94709-1928
(510) 555-1212
Feb 25, 2010

Ms. Carolyn Klein  
1625 N Market Blvd. N219  
Sacramento, CA 95834

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Ms. Tammy Andrews  
8102 Pershing Dr  
Playa Del Rey, CA 90293-7838
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Dudley and Candace Campbell
13167 Ortley Pl
Valley Glen, CA 91401-1329
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Robert Green
508 E 4th St # 301
Los Angeles, CA 90013-2104
(213) 620-0418
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Miss Barbara J. Edelman
8901 Eton Ave Spc 67
Canoga Park, CA 91304-6597
(818) 349-1852
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Dr. Kathy Crandall
23710 La Salle Canyon Rd
Newhall, CA 91321-3738
(661) 255-9661
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mrs. Harriet Ingram
985 Duncan St
San Francisco, CA 94131-1800
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

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Sincerely,

Mr. Terrance O'Toole
3493 Walnut Grove St
Santa Rosa, CA 95403-7408
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. Sandie Myers
1014 Meadow Ln
Fortuna, CA 95540-2812
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. John Gwinner
3005 Windmill Rd
Torrance, CA 90505-7140
(310) 640-1300
Feb 25, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834

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Sincerely,

Mr. Gabriel Sheets
1620 Shirley St
Merced, CA 95341-5261
(209) 388-9268
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Homer George
28754 Colina Vista St
Agora Hills, CA 91301-1721
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. John Maclean
22606 Rockford Dr
Lake Forest, CA 92630-5041
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Angie Bray
1040 Victoria Ave
Venice, CA 90291-3970
(310) 636-1490
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Robert Krikourian
4100 Milano Ct
El Dorado Hills, CA 95762-6914
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Andy Tomsky
PO Box 683
San Marcos, CA 92079-0683
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Dr. David and Claudia Chittenden
14 Underhill Rd
Mill Valley, CA 94941-1424
(415) 202-1920
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Robert Hartzfeld
16901 Covello St
Van Nuys, CA 91406-2602
(818) 994-8356
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Taylor Melvin
6585 Calvine Rd
Sacramento, CA 95823-5780
(916) 689-4812
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. Ben Stetson
1561 Belleville Way
Sunnyvale, CA 94087-3924
(408) 733-7524
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. MARILYN SEXTON
1806 Astoria Pl
Fairfield, CA 94534-3362
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219.
Sacramento, CA 95834

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Mr. Michael Denton
829 Begonia Dr
San Leandro, CA 94578-3806
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Mr. JOSEPH REEL
PO Box 51066
Pacific Grove, CA 93950-6066
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Ms. Maxann Kasdan
20425 Hatteras St
Woodland Hills, CA 91367-5418
Feb 25, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Ms. Kate Lewis
1154 N Mariposa Ave
Los Angeles, CA 90029-1414
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1625 N Market Blvd, N219
Sacramento, CA 95834

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Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Julien Jancu
234 Grand Ave
Monrovia, CA 91016-2304
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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Sincerely,

Mr. David Fellner Jr
169 Lakeshore Ct
Richmond, CA 94804-4598
Feb 25, 2010

Ms. Carolyn Klein  
1625 N Market Blvd, N219  
Sacramento, CA 95834

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Sincerely, 
Mr. Stanleigh Jones  
354 Blaisdell Dr  
Claremont, CA 91711-3111  
(909) 621-2034
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Walter Wallach
1449 Ravenswood Dr
Los Altos, CA 94024-5845
(650) 965-7524
Feb 25, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Donald Keesey
876 Renton Ct
San Jose, CA 95123-2558
(408) 227-3448
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Diana Hansen
31809 Saint Pierre Ln
Lake Elsinore, CA 92530-5153
951-471516
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Lawrence Turner
214 S San Jose Dr
Glendora, CA 91741-3732
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Kay Delle Koch
23 Lafayette Ct
Manhattan Beach, CA 90266-7212
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. William Gaynor
25700 String Creek Rd
Willits, CA 95490-9252
(707) 456-0981
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. Rochelle M. Goldman
425 Anchor Rd
San Mateo, CA 94404-1053
Feb 26, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. William Liechti
517 G St
Marysville, CA 95901-5622
(530) 741-8091
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Dr. Fawzi Emad
150 Brandt Ave
Oak View, CA 93022-9522
(805) 500-5335
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. John Ball
5536 Indian Hills Dr
Simi Valley, CA 93063-2028
Feb 26, 2010

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1625 N Market Blvd, N219  
Sacramento, CA 95834

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Sincerely,

Dr. Emil Boodman  
97 Apple Valley Ln  
Eureka, CA 95503-9546  
(707) 442-8017
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Joan Casciola
26635 Guadiana
Mission Viejo, CA 92691-5904
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mrs. CAROL GORDON
2801 Glendower Ave
Los Angeles, CA 90027-1118
(213) 235-1279
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Youngstein Malka
5022 Mount Royal Dr
Los Angeles, CA 90041-2102
(323) 257-1550
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Ms. Gretchen Sudlow
PO Box 152
Blue Lake, CA 95525-0152
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

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Mrs. Teresa Tirado
18052 Center St
Castro Valley, CA 94546-1602
(510) 581-2373
Feb 26, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Ms. Evelyn Hendricks
707 Norvell St
El Cerrito, CA 94530-3245
Feb 26, 2010

Ms. Carolyn Klein
1625 N Market Blvd, N219
Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

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Sincerely,

Mr. Robert Furst
PO Box 199
8528 Desert Shadows Rd
Joshua Tree, CA 92252-0199
(310) 968-8833
Feb 26, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Robert Nyman
851 W El Dorado Dr
Woodland, CA 95695-5011
(530) 666-4558
Feb 26, 2010

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1625 N Market Blvd, N219
Sacramento, CA 95834

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Sincerely,

Mr. Steven Miller
10057 Rancho Capitan
Lakeside, CA 92040-2503
(619) 443-5948