



**California State Board of Pharmacy**  
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Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



**California State Board of Pharmacy  
Department of Consumer Affairs  
Public Board Meeting Minutes**

**Date:** June 16, 2022

**Location:** Department of Consumer Affairs  
1625 N. Market Blvd, 1st Floor Hearing Room  
Sacramento, CA 95834

San Diego State Building  
Golden Bear Conference Room, 6th Floor  
1350 Front Street  
San Diego, CA 92101

Public participation also provided via WebEx

**Board Members**

**Present:** Seung Oh, Licensee Member, President  
Maria Serpa, Licensee Member, Vice President  
Jessica Crowley, Licensee Member  
Jose De La Paz, Public Member  
Kula Koenig, Public Member  
Ricardo Sanchez, Public Member  
Jason Weisz, Public Member

**Board Members**

**Not Present:** Jignesh Patel, Licensee Member, Treasurer  
Indira Cameron-Banks, Public Member  
Nicole Thibeau, Licensee Member

**Staff Present:**

Anne Sodergren, Executive Officer  
Eileen Smiley, DCA Staff Counsel  
Julie Ansel, Chief of Enforcement  
Debbie Damoth, Executive Specialist Manger

**June 16, 2022**

**I. Call to Order, Establishment of Quorum, and General Announcements**

President Oh called the Board Meeting to order at approximately 9:00 a.m.

President Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

President Oh advised all individuals the meeting was being conducted in person at locations in Sacramento and San Diego as well as via WebEx. Dr. Oh advised participants watching the webcast they could only observe the meeting. He noted anyone interested in participating in the meeting must join the WebEx meeting using the instructions posted on the Board's website.

Department of Consumer Affairs' staff provided general instructions for the WebEx Board Meeting for members of the public participating in the meeting.

President Oh welcomed Jessica Crowley, to the Board. Dr. Crowley was recently appointed to the Board as a pharmacist member, serving as the pharmacist who is a member of a labor union that represents pharmacists.

Roll call was taken. Board Members present included: Maria Serpa, Licensee Member; Jessica Crowley, Licensee Member; Jose De La Paz, Public Member; Ricardo Sanchez, Public Member; Jason Weisz, Public Member and Seung Oh, Licensee Member. A quorum was not established. As noticed on the agenda, if a quorum of members is not present, as part of President Oh's discretion, the Board proceeded as a committee.

## **II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings**

Members of the public were provided with an opportunity to provide comments at the Sacramento location, San Diego location and WebEx.

The Board heard comment from a pharmacist concerned about SB 1442 and SB 362 and the violations of the Board policies by retail corporations and the exploitation of younger pharmacists for fear of retaliation. The pharmacist noted work conditions with poor and insufficient staffing resulting in more errors without being reported and jeopardizes the safety and welfare of consumers. The pharmacist noted during the COVID pandemic, corporate greed increased and there was little regard for pharmacists. The pharmacist would like this added to a future agenda.

The Board heard comment from the CEO of VendRX inquiring if automated patient dispensing systems can be installed at airports. The commenter requested this be added to a future agenda item for the next Board Meeting.

President Oh advised action could not be taken on the comments without a quorum but inquired if members wanted to see any comments on a future agenda. Dr. Oh

advised of the Standard of Care and Medication Error Reduction and Workforce Committee Meetings scheduled for the following week.

Member Serpa reminded the Board that the first comment would be addressed on a future Enforcement and Compounding Committee Meeting agenda. Dr. Serpa Maria recommended the second item be added to a future Licensing Committee Meeting agenda.

### **III. Recognition and Celebration of Pharmacists Licensed in California for 40 Years and other Recognitions**

President Oh reminded members several years ago, the Board changed its recognition program for pharmacists and currently recognizes pharmacists that have been licensed for 40 or more years. Dr. Oh noted the information was posted on the Board's website and pharmacists are provided with a certificate.

President Oh noted prior to transitioning to remote meetings, the Board routinely provided an opportunity for pharmacists licensed for 40 years to attend a Board meeting and be recognized by the Board. Such individuals are also presented with a pin and generally their photo is included in the newsletter. Dr. Oh announced that with the return of in person, meetings, the Board can also resume this in person recognition.

There were no pharmacists at the Sacramento or San Diego location to be recognized for 40 years of service as a pharmacist.

President Oh advised consistent with the provisions of Business and Professions Code (BPC) section 4309(c) and the Board's policy, as a quorum of the Board was not present, a committee of the Board will consider the petitions today and make recommendations to the full Board that will be subject to review by the full Board in accordance with Government Code section 11517. Members proceeded with hearing petitions and agenda items were taken out of order.

### **V. Petitions for Reinstatement of Licensure, Early Termination or Other Modification of Penalty.**

Administrative Law Judge Erin Wall presided over the hearings and noted pursuant to Business and Professions section 4309(c) as quorum was not obtained, the members at the President's discretion continue pursuant to discuss items from the agenda and make recommendations to the full Board at a future meeting. Petitions heard by members as a committee included:

A. Katerina Urasova, RPH 57944

Member Kula Koenig arrived at approximately 9:57 a.m.

#### **IV. Discussion and Consideration of Senate Bill 958 (Limon) Medication and Patient Safety Act of 2022**

President Oh advised as the Board now had a quorum, the Board returned to prior agenda item IV to discuss and consider Senate Bill 958. For purposes of the record, Dr. Oh took a roll call. Members present included Maria Serpa, Licensee Member; Jessica Crowley, Licensee Member; Jose De La Paz, Public Member; Ricardo Sanchez, Public Member; Kula Koenig, Public Member, Jason Weisz, Public Member and Seung Oh, Licensee Member. Quorum was established.

President Oh Members advised this measure was being considered in advance of the July Board Meeting should the Board want to offer amendments. The Board also received written comments on the measure. Dr. Oh noted the appropriations committee analysis was also available.

President Oh stated the Board is a consumer protection agency. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

President Oh stated the practice of both brown bagging and white bagging, is a payer driven practice that is in direct conflict with the Board's consumer protection mandate. Dr. Oh reminded members that the public was allowed to participate in the process and the Board would consider public comment received. Dr. Oh reminded the Board must remain mindful that opinions presented are just that, opinions and it is incumbent upon the Board, to collectively consider any matter and ultimately make a decision consistent with the Board's mandate.

President Oh advised Senate Bill 958 addressed two types of payor driven practices, white bagging and brown bagging. Brown bagging refers to the dispensing of a medication from a pharmacy, typically a specialty pharmacy, directly to a patient, who then transports the medications to a physician's office or other site for administration. Dr. Oh noted white bagging refers to the distribution of patient-specific medication from a pharmacy, typically a specialty pharmacy, to the physician's office or other location for administration. In a report published in April 2018, by the National Association of Boards of Pharmacy, the practice of white bagging is often used in oncology practices to obtain costly injectable or infusible medications that are distributed by specialty pharmacies and may not be available in all non-specialty pharmacies.

President Oh noted in its report, NABP detailed concerns with this business practice. The medications are often patient-specific and require special handling and can thus pose safety, operational and unexpected financial burdens. Additionally, medication delivered directly to the patient through the brown bagging model may have been

incorrectly stored and handled, which can affect the drug's efficacy. NABP also noted that in some instances, patients participating in white bagging or brown bagging programs often require therapy modification. Change of dosage or strength or transition to a different class of medications is common. When changes to medication therapy occurs, it often leads to excessive waste because the previously dispensed medication cannot be reused for a different patient. NABP noted medications delivered through the mail may arrive late or damaged.

President Oh advised the information included in NABP's report is consistent with information learned during the Enforcement and Compounding Committee's Informational Hearing on White Bagging. As included in the minutes from that meeting, members received numerous presentations and comments describing the patient safety concerns presented through white bagging. Comments included that some of these medications are sensitive to temperature and light fluctuations and require special handling and storage to maintain efficacy. These medications often have serious and debilitating chronic conditions such as cancer and multiple sclerosis, where delays in therapy can be catastrophic. Further, members were advised that due to the severity of conditions and complexity of treatment, drugs and doses must often be modified at the point of care based on patient specific conditions including weight, renal function, bone marrow function, lab results, etc. These modifications can easily be addressed when medication supplies are managed by the physician's office, hospital or clinic.

Patient-specific examples were also provided. As an example, a patient experienced a two-week delay in their already well-established treatment plan because of the mandatory transition to a specialty pharmacy. Once this issue was resolved, the patient experienced an additional one-week delay because some of the drugs had to be mixed but the specialty pharmacy was not able to supply the drugs or the pump required to infuse the medication.

Members also learned about the specific impact to pediatric patients, including delays in therapy. It was noted that some infusions for pediatric patients are a one lifetime chance for the patient, where there is one chance to get purity. If the drug is not stored and handled properly, that one lifetime chance could be lost. Members were advised there are numerous stories where therapy was significantly delayed due to logistics including delayed deliveries, lost shipments, dispensing of drugs expiring prior to the patient procedures, all of which negatively impact the patients and their families.

President Oh stated the risks to patients is not a theoretical one but it is real. Senate Bill 958 seeks to address many of these issues by prohibiting the practice of brown bagging and placing important guardrails around the practice of white bagging.

**Motion:** Establish a Support if Amended position on Senate Bill 958 consistent with the Legislation and Regulations Committee recommendation following its April 2022 meeting. Included as part of the recommendation was to offer amendments regarding cost as well as provisions to prohibit a vendor from providing services for white bagging should a number of violations of provisions occur.

**M/S:** Oh/Sanchez

Members were provided the opportunity to comment.

Member Serpa spoke in support of the motion as the topic has been discussed in depth at Enforcement and Compounding Committee Meetings.

Member Koenig inquired if there is an alternative. Member Serpa explained the process can be required by insurances which ties the hands of health care professionals.

Members of the public were provided the opportunity to provide public comment.

Rita Shane, Vice President and Chief Pharmacy Officer at Cedar Sinai, reported the current practice in health care systems and cancer clinics is that the drugs are stocked and readily available. The drugs and doses prescribed are pulled off the shelf of the inventory and made just in time based on data available regarding the patient's current condition as a patient's condition is checked daily. Dr. Shane noted the complexity with the nature of the drug the payers are requiring to be white bagged are biologic drugs that require special handling including refrigeration for people with complex and chronic diseases. When drugs are sent as required by white bagging, there is no temperature tracking system.

Thanh Tu, pharmacist at Cedar Sinai Medical Center, demonstrated the process of white bagging from when the medication gets delivered to the hospital at the general loading dock to the patient when the patient comes for their appointment. Dr. Tu stated the medication is delivered in a box to the general loading dock at the hospital with no indication that the box contains medication or storage conditions that is required. The box could be sitting at the loading dock for hours before it can be stored properly. When the medication arrives at pharmacy, it would have to be sorted through up to 200 white bags for the specific vial of medication sent for the specific patient. The pharmacist has to ensure that it has not expired and was stored correctly. The pharmacist would only know the storage conditions from when it arrives at the medical center. The pharmacist wouldn't know how it was shipped and that is a gap in the white bag practice. When the patient arrives for infusion, the patient receives same day clinical assessment. If the patient's weight has changed and the number of vials needed for the dose that day increased, the patient would have to be rescheduled for another appointment for the specialty pharmacy to send another vial.

For underserved patient population that may have transportation issues, this is a barrier.

Member Serpa inquired how medications are delivered to the facility for other patients. Dr. Tu provided the medications arrive at a hospital at a defined time and there is a process in place to receive the medication. For patient specific medications, the medications are sent at random, unspecified times of the day. Dr. Tu advised loading docks are not open 24/7 and she has had to sift through items received at the loading dock to look for the small vials of medications for patients. Dr. Tu stated it is outside the normal workflow in which medication delivery is handled.

Dr. Serpa inquired if the medication for the hospital comes through a different supply chain than the white bagged medication that comes through the mail system and what would happen if the medication couldn't be found. Dr. Tu agreed the white bagged medication comes through a different supply chain through the mail and advised the medication would have to be tracked down through the specialty pharmacy if it couldn't be found. If the medication hasn't arrived for the patient, the patient must be rescheduled as the hospital can't use its own supply stock if white bagging is being used. Dr. Tu stated the impact to the patient is patient delay, rescheduled appointments and is clinically significant to the patient when the specialty medications are for advanced cancer treatments and complex diseases.

Member Crowley inquired if the hospital can't use the medication from the hospital stock due to insurance coverage. Dr. Tu confirmed the medication must be obtained from the specialty pharmacy. Dr. Crowley inquired as there may be a dose change when patients are monitored daily if this created additional costs for the patients. Dr. Tu advised the initial co-pay should be sufficient but the patient would need to be rescheduled. Dr. Tu advised if the patient ultimately gets the medication, even if there is a delay, the patient pays for the co-pay. If the medication is lost or stored improperly, the patient pays the co-pay once but there are significant time delays to the patient before additional doses are received from the specialty pharmacy.

Desi Kotis, Chief Pharmacy Executive at the University of California in San Francisco, advised a policy was put into place for all campuses to not allow brown or white bagging due to the concerns discussed today. Dr. Kotis stated the policy requires drug can only be received from their wholesaler or direct from the manufacturer. Dr. Kotis noted they had a lot of real-world examples of delays, of expired medications that were shipped, and increased hospital stays. Dr. Kotis stated they wanted to ensure patient safety by limiting this ability of insurers to provided infused and injected medications through a third-party vendor like a specialty pharmacy. Dr. Kotis added health plans bypass the health system, checks and balances, and limit the nurses, physicians, advanced providers, and pharmacists the ability to assure safe acquisition and administration of these medications. Dr. Serpa inquired what happens to the patients when brown and white bagging is not allowed. Dr. Kotis advised the patient must go elsewhere for treatment.

Ryan Stice, pharmacist in California, Vice President of Pharmacy for Sutter Health, not-for-profit healthcare system with 24 hospitals and 30 outpatient infusion centers treating over 90,000 patients in centers for cancer and life-altering diseases monthly or more frequently advised Sutter Health has a policy discouraging the use of white bagging and were able to implement effectively. Dr. Stice reported after review of SB 958, Sutter Health issued a letter in support of the bill to assist smaller institutions who may not be able to withstand the practice being pressed on them. Dr. Stice encouraged the Board to listen to front line staff and the issues outline. Dr. Stice stated this is a consumer protection issue. Dr. Stice addressed the comment at the April 2022 Board Meeting about billions and billions of dollars in increased costs and was not able to find references to support the statement. Dr. Stice noted the Senate Appropriations Committee assigned a cost to this bill of less than a million dollars.

Member Koenig inquired if the issue around brown and white bagging was astronomical costs to patients. Dr. Stice indicated that is what he understood the issue to be. Dr. Stice added Sutter Health is able to assist the patients with a patient navigation program to assist with costs but that is not the case when there is brown and white bagging as the costs are then with the specialty pharmacy. Member Serpa inquired if the projected increased cost would eventually come to the patient because of the increased cost to the insurance companies first and resulting in negative comments. Dr. Stice noted in the New England Journal of Medicine an article was published recently called "Your Money or Your Life" describing the shift of medication costs to your prescription benefit from your medical benefit noting typically the cost of the patient on the medical benefit side is more favorable over out-of-pocket copays when supported through a specialty pharmacy. Dr. Stice noted from the patient perspective there is a negative and from the payer perspective there is an FTC inquiry into PBMS around practices nationally.

Member Crowley inquired about cost element related to hospital with the bill. Dr. Stice indicated he didn't recall costs but could speak more to what is seen day to day in practice.

Counsel Smiley recommended exercising flexibility for public commenters who may not get questions from members to allow for comparable time to express opinions.

Ashely Dalton, Associate Chief Pharmacy Officer, University of California, San Diego (UCSD), stated UCSD is in support of this bill and believes that payer mandated white and brown bagging practices do not contribute to better patient care placing patient safety at risk. Dr. Dalton shared recent examples at UCSD. Dr. Dalton provided one example where a pharmacy technician opened up a box that was believed to be medications delivered to the pharmacy and found a patient's specific prescription inside for a prescription not expecting of two pre-filled syringes of Xolair®. Upon further review the patient had been receiving the medication through the UCSD infusion center with no history of white bagging. The specialty pharmacy was called and



advised the patient already received the medication at UCSD. The specialty pharmacy stated UCSD couldn't send the medication back and if did, the medication would be wasted and both the patient and insurance company would be charged. There was approval for the patient to receive the medication with UCSD product and called the payer to advise and they agreed to accept the product. A lot of unnecessary time and medication was spent.

Steve Gray, pharmacist, re-emphasized the Board has a responsibility to consider cost. If patients, employers, or unions cannot afford coverage or have to go with plans that have high deductibles/copays, it is a patient care of the highest degree. This bill would eliminate a very valuable part of how to control health care costs, how to control drug costs which are high priorities of every level of government, the public and the Governor. It is important for the Board to say they have done all that they can do before they support this bill. All of the vendors that have made errors are under the jurisdiction of the Board as pharmacies, pharmacist-in-charge (PIC) and pharmacist. Dr. Gray stated he suspected and had been told the Board has received literally no or no significant number of complaints, the vendors have not been identified, no one has asked for the Board's help, in many cases PICs of the hospitals and those of the clinic have not reached out to the health plans. Dr. Gray stated the pharmacies have motivation to keep the contracts and there are literally billions of dollars at stake from 40 years of experience in formulary processes and contracting/distribution for three million Californians. Dr. Gray recommended opposing the bill and not moving forward in support until it has a record of doing what it can before it supports the elimination of a very valuable cost of coverage and cost of care tool.

Melissa Chase, Director of Pharmacy, Valley Children's Healthcare, practicing pharmacist for 22 years, commented SB 958 would impose restrictions on health plans based on patient safety and doesn't eliminate brown or white bagging but adds requirements that hospitals use specialty pharmacies for certain medications including infusion drugs. This requirement has negative implications for our patients and requires Valley Children's commit extra resources to ensure patients receiving their life saving medications in a timely manner. Dr. Chase provided an example of a patient "April" (Note: "April" is a fictitious name to protect the identity of the patient.) who was being treated for Crohn's disease with an abscess in her bowel after an initial hospital inpatient state, "April" was discharged and continued with medication therapy. Six weeks after, her disease flared and her doctor started her on a drug. The drug was initially denied and then approved for two doses from Valley Children's Hospital. A second request was submitted to continue the drug but "April's" health plan requires that the medication be white bagged. When "April" arrived for her third infusion, the medication from a specialty pharmacy in New York had not sent the medication. "April" was rescheduled for 10 days later. Eventually, 24 weeks after discharge, "April" was scheduled for her fourth infusion which was significantly delayed due to white bagging. The entire time Valley Children's Hospital had the medication but was unable to use it for "April" due to white bagging.

Ken Fukushima, speaking on behalf of the smaller facilities, stated smaller facilities experience the same problems as the larger facilities. The concern of most of small hospitals is protecting the public. Dr. Fukushima spoke in agreement with the advocates for the bill.

Erin Whittaker, Outpatient Pharmacy Supervisor, Marshal Medical Center, a rural not-for-profit hospital in Placerville, CA, commented in support of SB 958 and urges the Board of Pharmacy to do the same. Dr. Whittaker shared a few patient experiences that illustrate the challenges with white bagging. Dr. Whittaker described a young man with a mental health disorder who receives a bimonthly injection for his symptoms. Mid-month the patient was assessed and determined he needed an increase in his dose. Due to the patient having a white bag medication, the physician had to resend the prescription, wait for the processing time and reschedule the patient for a week later resulting in wasted medication and delayed care for the patient who was symptomatic. Dr. Whittaker described another long-term white bag patient who reports major issues throughout the process requiring her to call monthly to arrange for the deliveries. One month her medication was delivered after hours and left at the front desk unrefrigerated. The pharmacy was not able to help the patient coordinate for a reshipment of her medication as it was coming from a third-party pharmacy. Dr. Whittaker described a patient who has been on multiple white bag medications for over five years and reports care delays as well as taking 15-30 minutes of her time every month to call to arrange for the medication. The prescription is over \$100 a month and has to obtain a co-pay assistance card to afford the medication.

Rina Patrawala, Clinical Manager for Oncology Pharmacy Services at the Scripps MD Anderson Cancer Center Network in San Diego County, commented as having completed a two year postgraduate oncology residency, board certified oncology pharmacist for nine years and been a practicing oncology pharmacy specialist for over 22 years in four different states currently working at a mid-sized to small-sized integrated health delivery network treating about 5,000 patients a year where about 1,000 of the patients are impacted by payer mandated white bagging. As a result of the payer mandated white bagging, the safe and timely delivery of life-saving medications has been impacted. Dr. Patrawala noted the time from diagnosis of cancer to treatment will determine outcome and the longer it takes the patients to receive treatment, the lower their chances for improved survival and cure. Introducing a third-party for medication acquisition and a highly specialized and high risk such as chemotherapy dispensing causes delays in treatment due to unpredictability of supply and drug integrity. Additionally, chemotherapy patients must have guaranteed access to supportive care medications such as hematologic recovery, growth factors, nausea/vomiting medications and bone modifying agents where timely access is complicated by a high burden of patient out of pocket costs. Finally, is the inherent unpredictability when patients are mandated by a payer causes significant disruption.

Lori Hensic, Corporate Director of Medication Safety, Risk and Compliance at Scripps

Health in San Diego, on behalf of Scripps Health respectfully urged the Board to please support SB 958 which would prevent third party care practices that are currently jeopardizing the health and safety of patients by restricting access to critical medications. Dr. Hensic echoed colleagues' concerns regarding the disruption to quality control protocols and medication integrity. Dr. Hensic noted Scripps receives a lot of white bagging medications that the patient is no longer taking or has expired where the medications cannot be returned nor used for another patient resulting in a large amount of medication waste. While white bagging may appear to present cost savings, the real costs resulting from delayed patient care, disease progression, and money spent on wasted medication completely outweigh any savings. Dr. Hensic explained health plans pay approximately three million dollars a year to Scripps for white bag medication and patients pay co-pays ranging from \$5 to \$1,500 per dose. However, 12-15 percent and as many as 20 percent of these medications are unable to be administered to the patient due to the challenges of white bagging resulting in hundreds of thousands of dollars' worth of medications discarded each year due to the complexity of the white bagging process.

Mark Johnston, CVS Health, commented in support of Dr. Steve Gray's comments and stated Americans are in a health care crisis based up costs simply because hospitals bill significantly more for the same product which is why insured entities choose to save using white bagging. Decreased costs equate to increased distribution and use increasing public safety. He stated it is an inconvenience to hospitals who need to develop an organized method to deal with incoming shipments so they are not left on the dock or front desk when delivered. He noted the Virginia Board of Pharmacy promulgated basic rules to increase communication between pharmacies and hospitals which appears to solve without the parameters of this bill that appear to be inappropriate for the Board to take a position on without the statutory authority to address hospital and pharmacy profitability. He stated there is no DQSA issue; the pack out science for mailing is independently certified. He noted there should not be a restriction on REMS drugs and Nevada proposed rules support white bagging of REMS drugs. He urged the Board not to take a position on the bill based on inconveniences, resistance to change, and anecdotes not scientific data.

Dan Kudo, pharmacist for 47 years, currently president-elect of CSHP, commented in favor of SB 958. Dr. Kudo stated as healthcare professionals pharmacists are trusted by the public who they serve to ensure the safe and efficacious use of medications. Dr. Kudo stated belief in the words of the oath of a pharmacist because they define who pharmacists are when they swear an oath to consider the welfare in humanity and relief of suffering as the primary concern and swear to embrace and advocate change that improves healthcare. Dr. Kudo noted the mission of the Board of Pharmacy is to protect and promote the health and safety of Californians. Dr. Kudo added the Board has been provided with several examples of how the practice of white bagging is associated with delays in care. Dr. Kudo asked if they would favor a system associated with delays in therapy and outcomes in question. Dr. Kudo ended with the comment, "First, do no harm."

Keith Yoshizuka commented as an individual pharmacist in favor of the bill to restrict white bagging for safety of the patients and continuity of care for the patients served.

John Grubbs, Chief Pharmacy Officer for University of California Health, representing the six University of California Medical Centers, commented in support of President Oh's motion to support the bill. Mr. Grubbs noted previous commenters did an excellent job in outlining the numerous patient safety concerns with the practice of white bagging and for those reasons the University of California has taken a position to support SB 958. Mr. Grubbs stated he hoped the Board would take a support position on the bill.

Rita Jew, President of the Institute for Safe Medication Practices (ISMP), thanked the Board for consideration of SB 958 and spoke in support of the bill. Dr. Jew reiterated the safety concerns of white bagging including changing in dosage based on the patient's weight especially impacting the vulnerable pediatric patient population which would result in under dosing for the patient or delay in therapy; concern for authenticity and integrity of medication received with a lack of supply chain/transport oversight especially with co-chain products; concern for storage so that the integrity of the medication cannot be guaranteed and makes federal DSCS compliance difficult; issues with medication provided by the pharmacy may be supplied in different concentrations of formulations from the institutional standard medication inventory meaning the product will not be built in the CPOE and can lead to confusion and dosing errors; and the operational challenge of the inventory management system that can cause confusion and medication errors.

Member Serpa inquired if Dr. Jew could explain what the CPOE means and if that would mean the alarms and alerts would not go through because the order would be built as a non-formulary item. Dr. Serpa asked if Dr. Jew could explain what this meant for patient safety. Dr. Jew advised there are multiple layers of issues. First, Dr. Jew identified the specific strength of the medication is not built into the system that would potentially be when the medication was received and the pharmacist didn't realize there was a difference in strength which could lead to under/overdosing. Dr. Jew noted if the formulation is not in the computer system for ordering or pharmacy verification, then all the safety checks (e.g., dosing, drug interactions, allergies, etc.) will not be in place and are relying on a manual check from the pharmacist to know there may be potential safety issues and is error prone.

Member Sanchez left the meeting 11:00 a.m. and returned at 11:02 a.m.

Candace Fong, Assistant Vice President for Medication Safety for Common Spirit Health the parent corporation of Dignity Health, with 40 years' experience as a pharmacist, spoke on behalf of Common Spirit Health in support of the bill. Dr. Fong stated with a focus on patient care and patient safety, one hospital in a remote area has challenges with bad weather but they provide care to their patients because of

the community and remoteness. The expense that the organization has is to hundreds of thousands of dollars with the commitment to support those patients.

President Oh maintained his motion after comments received and confirmed if members had additional comments. There were no additional comments from members.

**Support:6    Oppose: 0    Abstain: 1    Not Present: 3**

<b>Board Member</b>	<b>Vote</b>
Cameron Banks	Not present
Crowley	Yes
De La Paz	Yes
Koenig	Yes
Oh	Yes
Patel	Not present
Sanchez	Yes
Serpa	Yes
Thibeau	Not present
Weisz	Abstain

The Board took a break from 11:05 a.m. to 11:15 a.m. Roll call was taken after break. Members present included: Maria Serpa; Licensee Member; Jessi Crowley, Licensing Member; Jose De La Paz, Public Member; Kula Koenig, Public Member; Ricardo Sanchez; Public Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. A quorum was established.

**V.    Petitions for Reinstatement of Licensure, Early Termination or Other Modification of Penalty.**

Administrative Law Judge Erin Wall presided over the hearings. Petitions heard by members as a committee included:

- B. Ronald Hoang Ly, RPH 60309
- C. Christian Chalikias, RPH 68840

The Board took a break from 12:30 p.m. to 1:15 p.m. Roll call was taken after break. Members present included: Maria Serpa; Licensee Member; Jessi Crowley, Licensing Member; Jose De La Paz, Public Member; Kula Koenig, Public Member; Ricardo Sanchez; Public Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. A quorum was established.

- D. Amar Ravji Lunagaria, RPH 78523
- E. Ruth Mercy S. Magalit, RPH 62379

The Board took a break from 3:07 p.m. to 3:15 p.m. Roll call was taken after break. Members present included: Maria Serpa; Licensee Member; Jessi Crowley, Licensing Member; Jose De La Paz, Public Member; Kula Koenig, Public Member; Ricardo Sanchez; Public Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. A quorum was established.

- F. Clarence Lloyd, RPH 46890

## **VII, Closed Session**

Open session concluded at approximately 4:15 p.m. The Board entered into closed session at approximately 4:30 p.m. and ended closed session at 5:41 p.m. The Board Meeting concluded at approximately 5:42 p.m.