



California State Board of Pharmacy
1625 N. Market Blvd, Suite N 219, Sacramento, CA 95834
Phone (916) 574-7900
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www.pharmacy.ca.gov

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

Communication and Public Education Committee Report

Ryan Brooks, Chair and Board Member
Shirley Wheat, Board Member
Stan Weisser, Board Member

The Communication and Public Education Committee has not met since the July Board Meeting.

a. FOR INFORMATION: Board of Pharmacy Video on Steps Patients Can Take to Prevent Medication Errors

Throughout 2009, there have been a number of media inquiries about pharmacies making medication errors, and the impact on patients.

The board investigates med errors when we learn of them. Additionally during all inspections, the board looks at the quality assurance program components and reporting to ensure the pharmacy is performing a quality assurance review after any error (however, the board does not look at the quality assurance program as a source of complaints to investigate).

Generally, the board makes the following points when talking about medication errors:

- (1) medication errors do occur, there are 350 million prescriptions filled each year in California,
- (2) the board has requirements for all pharmacies to operate vigorous quality assurance programs that the board forcefully enforces to ensure all errors are closely reviewed by the pharmacy, staff are educated and process changes are made to prevent a recurrence,
- (3) there is no acceptable number of medication errors a pharmacy or pharmacist can make,
- (4) no pharmacist wants to make an error, and most live in fear of making an inadvertent error,
- (5) a grossly negligent error will result in formal discipline; other errors reported to the board, if substantiated, will be cited and fined,
- (6) patients need to take some actions to prevent medication errors from reaching or occurring to them,

- (7) the board's Notice to Consumer posters are there at the critical point in the pharmacy to aid patients in getting the right medicine,
- (8) the board is working to redesign labels to improve them for patients so they better understand how to take their medication,
- (9) patient consultation will prevent errors and patients, and
- (10) patients need to speak with a pharmacist when they come into a pharmacy and not be in a rush to leave before doing so – such a discussion can save their lives.

Part of the board's mandate is to educate consumers so they can represent themselves in the marketplace. One way we do this is to require the posting of two Notice to Consumers posters in all community pharmacies. The information on these posters can educate patients, at the time they are in the pharmacy, with important information that can aid them in receiving better health care.

Very recently, the board partnered with the Department of Consumer Affairs and contracted with a private firm to produce a three-minute video for consumers on how patients can prevent receiving a medication error. We hope to be able to show this video during the meeting. The video is available on the board's Web site.

B. FOR INFORMATION: Board of Pharmacy's Report to the Legislature on the Implementation of SB 472 (Corbett) Regarding Patient-Centered Prescription Labels

Attachment 1

When SB 472 (Corbett, Chapter 470, Statutes of 2007) was enacted, one provision required the board to submit two progress reports to the Legislature. One progress report was due January 1, 2010, the second is due January 1, 2013.

The board submitted the first report in December 2009. A copy of the report is provided in **Attachment 1**.

C. FOR INFORMATION: Update on The Script

What has become the January 2010 issue of *The Script* is undergoing layout by board staff. It will be released before the end of January. This is the first issue in nearly one year – budget and other workload priorities were the primary reasons for the delay.

This issue will be the last issue that is printed and mailed to board site licenses (wholesalers and pharmacies) as we have always done in the past. In the future, the newsletters will be released online to the board's licensee subscriber list. (Remember, effective July 1, 2010, all sites licensed with the board must join our subscriber alert system.) Only a few issues will be printed for distribution at public outreach events and from the board's office.

d. FOR INFORMATION: Update on Public Outreach Activities

Since the last report to the board on public outreach activities, board members and staff have performed the following:

- October 2, 2009 – Executive Officer Herold gave a presentation on new laws and regulations at the California Society of Health Systems Pharmacists (CSHP) Annual Meeting.
- October 2 - 3 – Board staffs an information booth at CSHP's annual meeting to advise licensees about pharmacy law and respond to questions.
- October 5, 2009 – Supervising Inspector Ratcliff gave a presentation "How to Survive an Inspection" to the California District Managers for WalMart.
- October 17, 2007 – Board inspectors provided a presentation to the California Pharmacists Association (CPhA) as part of "Compounders Day" on "How to Survive an Inspection."
- October 20 – 23, 2009 – Supervising Inspector Nurse provided information to national narcotics officers and officials at the National Association of Controlled Substances Authority Meeting.
- October 29, 2009 – Board President Schell presented information on intern hours requirements at the UCSD School of Pharmacy.
- November 1, 2009 – Board President Schell provided career insight to USC students.
- November 2, 2009 – Executive Officer Herold, Board Member Schell and Supervising Inspector Nurse attended California Integrated Waste Management Board Conference and advocated for use of their guidelines for pharmacies and other sites establishing drug take back programs.
- November 3, 2009 – Board President Schell attended "Golden Opportunities: Building Bridges Between Federal, State, Corporate and Local Environmental Leadership"
- November 16, 2009 – Executive Officer Herold provided a presentation on medication errors and how to the board enforces pharmacy law to pharmacists attending a CE presentation.
- November 16, 2009 – Executive Officer Herold attended a conference on e-prescribing for practitioners and regulators, hosted by the California Healthcare Foundation.
- November 30, 2009 – Executive Officer Herold met with the DEA's Office of Diversion Control in Washington DC on enforcement issues involving controlled substances
- December 1: EO presented information on e-pedigree to the Healthcare Distribution Management Association's Track and Trace national meeting
- December 2: EO and Board President provide information to subcommittee on drug distribution in hospital meeting hosted by the California Hospital Association.
- December 11: EO provided information to CPhA's Long-Term Care Association on prescription container labels.
- December 17: EO provided information about drug take back to Local 20 rural county government representatives
- Supervising Inspector Dang did a CE presentation to the Orange County Vietnamese Association.

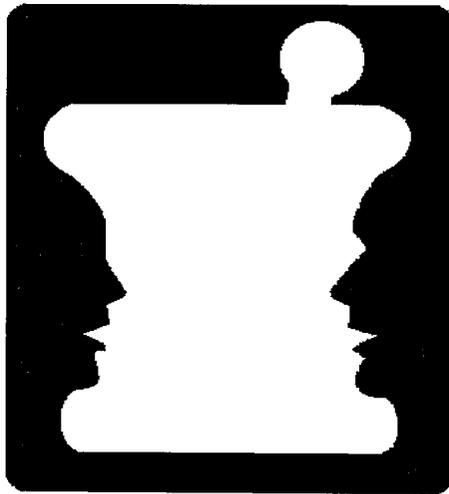
**e. FOR INFORMATION: Second Quarterly Report on Committee Goals for
2009/10**

Attachment 2

Attachment 1

*Report to the Legislature on the
Board's Progress in Implementing
SB 472*

State of California
Board of Pharmacy
Report to the Legislature



Prescription Drugs: Labeling Requirements
January 2010

Arnold Schwarzenegger, Governor
Kenneth H. Schell, PharmD, President, Board of Pharmacy
Virginia Herold, Executive Officer, Board of Pharmacy

Summary

The California Patient Medication Safety Act (Chapter 470, Statutes 2007) requires the Board of Pharmacy to promulgate regulations on or before January 1, 2011, that require a standardized, patient-centered prescription drug container label for all prescription drugs dispensed to patients in California. This Act further requires the board to report to the Legislature by January 1, 2010, on its progress in implementing these regulations.

This report summarizes the Board of Pharmacy's efforts to establish a standardized, patient-centered prescription drug label.

After approximately 18 months of public discussion regarding a standardized, patient-centered prescription label and gathering information at public forums, hearings, board and committee meetings, and conducting patient surveys, the board issued on November 20, 2009 proposed regulatory text to add section 1707.5 to Title 16 of the California Code of Regulations. This proposed section contains California's requirements for patient-centered prescription labels. The board will take action on this proposed regulation at its next scheduled meeting scheduled in January of 2010.

Background

In 2005, Senator Jackie Speier authored Senate Concurrent Resolution 49 (SCR 49), Chapter 123 Statutes of 2005, to create a multidisciplinary panel to study the causes of medication errors and recommend changes in the health care system that would reduce errors associated with the delivery of prescription and over-the-counter medication to consumers. As required, that panel prepared and submitted to specific legislative committees a final report (referenced as the SCR 49 Report) containing its conclusions and recommendations. The report reflected improvements, additions or changes which would reduce errors associated with the delivery of prescription and over-the-counter medications to consumers.

One bill was pursued based on the recommendations of the SCR 49 panel's report. Senator Ellen Corbett authored SB 472, resulting in enactment of the California Patient Medication Safety Act (Chapter 470, Statutes of 2007), Business and Professions Code section 4076.5. Therein, the Legislature stated the importance of reducing medication-related errors and increasing health care literacy regarding prescription drugs and prescription container labeling—which could increase consumer protection and improve the health, safety and well-being of consumers. Additionally, the Legislature affirmed the importance of identifying deficiencies in, and opportunities for improving, patient medication safety systems to identify and encourage the adoption of structural safeguards related to prescription drug container labels. To further these objectives, the Legislature mandated that the Board of Pharmacy adopt regulations to implement a standardized, “patient-centered” prescription drug container label in California.

SB 472 Medication Label Subcommittee

Legislation required that the board initiate public hearings to collect information from the public to facilitate the development of a regulatory proposal. The Board of Pharmacy president appointed a SB 472 Medication Label Subcommittee in January of 2008 to conduct public forums and to work with organizations and individuals to develop recommendations to implement the provisions of SB 472 to establish a patient-centered prescription drug label.

The SB 472 Medication Label Subcommittee held public forums on the following dates, apart from regularly-scheduled board meetings.

April 12, 2008

January 27, 2009

November 20, 2008

March 12, 2009

Agendas for these meetings are provided in Attachment 1.

At these public forums and at other board and board sub-committee meetings, as directed by the SB 472 Label Subcommittee, the board considered testimony and information provided from the public, the pharmaceutical industry, pharmacy professionals and literacy subject matter experts on medical literacy research, improved directions for use, improved font types and sizes, the placement of information that is patient-centered, the needs of patients with limited English proficiency, the needs of senior citizens, and technology requirements necessary to implement the standards developed. Board members were also provided with research

articles on designing patient-centered labels. The information and data received helped frame draft regulatory text to implement the provisions of SB 472.

Public and Community Outreach / Survey

Responding to minimal public input regarding the public's concerns about the current medication prescription labels that are used, the board developed a survey (Attachment 2) that could be provided and/or conducted one-on-one with participants at public outreach events, such as health fairs, where the board provides consumer information. This survey was provided in English and in Spanish. The survey was posted on the board's public Web site from May 2008 through November 2009. Survey questions were open-ended, allowing participants to provide as little or as much information as desired, but the questions did not direct participants to pre-defined responses. Survey results were provided to the board at SB 472 Subcommittee meetings, and also at regularly-scheduled board meetings.

Attachment 3 lists those organizations and individuals to which the survey was distributed to solicit input. Attachment 3 also contains a list of public outreach events at which board staff interviewed consumers and provided printed surveys to solicit input.

At public outreach events and at board and committee meetings, the public was provided with fact sheets entitled "Do you understand the directions on your Rx medicine label?" (Attachment 4) and demonstrated samples of faux prescription labels serving as visual aids.

The board also worked with the Pharmacy Foundation of California to develop a multi-choice survey of four questions that were available via a radio-sponsored survey. The goal was to identify key attitudes, knowledge and behaviors of California consumers related to prescription drug labels. The survey was conducted via Entercom Broadcasting and was made available in January 2009 on radio station Web sites that stream their audio. Results of this survey were provided to the SB 472 Medication Label Subcommittee at its meeting held March 12, 2009.

Proposed Regulatory Text

To implement the provisions of Business and Professions Code section 4076.5 (the California Medical Safety Practice Act) the board proposed text to add section 1707.5 to Title 16 of the California Code of Regulations (Attachment 5).

By providing a uniform, standardized format for prescription drug container labels and requiring pharmacies to provide oral language translations to patients with limited English proficiency, the Board believes that this proposed regulation will aid in the reduction of medication errors associated with the delivery of prescription drugs dispensed to patients in California.

Specifically, the regulatory language proposed on November 20, 2009, specifies the following:

- What components of a prescription label are considered “patient-centered”
- The font type, font size, wording and placement of specified components of a prescription label
- The Board will publish on its Web site by October 2011 translations of specified directions for use into at least five (5) languages other than English
- The Board will publish on its Web site by October 2010 examples of prescription labels that conform to the requirements of the regulation
- A pharmacy, upon request of a patient, shall provide oral interpretive services of the “patient-centered” elements of the prescription label, and
- The Board will re-evaluate the requirements of the regulation by December 2013 to ensure optimal conformance with the California Patient Medication Safety Act (Business and Professions Code section 4076.5)

Contained within the provisions of the proposed regulation, the board will publish on its Web site by October 2011 translations of the “directions for use” as specified in the proposed regulations, into at least five (5) languages other than English. The board will work with research health care advocates to develop these translations.

To assist those with limited English proficiency, and upon request by a patient, the proposed regulations will require a pharmacy to provide an oral language translation of the “patient-

centered” components of a prescription label, as specified in the proposed regulatory language. At its board meeting held October 20, 2009, representatives from chain and retail pharmacy representatives stated that their existing oral language translation services provided to insured patients would be extended to cover all non-English speaking patients, if requested, with no further economic impact on their industry. The board commends the pharmacy industry for recognizing this significant component of delivering prescription drugs, and for meeting the needs of these patients.

Finally, the board included in its proposed regulations a requirement that it will re-evaluate the requirements of the regulations by December 2013 to ensure the effectiveness of the regulation in light of the factors contained in the California Patient Safety Medication Act (e.g., new developments in technology).

Regulation Schedule

The board issued proposed regulatory text on November 20, 2009. A 45-day comment period will close on January 4, 2010.

In addition, the board has scheduled a regulation hearing for January 20, 2010, in Sacramento. At that time, the board will accept written and verbal testimony and comments concerning the draft proposal. This hearing will be conducted prior to its regularly scheduled public Board Meeting that

same day and the board, at that time, may take action to adopt, amend, or to not move forward with the proposed regulation.

The board also scheduled a public Board Meeting for February 17, 2010, in anticipation of the need for a 15-day comment period of modified text following the regulation hearing and Board Meeting.

The board believes this regulation schedule will allow industry approximately ten months to prepare for the implementation of new regulatory requirements. The board also believes its current Board Meeting schedule will allow it to address the needs of industry and the public, and provide for the required reviews prior to implementing a regulation by the January 2011 mandate contained in SB 472.



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Communication and Public Education Committee

Senate Bill 472 Medication Label Subcommittee

Notice of Public Meeting
April 12, 2008

Wally Pond Irvington Community Center
41885 Blacow Road
Fremont, CA

10 a.m. – 2 p.m.

This committee meeting is open to the public and is held in a barrier-free facility in accordance with the Americans with Disabilities Act. Any person with a disability who requires a disability-related modification or accommodation in order to participate in the public meeting may make a request for such modification or accommodation by contacting Michelle Leech at (916) 574-7912, at least five working days prior to the meeting. All times are approximate and subject to change. Action may be taken on any item on the agenda.

Opportunities are provided to the public to address the committee on each open agenda item. A quorum of the Board members who are not on the committee may attend the meeting as observers, but may not participate or vote.

Call to Order

10 a.m.

1. Invitation to Participate in the Redesign of Prescription Container Labels
Committee Chair Ken Schell, PharmD
2. Opening Remarks
The Honorable Ellen Corbett, California Senator, District 10
3. Presentation of SCR 49 findings, and the need for patients to understand their drug therapy as a source of reducing medication errors.
Michael Negrete, PharmD
4. Requests for Public Comment on the Following: What works on prescription container labels? What does not? How can prescription container labels be improved to make them patient-centered?
5. Timeline for Project
6. Future Meeting Dates

Adjournment

2 p.m.



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NOTICE OF PUBLIC BOARD MEETING OF THE CALIFORNIA STATE BOARD OF PHARMACY

FORUM ON DESIGNING PATIENT-CENTERED PRESCRIPTION LABELS

November 20, 2008
1:30 p.m. - 4:30 p.m.

The Westin Los Angeles Airport Hotel
5400 West Century Boulevard
Lindberg A and B Meeting Rooms
Los Angeles, CA 90045

Contact: Virginia Herold
(916) 574-7911

This forum is hosted by the California State Board of Pharmacy as part of the board's efforts to develop standards for prescription labels by 2011 that will be patient-centered, and to implement the California Medication Safety Act (SB 472, Corbett, Chapter 470, Statutes of 2007). The goal is to foster better patient understanding of the information on a label as a means to reduce medication errors, and improved patient well-being. The public is invited to attend.

This meeting is open to the public (no pre-registration is required) and is held in a barrier-free facility in accordance with the Americans with Disabilities Act. Any person with a disability who requires a disability-related modification or accommodation in order to participate in the public meeting may make a request for such modification or accommodation by contacting Michelle Gallagher at (916) 574-7912, at least five working days prior to the meeting. Opportunities are provided to the public to address the board on each open agenda item. Action may be taken on any item on the agenda by the Board of Pharmacy. All times are approximate and subject to change.

1. **Welcoming Remarks** 1:30 p.m.
Kenneth Schell, PharmD, President, California State Board of Pharmacy
2. **Improving Prescription Container Labels – What is the Status of the Research**
Michael S. Wolf, PhD, MPH, Feinberg School of Medicine, Northwestern University
Stacy Cooper Bailey, MPH, Feinberg School of Medicine, Northwestern University
3. **Patient Health Literacy in the U.S. and its Impact on Health**
Michael Villaire, MSLM, Director Programs and Operations, Institute for Healthcare Advancement
4. **Perspective of the Latino Coalition for a Healthy California to Improve Prescription Container Labeling**
Vanessa Cajina, Director, Regional Networks Coordinator, Latino Coalition for a Healthy California
5. **Perspective of California's Seniors to Improve Prescription Container Labeling**
6. **Summary of Patient Surveys Collected During 2008 by the California State Board of Pharmacy**
Virginia Herold, Executive Officer, California State Board of Pharmacy
7. **Next Steps**
8. **Public Comments for Items Not on the Agenda**
9. **Adjournment** 4:30 p.m.



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Communication and Public Education Committee

Senate Bill 472 Medication Label Subcommittee

Notice of Public Meeting
January 27, 2009

Sheraton Hotel - Mission Valley
1433 Camino Del Rio South
San Diego, CA, 92108
(619) 260-0111

1 - 5 p.m.

This committee meeting is open to the public and is held in a barrier-free facility in accordance with the Americans with Disabilities Act. Any person with a disability who requires a disability-related modification or accommodation in order to participate in the public meeting may make a request for such modification or accommodation by contacting Tess Fraga at (916) 574-7912, at least five working days prior to the meeting. All times are approximate and subject to change. Action may be taken on any item on the agenda.

Opportunities are provided to the public to address the committee on each open agenda item. A quorum of the board members who are not on the committee may attend the meeting as observers, but may not participate or vote.

Call to Order

1 p.m.

1. Welcoming Remarks
Subcommittee Chair Ken Schell, PharmD
2. Review of Consumer Surveys Conducted by the Board of Pharmacy
3. Review of Survey Results from a Joint Survey Developed by the California Pharmacy Foundation and the Board of Pharmacy
4. Review of California's Requirements for Prescription Container Labels (California Business and Professions Code Section 4076)
5. Timelines for Project Deliverables
6. Public Comment
7. Future Meeting Dates

Adjournment

5 p.m.



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Communication and Public Education Committee

Senate Bill 472 Medication Label Subcommittee

Notice of Public Meeting

March 12, 2009

Department of Consumer Affairs
First Floor Hearing Room
1625 N. Market Boulevard
Sacramento, CA 95834
(916) 574-7900
6 - 9 p.m.

This committee meeting is open to the public and is held in a barrier-free facility in accordance with the Americans with Disabilities Act. Any person with a disability who requires a disability-related modification or accommodation in order to participate in the public meeting may make a request for such modification or accommodation by contacting Tess Fraga at (916) 574-7912, at least five working days prior to the meeting. All times are approximate and subject to change. Action may be taken on any item on the agenda.

Opportunities are provided to the public to address the committee on each open agenda item. A quorum of the board members who are not on the committee may attend the meeting as observers, but may not participate or vote.

Call to Order

6 p.m.

1. Welcoming Remarks
2. Review of SB 472 and the Charge to the Board in Developing Patient-Centered Labels
3. Overview of SB 853 (Escutia, Chapter 713, Statutes of 2003) Health Care Language Assistance
4. Review of Consumer Surveys Conducted by the Board of Pharmacy for SB 472
5. Review of Survey Results from a Joint Survey Developed by the California Pharmacy Foundation and the Board of Pharmacy for SB 472
6. Patient-Focused Elements of Prescription Container Labels (California Business and Professions Code Section 4076)
7. Legislative Proposal to Add "Purpose" to Prescription Container Labels
8. Public Comment for Items Not on the Agenda
(Note: the committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a))

Adjournment

9 p.m.



CONSUMERS – we want to hear from you!

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



Examples of warning labels



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

What information on the label is most important to you?

Do you understand the directions?

What would you change on the label?

What would make the label easier to read?

Other suggestions:

City: _____ Date: _____



Printed information in different colors



Directions for use or how to take the drug

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

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



CONSUMIDORES – ¡Queremos oír de usted!

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

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

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

¿Qué cambiaría usted en la etiqueta de la receta?

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

Ciudad: _____ Fecha: _____

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



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

Ciudad: _____ Fecha: _____

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

California State Board of Pharmacy Prescription Label Survey

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

METHODOLOGY: A survey was developed by the California State Board of Pharmacy (board) in May 2008. The questions were open-ended, allowing participants to provide as little or as much information as desired. Board staff used the survey to interview consumers at public outreach events including health/community fairs in Sacramento, Elk Grove, Los Angeles, Riverside, San Diego, Merced, and San Francisco. Printed surveys and self-addressed return envelopes were provided to attendees who chose to return responses by mail. The survey was provided in English and Spanish. The board also provided fact sheets entitled, "Do you understand the directions on your Rx medicine label?" and samples of faux prescription labels serving as visual aids. The survey was posted on the board's public website and provided to 47 community organization and interested parties including the Gray Panthers, AARP, and the Latino Coalition for a Healthy California. Board members also interviewed consumers, and returned responses by mail.

RESULTS: A total of 748 people participated in the survey between May 2008 and November 2009. Most respondents provided one or more answers to the first two (of five) questions, but did not always provide answers to subsequent questions. Respondents gave similar answers to multiple questions within a survey (i.e., request for large print). Attached graphs reflect detailed responses; frequent responses summarized below.

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

- Directions for use (286 of 1,469 responses = 19.5%)
- Name of drug; if generic, state generic name AND brand name (275 of 1,469 responses = 18.7%)
- Dosage prescribed (257 of 1,469 responses = 17.5%)
- Side effects/warnings/interactions/contraindications (139 of 1,469 responses = 9.5%)
- Purpose of drug – state what condition medication is prescribed to treat (91 of 1,469 responses = 6.2%)

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

- Print should be larger or darker (197 of 647 responses = 30.5%)
- Nothing needs to be changed on the label (161 of 647 responses = 24.9%)
- Include purpose of drug – state what condition medication is intended to treat (76 of 647 responses = 11.7%)

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

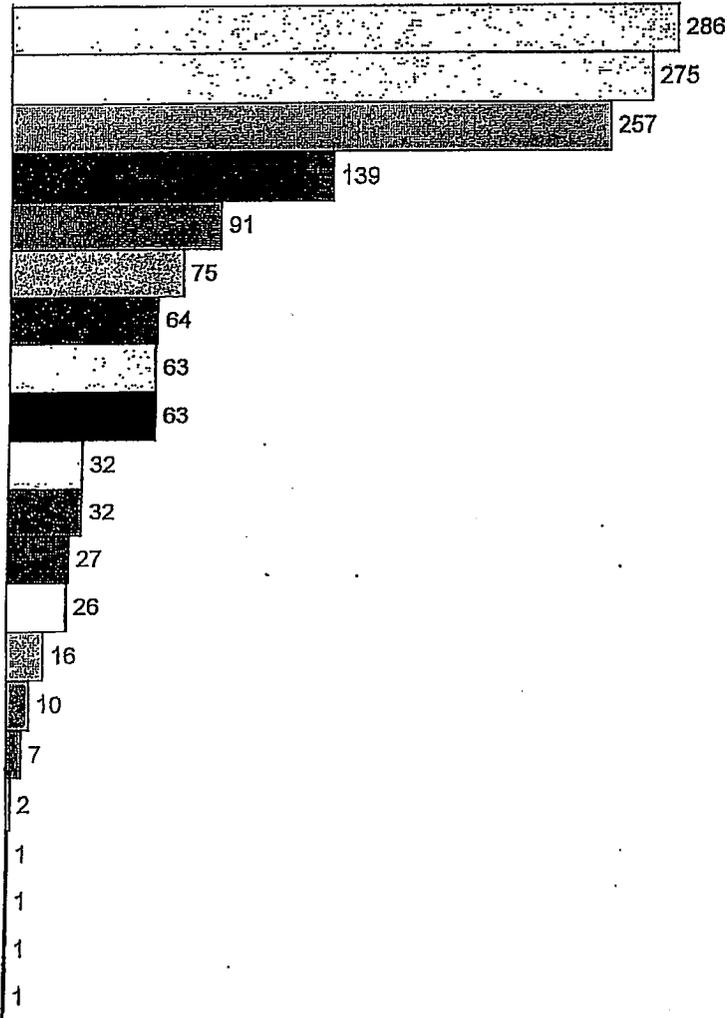
- Larger or bolder print (357 of 605 responses = 59%)

When asked for other suggestions, the top responses were:

- Easy-open lids/packages should be used; no child-proof caps for seniors (30 of 162 responses = 18.5%)
- Include purpose of drug - state what condition medication is intended to treat (22 of 162 responses = 13.6%)

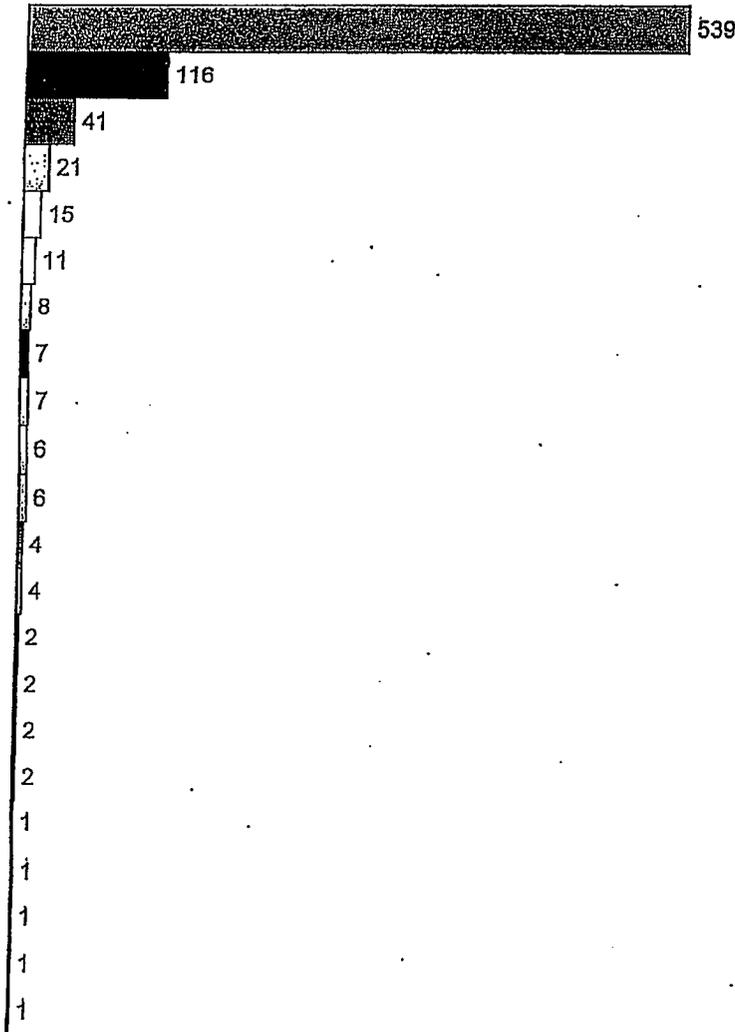
CONCLUSIONS: The majority of consumers participating in this survey strongly supported larger/bolder type fonts on prescription labels to increase readability. Many participants also suggested that if a generic drug is provided, the prescription label should state the name of the generic drug name and the brand-name it is generic for. Color printing and highlighting on labels was suggested to bring attention to important information. Some participants suggested that the labels themselves be color-coded to help differentiate between multiple medications and family members. Many consumers want to know 'what the drug is for' suggesting that the 'purpose of the drug' be printed directly on prescription labels.

QUESTION #1: What information on the label is most important to you?
 748 surveys returned (1,469 responses to Question #1) as of November 19, 2009



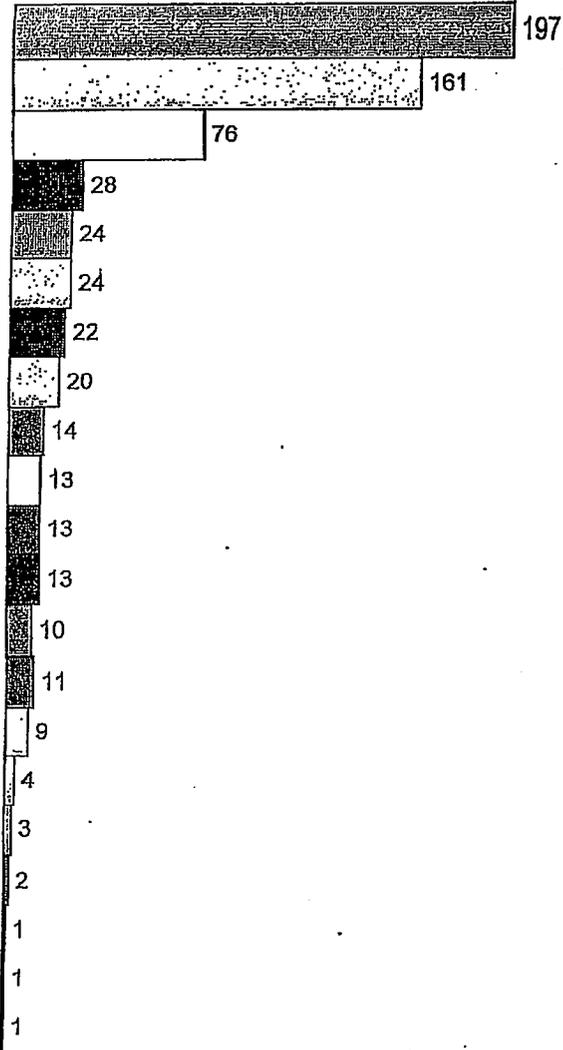
- Directions for use
- Name of drug; if generic, state generic name AND brand name
- Dosage prescribed
- Side effects/warnings/interactions/contraindications
- Purpose of drug; what condition medicine is intended to treat
- Specific times during day to take medicine (and with, w/o food)
- Refill renewal/reorder information/expiration; date filled
- Patient name (some also suggested patient's date-of-birth)
- Expiration date of drug
- Large or bold print
- Prescribing doctor's name and contact phone number
- Phone numbers (NOT printed in close proximity to each other)
- Description of pill (shape/color) or illustration
- Prescription number
- All information on label is important
- Name of drug store/pharmacy/pharmacist
- Diabetes information (1); batch number in case of recalls (1)
- With a large family, keep all prescriptions in the same place
- Highlighting information including directions for use
- Basic measurements (e.g., teaspoons, not milligrams)
- Don't hide important information under another label

QUESTION #2: Do you understand the directions on the prescription label?
 748 surveys returned (798 responses to Question #2) as of November 19, 2009



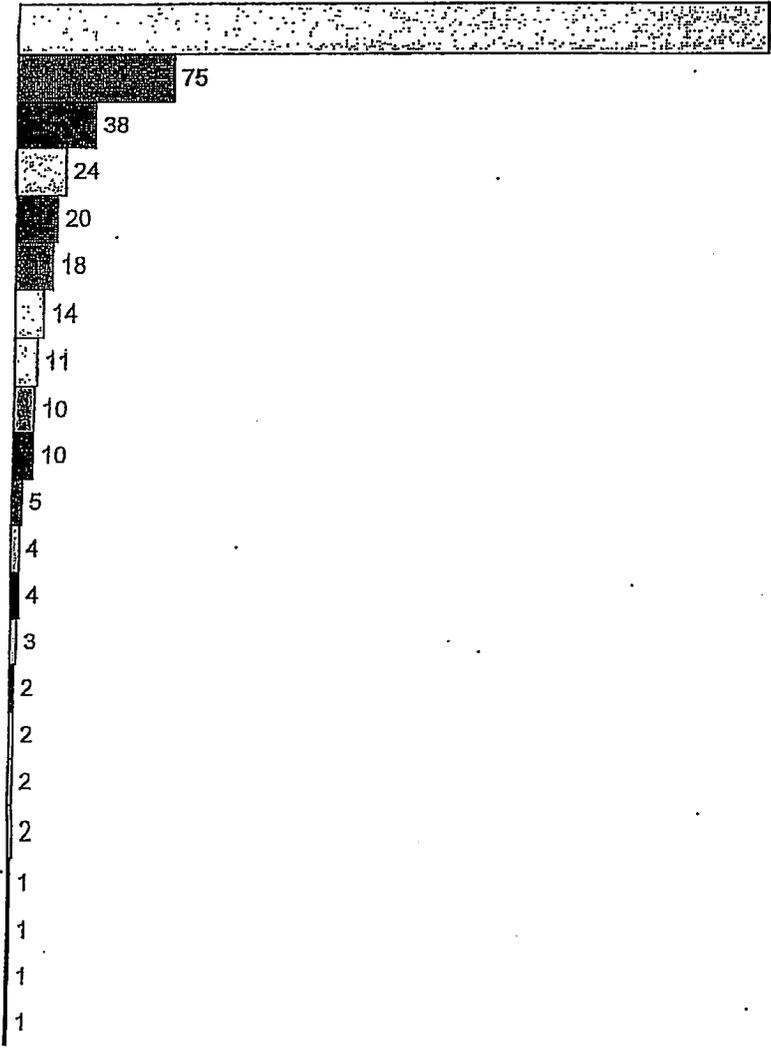
- Yes
- Usually (though print may be too small, directions/warnings unclear)
- Sometimes
- No (i.e., trouble understanding or not enough space for directions)
- Directions should state what time(s) to take medicine and how much
- Would be helpful to know whether to take with or without food
- I understand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

QUESTION #3: What would you change on the prescription label?
 748 surveys returned (647 responses to Question #3) as of November 19, 2009



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

QUESTION #4: What would make the prescription label easier to read?
 748 surveys returned (605 responses to Question #4) as of November 19, 2009

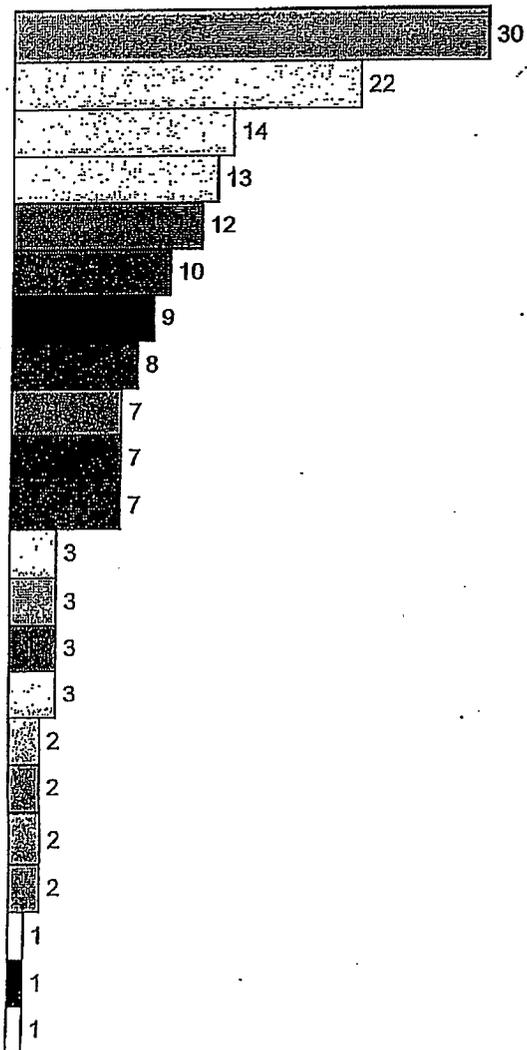


- Larger print (or bolder print)
- Highlighting directions & other info in colors (or color-coded label)
- Nothing
- Info should be in layman's terms; easy wording; don't abbreviate
- Bilingual wording
- Better description of directions (how/when to take; interactions)
- Eliminate clutter (i.e., multiple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

A2-7

QUESTION #5: Other suggestions?

748 surveys returned (162 responses to Question #5) as of November 19, 2009



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

**COMMUNITY ORGANIZATIONS AND OTHER ENTITIES
PROVIDED WITH BOP PRESCRIPTION LABEL SURVEYS 2008/09**

The organizations and individual entities listed below were provided with English and Spanish versions of the California State Board of Pharmacy Prescription Label Survey during 2008/09.

- | | |
|---|--|
| <p>1. Casey Young
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| <p>2. Sam Totah
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| <p>4. Nancy Kawahara, PharmD
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| <p>5. Barry Goggin, President
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| <p>6. Lu Molberg
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18. Marina Community Center
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San Leandro, CA 94579
19. Lavender Seniors of the East Bay
1395 Bancroft Avenue
San Leandro, CA 94577
20. East Bay Services for the Developmentally
Disabled
797 Montague Ave.
San Leandro, CA 94577
21. Evergreen Senior Program/Wisdom Path
985 Suerro Street
Hayward, CA 94541
22. Hayward Area Senior Center
22325 N. 3rd Street
Hayward, CA 94546-6969
23. Kenneth Aitken Senior & Community
Center
17800 Redwood Road
Castro Valley, CA 94546
24. Ralph & Mary Ruggieri Senior Center
33997 Alvarado-Niles Road
Union City, CA 94587
25. Newark Senior Center
7401 Enterprise Drive
Newark, CA 94560
26. Fremont Multi-Service Senior Center
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Fremont, CA 94538
27. Barbara Lee Senior Center
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47. Helen Park
helen.park@va.gov

**PUBLIC OUTREACH EVENTS WHERE BOP STAFF INTERVIEWED ATTENDEES AND
COMPLETED BOP PRESCRIPTION LABEL SURVEYS**

1. Meet The Pharmacist – San Diego – May 2008
2. Senior Day in The Park – Elk Grove – May 2008
3. Better Business Bureau Community Alliance Day – Merced – June 2008
4. Eddie Smith Senior Center – Riverside – June 2008
5. Safetyville Family Safety Expo – Sacramento – June 2008
6. Lotus Festival – Los Angeles – July 2008
7. California State Fair – Sacramento – August 2008
8. Celebrando Nuestra Salud – Sacramento – October 2008
9. Evans Community Adult School Consumer Fair – Los Angeles – March 2009

Do you understand the directions on your Rx medicine label?

Approximately 46% of American adults do not.

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

But patients have understood this to mean:

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

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

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

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

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

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

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

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

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

CALIFORNIA STATE
BOARD OF PHARMACY



(916) 574-7900
WWW.PHARMACY.CA.GOV
1625 N. MARKET BLVD.
SUITE N-219
SACRAMENTO, CA 95834



sample prescription labels

OUS/pharmacy #8000 Ph:555-555-5555 PC

4000 WEST AVE
DAVIS, CA 95618

SODERGREN, ANNE
7825 N MARKET BLVD
Sacramento, CA 95834

PRESCRIBER:
Perez, Victor

RX# 000000

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

EPIPEN 0.15 MG/2-PAK AUTO-DEY
PHARM FARM

Refillable 3 times before 01/03/2008
Ph: HAGEN, VERONICA Stock: LK PCSUE DURST
Date Filled: 01-03-2007 Exp: 01/03/2007 Discard After:

KENNETH'S PHARMACY

Refill Phone:
(555) 555-5555
www.AP.com

DESSERT MEDICAL/030
1625 North Market Blvd., Suite N-219
Sacramento, CA 95834
(555) 555-6555

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

RX# 000000

TAMRAZ, HOPE MD
11/12/07 PXA

PEREZ, VICTOR I
TAKE 1 TABLE SPOON THREE TIMES A DAY AS NEEDED FOR
COUGH

PROMETHAZINE/CODEINE SYRUP
QTY: 480ML Mfr: PHARM FARM
CLEAR, PURPLE-RED, PEACH-MINT, SYRUP.

Please call 48 hrs in advance for refills.

Discard:
[FOR: PHENERGAN/CODEINE]

WHAT RECOMMENDS BUY CAUTION
NEVER TAKE MEDICATION FROM THIS SOURCE

Linda's Drugs

Store # 4825 N MARKET
SACRAMENTO, CA 95834
#8000 24 HOUR PHONE (555) 555-5555

Linda's HEALTHINESS

TAKE MEDICATION WITH FOOD

PEREZ, VICTOR MD
RX# 000000 01/07/2008 HAH
Durst, Sue

TAKE 1 CAPSULE TWICE A DAY

Generic for ACTIGALL
URSODIOL 300.MG CAPSULE
60 (PHARM FARM) JUSTIFY
NO REFILLS

WHITE OBLONG CAPSULE
Front: PHARM Back: 6000

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.

Attachment 2

*Second Quarterly Update of the
Communication and Public Education
Committee
2009-10*

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE

Goal 4: Provide relevant information to consumers and licensees.

Outcome: Improved consumer awareness and licensee knowledge.

Objective 4.1	Develop a minimum of 10 communication venues to the public by June 30, 2011.
Measure:	Number of communication venues developed to the public.
Tasks:	<ol style="list-style-type: none"> 1. Assess the effectiveness of the board's educational materials and outreach: survey consumers to identify whether board-produced materials are valued and what new materials are desired. <ul style="list-style-type: none"> 2006-2007: Staff conducts assessment of the board's consumer outreach written materials. Material is identified for revision and update, future development, or evaluation for continued need. 2007-2008: Board publishes new board brochure and complaint brochure, and redesigns several board brochures into new single-page, format. 2. Restructure the board's website to make it more user friendly. <ul style="list-style-type: none"> 2006-2007: Website modified to contain lists of disciplinary actions finalized each quarter and permit online access to public documents regarding board disciplinary actions taken against a licensee. Links added to obtain various information regarding medication safety, and drug interactions, and information from FDA regarding Medications and Medical Devices. Work Initiated on new website design to meet new state design standards. 2007-2008: New website design completed in November 2007. Web page created consolidating all information on e-pedigree into one place. 1st Qtr 09/10: Regulation section of the board's Web site update to improve presentation and readability. Status of board licensees on probation changed from "active" to "disciplined". 3. Work with the California Health Communication Partnership on integrated public information campaigns on health-care topics. <ul style="list-style-type: none"> 2006-2007: Committee continues collaboration with the partnership whose fall campaign is screening for prostate and breast cancer. Plans underway to work to promote generic drugs in the future. No additional meetings scheduled after January 2007.

4. Continue collaboration with schools of pharmacy for pharmacist interns to develop consumer fact sheets on health topics.
 - 2006-2007: *Nine previously developed fact sheets are sent to a translation service to develop Spanish, Chinese, and Vietnamese versions of these materials. Four new fact sheets developed and undergoing review by the board.*
 - 2007-2008: *The committee determines that the board will expand the project beyond the Center for Consumer Self Care to include students from other Schools of Pharmacy.*
Meanwhile discussion with UCSF lead to request for funding to continue project.
Meanwhile board seeks to establish intern projects with other schools of pharmacy.
 - 1st Qtr. 08/09: *Letter to Deans of California's pharmacy schools mailed.*
 - 1st Qtr. 09/10: *Staff prepare to initiate program using intern coordinators at school of pharmacy campuses in California.*
5. Develop a Notice to Consumers to comply with requirements of AB 2583 (Nation, Chapter 487, Statutes of 2006) on patients' rights to secure legitimately prescribed medication from pharmacies.
 - 2006-2007: *Governor signs AB 2583.*
Committee advances draft regulation text for comment at the October Board Meeting. Board votes to create a second Notice to Consumers poster vs. adding additional language to current poster.
Committee refines language to be advanced to the board. Board reviews, modifies, and sets for regulation notice the proposed language for a second Notice to Consumers poster.
 - 2007-2008: *New "Notice to Consumers" approved by board and later by the Office of Administrative Law.*
New design and layout for two new Notice to Consumer posters are selected.
 - 1st Qtr. 08/09: *New posters are mailed to California pharmacies.*
 - 2nd Qtr. 08/09: *Posters are translated into several languages and made available on the board's website.*
6. Evaluate the practice of pill splitting as a consumer protection issue.
 - 2006-2007: *Board holds discussion of pill splitting issues during January and April 2007 Board Meetings.*
 - 2007-2008: *The Script newsletter contains an article for pharmacists on pill splitting and a Fact Sheet for consumers is completed.*
7. Evaluate the SCR 49 Medication Errors Report for implementation.
 - 2006-2007: *Communication and Public Education Committee reviews SCR 49 report and board has presentation of the SCR 49 report.*
 - 2007-2008: *SB 472 enacted to require the board to standardize container labels into a patient friendly format by 2011.*
 - Feb. 2009: *SB 470 introduced to add "purpose" to the prescription container's label.*
 - Sept. 2009: *SB 470 is enrolled and sent to the Governor.*

8. Develop patient-centered standardized prescription container labels by 2011 pursuant to SB 472 (Corbett, Chapter 470, Statutes of 2007).
- Oct. 2007: Board president appoints members to subcommittee.
- Jan 2008: Board readies plans for six public hearings statewide during 2008
- April 2008: First meeting in Fremont on April 12. Approximately 40 people attend.
- Apr.-Jul. 08: Board attends health fairs and interviews patients for information on how to improve prescription labels. Survey available on board's website. 123 surveys completed.
- July 2008: Board Inspector Bayley and Associate Analysts Durst and Abbe staff a resource table at the Lotus Festival in Los Angeles and interview attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.
- Aug. 2008: Associate Analysts Durst and Abbe and Assistant Executive Officer Sodergren staff the department's booth at the State Fair and distribute brochures, respond to public questions and elicit suggestions to improve the labeling on prescription labels.
- Oct. 2008: Board Member Powers provides information and conducted labeling surveys of those attending CARA's annual meeting. Publications Coordinator Abbe attends Celebrando Nuestra Salud to conduct labeling surveys of those in attendance.
- Nov. 2008: Board sponsors public forum on health literacy and designing patient-centered labels. National experts provide information.
- Dec. 2008: Board Executive Officer participates on National Association of Boards of Pharmacy task force to develop national standards for patient-centered labels. Board and CPhA develop joint survey for administration via listeners of radio stations on patient medication labels.
- Jan. 2009: Over 600 consumer surveys submitted; SB 472 Subcommittee meets to begin developing regulations. Radio surveys add 1,800 additional survey responses. Subcommittee holds afternoon meeting in San Diego.
- March 2009: Evening meeting held on SB 472 task force draws a few more public attendees. Ongoing surveys from consumers continues.
- July 2009: Draft regulation language discussed by board.
- Aug. 2009: Draft regulation language discussed by board.
- 2nd Qtr. 09/10: Board holds informational hearing, finalizes language and releases regulation for 45-day comment period.
- Dec 2009: Board submits required report to Legislature on implementation to date of SB 472's provisions.
9. Address and promote licensee and public education on minimizing prescription errors.
- July 2008: Forum on medication errors held as part of board meeting. Michael Cohen, Institute of Safe Medical Practices, John Keats, California Patient Action Coalition, and Lorian deMartini, California Department of Public Health, talk about activities of their organizations to prevent errors. Board Inspector Orlandella represented the board on a panel to a group of seniors in Roseville, California.
- Jan. 2009: Board publishes medication errors segment in its newsletter, The Script, describing several medication errors investigated by the board.
- June 2009: Enforcement Committee hears presentation on board investigations of medication errors during 2008/2009.

	<p>10. Educate consumers about steps they can take to prevent receiving a medication error.</p> <p><i>2nd Qtr. 09/10: Develops and distributes 3-minute video tape on how patients can prevent receiving a medication error.</i></p>
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Objective 4.2	Develop 10 communication venues to licensees by June 30, 2011.
Measure:	Number of communication venues developed to licensees.
Tasks:	<ol style="list-style-type: none"> 1. Publish <u>The Script</u> two times annually. <ul style="list-style-type: none"> <i>Jul 2008: The Script published, placed online and mailed to pharmacies and wholesalers.</i> <i>Apr 2009: "February" issue of The Script published, placed online and mailed to pharmacies and wholesalers.</i> <i>Jul 2009: "July" issue of The Script written and undergoing review.</i> <i>Jan 2010: "July" issue of The Script, now finalized and released for publication. Future issues will be released online.</i> 2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California. <ul style="list-style-type: none"> <i>2006-2007: The board's members, supervising inspector and executive officer provide 22 CE and licensee educational seminars during the year.</i> <i>2007-2008: The board's members, supervising inspector and executive officer provide at least 10 CE and licensee educational seminars during the year.</i> <i>1st Qtr 08/09: Board Member Goldenberg provides information about pharmacy law to medical staff at the Jewish Home Hospital in Los Angeles. President Schell speaks on requirements regarding conscience provisions in California law at Loma Linda University.</i> <i>2nd Qtr 08/09: Executive Officer Herold speaks to the CSHP's Board of Directors about the board's heparin inspections. Executive Officer Herold speaks to CSHP's Seminar on Board legislative and regulation activities. Assistant Executive Officer Sodergren and Supervising Inspector Ratcliff staff an informational booth at CSHP's Seminar. Executive Officer Herold speaks to CSHP's Seminar on the heparin inspections conducted with the California Department of Public Health in California Hospitals. Executive Officer Herold speaks to CSHP's Seminar on California's e-pedigree requirements.</i> <i>3rd Qtr 08/09: Executive Officer Herold and Board President Schell provide three presentations at the California Pharmacists Association's Outlook on the Board of Pharmacy, major issues before the board and medication errors. Supervising Inspector Ratcliff provides a presentation about pharmacy law to 70 students at Loma Linda's School of Pharmacy. President Schell provides a presentation on Board of Pharmacy issues to the San Diego CPhA meeting. Supervising Inspector Ratcliff presents information on "How to Survive a Board Inspection" to 80 pharmacists at a Vietnamese Pharmacist Association. Board President Schell provides a presentation to UCSF School of Pharmacy on ethics and integrity in pharmacy.</i>

Board President Schell provides a presentation to UCSF School of Pharmacy on ethics and integrity in pharmacy.

Executive Officer Herold and President Schell present a 1.5 hour CE lecture on the Board of Pharmacy at that CPhA's annual meeting.

Supervising Inspector Ratcliff and Assistant Executive Officer Sodergren staff a booth at the CPhA's annual meeting answering pharmacy law and licensing questions.

Executive Officer Herold and President Schell discuss the role of a regulatory agency in investigating and preventing medication errors at CPhA's annual meeting.

Executive Officer Herold provides presentation to UCSF and UCSD students in a first year pharmacy school law class.

President Schell provides a presentation to students at the USC School of Pharmacy.

4th Qtr 08/09: Executive Officer Herold presented information about the Board of Pharmacy and ongoing projects at a California Society of Health-System Pharmacists Town hall meeting at Loma Linda for 80 pharmacists. Executive Officer Herold presented information about the Board of Pharmacy and ongoing projects at a CSHP Town hall meeting at UOP for 60 pharmacists.

1st Qtr 09/10: Executive Officer Herold presented at CSHP Board of Directors Meeting. Supervising Inspector Nurse presented at CPhA's Long Term Care Board Meeting.

Executive Officer Herold presented at CSHP Sacramento Valley Chapter Meeting.

3. Maintain important and timely licensee information on website.

2006-2007: Added 50-year pharmacist recognition pages as a special feature. Updated license totals.

Added enforcement actions for effective dates between April 1 and June 30, 2005.

Changed definitions on license lookup to clarify license status.

Sent out more than 50 subscriber alert notifications to the board's e-mail notification list.

Unveiled new website of the board, and created new web links.

Revised and added new fax and contact information to speed communication with appropriate enforcement and licensing staff.

Added frequently asked questions on emerging contraception.

Updated the board's online lawbook.

Created a page dedicated to drug alerts and recalls.

Sent out three disaster response subscriber alerts regarding the Southern California wildfires to the board's e-mail notification list.

Created a page dedicated to e-pedigree information and laws.

Updated the 2008 lawbook.

Added two sets of comments submitted to the FDA in support of a unique identifier and on promising technologies for prescription drug identification, validation, track and trace or authentication to e-pedigree page.

Added survey of patients for prescription container labels.

Added page for subscription to board mailing list.

	<p>1st Qtr 08/09: Updated information regarding release of exam results. Added enforcement actions for the effective dates between July 1 and September 30, 2008. Added two recall notifications to FDA recall page. Posted board and committee meeting agendas and materials. Sent out 24 subscriber alert notifications to the board's email notification list.</p> <p>2nd Qtr 08/09: Updated online renewal forms for individual licenses. Created information on CURES page. Created a survey page for public opinion on how to improve prescription labels (SB 472) in English and Spanish. Added three recall notifications to FDA recall page. Posted board and committee meeting agendas and materials. Sent out 20 subscriber alert notifications to the board's email notification list.</p> <p>3rd Qtr 08/09: Began process of making all PDFs on board's website accessible for the visually impaired. Added four recall notifications to FDA recall page. Posted board and committee meeting agendas and materials. Sent out 27 subscriber alert notifications to the board's email notification list. Posted latest edition of <u>The Script</u>.</p> <p>Jan 2009: Board mails letter pursuant to SJR 19 (Ridley-Thomas, Statutes of 2008) regarding prohibition of healing arts licensees not to engage in torture.</p> <p>4th Qtr 08/09: Continued making all PDFs on board's website accessible for the visually impaired. Updated lawbook to 2009 edition. Added four recall notifications to FDA recall page. Posted board and committee meeting agendas and materials. Sent out 26 subscriber alert notifications to the board's email notification list.</p>
	<p>1st Qtr 09/10: Updated information regarding release of exam results. Added enforcement actions and accusations for the effective dates between July 1 and September 30, 2009. Made Pending Regulations page more user friendly. Posted board and committee meeting agendas and materials. Sent out 16 subscriber alert notifications to the board's email notification list.</p> <p>2nd Qtr. 09/10: Added enforcement actions and accusations for the effective dates between Oct 1 through Dec 31, 2009. Posted board and committee agendas and materials. Sent out 28 subscriber alert notifications to the Board's email subscriber list. Migrated subscriber list to new software program and created an additional subscriber list for emergency compounding.</p>

Objective 4.3	Participate in 12 forums, conferences and public education events annually.
Measure:	Number of forums participated.
Tasks:	<p>1. Participate in forums, conferences and educational fairs.</p> <p><i>1st Qtr. 09/10: Board President Schell volunteers in "Standdown" an event for homeless veterans in San Diego and dispensed prescriptions and counseled patient's regarding their medications.</i></p> <p><i>Executive Officer Herold makes a presentation on patient-centered medication labels during a "Women in Government Conference" in San Diego. The group was comprised of female legislators representing the western United States.</i></p> <p><i>Board President Schell makes a presentation to the Indian Pharmacist Association about board activities.</i></p> <p><i>Supervising Inspector Nurse makes a presentation to the California Pharmacists Associations Long Term Care Board regarding DEA and CURES compliance issues.</i></p> <p><i>Executive Officer Herold makes a presentation on California e-pedigree requirements to Logipharma to a group of manufacturers.</i></p> <p><i>Executive Officer Herold makes a presentation on California e-pedigree requirements to Specialty Pharma to a group of contract drug manufacturers.</i></p> <p><i>2nd Qtr. 09/10: Executive Officer Herold presents information on e-pedigree requirements to Healthcare Distributors Management Association's Track and Trace Conference.</i></p> <p><i>Executive Officer Herold provides CE presentation on medication errors as part of a day long conference at California Northstate College of Pharmacy.</i></p> <p><i>Executive Officer Herold provides a presentation on "take back" drugs to 20 rural California County Governments.</i></p> <p><i>Executive Officer Herold provides CE presentation on activities of the board the Sacramento Valley Society of Health Systems Pharmacists.</i></p> <p><i>Supervising Inspector Dang provides a CE presentation to a group of pharmacists in Orange County.</i></p> <p><i>Executive Officer Herold provides information about the board's patient-centered label requirements to CPhA's Long Term Care Committee.</i></p> <p><i>Executive Officer Herold and President Schell attended California Hospital Association's Hospital Drug Distribution Meeting in Sacramento.</i></p>