A Report to the Senate Business, Professions and Economic Development Committee

California State Board of Pharmacy

Sunset Review Report 2011

2011

CALIFORNIA STATE
BOARD OF PHARMACY

STATE OF CALIFORNIA

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DEPARTMENT OF CONSUMER AFFAIRS
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November 1, 2011

The Honorable Curren Price, Chair
Senate Committee Business, Professions and Economic Development
State Capitol
Sacramento, CA

Dear Senator Price:

On behalf of the California State Board of Pharmacy, it is my honor and privilege to present the board's *2011 Sunset Review Report.* This report has been prepared at the direction of the Senate Committee on Business, Professions and Economic Development in preparation for the board's 2012 review by the California Legislature.

The board is an active consumer protection agency that regulates a very essential and dynamic health care area – those who dispense, compound and transport prescription drugs and devices, and the quality of the related medication therapy provided. The board is the largest state board of pharmacy in the country, and reflective of California's leadership in many areas, has innovated a number of requirements and policies to ensure the quality and safety of medications for California's population. For example, through the actions of the board:

- California is the first state to require electronic pedigrees for prescription drugs that will be sold in California after 2016, a requirement that will protect against the introduction of adulterated or counterfeit drugs into the supply chain.
- California is the first state to require redesigned prescription container labels to emphasize information most important to consumers – offering an element of safety and consistency since prescription labels are the key source patients reference for information when taking medications in their homes. Part of this requirement also ensures that oral interpreter services are available to limited English speaking patients in pharmacies, to insure such patients have access to information about how to take their medications.
- California has identified the failure of the recall system to ensure removal of recalled medications from hospitals, emphasizing the need for better recall management within health care systems and ensuring dissemination of information about recalls to all licensed facilities immediately via the Internet.
- California has been the first state to partner with the federal Drug Enforcement Administration to co-host day-long seminars for pharmacists on knowledge they need to stop drug diversion of controlled substances from California pharmacies, information very necessary because prescription drug abuse is now responsible for more deaths than automobile accidents, and drug diversion from pharmacies is growing.
- California is the first state to aggressively deal with the unlawful purchase of prescription medication via the Internet by using its statutory authority to fine pharmacies $25,000 per prescription for supplying drugs without a prescriber-patient relationship.

- California is the first state to mandate pharmacists complete a structured 22 hour ethics counseling program for violations involving ethical lapses as one provision of their discipline.
- California has provided new avenues for educating consumers via the board's production of two educational videos for consumers on how to avoid becoming a victim of a medication errors and how to safely buy drugs from the Internet.

In recent years as the economy in California and the nation has declined, the board has been innovative in its thinking to ensure productivity while working within mandated executive orders that curtailed expenditures in ways that could have seriously impacted its activities. However, despite furloughs, travel and budget restrictions, mandatory budget reductions, while concurrently faced with a growth of 13 percent in applications since 2008/09 (and a 72 percent increase since 2001/02), the board has continued to operate at a high level of productivity. This has ensured the licensure of applicants within respectable – although not ideal -- time frames. With the expansion of the board's enforcement staff the board has been able to respond to increasing issues involving drug diversion, fraud and other serious violations, secure more immediate investigation of criminal convictions and arrests, and reinstitute greater numbers of random inspections to ensure the quality of pharmacists care provided to patients. But much work remains.

This report details the board's activities and efforts to ensure public protection, and to respond to the questions of the Senate Committee on Business, Professions and Economic Development. We appreciate the opportunity to work with the Legislature, the Administration and our stakeholders to further amplify our activities and improve our service to the people of California.

Sincerely,

Stan Weisser
President

Forward

This report is organized according to the 12 subject categories (or chapters) of questions provided in the sunset review survey document prepared by the Senate Committee on Business, Professions and Economic Development.

The information in this report is organized within each of the 12 chapters by headings that most often correspond to a specific question asked by the committee, although some additional information and overviews are also included. The information is provided in the order requested. However, the report is written in a narrative form, not in a question and answer format.

Tabular data requested by the committee is provided in the appendices in numeric order. Within the text of the report are additional summary data or displays not specifically requested by the committee. We have added these to clarify information for the committee.

The attachments chapter includes specific reports requested by the committee, and contains a copy of the sunset review questions at the front.

At the time that this report has been prepared, Chapter 11 is blank as this chapter is reserved for what will eventually be the committee's recommendations for the board, and the board's responses.

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Overview

OVERVIEW

The California State Board of Pharmacy is a consumer protection agency that regulates the individuals and businesses that dispense, compound, provide, store and distribute prescription drugs and devices and pharmaceutical services to the public or to other health care practitioners in compliance with state and federal law. The board's regulatory authority extends over individuals and firms located both within and outside California if they provide services into California. The importance of such services will continue to increase because as California's population ages, the number of prescription drugs dispensed will continue to grow, since patients typically take more medication as they age.

The board's mission is to protect and promote "the health and safety of Californians by pursuing the highest quality of pharmacists care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation, and enforcement." The board's vision is "Healthy Californians through quality pharmacists care." As a consumer protection agency, the board ensures that only those who possess prescribed requirements are licensed, seeks removal of licenses for those who don't comply with laws or maintain qualifications for licensure, investigates consumer complaints as well as provides a focused effort to ensure consumer education and awareness.

Prescription drugs are life-saving compounds that are potent poisons when inappropriately dispensed or administered. Sales of prescription drugs are also big business in California. In 2010, drug manufacturers sold $307.4 billion in prescription drugs nationwide. California, with about 10 percent of the nation's population, accounts for approximately $30.7 billion of these sales. In 2010, 325.8 million prescriptions were dispensed by community pharmacies to patients in California, a figure that does not include drugs administered to patients in hospitals or dispensed via mail order from outside California.

Despite the large numbers of prescription drugs dispensed each year, failure to take medications appropriately has been estimated nationally to impose $289 billion annually in direct and indirect costs. The board's public service role in this respect is to ensure that consumers are aware of their right to service within a pharmacy by an educated and proficient pharmacist as well as to promote and ensure patient information about how to take their prescription medicines. This leads to better patient understanding of medication regimens and improved health outcomes.

There is another serious consumer safety issue: misuse of prescription medicine is now the cause of more deaths than automobile accidents in the US. Prescription drugs, especially the narrow group known as controlled drugs, have high street value when diverted or misused. This spurs drives drug diversion within pharmacies, drug wholesalers and manufacturers, and is a source of board enforcement activities. Moreover, attempts to obtain medication at the lowest price, the opportunity to obtain medication via the Internet and periodic shortages

of much needed pharmaceuticals that inflate the prices of prescription drugs, drive unlicensed activity and create additional challenges for the board as a regulator.

Without quality prescription drugs and knowledgeable and accurate pharmaceutical care, all other health care dollars are wasted -- and a real threat to the public safety results.

Pharmacies and their staffs are the face of neighborhood healthcare. They contribute to overall community health, in part because they are immediately accessible, and contact with a highly educated health care provider -- the pharmacist -- is available without appointment.

Over the last few years, the board has seen more complex and increasingly high levels of major violations from pharmacies during its investigations. This fact is reflected in the diversity and complexity of the cases under the board's jurisdiction that it must prosecute. While few of California's pharmacies and other licensees exhibit the behavior described below, the board exists to investigate and discipline those few entities that must be monitored, inspected and investigated to ensure public protection.

For example:

- Drug diversion and theft from pharmacies is increasing, in part due to the poor economy, the high value prescription drugs have when sold outside the pharmacy, strong consumer demand for prescription drugs for abuse, low law enforcement prosecution rates and low penalties when prosecuted. The value of the drugs involved is substantial. As examples:
    - One California pharmacy diverted 450,000 hydrocodone pills from its stock to be sold on the street – where each pill was worth $5 – a value of $2.25 million.
    - A "trusted" board-licensed pharmacy technician working in a hospital ordered 250,000 hydrocodone pills under the pharmacy's license, which he then stole from the hospital and sold on the street. This was a drug the hospital didn't use in its facility; it took one year for the hospital to identify the problem.
    - One physician in Los Angeles referred teams of "patients" to a specific pharmacy over 40 miles away to fill the controlled substance prescriptions the physician wrote. The pharmacist failed to exercise his corresponding responsibility that prescriptions be written for a legitimate medical need. These "patients" would then sell their medications to several individuals (identified by law enforcement as gang members) for a portion of what they were worth, and then the buyers would take the drugs across the border to Mexico, where they were sold to pharmacies there. In an ironic twist, other Americans then would travel to Mexico, purchase the controlled substances for abuse reasons and then smuggle them

back into the US. The gang members made money for their gang, and the pharmacy also made a lot of money.
    - One chain store pharmacy in Los Angeles lost over 210,000 controlled drugs because a board-licensed pharmacy technician ordered them without the pharmacy's authorization, and removed them from a pharmacy without detection.
    - One pharmacy technician stole drugs from a Los Angeles pharmacy. This technician was later filmed by a news station in an undercover sting selling these drugs to individuals who responded his craigslist announcement to purchase Viagra.
    - A pharmacist filled prescriptions referred to the pharmacy by several "script" doctors, where again the pharmacy failed to exercise its corresponding responsibility, which resulted in the overdose deaths of three young adults in their twenties.
- "Recycling" previously dispensed medication to new patients by reselling medications returned to the pharmacy that had already been dispensed to other patients. For example:
    - A specialized pharmacy serving the needs of 6,000 patients in various skilled nursing facilities in Los Angeles was found to have overbilled MediCal $6 million for drugs. There were no records showing that that the quantity billed to MediCal had ever been purchased. During the board's investigation, it was identified that this pharmacy was accepting unused drugs back from skilled nursing facilities, removing them from their "bingo card" packaging, sorting them into paper cups and then redispensing them to other patients. Such redispensing is illegal.
    - Another Los Angeles pharmacy was found to be doing a similar practice of re-dispensing drugs returned from skilled nursing homes. During an inspection, the board found a hidden room behind a tapestry hanging in the pharmacy. The pharmacy hired day laborers from outside a Home Depot store to sort the drugs for redistribution to patients.
- Pharmacies filling orders for Internet drug dealers from consumers who do not have a legitimate prescription for the drug but purchase them from websites by completing a questionnaire. To combat this practice, the board is able to issue fines of $25,000 per prescription dispensed. In the last four years, the board has issued 50 citations totaling $605 million.
- Fraudulent billing and diversion by pharmacies that overbill Medicare, MediCal and other insurers by filing false claims.
    - A very recent joint investigation including the board, federal and state investigators involved pharmacists and other board licensees who were stealing the identities of MediCal patients and submitting claims for prescription medication that was never dispensed to the patient. Instead millions of dollars worth of expensive prescription drugs were diverted to wholesalers and routed back to the pharmacy where the pharmacists re-labeled and repackaged the

medication to bill MediCal for the same drugs again. The entities involved in this fraud are estimated to have submitted over $18 million in false claims. The board will discipline the pharmacists, pharmacies and wholesaler involved.

- Pharmacies are purchasing drugs that are not approved by the FDA for sale in this country and are illegally dispensing and selling them to patients because they are cheaper than drugs purchased from US wholesalers.
- Pharmacists who steal drugs for self use or to sell drugs to other pharmacies.
    - A husband and wife, both pharmacists, stole drugs from their various pharmacy employers and collected outdated drugs from other pharmacies under the guise to provide them to a reverse distributor for destruction. When investigated by the board, this couple had massive quantities of drugs stored in their home which is illegal.
- Patients receiving counterfeit drugs from California licensed pharmacies.
    - A patient on a monthly dose of brand name but low cost medication had her prescription filled by a chain store pharmacy. The pharmacy purchased this drug from one of the "big 3" wholesalers. The drug was counterfeit.
    - An HIV positive patient had his medication refilled from a California pharmacy. The patient experienced an unusual reaction that resulted in the medication being assayed and identified as substandard in strength. When investigated the board found a complex network of wholesalers and pharmacies buying drugs at below market prices from an illegally operating unlicensed wholesaler.
- Pharmacies are purchasing drug samples from prescribers as a lower cost source of medication for the pharmacy. In one investigation, the board found that the pharmacy issued "credits" to physicians in the nearby medical building, some of the "credits" were valued in excess of $20,000 for drug samples traded to the pharmacy.

Other major activities, initiatives and innovations:

Electronic Pedigree

The board has assumed a significant national leadership role in the area of preserving prescription drug integrity through its advocacy in sponsoring and securing legislation to require electronic pedigrees for all prescription medication dispensed in California after July 2017. Since 2004, the Senate Business, Professions and Economic Development Committee has strongly supported the board in this by authoring the three bills that established these requirements. Once in place, the requirements will make it difficult for drugs that have been counterfeited or adulterated to enter the supply chain. Additionally, pharmacies and wholesalers will have substantial difficulty in obtaining drugs from unlicensed sources without detection. Most importantly,

patients and prescribers can have greater trust they will receive efficacious medication from California pharmacies and wholesalers.

Implementation of this legislation will impact all drug manufacturers and wholesalers who sell and distribute drugs into California. The board will spend considerable effort over the next six years in securing regulations and implementation of these requirements. This will be a major undertaking for the board, one that has a national and international impact.

Drug Recall System Failure

In 2008, during a period within which five major recalls of the drug heparin occurred and more than 80 deaths were linked to use of the recalled drug, the board initiated inspections of California hospital pharmacies, where this drug is widely used. While initially expecting to find unlicensed activity and perhaps counterfeit heparin due to the shortage and skyrocketing prices of this much needed drug, the board instead quickly identified recalled heparin still in patient care areas in hospitals. Recognizing a potential public health emergency, the board inspected all 533 licensed hospital pharmacies in California and found recalled heparin still in 94 of them. The board cited and fined the hospitals. It then worked with the California Department of Public Health, FDA, associations, hospitals and pharmacists to ensure that drug delivery systems in hospitals were improved to prevent recalled drugs from remaining in patient care areas.

Combating Fraud

The board has also recently resumed opening inspections of pharmacies to ensure the facilities are ready to serve the public's health care needs before a license is issued. For over 10 years, the board had discontinued such inspections, but due to fraud that has crept into MediCal reimbursements, the board has reinstituted such inspections.

Consumer Complaints

Not all violations of law investigated by the board have drug diversion or fraud bases. The board also investigates lesser violations that are nevertheless important to the public health, including medication errors, failure to provide patient consultation, cleanliness of pharmacies and outdated medications that are not quarantined and could be dispensed.

Joint Investigations

The board also partners with a number of other agencies to secure public protection in matters where there is mutual jurisdiction. Some agencies where the board is currently working joint investigations include:

- California Department of Public Health
- California Department of Health Care Services

- California Department of Justice
- Federal Drug Enforcement Administration
- Federal Bureau of Investigation
- Federal Food and Drug Administration
- Local district attorneys offices
- Local police and sheriffs' departments

IN CLOSING . . .

Listed above are some of the major investigations and activities undertaken by the board that were not specifically described or highlighted in the rest of the report. The following pages detail more specific activities and respond to questions of the committee.

The fervor with which board members and staff pursue their duties on behalf of California's consumers unifies and empowers the board to reach excellence and achieve greater consumer protection, even while complying with somewhat frustrating but understandable constraints placed on state spending and mandatory work force reductions.

The board is grateful for the opportunity to serve the public in ensuring its health through the quality of prescribed medication delivered by board licensed providers.

Section 1

Background and Description of the Board and Regulated Professions

- Board Composition
- Major Changes and Challenges to the Board Since the Last Sunset Review
- Legislation Sponsored by the Board
- Legislation Impacting the Board
- Proposed Regulations Initiated
- Major Studies and Reports
- National Association Memberships

Related Appendices

- Appendix 1 – Table 1a. Board Member Attendance
- Appendix 2 – Table 1b. Board and Committee Roster
- Appendix 3 – Changes to Pharmacy Law That Have Occurred Since the Last Sunset Review (2002)
- Appendix 4 – Regulation Changes That Have Occurred Since the Last Sunset Review (2002)

Board Composition

The board is comprised of 13 members: seven pharmacists and six public members. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. The other 11 members (four public members and seven professional members) are appointed by the Governor.

Current Board Member Roster

Member Name (Including Vacancies)	Date First Appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Kajioka, Randy	12/17/2008	6/1/2011	Governor	Professional Registered Pharmacist
Weisser, Stanley	11/1/2007	6/1/2011	Governor	Professional Registered Pharmacist
Vacant				Professional Pharmacist member of labor union
Vacant				Professional Pharmacist Long Term Care/Skilled Nursing
Veale, Deborah	1/12/2010	6/1/2013	Governor	Professional Registered Pharmacist Chain Community Pharmacy
Badlani, Anil Hiro	12/20/2010	6/1/2012	Governor	Professional Registered Pharmacist Independent Community Pharmacy
Vacant				Professional Registered Pharmacist Acute Care
Zee, Tappan	1/13/2010	6/1/2013	Governor	Public
Lippe, Gregory	2/26/2009	6/1/2012	Governor	Public
Brooks, Ryan	10/28/2008	6/1/2012	Governor	Public
Wheat, Shirley	1/17/2008	6/1/2014	Governor	Public
Castellblanch, Ramón	4/22/2009	6/1/2012	Senate Rules	Public
Hackworth, Rosalyn	7/15/2009	6/1/2012	Speaker of Assembly	Public

Business and Professions Code section 4001 requires that at least five of the seven pharmacist appointees must be actively engaged in the practice of pharmacy. The board must include at least one practicing pharmacist from each of the following settings:

- acute care hospital
- independent community pharmacy
- chain community pharmacy
- pharmacist member of a labor union that represents pharmacists
- long-term care or skilled nursing facility

All board members actively participate in board activities. The composition of the professional members of the board required by law helps to ensure knowledge from all practice settings when developing board policy for protecting the public. Regardless of background all board members represent the public.

Appendices 1 and 2 contain tables documenting board member appointments, terms, committee assignments and attendance. (Table 1a - Board Member Attendance and Table 1b – Board and Committee Roster)

Board Committees and their Functions

The board performs much of its work in committees. These committees develop policies that advance mission-related goals. Some committees are standing committees, others are task force ad hoc committees formed to examine a specific topic, and then disbanded following completion of the task. The board also has one specialized standing committee with responsibility for the development of the California pharmacist licensing examination (Competency Committee).

The board's strategic plan establishes five standing committees (described below) through which the board establishes its goals and organizes its activities in pursuit of ensuring the public health, safety, and welfare, and provision of quality pharmacists' care. The board manages, plans, and tracks its operations through its strategic plan, which is annually updated and periodically reassessed (about every five years). Currently, the board is finalizing its plan for the next five years.

Licensing Committee

General items under the purview of this committee include ensuring the professional qualifications of licensees entering the practice of pharmacy and establishing the minimum standards for board-licensed facilities. This committee also ensures ongoing practice standards.

Current members are:

Greg Lippe, Chair, Public Member
Debbie Veale, Pharmacist Member
Ryan Brooks, Public Member
Rosalyn Hackworth, Public Member

Enforcement Committee

This committee exercises oversight of all pharmacy activities and protects the public by preventing violations and effectively enforcing federal and state pharmacy laws when violations occur.

Current members are:

Randy Kajioka, Chair, Pharmacist Member
Greg Lippe, Public Member
Anil Badlani, Pharmacist Member
Tappan Zee, Public Member

Communication and Public Education Committee

This committee ensures publication of information to consumers, encouraging the public to discuss their medications with their pharmacists, emphasizing the importance of patients complying with their prescription treatment regimens, and helping consumers become better informed on subjects of importance to their drug therapy and health. The committee also ensures the development of educational materials for licensees describing new laws, policies and emerging issues.

Current members are:

Ryan Brooks, Chair, Public Member
Shirley Wheat, Public Member
Rosalyn Hackworth, Public Member
Debbie Veale, Pharmacist Member
Ramón Castellblanch, Public Member

Legislation and Regulation Committee

This committee ensures that the board advocates legislation and promulgates regulations that advance the board's vision and mission.

Current members are:

Shirley Wheat, Chair, Public Member
Ramón Castellblanch, Public Member
Tappan Zee, Public Member
Debbie Veale, Pharmacist Member

Organizational Development Committee

This committee ensures the achievement of the board's mission and goals through organizational support and review as well as conducts strategic planning, budget management, and staff development activities. The membership of this committee, which does not typically meet publicly, is comprised of the president and vice-president of the board.

Current members are:

Stan Weisser, President, Professional Member
Randy Kajioka, Vice-President, Professional Member

Committee Membership

Each of these committees is comprised of at least four board members with the exception of the Organizational Development Committee. Each committee typically meets quarterly prior to each board meeting and provides a report and minutes of the committee meeting during each board meeting. However, during the past several years, to curtail travel expenses and in response to staffing challenges created by furloughs, the board has reduced the number of committee meetings each year.

The board's committees allow board members, staff and the public to discuss and conduct in-depth problem-solving of issues related to the board's jurisdiction. They provide the board with a deliberative process to consider when implementing policy and encourage public input.

The board president designates one of the board members assigned to a committee as the committee's chairperson. The chairperson coordinates the committee's work, leads the meetings, and ensures progress toward the board's priorities.

After detailed study of an issue during one or more committee meetings, the committees refer policy decisions to the full board for a formal decision and vote. During these discussions at board meetings, the public is again encouraged to participate and provide comments. Committee decisions do not become board policy until the topic is publicly noticed and discussed at a board meeting and voted upon by the full board.

During public committee meetings, comments from the public are strongly encouraged. The meetings themselves are frequently public forums on specific issues before a committee.

Subcommittees

In addition to the five strategic committees, the board occasionally establishes subcommittees to closely study an issue that is complex, innovative or controversial. The subcommittee structure works well for allowing a very thorough and specific discussion on a topic. The subcommittee also meets in public and encourages public participation in the discussion. This involves the release of an agenda before a meeting and minutes of the meeting prepared which are shared at the next board meeting.

Recent examples of subcommittees formed by the board are:

- Work Group on E-Pedigree
- Subcommittee to Evaluate Drug Distribution in Hospitals
- Senate Bill 472 Medication Label Subcommittee
- Subcommittee on Medicare Drug Benefit Plan

- Compounding Regulation Subcommittee

Competency Committee

The board's Competency Committee develops and grades the board's pharmacist licensure examination, the California Practice Standards and Jurisprudence Examination for Pharmacists. Membership on this committee is highly selective, professionally challenging, and time-consuming. Members meet seven times annually in two-day meetings.

The Competency Committee is a stand-alone committee within the auspices of the board's Licensing Committee; one board member attends committee meetings and provides updates on the status of the board's pharmacist examination during board meetings. The board member is also the board's liaison to the committee.

Achieving a Quorum

Business and Professions Code section 4002 specifies that seven members of the board must be present to take action. To minimize scheduling conflicts and secure meeting space, the board schedules meetings for the coming year typically during the April or July board meeting. Sometimes the board needs to reschedule a meeting or schedule an additional meeting to meet operational needs and emergent issues. Members are polled for their availability to attend a meeting, and sometimes it is difficult to ensure that a quorum of the board will be available. This is in part due to vacant positions on the board.

The board has not had to cancel a meeting because of a lack of quorum; however, on occasion, action items before the board must be delayed for a period of time during meetings until there is a quorum of the board present. A recent example occurred on September 7, 2011, when the board was unable to take action on an agendized item for over an hour, while awaiting the arrival of two board members.

Major Changes and Challenges since the Last Sunset Review

1. Internal Changes

Expanded use of Citation and Fine
Over the years the board has expanded its use of the citation and fine program to address compliance issues involving board licensees.

Recognition of Pharmacists Licensed 50 Years
In 2005, the board began recognition of pharmacists who have been licensed with the board for at least 50 years for their contribution to patient health and welfare. Once a pharmacist reaches 50 years of licensure with the board, he or she is sent an acknowledgement letter and invited to a future board meeting where he or she can be publicly recognized. To date, over 500 pharmacists have reached this milestone.

Innovative Solutions

Going Paperless - In response to a purchasing restriction several years ago, the board transitioned to paperless board and committee packets as a way to conserve board resources. This one change has resulted in almost $20,000 savings in two years in materials and postage expenses, and saved even more in labor costs. This efficiency has been adopted by other boards within the department that have also gone paperless for board packets.

Subscriber Alerts - In January 2005, the board established a service to notify anyone who is interested in receiving e-mail alerts about major updates to the board's website. This service became mandatory in 2010 when all licensed premises were required to join the subscriber alert system. By so doing the board can now immediately contact these licensees to alert them about drug recalls, emergency response issues and items of lesser importance.

The updates also include information related to when:

- Regulations are implemented or released for public comment
- Board newsletters are published
- Agendas about public meetings are released
- Questions and answers about new laws are added
- Board actions from board meetings are available

This system allows the board to reach all of its licensees with important information immediately and at virtually no cost.

2. Budget Restrictions

Several budget reduction measures have been imposed on state agencies – general fund and special fund alike. As an agency within the executive branch of the government, the board understands the need to reduce spending and achieve savings. However, some of the restrictions have resulted in additional expenditures to the board, impeded applicants' ability to obtain a license, and slowed enforcement processes. The board notes that these changes have occurred at a time that applications have increased 13 percent over the past three years. Provided below is a list of such cuts and the impact to board operations.

Hiring Freeze – Since July 31, 2008, the state has been operating under hiring restrictions. Although there is now an exemption process to the freeze, the board continues to have about a 25 percent vacancy rate in its staff which it cannot replace. This freeze has greatly impacted the board, its applicants, and its licensees. For example, because of vacancies in licensing staff positions coupled with a substantial increase in the number of applications received, the board is struggling to process and cashier

pharmacy technician applications in a timely manner. It is taking the board over 75 days to process applications from the date of receipt and significantly more time to resolve any deficiencies identified. The board redirects staff where possible to perform these functions on a short term basis, but such redirection impacts other applicants seeking licensure as a pharmacist or pharmacist intern. The consequence of delays in processing is that the board impedes the careers of new licensees. The board receives weekly calls from unhappy applicants as well as others expressing concern about the delay and advising the board about lost employment opportunities. This is frustrating to the board, its managers and staff. The board cannot process its applications more quickly without a waiver to the current hiring freeze, from which the board continues to request exemptions.

The board's highest vacancy rate is among its inspector staff. This is of great consequence because the result is longer investigation times, which conflicts with the board's mandate to conduct timely investigations to achieve public protection. The board has had some success in obtaining hiring freeze exemptions to fill a portion of these vacant positions, yet still has 15 positions vacant.

Reduction in Operating Expenses – In June 2009, the board was required to reduce its operating expenses as were other agencies. This reduction amounted to $301,145 in the board's budget.

Other Budget Reductions – In addition to the budget restrictions highlighted above, additional budget reduction measures have been instituted that have impacted the board's performance and operations including:

- Fleet Reductions
- Cell Phone Reductions
- Travel Restrictions
- Furloughs

3. Relocation

In December 2005, the board's office relocated from downtown Sacramento (400 R Street) to the new DCA headquarters in north Sacramento. There was some disruption to board services during the transition to the new offices but the board worked to minimize its impact to licensees and consumers.

4. Criminal Conviction Unit

For years the board has fingerprinted all applicants for licensure, including owners and officers of premises.

Until January 2009, the board lacked dedicated personnel to investigate the majority of the arrest and conviction notifications received from the California Department of Justice. To ensure the thorough, complete and expedient review of convictions and arrests of board applicants and licensees, the board established a Criminal Conviction Unit in 2009 to investigate arrest and conviction information received regarding board licensees and applicants.

The results of this unit underscore the work the board can achieve when the appropriate resources are allocated to a need, as demonstrated below:

As of July 1, 2009, there were 1,708 conviction and arrest investigations pending. On June 1, 2010, that number was reduced to 629 investigations pending with over 1,900 cases completed.

On the right is a snapshot of the final disposition of those cases.

Criminal Conviction Outcome	
Referred for Formal Discipline	190
Citation and Fine Issued	112
Letter of Admonishment Issued	152
Closed Subject Advised of Violation	633
Closed No Further Action	785
Closed Referred to Pharmacist Recovery Program	2
Closed Other	30
Closed No Violation	1
Total	1,905

5. Change in Leadership

In July 2006, Virginia Herold was appointed as the board's interim executive officer. Ms. Herold was appointed executive officer in January 2007, following a nationwide recruitment and interview process. Coming to the position with a thorough understanding of the board, its activities and operations, Ms. Herold has led the board through various challenges and successes over the past five years.

6. Strategic Planning

The board is currently revising its strategic plan and will complete the process by January 2012. The current plan was revised in 2006.

Board Sponsored Legislation

Consumer protection is more than enforcing licensing standards and initiating enforcement actions. It includes devising and implementing prevention strategies for the misuse of dangerous drugs and devices, and eliminating unnecessary barriers to access to vital health care resources. As a regulator of a dynamic profession, it is necessary for the board to maintain vigilance to ensure outdated laws are updated or repealed, and new laws, reflecting new practices or

responding to emerging issues, are enacted. Legislation and regulations involving licensing and enforcement activities of the board must be continually evaluated to ensure that minimum standards for competency in the profession are set and maintained.

Legislation and promulgation of regulations are necessary to keep Pharmacy Law current. Health care continues to undergo dramatic changes as new technology and new medications offer innovations that may be too expensive to use because of the greater economic pressure to hold down the costs of health care. Emerging technology that can provide enhanced health care at lower overall expense to the health care system sometimes cannot be used without changes in law. Emerging enforcement matters and health care issues also are the impetus for board-sponsored legislative proposals. Issues in public health or board initiatives frequently necessitate a legislative or regulatory response.

A complete listing of all changes to Pharmacy Law is since 2002 is provided as Appendix 3.

2007

This year the board sponsored provisions in SB 1048 (Senate Committee on Business, Professions and Economic Development, Chapter 588, Statutes of 2007), which was the committee's omnibus bill. These provisions included:

- Authority for the board to extend intern licenses up to two years,
- Authority for the board to issue citations and fines, and letters of admonishment, for violations involving drug repository and distribution programs,
- Extension of bonding requirements for drug wholesalers,
- Authority for board inspectors to label and remove from commerce drugs that are misbranded.

2008

The board sponsored SB 1307 (Ridley-Thomas, Chapter 713, Statutes of 2008), which amended California's electronic pedigree requirements for prescription drugs. This law, originally enacted in 2004, establishes requirements to prevent counterfeited and adulterated drugs from entering the pharmaceutical supply chain if they will be sold in California by requiring an e-pedigree started by the manufacturer, which is appended as the drug is sold from manufacturer to wholesaler to pharmacy. This is a major, high profile law, specific to California for which the board has been the active sponsor, with the strong support of the committee, since 2004. The law was amended this year to resolve implementation issues that involve the e-pedigree requirements, specifically to stagger and extend the implementation dates for e-pedigree compliance, establish grandfathering of existing stock in the supply chain, allow the board to establish criteria for

inference, and preempt California's requirements if federal legislation is enacted in this area.

The board also sponsored provisions in SB 1779 (Committee on Business, Professions and Economic Development) a committee omnibus bill. This bill was vetoed by the Governor for reasons unrelated to the board's provisions.

2009

The board sponsored SB 470 (Corbett, Chapter 590, Statutes of 2009) to allow that the "purpose" of a prescribed medication be placed on a prescription drug container label dispensed to a patient if the prescriber adds it to the prescription document. This provision was a complement to the board's efforts to develop requirements for patient-centered prescription labels.

The board sponsored AB 1071 (Emmerson, Chapter 270, Statutes of 2009) to modify the board's fee structure. AB 1071 adjusted application and renewal fees to ensure that the Board of Pharmacy has sufficient funds to fulfill its statutory obligations as a consumer protection agency. The measure also built in a cap to increase future fees by no more than 30 percent.

The board sponsored provisions in SB 819 (Yee, Chapter 308, Statutes of 2009). This measure contained provisions carried by the committee in the prior Legislative Session (SB 1779).

These provisions include those that:

- Permit establishment of a mobile pharmacy during a declared emergency in impacted areas,
- Clarify that a pharmacist working in a wholesale premises does not need to be separately licensed as a designated representative,
- Require that a designated representative must receive orders from another wholesaler.

The board also sponsored provisions in SB 821 (Committee on Business, Professions and Economic Development, Chapter 307, Statutes of 2009), another omnibus bill.

These provisions include those that:

- Require any board-licensed premises to maintain registration with the board's e-mail notification system, enabling the board to immediately contact all premises via email alerts,
- Establish specific requirements regarding pharmacists-in-charge.

The board sponsored AB 977 (Skinner) to pursue a statutory change to allow a pharmacist to initiate and administer immunizations pursuant to a protocol. AB 977 would have allowed specially trained pharmacists to administer influenza immunizations to any person 18 years of age or older pursuant to protocols developed jointly by the Board of Pharmacy and the Medical Board of California. The measure was a two-year bill that was not enacted.

2010

The board sponsored provisions in SB 1489 (Senate Committee on Business, Professions and Economic Development, Chapter 653, Statutes of 2010). This bill contained omnibus provisions for the board that:

- Restore provisions inadvertently sunsetted to require those who fail either pharmacist licensure exam four times to take remedial education in a school of pharmacy,
- Corrected outdated names of several California state agencies.

2011

The board sponsored SB 431 (Emmerson, Chapter 646, Statutes of 2011) to secure enforcement program enhancements that:

- Specify that a pharmacy will report to the board within 14 days any evidence of a licensee's theft or impairment. It will also require a pharmacy to submit information to the board within 30 days thereafter describing the scope of any suspected drug loss from the pharmacy.
- Specify the time period within which records must be provided to the board when requested by an inspector or authorized representative of the board.
- Prohibit a nonresident pharmacy from allowing a pharmacist, whose license has been revoked in California, from providing pharmacist-related services to Californians.

The board sponsored one provision in SB 943 (Senate Committee on Business, Professions and Economic Development, Chapter 350, Statutes of 2011) to remove an outdated reference regarding the board's examination for pharmacists.

Legislation Impacting the Board

The board responds to the legislative proposals of others, not by sponsoring the proposal but by providing technical assistance to aid implementation or by supporting those proposals that advance or opposing those that compromise the board's consumer protection mandate. This is a key advocacy role for the board.

2007 Legislation with Board-Approved Positions

SB 472 (Corbett, Chapter 470, Statutes of 2007) mandated that the board develop regulations standardizing the prescription container label. The bill required the board to hold a series of public meetings to elicit comments and suggestions about how to standardize the prescription label and make it patient-centered. The legislation required that the standardized label be in place no later than January 1, 2011.
Board position: Support

SB 966 (Simitian, Chapter 542, Statutes of 2007) established voluntary pharmaceutical drug take-back programs.
Board position: Support

AB 110 (Laird, Chapter 707, Statutes of 2007) allows the use of general fund money to purchase needles for needle exchange programs.
Board Position: Support

AB 249 (Eng) would have prevented all health care practitioners from including a "gag clause" in a civil action settlement. This measure was vetoed by the Governor.
Board Position: Support

AB 543 (Plescia) would have standardized the licensing requirements for ambulatory surgical centers and would have allowed the board to issue clinic licenses to clinics that were Medicare Certified or accredited. This measure was vetoed by the Governor.
Board Position: Support

AB 1025 (Bass) would have prohibited the board from denying an application for licensure or pursuing administrative action against a licensee for a conviction that has been set aside under certain circumstances. This measure was vetoed by the Governor.
Board Position: Oppose

SB 615 (Oropeza) would have established a scholarship and loan repayment program for pharmacy technicians. This measure was vetoed by the Governor.
Board Position: Oppose

2008 Legislation with Board-Approved Positions

AB 1394 (Krekorian, Chapter 431, Statutes of 2008) Counterfeit: Trademarks
This bill modifies the system of penalties and fines related to criminal counterfeit trademark infringement.
Board Position: Support

AB 501 (Swanson and Hancock) would have required a pharmaceutical manufacturer whose product is administered through a syringe to provide a

postage prepaid mail-back sharps container for safe disposal of the used device, or storage and transport to a sharps consolidation location. This measure was vetoed by the Governor.
Board Position: Support

AB 1574 (Plescia) would have expanded the board's licensing authority to issue a clinic permit to an entity that is Medicare certified or accredited by a recognized agency, would have required the board to perform periodic inspections, and would have established a self-assessment requirement. This bill was vetoed by the Governor.
Recommended Position: Support

2009 Legislation

AB 718 (Emmerson) would have required that every licensed prescriber or pharmacy operating in California have the ability, on or before January 1, 2012, to transmit and receive prescriptions by electronic data transmission. This bill failed passage.
Board Position: Support

AB 830 (Cook, Chapter 479, Statutes of 2009) replaced various drug compendia referenced in law.
Board position: Support

2010 Legislation

AB 2104 (Hayashi, Chapter 374, Statutes of 2010) added a requirement that the director of the DCA approve the board's appointment of the executive officer.
Board Position: Oppose

AB 2077 (Solorio) would have allowed a centralized hospital pharmacy to prepare unit-dose medications for multiple hospital locations owned by the same entity, provided every unit-dose was barcoded to prevent medication errors. This measure was vetoed by the Governor.
Board position: Support

2011 Legislation

AB 377 (Solorio) would have allowed a centralized hospital pharmacy to prepare unit-dose medications for multiple hospital locations owned by the same entity, provided every unit-dose was barcoded to prevent medication errors. This is a two-year bill.
Board Position: Support If Amended

SB 315 (Wright) would classify pseudoephedrine as a prescription drug. This is a two-year bill.
Board Position: Support

SB 541 (Price, Chapter 339, Statutes of 2011) authorizes boards to enter into an agreement with expert consultants to provide enforcement and examination assistance under abbreviated contracting provisions.
Board Position: Support

AB 389 (Mitchell) would impose specified requirements on providers of blood clotting products used for the treatment and prevention of symptoms associated with bleeding disorders, including all forms of hemophilia. This is a two-year bill.
Board Position: Oppose

AB 604 (Skinner, Chapter 744, Statutes of 2011) authorizes, until January 1, 2019, the Department of Public Health to approve certain entities to provide hypodermic needle and syringe exchange services in any location where the department determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes.
Board Position: Support

SB 41 (Yee, Chapter 738, Statutes of 2011) allows, until January 1, 2015, a physician or pharmacist to furnish 30 or fewer hypodermic needles and syringes solely for personal use to a person 18 years of age or older.
Board Position: Support If Amended

SB 514 (Simitian, Chapter 199, Statutes of 2011) makes it illegal to sell dextromethorphan to a person under the age of 18 without a prescription.
Board Position: Support

AB 1424 (Perea, Chapter 455, Statutes of 2011) requires the State Board of Equalization and the Franchise Tax Board to each make available a list of the 500 largest tax delinquencies at least twice each calendar year. This bill requires that a license on this list may be suspended for failure to pay tax delinquencies.
Board position: Oppose

Proposed Regulations Initiated

Since the last Sunset Review, the board has promulgated a number of regulation changes. Provided below are highlights of some of the major regulation changes. A full listing of the regulation changes initiated is provided in Appendix 4.

California Code of Regulations Sections 1793.7 and 1793.8
In 2006, the board promulgated a regulation change to authorize a specially trained pharmacy technician to check the work of another pharmacy technician for specified tasks in acute care hospital. The regulation sets forth the conditions under which this can be done, and requires that a pharmacist is responsible for the work of the technicians.

California Code of Regulations Sections 1713 and 1717
In 2007, the board initiated a rulemaking to authorize the use of "automated delivery devices" adjacent to licensed pharmacy premises to deliver refill medications to patients if they so choose, under specific conditions.

California Code of Regulations Section 1735 et seq., 1751 et seq.
In 2009, the board initiated a rulemaking to establish requirements for the compounding of prescription medicine and revise the requirements for compounding sterile injectable drug products. These requirements took effect in 2010.

California Code of Regulations Section 1707.5
In 2009, the board initiated a rulemaking to establish requirements for a standardized patient-centered prescription label that must be used on all medications dispensed in California and to ensure that interpretative services are available to patients in California pharmacies. These requirements took effect in 2011.

California Code of Regulations Section 1707.2 and 1707.6
In 2011, the board initiated a rulemaking to revise the Notice to Consumers requirements for posting specific information in pharmacies on board provided posters. The new notice incorporates language informing consumers of their rights to receive specified services regarding prescription labels and interpretative services.

Major Studies Conducted by the Board

Since the last Sunset Review, the board has completed comprehensive reviews in several areas that impact the board's operations or pharmaceutical care. The results of these reviews were generally incorporated into public reports. A list of these reports is provided below. Copies of the full reports and outcomes can be obtained from the board.

List of Reports

A Job Analysis Study of California Pharmacists, 2005 – Beginning in 2004, the board conducted a study on the practice of pharmacy as a way to validate the California Pharmacists Licensure Examination. This study was done consistent with the provisions of Business and Professions Code (B&PC) Section 139. The results of the survey were used to update the content outline of the CPJE.

A Job Analysis Study of California Pharmacists, 2009/10 – Beginning in December 2009, the board again initiated a study on the practice of pharmacy consistent with the provisions of B&PC 139. The results of this survey resulted in slight modifications to the content outline of the CPJE.

Final Report: Addressing Drug and Device Recalls in Hospitals – In response to a series of drug recalls for the product heparin, the board conducted targeted inspections of hospitals to confirm that recalled product was no longer being used. These inspections were conducted in the spring of 2008. The board inspected 533 hospitals and identified 94 hospital pharmacies with recalled heparin still within the facilities, two to three months following the last recall. The findings resulted in appropriate enforcement action, but also highlighted weakness in the drug recall system. To address the system problem, throughout 2009, the board convened a two-board member task force to work with relevant associations, regulators, hospitals, wholesalers and patient advocates on ways to improve recalls, and other changes needed to provide for improved drug distribution and control within a hospital. Three public meetings were held statewide. A document establishing the parameters for recalls in hospitals was one major outcome of these meetings.

Emergency Response Policy Statement - In 2006-2007, the board spent considerable time developing a strong emergency response policy statement to ensure that patients will receive their needed prescription medication during times where normal pharmacy services may be disrupted. The board was vigorously involved in disaster response planning following the Katrina emergency, and the board's emergency response policy for pharmacies and wholesalers, publicly released in 2007, has been referenced by the Department of Public Health as a model for other professions. The policy, which is supported by provisions in California Pharmacy Law sponsored by the board, allows the board to waive Pharmacy Law provisions in time of declared public health to ensure care of the patient.

Fee Audit 2009 – In 2008 the board commissioned an independent audit of the board's fees. This audit was undertaken in part to ensure that fees are set at the appropriate levels with respect to the expenses of providing services. This audit involved a cost allocation of all duties to ensure that fees are appropriately allocated to the time and cost required to provide the service.

Legislative Reports

Legislative Program Overview - At the request of Assembly Member Hayashi, the board prepared a report detailing the board's legislative activities for a two-year period.

Prescription Drug: Labeling Requirements (January 2010) – Pursuant to The California Patient Medication Safety Act (Chapter 470, Statutes 2007) the Board of Pharmacy was charged with the promulgation of regulations 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. The report provided by the board summarized the board's efforts to implement these regulations.

Report on the Requirement that Candidates Failing the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) Four Times Must Obtain Additional

Education in Pharmacy. - Pursuant to California Business and Professions Code section 4200.1provide the following report detailing the impact of requiring candidates for pharmacist licensure who fail the licensure examination four times to take remedial education before they can retake the licensure examination

Major Publications Produced

Disciplinary Guidelines – Consistent with requirements of the Administrative Procedures Act, the board revised its *Disciplinary Guidelines* in 2005 and 2009. These guidelines are used by the board and administrative law judges as formulating disciplinary settlements.

Strategic Plan for the California State Board of Pharmacy 2006-2011.

Health Notes – "Alternative Medicines" and "Drug Therapy Considerations in Older Adults." Both publications served as a comprehensive monograph for pharmacists and other health care providers to share important information on topics of importance to their patients. Pharmacists were awarded continuing education credit for completion of a written associated with the content.

The Script – Since January 2002, sixteen issues of have been published. These newsletters provide an important method for the board to communicate with licensees. The articles are updates on pharmacy laws and regulations, answers to questions frequently asked of the board as well as best practices.

E-Prescribing of Controlled Substances – Guidelines for Pharmacies and Prescribers. This guidance document summarizes complex and detailed federal requirements for the e-prescribing of controlled substances and presents the material in a comprehensible format.

"Avoiding Medication Errors" and "Purchasing Drugs from the Internet." Are consumer videos developed by the board for the public. Both of these videos are available on the board's website.

NATIONAL ASSOCIATION MEMBERSHIPS

The board is a member of the National Association of Boards of Pharmacy. As a full member, the board has one vote in matters before the association.

The board is also a member of the National Council on Patient Information and Education and the Council on Licensure, Enforcement and Regulation. While a member, the board does not have voting privileges for either of these memberships.

Meetings of National Associations Attended:

- NABP (May 2007) – Portland, Oregon
- NABP (May 2008) – Baltimore, Maryland

- NABP (May 2009) – Miami, Florida
- NABP (May 2010) – Anaheim, California

National Exam Involvement

The board does not have representation on the national exam committee, but former Competency Committee members (who develop the California exam) participate in the scoring and analysis of the NAPLEX. The board is otherwise not involved.

SECTION 2

Performance Measures and Customer Satisfaction Surveys

- DCA Performance Measure Report
- Customer Satisfaction Online Survey Results

Related Appendices

- Appendix 5 – DCA Quarterly Performance Measure Reports

DCA Performance Measure Report

The Department of Consumer Affairs reports quarterly statistics detailing its performance measures. Provided below are the annual performance measures for 2010/2011. The quarterly performance measure reports are provided in Appendix 5.

Department of Consumer Affairs
California State
Board of Pharmacy

Performance Measures

Annual Report *(2010 – 2011 Fiscal Year)*

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the first four quarters worth of data.

Volume

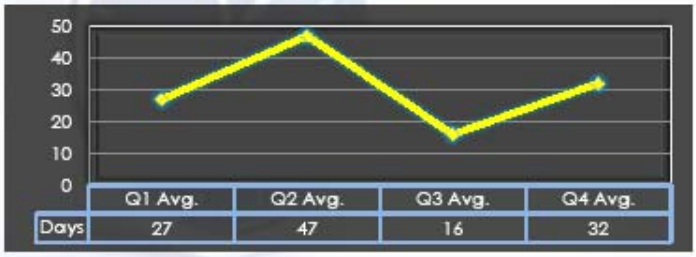
Number of complaints and convictions received.

The Board had an annual total of 2,767 this fiscal year.

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

The Board has set a target of 20 days for this measure.



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

The Board has set a target of 210 days for this measure.

Formal Discipline

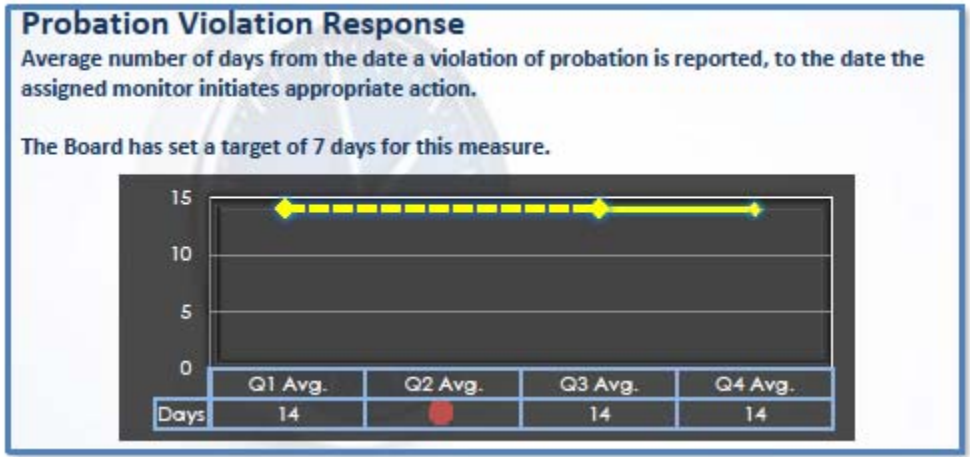
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

The Board has set a target of 540 days for this measure.

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board has set a target of 30 days for this measure.



Consumer Satisfaction Online Survey Results

To obtain information on consumer satisfaction, the board attempts to reach complainants through an online survey as well as by telephone. However, the board has experienced great difficulty in receiving comments from consumers either way. For example in 2010/11, over 150 telephone calls to complainants were made, but discussion occurred only with 14 parties. Board staff was hesitant to leave voice-mail messages when the complainant did not answer the phone because of privacy issues. The summary results of these 14 telephone surveys are:

- 85 percent of the complaints were submitted online
- 50 percent of the complainants indicated they were satisfied with the outcome
- 78 percent indicated that they would again contact the board with a complaint
- 86 percent indicated that they would recommend contacting the board to a friend or family member facing a similar situation

The board also has an online satisfaction survey for complainants. These results are provided below from 35 respondents:

Complaint Survey SurveyMonkey

1. Was information on how to file a complaint easy to find on the Board's web site?

	Response Percent	Response Count
Yes	93.9%	31
No	0.1%	2
answered question		33
skipped question		2

2. Did information on our website answer your question about how to file a complaint and what to expect during the process?

	Response Percent	Response Count
Yes	81.8%	27
No	18.2%	6
answered question		33
skipped question		2

3. Was the complaint form easy to use?

	Response Percent	Response Count
Yes	93.9%	31
No	6.1%	2
answered question		33
skipped question		2

4. Were you satisfied with the outcome of your complaint?

	Response Percent	Response Count
Yes	55.9%	19
No	44.1%	15
answered question		34
skipped question		1

5. Was your complaint handled in a timely manner?

	Response Percent	Response Count
Yes	58.8%	20
No	41.2%	14
answered question		34
skipped question		1

In efforts to secure greater feedback, the board now encloses in complaint closure letters a self-addressed, stamped postcard using the DCA's survey questions.

SECTION 3

Fiscal and Staff

- Fund and Reserve Requirements
- Budget Change Proposals
- Future Fee Increases and Current Fees
- Origin of Board Revenue
- Renewal Cycles and Fee History
- General Fund Loans
- Program Expenditures
- Board Staffing
- Staff Development
- Organizational Charts

Related Appendices

- Appendix 6 – Table 2. Budget Change Proposals
- Appendix 7 – Table 3. Fee Schedule and Revenue
- Appendix 8 – History of Fee Changes
- Appendix 9 – Table 5. Expenditures by Program Type
- Appendix 10 – Year End Organizational Charts

Fund and Reserve Requirements

Business and Professions Code section 4400(p) provides codified legislative intent language that states the board shall maintain a reserve equal to approximately one year's operating expenditures, currently about $14.4 million. At the beginning of fiscal year 2011/12, the board's current reserve level is at 11.6 months, just slightly under the one-year minimum established.

Fund Condition (Table 4)						
(Dollars in Thousands)	**FY 2007/08**	**FY 2008/09**	**FY 2009/10**	**FY 2010/11**	**FY 2011/12**	**FY 2012/13**
Beginning Balance	**$11,083**	**$10,932**	**$10,900**	**$12,411**	**$13,796**	**$11,412**
Total Revenue	$8,721	$10,100	$10,783	$12,133	$11,884	$11,829
General Fund Loan	N/A	$1,000	N/A	N/A	N/A	N/A
Budget Authority	$9,383	$9,726	$10,648	$13,470	$14,197	N/A
Expenditures	$8,920	$9,031	$9,272	$10,748	$14,197	$14,623
Fund Balance	**$10,884**	**$11,001**	**$12,411**	**$13,796**	**$11,412**	**$8,618**
Months in Reserve	**14.5**	**14.2**	**13.9**	**11.6**	**9.4**	**6.9**

Table represented in thousands of dollars.

Budget Change Proposals

The board continually evaluates its programs to redirect its resources and redesign its processes to achieve efficiencies and to identify changes that will benefit the board's consumer protection mandate. This has been especially necessary during recent years to respond to budget reductions and restrictions. Sometimes improvements identified may require an augmentation to the board's spending authority via a budget change proposal.

Over the past several years, the board has balanced the need for additional resources against the fiscal crisis affecting all of California and the U.S. To that end, the board has only submitted a few budget change proposals (BCPs). Appendix Six contains Table 2 (Budget Change Proposals), listing BCPs.

Successful BCPs include:

- Funding for a pay differential for board inspectors and supervising inspectors. This has allowed the board to recruit and retain quality pharmacists from the private sector who serve as the board's investigators and expert witnesses.
- Adding 6.5 staff to establish a criminal conviction unit to review arrests and convictions of applicants and licensees.

- Adding two staff positions in the licensing unit to process applications, addressing the significant workload increase in the unit over the last few years.
- Joining the DCA-wide Consumer Protection Enforcement Initiative and receiving 22 full time inspectors and a half-time, limited-term analyst, to reduce investigation and enforcement prosecution times to 18 months or less.

Future Fee Increases & Current Fees

According to current budget projections of the DCA, a fee increase will not be necessary until fiscal year 2014/15. The board's fees are all at the statutory minimum level, so a future fee increase would most likely be done through the regulation process.

To ensure that the board and its stakeholders are aware of the board's financial condition, a fund condition report is provided at each quarterly board meeting. The board will only seek a fee increase when absolutely necessary to ensure the financial needs of the board.

Appendix 7 contains Table 3 (Fee Schedule and Revenue) that provides a full listing of all board fees as well as historical information about the fee schedule. A summary of the board's current fees is provided below.

Current Fees By License Type			
Fee	**Application Fee**	**Renewal Fee**	**Delinquent Fee**
Clinic Permit	400	250	125
Designated Representative Certificate - Wholesalers	255	150	75
Designated Representative Certificate - Veterinary Food-Animal Drug Retailers	255	150	75
Hypodermic Needle and Syringe	125	125	62.50
Intern Pharmacist	90	N/A	N/A
Non-Resident Pharmacy	400	250	125
Non-Resident Wholesaler	600	600	150
Pharmacy	400	250	125
Pharmacy Technician	80	100*	50
Sterile Compounding	600	600	150
Veterinary Food-Animal Drug Retailer	405	250	125
Wholesale Drug	600	600	150
Pharmacist	150	150*	75

* Biennial Renewal

Origin of Board Revenue

The following charts display the origin of board revenue and are examples of the charts provided to the board at quarterly board meetings.

Chart 3A illustrates that in 2010/11 license fees generated 87 percent of board revenue, collected fines from citations generated 9 percent and collected cost recovery generated 3 percent.

Chart 3A

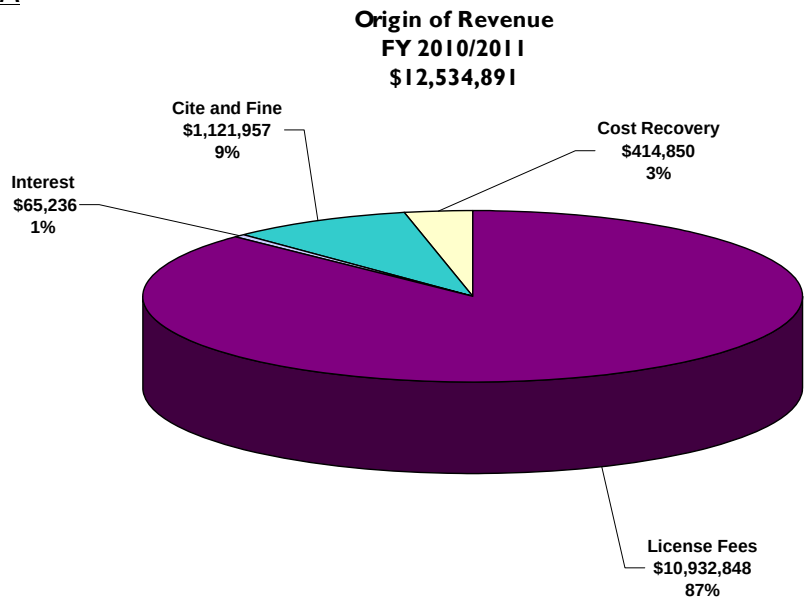


Chart 3B illustrates that 77 percent of all fee revenue collected came from renewals and 22 percent came from applicants.

Chart 3B

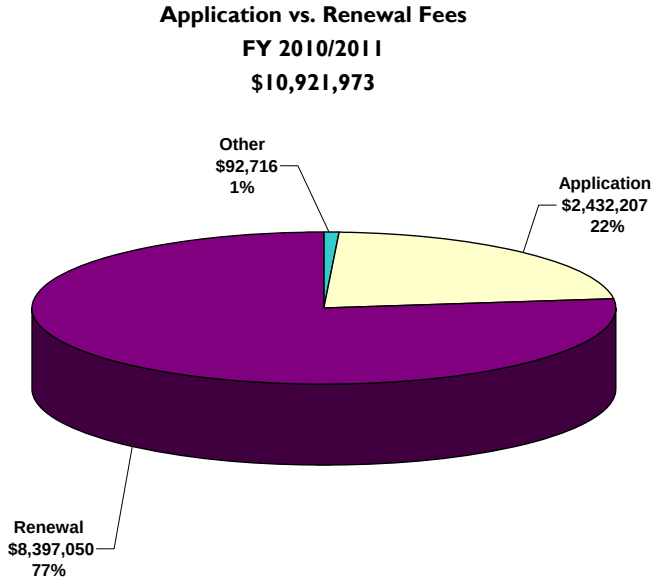
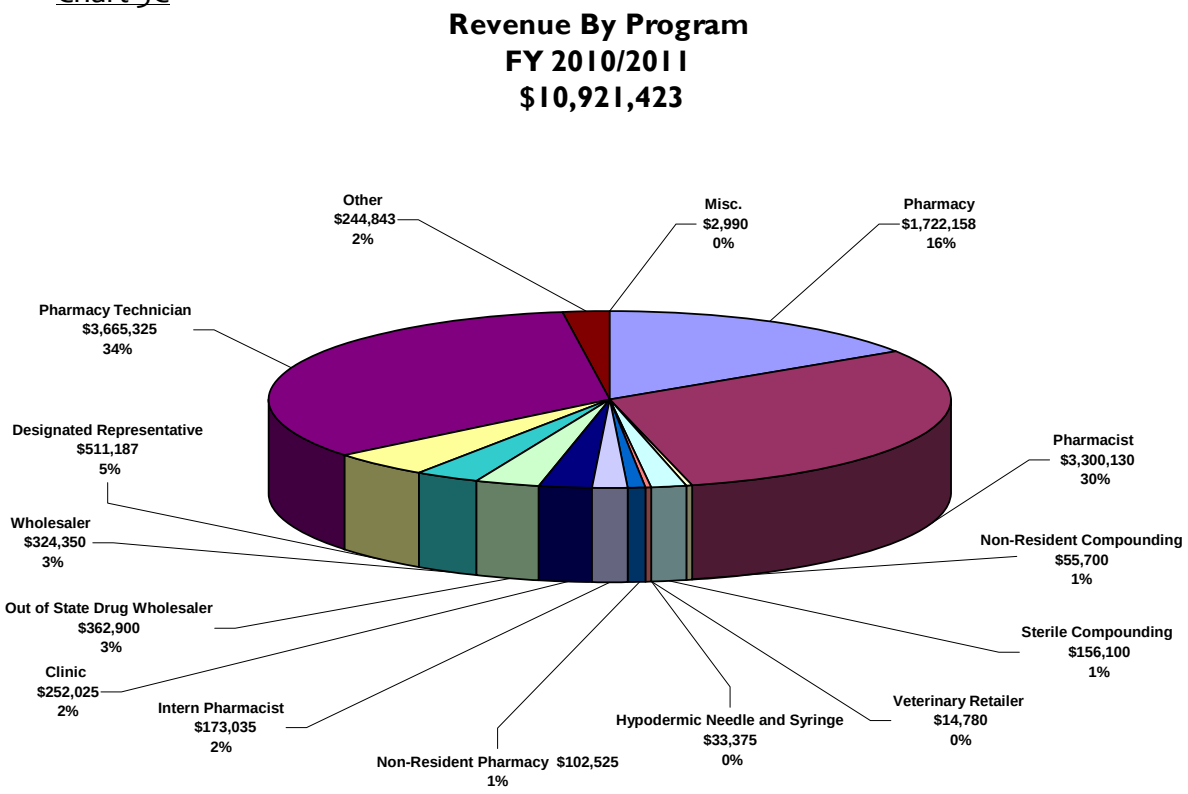


Chart 3C displays the revenue generated by each of the board's major licensing categories. Pharmacy technicians generated 34 percent of fee revenue, pharmacists generated 30 percent and pharmacy fees generated 16 percent.

Chart 3C



Renewal Cycles and Fee History

The board has continuous renewal cycles for all of its license categories with one exception, intern licenses, which are not renewable. The renewal cycle is annual for facilities and designated representatives. Licenses issued to pharmacists and pharmacy technicians are renewed biennially.

The board rarely amends its fee statutes and regulations. In 2004, the board updated its fee schedule to remove the fee for medical device retailers, as this program was transferred to the Department of Health Services. This change was made via the regulation process.

In 2008, the board raised all of its fees to the statutory maximums via the regulation process. Following that, the board commissioned an independent fee audit to secure recommendations on a new fee schedule that would ensure the financial viability of the board for the next five years. In 2009, the board sponsored legislation to reset the statutory minimum and maximum fee levels according the recommendations in the report. This was the first time such legislation was needed since 1987.

Provided in Appendix 8 is the history of fee changes since fiscal year 2001/02.

General Fund Loans

During fiscal year 2002/03, the board provided the general fund with a loan of $6 million. The board received repayment of this loan in two installments; $3 million was repaid in 2005/06 and $3 million in 2006-07.

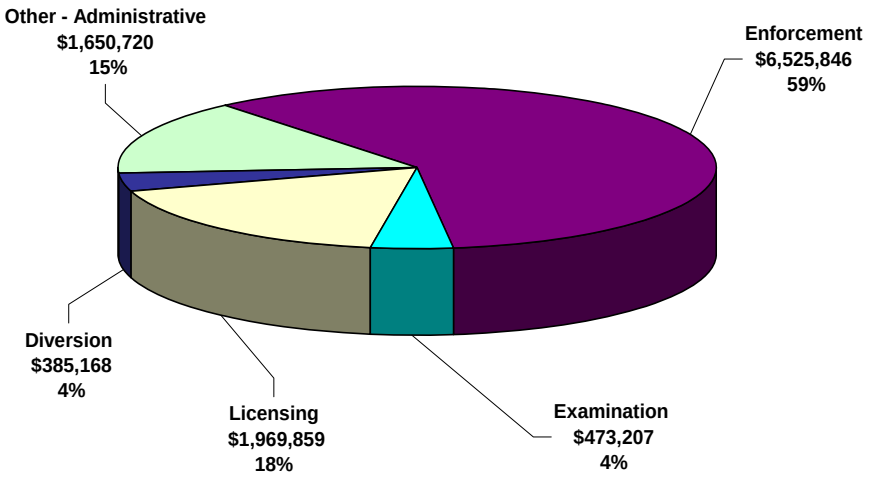
More recently, during the 2008/09 fiscal year, the board loaned $1 million to the general fund. This loan has not yet been repaid.

Program Expenditures

Chart 3D details the board's 2010/11expenditures. The board's enforcement program comprises the largest portion of the board's budget, 59 percent. This is followed by the board's licensing program. Historical data for expenditures since 2007/08 is provided in Appendix 9, Table 5 (Expenditures by Program Type).

Chart 3D

Expenditures by Program
FY 2010/2011
$11,004,800



Board Staffing

Part of managing a complex, dynamic organization is the need to adjust the workforce to respond with maximum efficiency to the emerging and changing needs of the organization.

Fundamental to the board's successful enforcement activities is its inspector staff of licensed pharmacists. Because of the inspectors' education and experience in a

pharmacy, these individuals understand the practice environments. They also know the classification and dosing of generic, brand and compounded drugs to a degree that a non-pharmacist would have difficulty performing. These inspectors can quickly and thoroughly identify violations and provide technical advice to licensees about compliance issues involving California and federal laws. Nevertheless, the board only uses pharmacists to perform duties that require the knowledge of a pharmacist. The board uses non-pharmacist investigators and other staff to perform investigation and other enforcement duties that do not require such specialized knowledge.

The board received a staffing augmentation in the 2010/11 budget, doubling the size of its inspector staff via the BCP process. This came as part of the Consumer Protection Enforcement Initiative (CPEI). While the board has had success in filling some of the new positions in 2011, the board has been impeded by the state's stringent hiring freeze. At the time of this writing, the board has secured freeze exemptions to fill a portion of these positions. In the coming months the board will seek additional freeze exemptions to ensure full staffing of inspector positions which are vital to the board's consumer protection mandate.

The board currently has the following vacancies:

- 13 Inspectors
- 2 Supervising Inspectors
- 2 Associate Analysts
- 1 Staff Analyst
- 5 Office Technicians

The board remains cognizant of the financial crisis affecting California and the need to fill only the most critical positions. As such, the board judiciously and incrementally seeks exemptions to the hiring freeze. The board strives to hire transfers from other units within DCA where an exemption is not required but needs freeze waivers to fill vacant pharmacist inspector positions.

Many times a delay in filling vacancies creates a backlog of work, resulting in unavoidable delays in board business activities. For example, the board currently has over 2000 pharmacy technician applications awaiting processing, about 10 weeks following receipt of the oldest applications. This is due to the vacancy of two critical processing positions, one responsible for cashiering application fees and the other responsible for processing applications.

The board has always prided itself on its timely processing of applications (in most cases less than 30 days). This is no longer the case. Increases in the number of applications received and licensees seeking renewal, coupled with lean staffing, have led to long processing times. The board routinely receives calls from frustrated applicants, licensees and others (legislators, employers, executive branch administrators, etc.) seeking relief. The long processing time is far less than ideal,

but filling vacant positions is necessary to reduce processing times significantly. (Additional information on processing times is provided in Section 4 of this report.)

The board was successful in securing a recruitment and retention pay differential for its board inspectors in mid 2007. This differential has realigned the salary and wages earned by these pharmacists, closing the gap between the public and private sectors in salary, so that the board can attract and retain quality pharmacists to work for the board. This augmentation also addressed a pay inequity with other state agencies that employ pharmacists.

In April 2008, the board added succession planning to its strategic plan. Many of the board's succession planning efforts are described in the staff development activities section below. The board also cross-trains staff and uses department training courses to improve the skills of board employees to prepare them for additional duties and career development.

In support of the department's succession planning efforts, board staff participated in the development of the department's mentoring program and in the formation of the DCA enforcement academy.

The board promotes from within when a candidate possesses the qualifications needed to perform the duties of a vacant position. The board maintains procedure manuals to ensure consistency of operations and to transfer knowledge when vacancies and retirements occur.

Staff Development

Since 2008, five board managers have completed the DCA-sponsored Management Academy. In addition three managers completed the 80 hours of supervisory training required of new managers. Two board staff completed the DCA Enforcement Academy.

The board's most important resource is its staff. Without a well trained staff, the board is unable to meet its mandate efficiently and effectively. To that end, the board supports and encourages training opportunities to improve or enhance performance as well as training that will encourage learning and development for future career growth - - ideally within the board. During employee performance reviews managers and staff work together to identify training opportunities that will promote desired goals. Over the past several years, the department has developed a very robust training program that is offered at no cost to board staff. Staff is encouraged to take advantage of such training.

The board relies upon training opportunities outside of the department that serve as a complement to internal training opportunities. One such example is NCIT training - - specialized training for investigative staff operated by the Council on

Licensure, Enforcement and Regulation. Another training modality the board has started using over the past couple of years is web-based training. Such training reduces costs associated with travel, but can be sometimes difficult for our field staff given the limitations in current connectivity speeds. Nonetheless, even mandated training courses such as required biennial ethic courses can be quickly completed at minimal expense to the board.

Board employees have completed 55 different training courses since January 1, 2009 (the same course may have been taken by multiple employees).

In response to the Governors' directives to curtail unnecessary expenditures, the board has curtailed most outside training for the last few fiscal years. Below are board expenditures related to training:

2007/08: $12,468
2008/09: $5,296
2009/10: $ 8,744
2010/11: $4,374

Organizational Charts

Organizational charts for the last four years are provided in Appendix 10.

SECTION 4

Licensing Program

- Licensing Program
- Licensees of the Board
- Application Processing
- Performance Measures
- Processing Times
- Examination
- Pass Rates
- Computer Based Testing
- Removing Statutory Barriers
- School Approvals
- Keeping Licensing Information Current
- Renewal Processing
- Continuing Education/Competency Requirements

Related Appendices

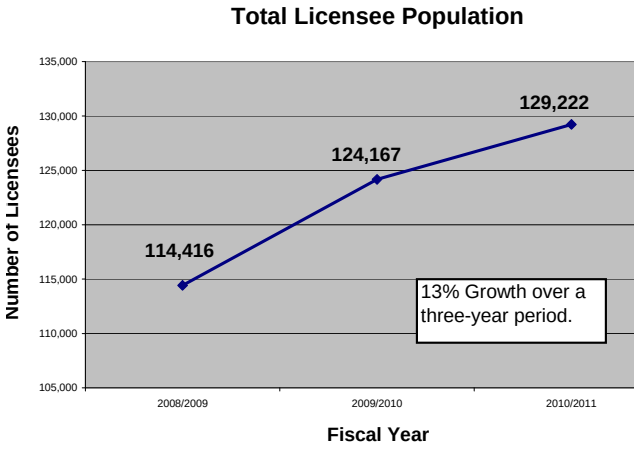
- Appendix 11 – License Types
- Appendix 12 – How the Board Verifies Information Provided by the Applicant
- Appendix 13 – Table 6. Licensee Population
- Appendix 14 – Table 7a. Licensing Data by Type
- Appendix 15 – Table 7b. Total Licensing Data
- Appendix 16 – Changes to Existing Licenses
- Appendix 17 – Table 8. Examination Data

LICENSING PROGRAM

The board's licensees are integral to the delivery of quality health care. They compound, transport, dispense and store prescription drugs and devices for patients that are essential for patient care and treatment. Pharmacists also convey information related to drug therapy management and are the health care provider most educated on pharmaceutical care and management.

The board has a highly diverse and detailed licensing program for the individuals and facilities the board regulates. This complexity reflects the careful and deliberative manner in which the U.S. regulates the manufacturing, distributing, and dispensing of prescription drugs and devices.

The board has seen consistent growth in its licensing program. The board currently has close to 130,000 licensees, a 13 percent increase in the past three years.



Over the past three years the board has*:

- Received 61,044 applications
- Approved 47,463 applications
- Renewed 158,910 licenses

** Includes applications changing an existing permit as well as applications for initial licensure.*

LICENSEES OF THE BOARD

Appendix 11 lists the board's licensing programs, the statutory authorization for the license and a general description of each classification. Appendix 13 provides Table 6 (The board's licensee population).

Business Licenses

- Hospital pharmacies ensure that patients in hospitals have a reliable and quality drug supply immediately accessible, in known locations, meeting specified components. Drug distribution in hospitals is generally directed through pharmacies by pharmacists and can include high technology automated storage units as well as very manual processes. There are three types of hospital pharmacies (inpatient, specialized storage and distribution without a pharmacist, and outpatient).

- Licensed Correctional Facilities are pharmacies located within jails or prisons. Incarcerated individuals are often on medication that must be administered in single doses and carefully handled because drugs are contraband among inmates in these facilities.

- Community or Retail Pharmacies are the largest group of board site licensees (there are over 6,200 of these facilities in California). These are the pharmacies that most patients are familiar with and use.

- Closed door pharmacies are very specialized community pharmacies that serve specified patient populations (e.g., in skilled nursing homes, licensed home health care). They are not open to the public for retail sales.

- Sterile Injectable Compounding Pharmacies are very specialized pharmacies that compound sterile injectable medications. Because of the risk that such a route of administration poses, annual inspections by the board's pharmacist inspectors are required before license renewal or issuance, and there are detailed requirements that these pharmacies must follow. (As an alternative to specific board licensure, these pharmacies may be accredited by specified agencies, but they must still follow California law concerning compounding.)

- Surgical Clinics and Community (or free) Clinics allow a single drug supply purchased at wholesale that all practitioners can use for patient care.

- Hypodermic Needles and Syringe Licenses sell needles and syringes for use on animals without a prescription. These entities are not pharmacies.

- Wholesalers exist in three forms: drug wholesalers, brokers, and reverse distributors. Wholesalers ship and store prescription drugs and devices for distribution to pharmacies, other wholesalers and health care practitioners. Brokers buy and sell drugs but do not take possession of them. Reverse distributors pick up unsalable drugs (e.g., outdated drugs) that have never been dispensed by pharmacies for destruction.

- Veterinary Food Animal Drug Retailers are specialized wholesalers that label and distribute drugs prescribed by a veterinarian for use on animals that produce or will become food, to prevent drug residue in the food supply.

Out of State Licensees

- Nonresident pharmacies are pharmacies located outside California that ship medication to patients typically by mail or other common carrier ("mail order pharmacies").

- Nonresident wholesalers are wholesalers that ship drugs into California to other licensed wholesalers, pharmacies and licensed health care practitioners but not to patients.

- Nonresident Sterile Injectable Compounding Pharmacies are pharmacies located outside of California that compound medication for injection and require a separate license to do so.

Individual Licensees

- Pharmacists are educated to be drug therapy experts, are responsible for dispensing and compounding operations in pharmacies and may work providing pharmacist care outside pharmacies (e.g., clinical pharmacists in hospital settings or via chart review from a computer).

- Pharmacist Interns are students in pharmacy school gaining the required pharmacy experience needed for licensure as a pharmacist, or are foreign-educated pharmacy school graduates or pharmacists licensed in another state earning the experience hours they need to take the California licensure examination. Interns must work under the direct supervision of a pharmacist.

- Pharmacy Technicians are specially-trained individuals who assist pharmacists in nondiscretionary duties in a pharmacy. They work under the direct supervision of a pharmacist, who is responsible for all their work.

- Designated Representatives are specially-trained individuals who are not pharmacists and who work in drug wholesaler facilities, overseeing distribution and storage, and performing specialized warehousing functions needed to store and distribute prescription drugs.

- Designated Representatives for Veterinary Food Animal Drug Retailers are specially trained designated representatives who possess very detailed training regarding veterinary drugs and dispensing components, and who can label medication prescribed by a veterinarian for use on an animal that produces or will become food.

Changes of Responsible Parties, Changes in Ownership Structures and Relocations

- Pharmacist-in-Charge of Pharmacies (PIC) /Designated Representatives-in-Charge of Wholesalers (DRIC): Every pharmacy and wholesaler in California or shipping into California must have a designated individual who is responsible for the operations of the facility and is held accountable via disciplinary sanctions for violations. A change in either official must be

reported to the board within 30 days, and sanctions exist for failure to report.

- Change of Permits for Pharmacies, Wholesalers: When a pharmacy or wholesaler has an additional owner, a new officer, or moves to a new location, the board must first approve the change. In cases where there is at least a 50 percent change in ownership, a new license is required. A change of permit application allows the board to review and approve such changes.

Application Processing

The board's licensing program is responsible for reviewing and processing all individual and site licensing applications received by the board. As part of the review process, each application and corresponding documentation is evaluated to determine if the applicant has the minimum qualifications as specified in statute and regulation for the license.

If an application is deficient, the board notifies the applicant in writing of all outstanding deficiencies. The applicant is required to provide the deficient items within a given period of time. Failure to satisfy the deficiencies for the application may result in the application being considered abandoned by the applicant. Once an application is considered abandoned, a new application, fee and supporting documentation is required to apply for licensure.

After all deficiencies are corrected and a completed application is reviewed, the board requires a second check by another staff member to ensure an applicant meets all requirements for licensure before the license is issued. This double-checking process ensures that the board does not issue a license to an applicant who does not possess the minimum qualifications for licensure. The consequence for issuing a license in error is serious.

Verification of Applicant Information

Pharmacy Law establishes the requirements for licensure. The board provides applicants with detailed instructions on the application process and requirements to obtain licensure. Below are the licensing requirements for individual licenses. Additional information about licensure requirements and when primary or secondary source origination is required are described in Appendix 12.

Education, Experience, and Examination Requirements	
License Class	**Requirements**
Pharmacist	**Education**: Degree from a college of pharmacy or department of a university with 150 or more semester units of study and at least a Bachelor of Science degree in pharmacy, AND **Experience**: 1,500 hours of practical experience earned under the supervision of a pharmacist, AND **Examination Requirements**: Pass the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudent Examination for Pharmacists (CPJE). (Foreign educated pharmacists must first be certified by the Foreign Pharmacy Graduate Examination Committee.)
Pharmacist Intern (Nonrenewable)	**Education**: Must be currently enrolled in an accredited school of pharmacy or have satisfied the education requirements specified to become a pharmacist, or if a foreign graduate, must be certified by the national Foreign Pharmacy Graduate Examination Committee **Experience**: None **Examination Requirements**: None
Pharmacy Technician	A graduate of high school or possession of a GED AND 1. An AA degree in pharmacy technology 2. Completion of a technician training program 3. Graduation from a school of pharmacy, OR 4. Certification by the Pharmacy Technician Certification Board. **Experience**: None **Examination Requirements**: None
Designated Representative	**Education**: A graduate of high school or possession of a GED and completion of training in five areas, or eligible to take the California pharmacist licensure examination, AND **Experience**: One year paid experience in the distribution of prescription drugs or devices. **Examination Requirements**: None
Designated Representative - Food Animal Drug Retailer	**Education**: A graduate of high school or possession of GED and completion of training in five areas AND 1. Specialized training for 240 hours, 2. Registration as a veterinary technician, 3. Eligible to take the California pharmacist's or veterinarian's exams, OR 4. Worked 1,500 hours in a licensed veterinary retailer's premises, **AND** **Experience:** One year paid experience in the distribution of prescription drugs or devices. **Examination Requirements:** None

The board has multiple processes it uses to secure information about applicants to confirm their eligibility for licensure.

The board conducts criminal background checks of all applicants at both state and federal levels by submission of fingerprints to the California Department of Justice and the Federal Bureau of Investigation. The board has been fingerprinting pharmacists since the late 1940s. The board conducts a criminal background check on the top five owners and designated managers for all site license applications. Additionally, there are specific questions on all applications that require self-reporting and descriptions of any arrest or conviction, as well as previous or close association to someone with prior discipline by any regulatory body. These questions are answered under oath.

Applicants who self-report either a criminal conviction or prior discipline by a regulatory board are required to submit documentation describing the action and resolution. If the board is unable to obtain this information from the applicant, the board undertakes collection of this information and reviews it before making a licensing decision. Failure to self-report such actions is grounds for denial of the application for falsification of an application.

Regardless of whether a prior incident is self-reported or identified from a fingerprint background result from the DOJ or FBI, the application is referred to the board's enforcement unit for a thorough investigation before a licensing decision is made.

The board requires license verifications from other state licensing entities where an applicant indentifies he or she is licensed. Such reports identify prior discipline.

Further, as part of the exam score transfer process for the national pharmacist exam, the pharmacist's licensure status in all states where he or she is already licensed is provided to the board by the National Association of Boards of Pharmacy.

The board is in the process of implementing regulation requirements that all pharmacists, intern pharmacists, and pharmacy technician applicants provide a "self-query report" from the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) when submitting an application for examination and/or licensure. Such reports are another source for ensuring the board has complete background information on every applicant before making a licensing decision as these reports detail any action taken by another regulator that has been reported to this national databank.

Prior to issuing a license, the board verifies information submitted on all applications. The board uses a variety of methods to verify this information according to program requirements. For the purposes of this report, the board understands primary source documentation to be defined as original documents or

certified copies from the source of origin sent directly to the board. Examples of primary source documentation include transcripts sent directly from the school to the board or license verifications sent directly from a state licensing entity to the board.

The board understands secondary source documentation to be original documents or certified copies from the source of origin to another party, which in turn submits the document(s) to the board. An example of secondary source documentation would be articles of incorporation endorsed by the Secretary of State provided to the applicant, who in turns submits them to the board. The board also accepts self-certified items such as photos, affidavits and applications.

An applicant must satisfy all requirements specified in law before a license is issued. The board requires out-of-state pharmacist applicants to meet the same examination and licensure requirements as California graduates. Pursuant to the Business and Professions Code, foreign-educated pharmacists are required to be certified by the Foreign Pharmacy Graduate Examination Committee (FPGEC) before being issued an intern pharmacist license or becoming eligible to take the pharmacist licensure exam.

Performance Measures

The board's strategic plan specifies the licensing program's performance expectations. This plan is divided into three separate tasks with respective targets for each task, as identified below.

Task 1:	Review 100 percent of all applications within seven work days of receipt.
Task 2:	Process 100 percent of all deficiency documents within five work days of receipt.
Task 3:	Make a licensing decision within three work days after all deficiencies are corrected.

The board strives to process all applications timely and accurately. However, staffing shortages, furloughs, and significant increases in the number of applications received, coupled with a highly aggressive goal of reviewing all applications within seven days of receipt (Task 1), prevent the board from reaching its performance standard. For example, currently the board is processing pharmacy technician applications within 10 weeks of receipt and pharmacy applications within 30 days of receipt. The board processes initial pharmacist licensing applications within seven days.

The board is hampered in reaching its performance standard of reviewing all deficiency documents within five business days after receipt (Task 2), again due to staff shortages, furloughs and hiring freezes, as well as the increased number of applications received in the past three years. The board recognizes the

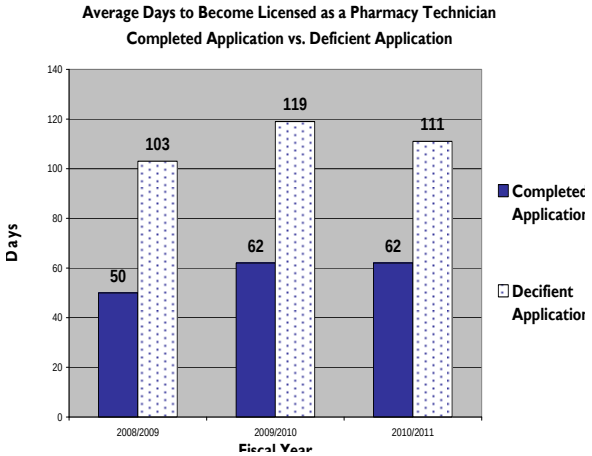
importance of processing deficiency documents, as it results in the issuance of a license to allow the applicant to enter the workforce and promotes businesses to operate in California. Currently the board is processing incoming deficient items received from pharmacy technician applicants within three weeks and processing deficient items received for pharmacy applications within two weeks.

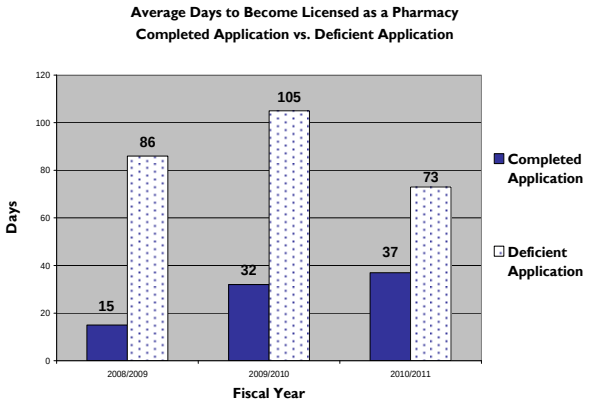
The board's goal is to issue licenses as quickly as possible once a completed application exists. The board is currently able to reach or nearly reach its performance objective of making a licensing decision within three working days (Task 3). Currently the board is issuing pharmacy technician licenses within three days after an application has been reviewed and is complete. The board is issuing pharmacy licenses within five days after an application has been reviewed and is complete.

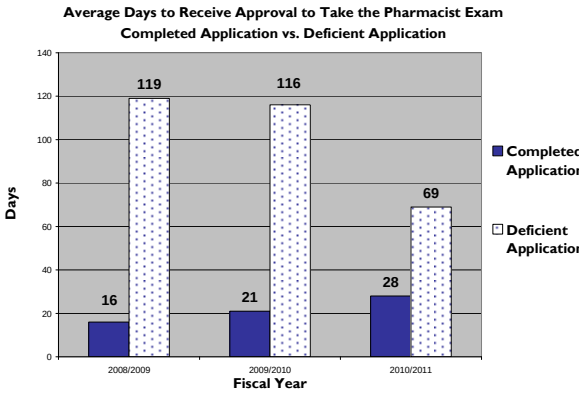
Processing Times

Processing times for the board's diverse applications vary greatly due to the complexity of the application, the availability of knowledgeable staff to process, the number of applications received and the speed with which deficiencies are completed.

Provided in the adjacent graphs are processing time comparisons for three of the board's license types. These graphs compare the cycle times for a complete application versus an incomplete application. These comparisons show the benefit to the applicant when a complete application is initially submitted versus when it is submitted deficient.







For pharmacy technician applications in 2010/11, the receipt of a completed application resulted in the issuance of a license in nearly half the time (62 days vs. 111 days).

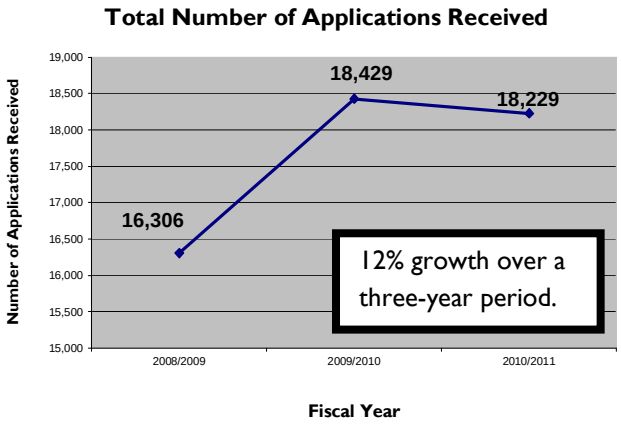
Further these charts also show the impact from furloughs, when the processing times peaked during the 2009/10 fiscal year. Although the board is no longer subject to mandatory furlough days each month, several key positions are vacant in the licensing unit which has impeded the board's ability to process applications more quickly.

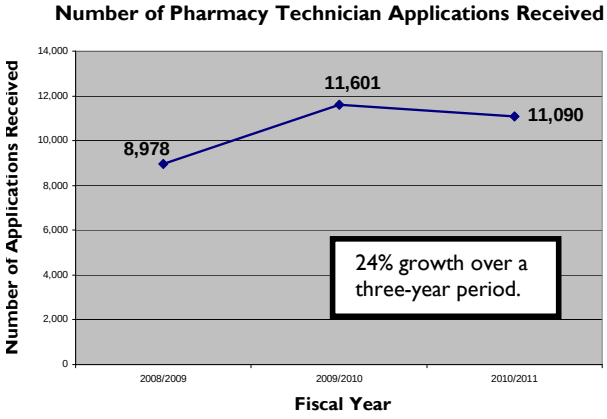
Provided in Appendices 14 and 15 are Table 7a (Licensing Data by Type) and Table 7b (Total Licensing Data)

Application Growth

The board has experienced a 12 percent increase in the number of applications received over the last three fiscal years. This growth is most pronounced in the 24 percent increase in pharmacy technician applications, the board's largest licensing program. The board also saw a 10 percent growth in pharmacist applications received and a 12 percent increase in designated representative applications received.

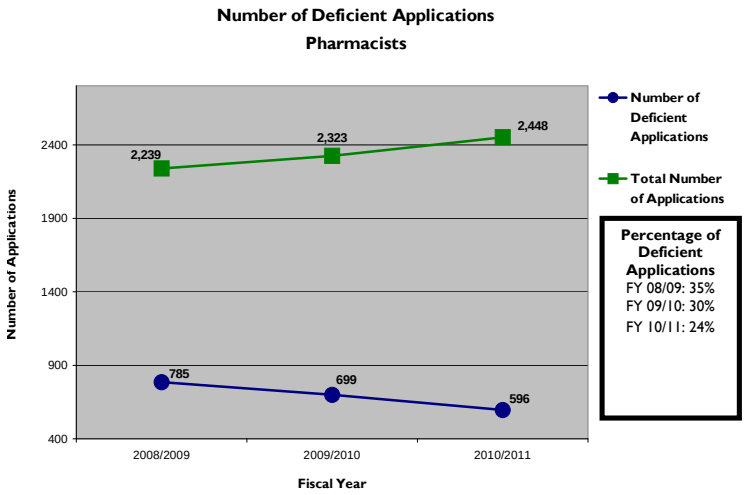
Even without furloughs and hiring freezes, absorbing this increase in workload without impacting processing times would have been a challenge.



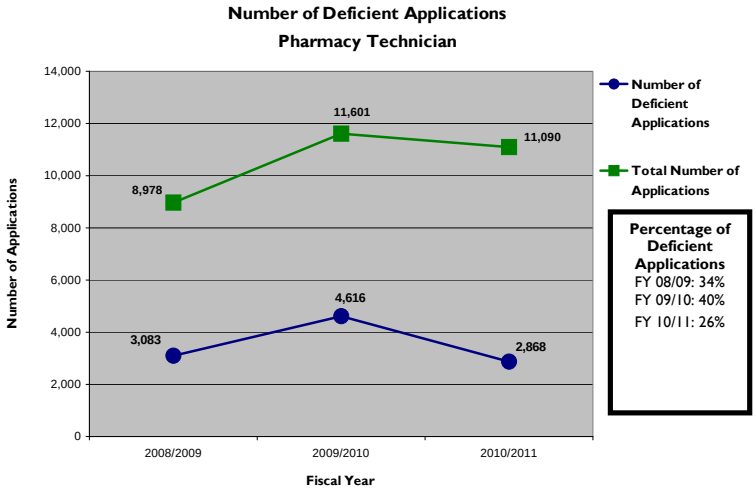


Process Improvements

One way to reduce processing times is to increase the number of complete applications the board receives (i.e., reducing the number of deficient applications). The board has made significant efforts to educate applicants and schools that educate pharmacy technicians, interns and pharmacists. These outreach efforts ultimately reduce the number of deficient applications received, which significantly reduces the board's processing time to issue a license.



For example, the board works closely with California's schools of pharmacy to ensure timely processing of student intern and pharmacist exam applications. Such applications are often collected by the school and submitted to the board as a package of applications, for example, for all June graduates seeking a pharmacist license in California. Providing training to school administrators reduces the number of deficiencies received for these applicants. Board staff outlines any changes in the application as well as common deficiency trends, so the schools can better instruct their applicants on how to submit a completed application. The graph provided above demonstrates the success of these efforts and shows a reduction from 35 percent to 24.3 percent the number of deficient applications from pharmacists.



The board also reaches out to technician training programs and provides information on how to avoid common deficiencies within a pharmacy technician application. In the last three years, the board has been able to reduce the percentage of deficient applications received from the applicants from 34.3 percent to 25.9 percent in part due to these efforts.

To streamline the process for those seeking licensure to conduct business, the board has instituted a consolidated "master file" for businesses with five or more locations. This process reduces duplicative information required for each application with common ownership structures and allows a mechanism to streamline applications.

To ensure deficient applications do not languish, the board's licensing staff completes review of all deficient applications at least three times a year. This review allows the board to verify remaining deficiencies, assists deficient applicants in completing their applications, and ensures completed applications are not overlooked by the board. As a result, processing times for deficient applications have generally declined in part to due this periodic assessment. For example, processing times for deficient hospital applications were reduced from 123 days in 2008/09 days to 55 days in 2010/11, and processing times for deficient applications for pharmacies were reduced from 271 days in 2008/09 to 73 in 2010/11.

Despite the board's efforts to eliminate and remedy deficiencies, there was an increased number of pending applications at the end of 2010/11 (5084), substantially more than in 2008/09 (3131). The increase is due to several factors, most notably a vacancy of two key processing staff positions for three months at the end of the fiscal year that could not be filled due to hiring freeze restrictions, coupled with an increased number of applications received during the period.

While striving to reduce processing times, the board must ensure that it does not damage the integrity of the application review process. The background review of all of its applicants is an essential function of the board. To this end, the board has begun audits of the high school education of pharmacy technician applicants, restored pre-licensure inspections for pharmacies, opening inspections for wholesalers and is seeking authority to collect a report from the HIPDB as a condition of licensure for pharmacy technicians, pharmacists and pharmacist interns. While these additional components may not reduce overall processing times, they fulfill the board's public protection mandate by ensuring the quality of the applicants who become licensed by the board.

EXAMINATION

In addition to meeting educational and experience requirements, an applicant for licensure as a pharmacist must take and pass both the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE).

The National Association of Boards of Pharmacy (NABP) develops the NAPLEX exam which is the national examination for licensure as a pharmacist now used by all states. The CPJE exam is developed by the board to assess California-specific law application, patient consultation and other areas of California pharmacy practice not tested by the NAPLEX.

Both the NAPLEX and CPJE are administered only via computer-based testing. Both tests are available at testing locations nationwide and are offered on a continuous basis. The board uses a vendor secured as part of a department-wide contract to administer the CPJE, currently PSI Services Inc. The NAPLEX is administered through a different contractor secured by the NABP, Pearson Vue.

Pass Rates for the CPJE and NAPLEX, First Time vs Retakes

The pass rates for the pharmacist exams are provided below. First time candidates of the CPJE have a higher pass rate compared to the retake candidates: 87 percent pass rate vs. 46.5 percent. This is also true for the California qualified applicants who take the NAPLEX: 93.8 percent for first time test takers vs. 80.3 percent for those who have failed the exam at least once. Provided in Appendix 17 is Table 8 (Examination Data).

CPJE – First time vs. Retakes

Modified Fiscal Year[1]	Total Candidates	1st time Pass	1st time Total	1st time Pass %	Retakes Pass	Retakes Total	Retakes Pass %
6/1/07-7/31/08	2,061	1,457	1,699	85.8%	208	362	57.5%
8/1/08-7/31/09	1,891	1,258	1,439	87.4%	209	452	46.2%
8/1/09-8/1/10	2,003	1,331	1,455	91.5%	260	548	47.4%
8/2/10-3/31/11	1,219	637	798	79.8%	174	421	41.3%
Total	12,287	7,909	9,083	87.1%	1,494	3,204	46.6%

California NAPLEX – First time vs. Retakes

Calendar Year	Total Administrations	1st time Pass	1st time Total	1st time Pass %	Retakes Pass	Retakes Total	Retakes Pass %
2007	1,322	987	1,057	93.38%	215	265	81.13%
2008	1,265	1007	1054	95.54%	182	211	86.26%
2009	1,293	1,087	1,136	95.69%	133	157	84.71%
2010	1,344	1,044	1,150	90.78%	134	194	69.07%
Total	5,224	4,125	4,397	93.81%	664	827	80.29%

[1] For purposes of examination statistics, a fiscal year varies for examination development purposes.

Business and Professions Code section 4200.3(f) Pass Rates

The California pharmacist exam used prior to 2004 was administered twice a year in a paper and pencil format. As shown below, this exam had a lower pass rate for both first time takers (58.2 percent) and those who failed the exam at least once (46.2 percent).

Pharmacist Licensure Examination							
Calendar Year	Total Candidates	1st time Pass	1st time Total	1st time Pass %	Retakes Pass	Retakes Total	Retakes Pass %
2000	1,602	616	1,061	58.1%	224	541	41.4%
2001	1,756	704	1,182	59.6%	259	574	45.1%
2002	1,692	636	1,150	55.3%	249	542	45.9%
2003	1,959	770	1,294	59.5%	340	663	51.3%
Total	7,009	2,726	4,687	58.2%	1,072	2,320	46.2%

Computer Based Testing

Upon approval of an application, an applicant receives a letter from the board confirming eligibility to take the examination(s). It is the applicant's responsibility to schedule the exam through the appropriate vendor (PSI or Pearson Vue). The board has strict standards for admittance into the testing area as well as security procedures in use during test administration for the CPJE. The board is aware of the security procedures used by the NABP and believes they are adequate.

The board does not release scores at the test site for either exam. Scores are usually released by the board to applicants twice a month.

For the CPJE, candidates may use the following California testing sites: Anaheim, Carson, El Monte, Fresno, Hayward, Riverside, Sacramento, San Francisco, San Diego, Santa Rosa, and Santa Clara. Testing sites are also available throughout the contiguous United States and include Albuquerque, NM; Cranberry Township, PA; Boston, MA; Atlanta, GA; Charlotte, NC; Southfield, MI; West Des Moines, IA; Houston, TX; Las Vegas, NV; and Portland, OR.

The NAPLEX is available at approximately 220 sites throughout the United States.

Removing Statutory Barriers

Pharmacy law requires pharmacist exam applicants to submit proof of intern hours earned. Hours must be certified under penalty of perjury by the supervising pharmacist or pharmacist-in-charge in the pharmacy where the intern experience was obtained. This requirement imposes a record-keeping burden for recent graduates from out of state seeking licensure in California who, until they apply for licensure in California, may not be aware of the requirements for obtaining signatures of pharmacists in the pharmacies in which they have earned intern hours. Revising Pharmacy Law to allow the board to accept hours earned in other

states and reported by other state pharmacist licensing agencies would reduce the length of time it takes to verify such hours without compromising the integrity of the requirement.

The current method of verifying intern hours earned outside of California requires staff to verify the intern pharmacist's licensure status as well as the licensure status of the supervising pharmacist. As California relies on other state licensing entities to provide enforcement, disciplinary, and licensure verification, accepting intern hours from another licensing board seems in line with current methods of obtaining reliable information while reducing hardship for the applicant as well as the application processing time. The board intends to move forward with a legislative proposal in 2012 to allow the board to accept transfer of intern hours directly from another state board of pharmacy.

School approvals

The board does not approve schools of pharmacy. The Accreditation Council for Pharmacy Education (ACPE) is the sole accrediting body for pharmacist education in the U.S. The board accepts this accreditation and a board member attends and observes accrediting and reaccrediting visits at California schools of pharmacy.

The ACPE does not convey full accreditation upon a new school of pharmacy until the school graduates its first class of pharmacists. This takes four years. The board has used its statutory authority to approve schools of pharmacy for the limited purpose of issuing intern licenses to applicants from schools undergoing - - and on track to receive - - full accreditation by the ACPE.

The Bureau for Private Postsecondary Education has no role in the approval of pharmacy schools or training.

Keeping Licensing Information Current

Once a license is issued, it is incumbent upon the licensee, individual or business, to advise the board of changes in information associated with the license. For an individual licensee, such changes are generally related to a change in name and/or address. For a business licensee, the changes also include changes in ownership of less than 50 percent, new corporate structure, new location or a change in the responsible personnel/officers. (In the case of a relocation of a business, the board must approve the change before it occurs.) The processing and approval of such notices is a significant and often unreported workload. In fiscal year 2010/11 the board processed 13,693 such notices, an increase of 37 percent from 2008/09.

Provided in Appendix 16 is a three year comparison of the changes to existing licenses processed by the board.

Renewal Processing

To maintain licensure in California, a license must be renewed. Most licenses require annual renewal. Pharmacists and pharmacy technicians renew every two years. Pharmacist interns are issued a nonrenewable license.

As the board's licensee population has grown, so has the number of renewals processed by the board each year. In 2010/11, over 55,000 licensees renewed their license, an increase of about 7 percent since 2008/09.

Continuing Education/Competency Requirements

Only pharmacists are required to earn continuing education as a condition of renewal; 30 units of CE are required every two years. The pharmacist renewal application requires a pharmacist to self-certify under penalty of perjury the number of CE hours completed during the renewal period.

Auditing for Compliance

To ensure that pharmacists fulfill their CE requirements, the board randomly audits renewal applications. Pharmacists are required to retain their CE completion certificates for four years. If a pharmacist is selected for audit, he or she is notified in writing and must submit copies of CE completion certificates to the board. During an audit, the board reviews all of the certificates provided to confirm compliance with legal requirements.

Where an audit of a pharmacist reveals a deficiency in CE completion or documentation, the board's typical course is to secure compliance with the deficient CE units and then to cite and fine for misrepresenting completion of CE on the renewal. In the event the pharmacist does not come into compliance, the board converts the active pharmacist license to an inactive license as authorized in statute, and the pharmacist can no longer work. To reactivate a license, a pharmacist must repay the renewal fee and submit satisfactory proof of completing 30 hours of CE.

The board conducted 744 CE audits in the prior four fiscal years, with 94 pharmacists failing the audit because they could not provide full evidence of completing 30 units of CE.

Accreditation Agencies

Board regulations designate two primary accreditation agencies to approve continuing education providers and courses - - the Accreditation Council for Pharmacy Education and the Pharmacy Foundation of California. The board itself does not approve course providers; however, the board does accept CE approved by other healing arts boards if it meets standards of relevance to pharmacy practice.

A pharmacist may also petition the board for the approval of CE courses offered by non-recognized providers, so long as the course meets the course content standards specified in law. The board reviews such applications.

The board does not audit CE providers.

Continuing Competency

The board has publicly discussed how to ensure continued competencies for pharmacists during Licensing Committee meetings and board meetings. Because of the diversity of practice settings and the specialization that often occurs over the course of one's career, the board wants to make certain that any assessment would be an appropriate measurement for such diversity. To ensure a broad based discussion, the board has reviewed documents from the Citizens Advisory Council and comments from the Department of Consumer Affairs.

The National Association of Boards of Pharmacy is developing a mechanism to measure pharmacist competency, the PARE (Pharmacist Assessment for Remediation and Evaluation). The board recently volunteered to participate in the testing and deployment of this assessment exam.

The board has also discussed dedicated CE as a way to ensure all pharmacists obtain knowledge in a specific, crosscutting area, for example in emergency response or drug abuse. At this time, the board is still discussing possible options in this area.

In a pending regulatory action, the board has established a provision that a pharmacist may receive CE for successfully passing the examination administered by the Commission for Certification in Geriatric Pharmacy. In the future, the board will consider specialty certification in other pharmacist areas of specialty as a means to fulfill CE requirements.

SECTION 5

Enforcement Program

- Enforcement Programs Overview
- Board Enforcement Programs
- Complaint Investigation Process
  - Mandatory Reporting
  - Case Prioritization
  - Performance Measures
  - Enforcement Trends
  - Statutes of Limitations
- Cite and Fines and Letters of Admonishment
  - Appeal Process
  - Performance Measures
  - Enforcement Trends
  - Collection of Fines
- Administrative Cases
  - Performance Measures
  - Enforcement Trends
- Cost Recovery and Restitution
  - Collection Efforts
  - Restitution

Related Appendices

- Appendix 18 – Table 9a., 9b., 9c. Enforcement Statistics
- Appendix 19 – Table 10. Enforcement Aging
- Appendix 20 – Table 11. Cost Recovery
- Appendix 21 – Table 12. Restitution

Enforcement Programs Overview

The board's enforcement activities are the core of its consumer protection mandate. Enforcement investigations must be completed in a timely manner. Investigations need to be thorough and need to identify violations with supporting evidence and reports prepared that document all of the findings must be prepared. Failure to do so compromises this basic tenet of the board's mandate.

From 2008/09 through 2010/11, the board:

- Closed investigations on 9,445 licensees
- Referred 907 licensees and applicants for formal discipline
- Cited and fined 3,836 licensees
- Collected $3,656,704 in citation and fine revenue
- Revoked or accepted surrender of 341 licenses
- Placed 150 licensees on probation

One of the board's principal enforcement objectives is to prevent events that could result in patient harm, or ensure that there are consequences to deter these events from occurring in other pharmacies. For example:

- A pharmacy employee steals Oxycontin from a pharmacy that he or she resells on the street for $60 a pill
- A prescription is filled with counterfeit or adulterated ingredients impacting therapy
- A patient does not follow the prescribed regimen because she or he does not understand the drug therapy
- A medication error where a patient gets the wrong drug, which could kill the patient, either by poisoning the patient or delaying necessary medication therapy

In addition to regulating the practice of pharmacy, the board ensures the safety of the drug product dispensed to patients. The board regulates those who handle, store and ship the product from the manufacturer, through the supply chain, to the pharmacy and ultimately to the patient.

Prescription drugs are life-saving compounds that can become potent poisons when inappropriately dispensed or administered. To provide efficacious, safe and consistent drug therapy, prescription drugs must be manufactured or compounded to exact specifications, stored and shipped appropriately, and not dispensed past the expiration date. No expert can tell simply by looking at a drug whether it:

- is counterfeit,
- contains the right ingredients in the right composition,
- has been subjected to extreme temperatures or other conditions that would damage its integrity,

- is past its expiration date.

Perhaps the board's foremost tool in performing the broad range of investigations and inspections required to regulate such a diverse licensing population is the board's licensed pharmacist inspectors. These investigators work from home offices throughout the state. Board inspectors ensure the board's ability to fulfill its mandate by performing random, unannounced inspections to detect violations, investigating complaints, monitoring probations, educating licensees about pharmacy law requirements, serving as expert witnesses in disciplinary hearings, and identifying violations and issues that non-pharmacists would find difficult to identify.

The board's enforcement program also has non-pharmacist staff that perform desk investigations and duties that do not require the knowledge of a pharmacist.

The board's enforcement programs are strong and are supported by the majority of the board's staff and resources. As a leader in the nation, the board has adopted innovative programs and partnered with other law enforcement agencies on investigations that may involve criminal elements. The board has 11 major enforcement programs and dedicates nearly 75 percent of its positions to enforcement functions.

Board Enforcement Programs

Complaint Investigations

Board inspectors conduct field investigations of complaints received by the board alleging violations by board licensees or where a board license is required. These site investigations allow assessment of the complaint and can lead to identification of other violations as well. An investigation report is completed for each investigation conducted. Reports are reviewed to determine the appropriate and consistent disposition.

Inspection Program

The board does random, unannounced inspections of licensees and premises. Inspections are important in detecting violations (and sometimes triggering investigations) and correcting minor violations before they become more serious. This is one method by which the board moves the profession into greater compliance with Pharmacy Law. An inspection report is completed for each inspection conducted, and if violations are identified, an investigation in initiated and a report written.

Internet Pharmacy Sales

California Pharmacy Law prohibits pharmacies from dispensing prescription medication unless a licensed prescriber has actually examined the patient (creating a doctor/patient relationship). Some individuals want to purchase prescription

drugs without prescriber authorization or review, especially those seeking pain medication and lifestyle drugs (for hair loss, erectile dysfunction, and weight loss, etc.). There are numerous websites offering prescription drug sales without the required doctor/patient relationship or via an online questionnaire. To meet this consumer demand, some pharmacies have willingly dispensed drugs for a minimal dispensing fee to permit the operation of these websites. This is illegal. The board is authorized to assess a fine of $25,000 per prescription dispensed in such cases. In the last several years, the board has issued over $600 million in fines to approximately 50 pharmacies and pharmacists-in-charge who supply Internet "drug dealers." While the board will likely be unable to collect all these fines, the issuance (and publicity surrounding it) serves as a deterrent.

Drug Diversion and Audits Program

Some drugs have a high value when diverted from the pharmaceutical supply chain. Diversion comes in a number of forms, all of which compromise the integrity of the drug supply. For example, an expensive drug may cost more than $1,000 per dose. Such drugs, if stolen, can be resold at greatly discounted rates to wholesalers and pharmacies seeking to make profits by buying drugs at below market, or "discounted" prices. Other drugs are stolen from the supply chain (pharmacies, wholesalers, common carriers delivering drugs) and sold on "the street."

The board learns of potential drug diversion from various means (joint investigations with law enforcement, sudden spikes in sales reported by wholesalers for a pharmacy, losses of controlled drugs that must be reported to the board, and CURES reports detailing the number of controlled substances dispensed by a pharmacy). The board investigates such cases and must perform audits to determine or verify the number of controlled drugs missing.

Controlled Substances Utilization Review and Evaluation System (CURES)

CURES is an electronic tracking program that reports all pharmacy (and specified types of prescriber) dispensing of controlled drugs by drug name, quantity, prescriber, patient, and pharmacy. Data from this system is managed by the California Department of Justice to assist state law enforcement and regulatory agencies in their efforts to reduce prescription drug diversion. This data is invaluable to the board because it allows identification of pharmacies involved in massive dispensing of controlled substances (a potential sign of diversion) and is a trigger for investigations.

Probation Monitoring Program

The board's probation monitoring program consists of a specialized group of inspectors who visit all probationers quarterly to ensure compliance and progress while on probation. These site visits and interviews are important in the effort to enforce compliance with all terms of probation and confirm the underlying violations have not reoccurred. The board uses nonpharmacist staff to monitor

other elements of probation from the office (cost recovery, completion of public service, submission of quarterly reports, etc.). Where compliance is not attained, the board acts to revoke the probation of the errant licensee.

Pharmacists Recovery Program (PRP)

The Pharmacists Recovery Program is a monitoring program that allows pharmacists and pharmacist interns whose competence may be impaired due to alcohol or drug abuse or mental illness to seek treatment, so long as they comply with specific and closely monitored requirements, such as abstinence verified by frequent random drug testing and attending group meetings. Where appropriate, the licensees are allowed to practice under specific, controlled conditions with supervision, so long as abstinence is maintained. A contracted vendor provides many of the treatment and monitoring services, but the board also monitors participants in the program as well. Participants pay for the costs of these services, absent a monthly administrative fee to the program vendor that is paid in part by the board.

The board does not stop investigations of pharmacists and pharmacist interns who enter the program voluntarily. It is not unusual for people to have been in the program and be fully compliant, and yet still disciplined for the underlying acts.

Failure to follow the treatment contract results in the board seeking revocation of the pharmacist's or intern's license regardless of whether a licensee enters the program on probation, while under investigation by the board or voluntarily.

Administrative Discipline Program

Investigations that identify serious violations lead to pursuit of administrative discipline. Without an enforcement program, the board cannot provide for public protection. As do all regulatory agencies, the board follows the Administrative Procedures Act to revoke or restrict the license of any of its licensees who fail to follow the law or perform acts that jeopardize public safety.

Citation and Fine/Letters of Admonishment Program

Many investigations identify compliance issues that if left unchecked could lead to more serious violations, but in and of themselves are not sufficient to warrant revocation or restriction of a license. To secure compliance and yet still note that a violation has occurred, the board issues citations, citations with fines and letters of admonishment.

Criminal Convictions and Arrests Investigation Program

The board uses non-pharmacist staff to collect criminal arrest and conviction information on applicants and licensees. These staff write investigation reports of serious violations that can lead to discipline or the issuance of a citation and fine for violations that are substantially related to the profession. In some cases an

arrest or conviction can also result in the assignment of an inspector to investigate the operations of a pharmacy or wholesaler.

HealthCare Integrity and Protection Data Bank (HIPDB) Reporting Program

The board reports information to the national data bank to ensure other states' licensing boards are aware of licensees disciplined by the board. The board is implementing requirements to collect a query from the data bank for pharmacist, pharmacist intern and pharmacy technician applicants.

Complaint Investigation Process

The investigation process typically starts with a complaint. One major source of complaints is from the public. Upon receipt of a complaint, the board has a specially trained associate analyst who evaluates the information provided and, based on the type of allegation, refers the complaint to a supervisor for development of an investigation plan, case assignment, and case prioritization.

After assignment, the identified pharmacist investigator conducts a thorough investigation. For a consumer complaint alleging a medication error, the investigation typically includes an interview with the complainant or patient, an inspection of the pharmacy, an interview with the pharmacist and/or pharmacist-in-charge and review of the pharmacy's quality assurance report of the incident. The investigator includes this information in a written report that also documents the findings of the investigation and identifies the appropriate violations of pharmacy law.

All investigation reports are reviewed by a supervisor to ensure the board's investigation process has been completed appropriately. The supervisor confirms that the board substantiated the violations noted and has the evidence to support the findings. The supervisor also makes a recommendation on how the case should be closed. Depending on the recommended disposition of the case, the investigation report may also be reviewed and approved by the board's lead supervising inspector (for letters of admonishment and citations and fines) or the executive officer (for formal discipline).

Investigations of applicants or licensees triggered by a criminal arrest or conviction notice follow the same general procedures detailed above, but the investigation work is completed by non-pharmacist staff. The board requests appropriate arrest records and court information and in some cases requests information from the licensee as well. The information obtained is detailed in an investigation report and follows the same review and approval process.

The board opened 7340 investigations during the last three fiscal years. Thirty-nine percent of these investigations were opened based on a criminal arrest or conviction notice received by the Department of Justice. Of the remaining investigations initiated, consumer complaints accounted for 31percent.

In addition to the investigations performed above, the board also opened 2016 application investigations, where the board investigated the background of an applicant for licensure.

Mandatory Reporting

In addition to consumer complaints and criminal arrest and conviction notices, there are also reporting mandates to inform the board about possible matters for investigation:

- ***Business and Professions Code Section 801(a)***- Requires every insurer who provides liability insurance to a Board of Pharmacy licensee to report to the board any settlement or arbitration award over $3,000 of a claim or action for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice or for unauthorized professional services. A report, written and signed by all parties, must be submitted to the board within 30 days after service of the arbitration award on all parties.
- ***Business and Professions Code Section 802*** – Board licensees or their legal representatives are required to report every settlement or arbitration award over $3,000 due to a "claim or action for damages for death or personal injury caused by negligence, error or omission in practice." The board receives notification of these settlements from the insurance company settling the claim or from a licensee's counsel.
- ***Business and Professions Code Section 803*** – This section requires the clerk of a court that renders a judgment that a licensee has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount over $30,000 caused by the licensee's negligence, error or omission in practice, or his or her rendering of unauthorized professional services, must report that judgment to the board within 10 days after the judgment is entered.
- ***Business and Professions Code Section 4104 (c)*** – Mandates that every pharmacy report to the board within 30 days of the receipt or development of information that a licensed individual employed by or with the pharmacy has made or has received: (1) any admission by a licensed individual of chemical, mental, or physical impairment to the extent it affects his or her ability to practice pharmacy; or (2) any admission of theft, diversion, or self-use of dangerous drugs; or (3) any video or documentary evidence demonstrating chemical, mental, or physical impairment to the extent it affects his or her ability to practice pharmacy; or (4) any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs; or (5) any termination based on theft, diversion, or self-use of dangerous drugs.
- ***Business and Professions Code Section 4034(h)*** – Requires a manufacturer, wholesaler or pharmacy to report to the board within 72

hours if there is reasonable cause to believe that a manufacturer, wholesaler, or pharmacy has a dangerous drug in, or having been in, its possession is counterfeit or the subject of a fraudulent transaction.

- ***Title 16, California Code of Regulations Section 1715.6*** – Requires a facility owner to report to the board within 30 days of the discovery of a loss of any controlled substance, including their amounts and strengths.

The board does not believe that it is receiving reports pursuant to the requirements in Sections 800 – 804 of the Business and Professions Code. In an effort to educate licensees, the board has run two articles in its newsletter *The Script,* most recently in 2010, and has also discussed these reporting requirements during board meetings. The board is currently continuing its education efforts in this area in the hopes to achieve better compliance with these reporting requirements.

Case Prioritization

As indicated above, when a case is referred to a supervising inspector for assignment, a case priority is also established. The board uses a case prioritization system tailored to meet the diversity of individual and practice settings that the board regulates. As noted in the board's *1996 Sunset Report*, investigations are prioritized based upon the type of alleged violations involved (such as drug abuse, drug diversion, patient harm, and criminal convictions). Complaints categorized as priority 1 and 2 investigations are the most serious and pose the highest risk to the health and safety of the public. Examples of priority 1 and 2 investigations include reports of an impaired licensee on duty, prescription drug theft by a licensee, a pharmacy operating without a pharmacist on duty, controlled substances shortages, and unauthorized furnishing of prescription drugs and/or controlled drugs. Priority 1 and 2 complaints are those complaints that could, depending on the severity and number or level of violations involved, ultimately be referred to the Attorney General's Office for formal disciplinary action. Accusations are filed in these serious cases and the board vigorously pursues the appropriate disciplinary penalty, either through the administrative hearing process or through a stipulated settlement.

Priority 3 and 4 complaints are less serious and pose a lower risk to the health and safety of the general public. Examples of priority 3 and 4 investigations include reports of failure to provide patient consultation, prescription errors that do not result in patient harm, working on an expired license and general noncompliance issues. Priority 3 and 4 complaints typically could result in the issuance of a citation, citation and fine or letter of admonishment. Priority 3 and 4 complaints, while lesser in priority, are nevertheless very important to the consumer who files the complaint.

The board has reviewed the priorities of the department and believes the board's priorities are generally consistent with these parameters.

The table below provides a quick summary of the investigation statistics for the past three fiscal years. More detailed information specifically requested by the committee is provided in Appendix 18, Table 9a (Enforcement Statistics).

Complaint/Investigation Statistical Summary			
	FY 2008/09	**FY 2009/10**	**FY 2010/11**
Complaints/Investigations			
All Cases Received/Opened	2921	3192	3243
Total Cases Closed	1937	4685	3510
Cases Pending Assignment or Under Investigation (FY end)	3016	1740	1531
Overall Case Aging – Average Days from Received to Closed	266	368	233

Performance Measures

The board's strategic plan establishes the following performance objectives for its investigation activities:

- Complete all desk investigations within 90 days
- Complete all field investigations within 120 days
- Close all investigations within 180 days

A statistical update on the prior quarter's performance with respect to these objectives is provided during every board meeting.

At the conclusion of the 2010/11 fiscal year, the board was:

- Completing 36 percent of its desk investigations within 90 days
- Completing 37 percent of its field investigations within 120 days
- Closing 60 percent of all investigations with 180 days

Investigations Aging						
Investigations (Average %)						
Closed Within:	**FY 2007/08**	**FY 2008/09**	**FY 2009/10**	**FY 2010/11**	**Cases Closed**	**Average %**
90 Days	368	527	591	650	2136	19%
180 Days	465	350	844	924	2583	23%
1 Year	903	593	1215	1070	3781	32%
2 Years	259	342	1103	394	2098	18%
3 Years	31	84	436	92	643	6%
Over 3 Years	1	23	175	31	230	2%
Total Cases Closed	2027	1919	4364	3161	11471	100%

Appendix 19 contains Table 10 (Enforcement Aging).

As reported in our strategic plan the average time to complete a desk investigation for the fourth quarter of 2010/11 was 174 days. The average time to complete a field investigation was 207 days for the same time period.

Limitations imposed on state government agencies in response to the state's fiscal crises have impacted the board's ability to reach its performance objectives which are already aggressive standards for the number of staff compared to the volume and complexity of the work. For example, state-mandated furloughs have hindered productivity since February 2009 because of the mandatory loss of workdays. The board cannot fill vacant pharmacist inspector positions and other nonpharmacist investigators due to the hiring freeze. It currently has a 30 percent vacancy rate for these positions. Budget restrictions have curtailed travel and travel expenses, preventing board inspectors from staying overnight to complete work in the field for all but the most serious cases.

The board also experiences delays in completing investigations sometimes because it does not receive requested information in a timely manner from board licensees. To reduce such delays the board sponsored legislation in 2011 to clearly specify the required response time for providing records to the board.

In the case of an investigation resulting from a criminal conviction, the board has had some difficulty in obtaining arrest and court documentation from law enforcement agencies and state and federal courts. In the past, documentation (such as certified court and arrest records, confirmation of criminal probation status, and any outstanding arrest warrants) was readily provided to the board upon request. Arresting agencies and courts are now requiring a fee to release criminal records, which requires a state issued requisition. In addition, some agencies take weeks and sometimes months to respond to the board's requests, whether they charge a fee. The fees and the delays in receiving records hamper the board's ability to complete investigations in a timely manner. The board uses online court information when available; however, many times the information contained on the website does not provide the necessary detail to complete the investigation.

Enforcement Trends

In the last few years, the board has noted changes in the number of investigations for various categories of violations. For example in 2008/09, the board completed 15 cases against pharmacy technicians for drug diversion violations. In 2010/11, the number of investigations skyrocketed to 112. The number of cases closed against pharmacies for drug diversion violations also doubled between 2008/09 and 2010/11.

In early 2009, the board established a criminal conviction unit, via the budget change proposal process, to review criminal conviction notices from the Department of Justice received on licensees and applicants. The unit initially worked through the backlog of the notices needing review and investigation. This

unit filled a much needed void and allowed the board to review all notices it received. The impact of this unit is reflected in the board's enforcement statistics. For example, in 2008/09, the board received 1274 criminal conviction notices. In 2010/11, the number rose to 1850, a 45 percent increase.

The board responds to trends when deploying enforcement staff and redirects staff resources to address an emerging need to protect the public. A very recent example involves licensed wholesalers working with pharmacies to obtain drugs in short supply which exacerbates the shortage and further increases the price, both of which harm the patient. In this investigation, eight inspector staff were assigned to investigate the 55 entities involved.

Statute of Limitations

Although the board does not have a statute of limitations, it recognizes public protection as its highest priority and therefore strives to investigate each complaint as quickly as possible and uses performance measures to monitor its performance.

Citations and Fines and Letters of Admonishment

Among the enforcement tools used by the board following an investigation are the issuance of a citation, citation and fine, or letter of admonishment. These actions are pursued when the violations are not serious enough to warrant referral to the Attorney General's Office for formal discipline. Citations and fines are used as a means to educate the licensee about a departure from pharmacy law, ensure compliance, and to note that a violation has occurred. Letters of admonishment are issued by the board to acknowledge a minor violation that does not warrant issuance of a citation and fine or referral for disciplinary action.

The board first initiated the use of citations and fines in July 1995. This regulation was implemented for only two types of violations: failure to provide patient consultation and unlicensed activity. At that time, citations were issued by a subcommittee of the board.

Since then the board has expanded its citation and fine program. In March 2000, the board added failure to fulfill continuing education requirements as a third violation. In January 1, 2001, the program was expanded by the Legislature to allow the board to issue citations involving fines of up to $25,000 per violation (or per prescription) for dispensing dangerous drugs or devices via the Internet without a valid prescription.

In August 2001, new regulations took effect that authorized the board to cite and fine for any violation of Pharmacy Law.

In 2003 the executive officer was given the authority to issue citations, and fines and in 2004, the board began exercising its authority to issue $5,000 fines.

The board strives to educate all licensees about the types of violations that could result in a citation and fine. Information is included in newsletter articles, presentations at board meetings and through continuing education presentations provided by the board. These educational opportunities are especially important in the case of medication errors. For example, the board publishes articles on medication errors that have been cited and fined, sharing information about the errors so that other pharmacies do not make the same errors.

In 2003, the board was authorized to issue letters of admonishment for minor violations of Pharmacy Law. A letter of admonishment is a less severe consequence than is a citation and fine. Its purpose is to advise the licensee that a violation of Pharmacy Law has occurred, achieve compliance, and serve as a warning to the licensee that if he or she continues to engage in this activity, there will be more serious consequences in the future.

Appeal Process

Following the issuance of a citation or fine or letter of admonishment, the licensee may request an informal office conference. An informal office conference allows the licensee the opportunity to present additional information or mitigation to the board's executive officer and a supervising inspector. Upon conclusion of the office conference, staff may affirm, modify or dismiss the original citation and fine or affirm or dismiss the letter of admonishment.

In addition to an office conference, a licensee who was issued a citation and fine has the right to contest a citation by submitting a formal appeal to the board within 30 days of the issuance of the citation. Appeals are conducted pursuant to the Administrative Procedure Act wherein an administrative law judge renders a decision, which is then presented to the board for vote and adoption or rejection. According to Pharmacy Law, letters of admonishment are not subject to the provisions of the Administrative Procedures Act.

In the last four fiscal years, the board issued 4559 citations and fines. The board held 1464 informal office conferences for citation and fine cases. As a result of the office conferences, 501 were affirmed, 592 were either dismissed or reduced to a letter of admonishment and the remaining 343 were modified in some way.

The board issued 754 letters of admonishment during the last four fiscal years. During that time, 60 were contested at an informal office conference.

During the last four fiscal years, the board referred 197 citation and fine appeals cases to the Attorney General's Office to proceed with a request for hearing on the matter. Only 23 cases have completed the appeal process. Of the 23 appeals completed, the average original fine was $3,085; the average fine was reduced to $1,265 following the appeal. This reduction is often the result of a stipulated settlement and not a result of a hearing.

Performance Measures

The board's strategic plan establishes the following performance objectives for its citation and fine and letter of admonishment activities:

- Issue all citations and fines within 30 days,
- Issue all letters of admonishment within 30 days.

As with the complaint process performance measures, the board is provided a quarterly update on this measure.

At the conclusion of the 2010/11 fiscal year, the board was:

- Issuing 89 percent of all citations and fines within 30 days,
- Issuing 97 percent of all letters of admonishment within 30 days.

Enforcement Trends

Provided below are the five most frequent violations which resulted in issuance of a citation in FY 2010/11.

5 Most Common Violations for which Citations are Issued

	Violation	Title
FY 2010/11	1716	Variation from Prescription
	1714(d)	Operational Standards and Security; Pharmacist responsible for pharmacy security
	1715(a)	Self-assessment form of a pharmacy by the pharmacist-in-charge; shall complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law
	1716/1761(a)	Variation from prescription/Erroneous or uncertain prescription; no pharmacist shall compound or dispense any prescription which contains any significant error or omission…
	4104(b)	Every pharmacy shall have written policies and procedures for addressing chemical, mental, or physical impairment, as well as theft diversion, or self-use of dangerous drugs, among licensed individuals employed by or with the pharmacy

Collection of Fines

In 2010, the board redirected a retired annuitant to focus on the collection of unpaid citations and fines. Consistent with the board's statutory authority, the board places holds on the renewal of licenses until the fine is paid. Where this is unsuccessful, the board uses the Franchise Tax Board's (FTB) Intercept Program. Since early 2011, the board has referred 18 individuals to the Intercept Program. The board will be advised by FTB if a payment is received, at which time the board updates the licensee's citation record.

This FTB program does not allow for the collection of outstanding fines due from corporations but does allow collection from individual licensees, as well as licensed premises doing business as sole proprietors or partnerships.

ADMINISTRATIVE CASES

The most egregious violations of Pharmacy Law are referred to the Office of the Attorney General to pursue administrative discipline. The range of outcomes for such discipline includes a letter of reprimand to revocation of the license.

The board recognizes the importance of ensuring the safe and effective delivery of dangerous drugs and controlled drugs for therapeutic purposes. At the same time, and given the historical and current abuse and diversion of drugs, the board believes there should be no tolerance for licensees who traffic in drugs or who abuse drugs or alcohol. In general, the position of the board is that revocation should always be an option whenever grounds for discipline are found to exist.

Board policy is that revocation is generally an appropriate order where a respondent is in default, such as when he or she fails to file a notice of defense or fails to appear at a disciplinary hearing.

Subject to judicial review, the board has the final authority over the disposition of its cases. As required in regulation, the board has *Disciplinary Guidelines* that are referenced in reaching a decision on a disciplinary action. These guidelines are used by board staff, board members, deputy attorneys general, administrative law judges, and attorneys to set penalties in disciplinary cases for various categories of violations. The guidelines also ensure that consistent penalty language is incorporated and that appropriate terms and conditions of probation are included in all decisions.

The board recognizes that individual cases may necessitate a departure from these guidelines, and deviation from the guidelines is appropriate where the board, in its sole discretion, determines the facts of a case warrant such deviation.

Performance Measures

The board's strategic plan establishes the following performance objectives for its administrative case activities:

- Submit petitions to revoke probation within 30 days once non-compliance with terms of probation is substantiated;
- Achieve 100 percent of case closures on administrative cases within one year (excluding board investigation time).

An update on the prior quarter's performance is provided during every board meeting.

At the conclusion of the 2010/11 fiscal year the board was:

- Submitting 100 percent of all petitions to revoke probation within 30 days once non-compliance with terms of probation has been substantiated;
- Closing 48 percent of its cases at the Attorney General's Office within one year.

Provided below is a multi-year comparison of closure times for cases referred for action to the Attorney General's Office.

Enforcement Aging						
Attorney General Cases (Average %)						
Closed Within:	**FY 2007/08**	**FY 2008/09**	**FY 2009/10**	**FY 2010/11**	**Cases Closed**	**Average %**
1 Year	2	1	1	17	21	4%
2 Years	32	18	53	84	187	35%
3 Years	24	36	61	95	216	40%
4 Years	9	9	27	33	78	14%
Over 4 Years	0	1	12	25	38	7%
Total Cases Closed	67	65	154	254	540	100%

Appendix 19 contains Table 10 (Enforcement Aging).

There has been a significant increase in the number of disciplinary cases referred to the Attorney General's Office since the last sunset review and over the last three fiscal years. At the time of the last sunset review (in fiscal year 2001/02) the board referred 148 cases to the Attorney General's Office. In comparison, the board referred 340 cases to the Attorney General's Office in fiscal year 2010/11, an increase of 130 percent.

In fiscal year 2008/09, the board referred 206 cases to the Attorney General's Office and in fiscal year 2010/11 the board referred 340 cases, a 65 percent increase.

From 2008/09 through 2010/11, the board referred 907 cases to the Attorney General's Office and has filed 701 accusations and statements of issues, and has taken disciplinary action, ranging from probation to revocation, on 492 licensees.

Additional Information on the closure times for administrative cases is provided in Appendix 19.

Enforcement Trends

The board has seen tremendous growth in the number of cases it has referred to the Attorney General's Office as well as the number of penalties imposed through case closures following investigation.

The largest growth in Attorney General case closures involves criminal conviction violations. In 2007/08 such cases represented 24 percent of the administrative case closures, compared to 2010/11, where 55 percent of the cases closed were as a result of criminal conviction violations. This increase is due to the increasing number of subsequent arrest notifications the board has received from Department of Justice regarding new arrests and convictions of licensees. It also includes investigation of some of the backlogged arrest reports prior to the establishment of the criminal conviction unit.

The profile of the cases at the Attorney General's Office appears to be changing as well. For example in 2007/08, 61 percent of the cases closed were related to drug diversion violations. Of those cases, 41 percent were pharmacy technician respondents and 47 percent were pharmacist respondents. The 2010/11 statistics show that 19 percent of the cases closed were related to drug diversion violations. Of those cases however, 64 percent were pharmacy technician respondents and 22 percent were pharmacist respondents.

The table below reflects the most frequent violations between 2007/08 and 2010/11 for which an administrative action was sought. It is important to note that allegations generally include more that one violation, e.g., unprofessional conduct and illegal possession of controlled substances.

Most Common Violations for which Administrative Action is Sought

Violation	Title
4301 (f)	Unprofessional Conduct: moral turpitude, dishonesty
4301 (j)	Unprofessional Conduct: controlled substances and drug diversion violations
4301 (o)	Violating state or federal pharmacy law
4060	Illegal possession of controlled substances
4301 (l)	Unprofessional Conduct: substantially related convictions
4301 (h)	Unprofessional Conduct: self-use of controlled substances, dangerous drug or alcohol
H&S 11170	Prescribing or furnishing controlled substances for self use

Cost Recovery and Restitution

California Business and Professions Code section 125.3 authorizes the recovery of investigation costs associated with the formal discipline of a licensee.

The board's policy is to seek cost recovery in all cases where cost recovery is authorized. Reimbursement of board costs is a standard term of probation listed in the board's *Disciplinary Guidelines*. The board seeks the award of costs when

settling cases with a stipulation, as well as with decisions provided through an administrative hearing.

Costs are a component in stipulations for surrender of a license; however, costs are typically not required to be paid until or unless the licensee reapplies for licensure. Costs are also a component in decisions or stipulations for a revocation of a license but are not required to be paid until or unless the licensee applies for reinstatement. Costs must be paid in full prior to reinstatement or relicensure.

It is important to note that administrative law judges will not always award the board costs or full costs in a decision pursuant to an administrative hearing.

Over the last four fiscal years, the board has been awarded $2,098,055 in costs for all decision and orders, and has collected $923,112. On the right is a general breakdown.

Money Awarded	
Revoked Licenses	$326,110
Surrendered Licenses	$517,188
Licenses on probation	$1,254,758
Total awarded:	$2,098,055

Costs awarded with a penalty of license revocation or license surrender are considered uncollectible until the licensee either petitions the board for reinstatement or reapplies for licensure. At that time, the costs are due upon reinstatement or reissuance of the license.

The amount of cost recovery collected over the past three years has increased 207 percent over the last three years. Typically, most costs awarded to the board in probation cases are paid in installments, so money awarded as costs in one year may not be fully collected until the end of the probation period, perhaps in three to five years.

The board does not have the authority to seek cost recovery in a statement of issues case (where an applicant has appealed the denial of his or her application).

Provided in Appendix 20 is Table 11 (Cost Recovery).

Collection Efforts

The board has authority to collect unpaid cost recovery with the use of the Franchise Tax Board's Intercept Program. However, because of limited resources, the board has not yet used this process for collecting unpaid cost recovery.

As stated under the citation and fine section, this program does not allow for the collection of outstanding fines due from corporations but does allow collection from individual licensees, as well as licensed premises doing business as a sole proprietor or partnership.

Restitution

The board has no the legal authority to order restitution. Instead in many settlement negotiations, the component of community service is included as a way to pay back the community for violations of pharmacy law.

Provided in Appendix 21 is Table 12 (Restitution) that shows the board does not order restitution.

SECTION 6

Public Information Policies

- Public Information Policies
- Webcasting of Meetings
- Public Disclosure
- Consumer Outreach

Public Information Policies

The board is a public agency and performs its activities publicly. The board makes every effort to be as transparent as possible and complies with all Civil Code requirements as well as the Bagley Keene Open Meetings Act.

The board uses its website as a primary conduit for communication with the public, applicants and licensees. In fiscal year 1995/96 the board initiated its own website that provided general information about the board including how to file a complaint, consumer brochures, pharmacy laws and licensing information. Today the board's website has grown as a communication method and contains substantially more information than ever before.

Over the past three fiscal years, the board has averaged over 500,000 hits per year, double the number reported in the last sunset report. The board's website conforms to the design templates established by the Administration. The board works hard to ensure its website is relevant to consumers, applicants, and licensees alike.

Board and Committee Meetings

The board posts dates and locations of all meetings well in advance to allow the public and others interested in attending meetings to make arrangements. Meeting dates are typically posted at least three months in advance, and in the case of board meetings, often more than one year in advance.

The board posts agendas for all board, committee and subcommittee meetings on its website. Agendas are posted at least 10 days in advance of any meeting. The agenda includes a specific description of each topic so the public has a general understanding about what will be discussed in advance. Then, typically three to five days in advance of any meeting, meeting materials are also added to the website. These are generally the same materials provided to board members. This provides the public with more specific information about board activities and permits the public to be fully prepared to participate in discussions before the board. Meeting materials provided by the board are thorough and generally provide background information, a summary or history of the item as well as any recommendations or action items. Board packets also include draft minutes from the previous meeting. Board minutes serve as a helpful resource for those interested in following board activities.

The board maintains information for each meeting for a minimum of 10 years, consistent with the board's records retention policy.

Webcasting of Meetings

In addition to posting all materials, the board also supports the use of webcasting, and has leveraged the department's capabilities to do so at all board meetings held at the DCA headquarters building in recent years. Recently the board also

requested that the department webcast board meetings from remote locations as well. The October 2011 Board Meeting held in San Diego was webcast.

Public Disclosure

The board's complaint disclosure policy is similar to that of the department and was most recently revised in April 2004. It is available online.

The board posts a significant amount of information about licensees on its website. From the website's license verification feature, a consumer can find:

- Licensee's Name
- License Number
- Address of Record
- Issue Date
- Expiration Date
- Current status, including a notation if the individual is currently on probation, has an accusation pending final discipline or if the individual was previously disciplined. In addition, the board provides a link to the accusations and decisions on individual and business licenses.

The availability of this information ensures that consumers have ready access to information about their care providers, and allows employers, other government agencies and other licensees to quickly access license status information about any licensee. The licensure verification feature is a valuable tool to reduce unlicensed activity and provides consumers with status information about their community pharmacy and pharmacist. License verification is routinely used by drug wholesalers to ensure that facilities that wholesalers ship to are licensed and in good standing. Years ago the board sponsored legislation to specify that verification of licensure from the board's website is proof is licensure.

To supplement the information available on the website, the board also responds to requests for information in writing. Such public information includes what is available on our website, but also includes some information that is not posted on the website.

Disciplinary action information remains public for 20 years. The board does not provide additional personal information about licensees regarding their education, degree, etc.

Consumer Outreach

The board has a strong consumer outreach and education program. In 2011 the board assessed its education program against those of other states' boards of pharmacy, a study that reveals California's dominance in this area.

Over the years the board has developed a series of consumer materials covering a wide range of topics. These materials have been developed by board staff to educate the public about public health and pharmacy specific topics. In recent years an innovative approach to develop consumer education materials involved development of a series of topical fact sheets in conjunction with the UCSF School of Pharmacy. More recently, the board expanded this program to the other California schools of pharmacy and additional fact sheets are under development.

Below is a listing of the fact sheets the board currently produces, disseminates to the public, and posts on its website. Several of these items are also available in Spanish, Chinese and Vietnamese and can be downloaded from the board's website.

- Bringing prescription drugs into the U.S. from foreign countries
- Counterfeit Drugs
- What you should know before buying prescription drugs on the Internet
- Diabetes - Engage Your Health Team
- Did You Know? Good Oral Health Means Good Overall Health
- Do you understand the directions on your Rx medicine label?
- Drug discount programs
- Ever Miss a Dose of Your Medicine? Here are Some Tips
- Generic Drugs...Real Medicines at High Quality, Low Cost
- Is Your Medicine in the News?
- Lower Your Drug Costs so You can Keep on Taking Your Medicines
- Measuring Liquid Medicine
- Pill Splitting
- Thinking of Herbals? Check Carefully Before You Take Them With Medicines
- Traveling Medicine Chest
- Vaccinations and Travel Outside the U.S.
- What's the Deal with Double Dosing? Too Much Acetaminophen, That's What!

The board also has a number of additional materials developed for consumers on its website. For example the board provides consumers with "tips":

- New Prescription Drug Discount Program for Medicare Recipients
- Things You Always Wanted to Know About the Board of Pharmacy...
- Get the Answer
- How to Take Your Pain Medications Effectively and Safely
- Side Effects of Narcotic Pain Relievers
- Older Adults and Medicines
- About Your Child's Medication
- Does the pharmacist have to talk to the patient about prescription medication?
- Can a pharmacist refuse to fill my prescription?

- Can the pharmacy refuse to take back my prescription medication?
- Can the pharmacist give out my personal medical information?
- Why does the pharmacy need my address, social security number, and date of birth?

Two major issues affecting patients with regard to pharmaceutical products are medication errors and how to prevent them, and safely purchasing drugs over the Internet. In the last year, the board has developed two videos covering these topics, both available online on the board's website.

Until recently, the board had attended community events to distribute materials, provide presentations and raise awareness about the board. Regrettably since budget restrictions were imposed, the board's presence at such events has been suspended; however, the board does send written materials to community events when requested.

The board hopes to further expand the services and information it provides on the Internet because the Internet will continue to become an ever increasing medium for communicating with the public. The board believes that this will result in improved access and services available to the public.

In the near future, the board hopes to leverage social media as another way to reach consumers. Providing a Facebook page, would be a quick and efficient way to disseminate current information and updates. Development of a license lookup application that could be downloaded onto a smart phone or tablet would ensure that consumers could readily access such information, even at the point of care. Further, a Twitter account would allow the board to quickly send messages to followers. For example, a quick tweet suggesting that people talk to their pharmacist when they pick up their medicine is an easy way to remind consumers of the value of patient consultation. With 13 percent of Americans on the web using Twitter and over 750 million active users on Facebook, using such social media is a quick and inexpensive way to reach a very large percentage of Californians.

Section 7

Online Practice Issues

- Online Practice Issues and Regulations of Online Practices
- E-Prescribing
- Internet Sales of Prescription Medicine

Online Practice Issues and Regulation of Online Practices

Pharmacy practice involves far more than just dispensing medications to the patient in a traditional pharmacy setting. Recognizing this, pharmacists by law are authorized to perform drug therapy management, drug utilization reviews and other evaluative services via computer from outside a licensed pharmacy.

Pharmacists from outside California are allowed to provide services to California pharmacies and patients if they are employed through a nonresident pharmacy licensed in California. Perhaps one of the oldest forms of such services are those provided by mail order pharmacies. For more than 20 years mail order pharmacies have dispensed medications to Californians from within and outside the state. Pharmacy Law does not require pharmacists working outside California to be individually licensed as pharmacists with the board to provide services to Californians.

However, California law was recently amended to ensure that a pharmacist whose license is revoked in California cannot work in another state and dispense medications to California (SB 431, Emmerson, Chapter 646, Statutes of 2011, sponsored by the Board of Pharmacy).

E-Prescribing

Underway in various arenas is a national momentum to institute e-prescribing for prescription medications. At the current time, use of e-prescribing is very low. Part of the effort behind this movement is to reduce medication errors and to transition to full electronic medical records for patients (although use of e-prescribing produces different medication errors). Strategies to foster implementation of e-prescribing at the national level currently include use of financial incentives and consequences for failure for prescribers to implement e-prescribing within the next few years (through Medicare and Medicaid service funding).

California also has groups of pharmacies, prescribers, health care systems and administrators working to achieve e-prescribing implementation. The board is involved in some of these efforts and convened a public forum on e-prescribing with the Medical Board of California in November 2008 to discuss implementation issues and the need for cooperation between prescribers and pharmacies in this effort.

One current impediment to achieve full use of e-prescribing is the inability to e-prescribe controlled substances, which awaits action by the Drug Enforcement Administration (DEA) at the federal level. While the DEA has an interim final rule on e-prescribing which took effect June 1, 2010, the rule requires DEA certification of certain elements, a process that has not yet occurred.

To aid pharmacies and prescribers in understanding the complex federal requirements, this board solicited the cooperation of the Medical Board of California in having both agencies' respective legal counsels develop a guidance document for licensees about how to comply with the federal requirements once they are fully implemented. This document is available on the board's website: *E-Prescribing of Controlled Substances Guidelines for Pharmacies and Prescribers*. It has been recognized nationally by pharmacy groups as very helpful in understanding and securing future compliance with the law.

Internet Sales of Prescription Medicine

Individuals with email accounts are periodically (and fairly routinely) solicited by spam email to purchase prescription medications via the Internet. Other individuals deliberately seek out such websites. While buying from the Internet can be done safely, it also can be very dangerous. The vast majority of these spam solicitations originate from web operations that violate California and US law. But identifying who is really behind the website operations is difficult and may involve individuals doing business from well outside the US, where the board has no authority to enforce sanctions.

California Pharmacy Law prohibits pharmacies from dispensing prescription medication unless there is an underlying relationship between the patient and a prescriber via a good faith examination (thus a doctor/patient relationship). Some individuals want to purchase prescription drugs without prescriber authorization or review, especially those seeking pain medication and lifestyle drugs (for hair loss, erectile dysfunction, weight loss). As such, website operators offer such sales without the required doctor/patient relationship or via an online questionnaire that results in an "online physician" writing a prescription without an examination.

In recent years, some pharmacies have sold drugs to patients from orders received by Internet operators in exchange for a minimal dispensing fee, thus facilitating the operation of some of these websites. This is illegal and the board is authorized to fine the extraordinary amount of $25,000 per prescription in such cases under provisions enacted in the California Business and Professions Code. In such schemes, typically the website operator offers an online questionnaire, a physician located in another state approves the order and the contracted pharmacy fills the medication, and receives payment from the Internet operator. However, the pharmacy may be paid as little as a $3.50 dispensing fee, while the physician makes $30-$40 for a "consultation and review" and the patient pays over $200, highlighting the lucrative spread that benefits the Internet operator.

In the last several years, the board has issued over $600 million in fines to about 50 pharmacies and pharmacists-in-charge. While the board will likely be unable to collect such fines, the issuance (and publicity surrounding it) serves as a deterrent.

Many of these firms are not licensed in California. Some are licensed as non-resident pharmacies and others are licensed pharmacies located in California.

The board has developed educational materials for the public on wisely purchasing drugs if using the Internet. Additionally in 2011, the board developed a short video on this topic which is available on the board's website.

Issues with unlicensed activity are discussed in Section 9 of the report.

SECTION 8

Workforce Development and Job Creation

- Workforce Development and Job Creation
  - Pharmacists
  - Pharmacist Interns
  - Pharmacy Technicians
  - Increased Use of Automation
  - Self Assessments Required
  - Other Pharmacist Assessments
- Impact of Licensing Delays on Job Creation
- Impact of Regulatory Actions on Business
- Sharing of Workforce Data with other Agencies
- Outreach to Schools
- Workforce Development Data
  - Workforce Shortages and Staffing Needs
  - Successful Training Programs
  - Number of Jobs Created by Board Licensure

Workforce Development and Job Creation

Pharmacists

The qualifications for a pharmacist license have not changed since 2004, when the national examination for pharmacist licensure was adopted for use in California along with a separate California-specific examination.

To ensure the California-specific examination remains psychometrically valid, the board conducted two job analyses of California practicing pharmacists to validate its licensure exam. This assessment provides the framework for the California Practice Standards and Jurisprudent Examination for Pharmacists (CPJE).

In the coming years as the nation implements the Affordable Care Act, pharmacists are well placed in communities to provide medication therapy management services. The education that pharmacists possess, their access in communities and to patients without an appointment, and the important role medication therapy and adherence play in health care well positions pharmacists to serve patients. Pharmacists also serve as referral points for patients with more serious conditions that warrant medical care. As the country moves towards implementation of this act, the board will reevaluate the requirements of pharmacist licensure to ensure that the workforce of pharmacists is ready and appropriately prepared to serve Californians.

Pharmacist Interns

In 2007 the board worked with the California schools of pharmacy in a series of meetings over more than one year on implementation of new educational and experiential requirements for pharmacist intern training mandated by the sole national accrediting body for the US schools of pharmacy (American Council for Pharmacy Education). For the pharmacy schools, these new standards resulted in a substantial restructuring of the training, education and experience of pharmacy students, who are required to be licensed with the board as pharmacist interns to secure the training they are required to possess for licensure as a pharmacist.

The board additionally discussed at a number of public meetings, in response to requests from pharmacy students and pharmacy schools, the number of hours of intern training required to become licensed as a pharmacist. The current requirements in California law are 1,500 hours, 900 of which must be earned in a pharmacy. All these hours must be earned under the supervision of a pharmacist. The new accreditation standards for intern training in schools of pharmacy require 1,740 hours.

The board considered changes to pharmacist intern experience after review of the new accreditation standards and the types of practice environments in which some students earn experience today. The board declined to make changes believing that its existing requirements of 1,500 intern hours as structured would

accommodate the new accreditation standards and still ensure adequate core training of all pharmacists.

Pharmacy Technicians

To better use the drug therapy management knowledge of pharmacists and place them in patient care areas in hospitals performing clinical care, in 2006 the board promulgated a regulation to permit technicians checking technicians for the preparation of specific floor and ward stock and unit dose distribution systems, where the medication orders have been previously reviewed and approved by a pharmacist. The technicians require special training and a pharmacist is still responsible for the work performed by the technicians. This regulation was based upon years of an experimental program permitting these duties in several hospitals in California.

Increased Use of Automation

The board was one of the first states to allow one pharmacy to have its prescriptions filled in another location by another pharmacy, away from the bustle and interruptions of a busy pharmacy, provided the patient is made aware of this arrangement. This central fill process prevents pharmacist interruptions, one cause of medication errors. The board also approved regulations to allow the use, when acceptable to the patient, of an automated delivery device to allow patients to pick up their refill medication without going to the pharmacy counter or in afterhours times when the pharmacy, but not the store, is closed. The final regulation required considerable patient safeguards, but such devices are now in use in several California pharmacies.

Self Assessments Required

The board requires a self assessment process by the pharmacist-in-charge of any pharmacy biennially or whenever there is a new pharmacist-in-charge. This requires a periodic professional assessment by the responsible pharmacist of every pharmacy to assess the operations of a pharmacy for compliance with pharmacy law. The self-assessment form is a very lengthy and detailed survey instrument.

This assessment also serves as a competency assessment for any pharmacist who compiles the survey as it lists and provides a refresher about a number of pharmacy requirements and the related code sections establishing the provisions. This keeps pharmacists knowledgeable about pharmacy law, and improves compliance. There is an additional specific assessment survey which deals with compounding and another component for sterile injectable compounding processes.

Areas where a pharmacy or pharmacist is deficient can be noted and corrected. In this, pharmacists can augment their knowledge and ensure pharmacy and pharmacist compliance with law.

Completion of a separate self assessment survey is required of the designated representatives-in-charge for wholesalers, which again must be completed whenever there is a new designated representative-in-charge or in July of every odd-numbered year. This document provides major laws and requirements for the operations of wholesalers.

Use of the self-assessment mechanism is also a way that the board ensures that pharmacies and wholesalers have the tools to ensure they are compliant with Pharmacy Law. This is an important way to secure compliance since the board lacks the staff to perform periodic routine inspections of every pharmacy and wholesaler premises every three years as desired by the board. However, during the rare board inspections that are conducted, the board's inspectors review the self-assessment forms to ensure compliance with the survey requirements and to ensure the document has been accurately completed.

Other Pharmacist Assessments

From 2005 through 2010, the National Association of Boards of Pharmacy had available the Pharmacist Self Assessment Mechanism examination (or PSAM). This was an evaluation pharmacists could take to assess their individual knowledge of current practice and therapies. Pharmacists could then target CE to correct deficiencies. The board encouraged use of this examination by allowing pharmacists to earn six hours of CE for taking it. The board also used this assessment in some disciplinary cases where the board wanted to improve the quality of care provided by a pharmacist. The examination was not popular with pharmacists however, and the NABP discontinued administration of it sometime around 2010.

As discussed in Section 4 of this report, the board has plans to evaluate a new assessment examination for practicing pharmacists, the Pharmacist Assessment for Remediation and Evaluation (PARE). The test should be available in 2012. Once made available, the board will determine whether it will use, and how it will use, the PARE.

Impact of Licensing Delays on Job Creation

The board has a recognized role in job creation via the licensure of individuals and businesses.

The board has a sacred trust to ensure that those it licenses meet minimum standards. It also has an obligation under its public protection mandate to perform this review accurately, timely and consistently.

The board has been impacted in its ability to issue licenses within the board's established performance standards. Additional information about this is provided in Section 4 of this report.

The board's failure to license an entity prevents that individual or business from working. In the case of a pharmacist, pharmacies frequently plan and expect having pharmacist intern staff become licensed as pharmacists within a narrow period of time, typically 90 to 120 days from the date of application for the pharmacist exam.

In cases where the board delays making a licensing decision, for example, while investigating a criminal background of an applicant, the job intended for an applicant may be given to another individual. As a result, the board's delay in licensing, although necessary, has a direct impact on the individual.

The board works with applications from businesses that must be licensed by the board, and strives to ensure that they can open on the date they desire, even when they turn applications in very close to the desired opening date. Many times this can be accomplished. However, there are a number of components that must be complete before an applicant can receive a new pharmacy or wholesaler license and the board's license is but one of the first requirements needed by most businesses (e.g., the pharmacy license is required to obtain a MediCal provider number and a DEA number). The board asks for 60 days to review an application, but few applicants submit applications this far in advance of when they plan on opening.

The board has the ability to issue temporary licenses to pharmacies and wholesalers when there has been a change of ownership, if a certain number of requirements are fulfilled. This permits the new business to begin, and the board can then finalize review of the licensing documents within the next 180 days.

Impact of Regulatory Actions on Business

The board regulates the businesses and professions that compound, dispense, ship, store, and transport prescription drugs and devices. To ensure the public health, this is a highly regulated area by both the state and federal governments and ensures the public retains trust in their prescription drug supply.

Before proposing a new requirement, the board determines if a problem exists and whether a solution warrants a regulation or statutory change. It then works with interested parties to develop the solution, balancing the needs of the industry against consumer protection. But the board ensures the balance always tips in favor of patients, consistent with the board's statutory mandate.

After adoption of a regulation or statutory change, the board works with industry to implement the requirements, usually using enforcement discretion to permit learning while compliance is being secured. As part of the regulation process, the board is required to identify economic impacts to its licensees, including businesses. Additionally, after enactment or adoption of new requirements, the board routinely re-evaluates program changes to ensure that the goal of pursuing the change was realized.

Sharing of Workforce Data with other Agencies

The board assists other agencies in performing their calculations of the number of various professionals in practice. Very recently the board initiated a workforce survey on its website using Survey Monkey. These results will be provided to the Office of Statewide Health Planning and Development to enable that agency to make its workforce projections necessary to prevent workforce shortages.

Outreach to Schools

The board is periodically asked to provide lectures at California pharmacy schools on Pharmacy Law, the role of the board, its licensing program, enforcement program, duties of a pharmacist-in-charge and other topics. These presentations are intended to ensure that new licensees understand the board's role and activities. For example during presentations about the board's enforcement programs, the board highlights the difference between formal discipline where revocation or restriction of a license is the goal versus citations and fines where compliance is the goal. One of its more well-received presentations is "How to 'survive' a board inspection," which is intended to reduce licensees' anxiety during an inspection.

The board meets several times annually with the deans of California's pharmacy schools during the California Pharmacy Council meetings on matters involving future manpower issues affecting pharmacists and pharmacist interns.

Workforce Development Data

Workforce Shortages and Staffing Needs

There was a recognized pharmacist shortage in the early 2000s. In the last few years there is no longer agreement that there is a shortage of pharmacists. This is due to a substantial increase in the number of pharmacy schools in California as well as nationwide, coupled with a decline in the economy which has slowed the number of new pharmacies and reduced the number of staff working within existing pharmacies.

For a number of years, California had only three schools of pharmacy. Since the early 1990s, that number has increased to eight schools today. Underway are plans by eight additional entities to open new schools of pharmacy in California in the next few years, doubling the current number of schools, and presumably the number of California graduates.

The general consensus of the profession is that there is an adequate supply of pharmacists now and for the foreseeable future. However, if health care reform results in more pharmacists working as primary care practitioners or if demand increases for pharmacists to perform drug therapy management or compounding services, there could be a shortage again.

For example, experts in this area conducted a study to describe the aggregate demand index for pharmacists from 1999 – 2010. The study identifies that an improving economy, with decreased unemployment levels, may again make filling open pharmacist positions more difficult.

In 2008, the board participated in a task force convened by the California Hospital Association to examine whether shortages exist of health professionals in hospitals. The task force concluded that there was not a shortage of pharmacy technicians, but there was a shortage of adequately trained pharmacy technicians. There was no agreement that there was a shortage of pharmacists; however, there was agreement that there was a lack of adequate training placements for pharmacist residents (licensed pharmacists participating in residencies usually following graduation from pharmacy school).

Successful Training Programs

The board does not approve training programs nor does it collaborate in providing training programs to train pharmacists, pharmacy technicians and other licensees.

However, in its regulations, the board lists the components for training that course providers need to follow. This occurs for pharmacy technician programs and for designated representatives.

The board has developed the parameters in regulations for one remediation course that is provided by outside vendors -- an ethics counseling program that over a one year period requires pharmacists to assess their behavior individually and in a group setting, all led by a facilitator. Pharmacists with Pharmacy Law violations that involve an ethics lapse are referred to this program as a component of formal administrative discipline or less often, in response to a citation and fine issue.

Number of Jobs Created by Board Licensure

The board does not track the number of jobs created by its licensure programs; however, the board is very aware of the importance to applicants, the public and businesses of the need for adequate access to the pharmaceutical products and services available from board licensees. The board makes a concerned effort to process and issue licenses timely, accurately and in compliance with requirements.

SECTION 9

Current Issues

- Uniform Standards for Substance Abusing Licensees
  - Disciplinary Guideline Changes
  - Pharmacists Recovery Program Contract
  - Board Member Procedure Manual
- Consumer Protection Enforcement Initiative
- BreEZe
- Office of Statewide Health Planning and Development
- Unlicensed Activity and Underground Economy
  - Internet "Pharmacies"
  - Unlicensed Wholesalers
  - Prescription Drug Fraud
- No Longer Interested Notifications

Uniform Standards for Substance Abusing Licensees

Since the passage of Senate Bill 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) the board has directed a significant amount of resources to both the development and implementation of the required uniform standards. The standards were finalized by the DCA in April 2011.

In 2009, to facilitate implementation of these standards, DCA created a workgroup consisting of staff from each of the healing arts boards to draft recommended standards for consideration by the Substance Abuse Coordination Committee (SACC). The board was actively involved in the process. Board staff prepared for and attended workgroup meetings and developed early language for portions of these standards.

In addition to board participation in the workgroup, the board's executive officer participated in the approval of the guidelines and served as a member of a subcommittee to reevaluate the uniform standard defining the drug testing requirement.

From the beginning, the board has been well positioned to implement the standards. In fact, many of the standards were already consistent with the board's *Disciplinary Guidelines* as well as program elements of the Pharmacists Recovery Program (PRP).

After completing an analysis of the draft standards in 2010, the board began developing an implementation strategy for the SACC standards. Three areas of board operations were identified as requiring change: *Disciplinary Guidelines*, scope of work for the PRP contract, and *Board Member Policies and Procedures*.

Disciplinary Guideline Changes

The board is pursuing changes to its *Disciplinary Guidelines* via the regulation process to seek conformity to several of the uniform standards 1 – 5 and 7. These changes are incorporated into the following terms and conditions of probation:

- Reporting of Employment and Notice to Employers (Uniform Standard 3)
- Clinical Diagnostic Evaluation (Uniform Standard 1 and 2)
- Drug and Alcohol Testing (Uniform Standard 4)
- Facilitated Group Recovery and/or Support Meetings (Uniform Standard 5)
- Work Site Monitor (Uniform Standard 7)

The board recently voted to initiate the rulemaking on the *Disciplinary Guidelines* and will be holding a regulation hearing during its January 2012 Board Meeting. The board expects to have the new requirements in place in 2012. Currently, the board is using the elements specified in these standards to establish probationary terms and PRP monitoring terms for our licensees.

Pharmacists Recovery Program

Either a new contract or an amendment to the current contract amendment with the PRP vendor is needed to fully implement some of the provisions in the standards. The board is working with the department to secure the necessary changes. Until such time, the board will be faced with challenges in reporting some of the statistical information required by Standard 4 and 16. Managing this data will require staff resources the board lacks, as it is far more extensive and detailed than our current systems.

Board Member Procedures

Some of the standards provide policy direction to the board. To facilitate implementation of these standards and to ensure the board members are knowledgeable of them, the board's *Procedure Manual* was updated to incorporate this policy guidance to board members.

CONSUMER PROTECTION ENFORCEMENT INITIATIVE

Beginning in July 2009, the board partnered with the Department of Consumer Affairs and other health care boards to improve capabilities to investigate and discipline errant licensees to protect the public from harm. These results yielded the Consumer Protection Enforcement Initiative (CPEI). The CPEI comprised a three-pronged solution designed to ensure that investigations were completed and final action taken against licensees within 12 – 18 months. The solution included legislative changes designed to remove barriers to investigations, a new computer system that would meet the board's needs to collect information and monitor performance, and additional staff resources.

Many of the legislative changes sought by the department were incorporated into SB 1111 (Negrete McLeod, 2010). This bill failed passage. The department then identified provisions in the bill that could be implemented through regulation and has encouraged boards to develop language and initiate the rulemaking process.

The board evaluated each of the proposed provisions during several board meetings and voted to pursue some regulation changes detailed below:

Addition of Section 1762 – Unprofessional Conduct

This regulation would establish that specified acts are unprofessional conduct. Such acts include:

- Inclusion of a gag clause as part of a civil settlement
- Failure to provide information requested by the board within specified time frames
- Failure to comply with a court ordered subpoena for records
- Failure to notify the board about an arrest, indictment, conviction, or discipline

- Commission of any act resulting in the requirement that a licensee or applicant registers as a sex offender

Amend Section 1769 – Application Review and Criteria for Rehabilitation
The proposed amendment would allow the board to request that specified applicants for licensure undergo an examination to determine their ability to practice safely.

The board has not yet initiated the formal rulemaking for these items because it has been promulgating three major rulemakings (patient-centered labels, new notice to consumer requirements, and compounding and sterile compounding requirements). The board plans to initiate the rulemaking later in 2012.

To supplement the work of the department, the board used the CPEI as an opportunity to evaluate its enforcement systems to achieve time savings in its investigations. The board made several internal operational changes, such as assigning cases online and conducting mail votes electronically. The board also dedicated an associate analyst to perform initial case analysis and review. In addition, the board identified statutory barriers that delay investigation and discipline. As a result, in 2011 the board sponsored enacted legislation (Emmerson, Chapter 646, Statutes of 2011) seeking changes to specify timeframes in which records need to be provided to the board. The specific provisions incorporated into Pharmacy Law include:

- Specifying that a pharmacy will report to the board within 14 days any evidence of a licensee's theft or impairment. It will also require a pharmacy to submit information to the board within 30 days thereafter describing the scope of any suspected drug loss from the pharmacy.
- Specifying the time period within which records must be provided to the board when requested by an inspector or authorized representative of the board.
- Prohibiting a nonresident pharmacy from allowing a pharmacist, whose license has been revoked in California, from providing pharmacist-related services to Californians.

BreEZe

The board vitally needs a new computer system. The current system was developed in the mid 1980s and has not met the board's needs for a long time. The board has provided significant resources to the development of the BreEZe system. The executive officer has been an executive sponsor of this project from the start making decisions on critical issues and monitoring the progress of implementation. Currently she also serves on the Change Control Board for the project. The assistant executive officer also serves on the Executive Steering Committee and chairs a work group to standardize the forms that will be produced by the new system (this is a very diverse and complex component since boards over the years have developed their own forms to fit their needs, which if

not standardized will add substantial expense to a new system). The board also has provided key subject matter experts that have been assigned on a part-time basis to assist the department with system requirements. Despite the board having scarce resources and not being scheduled for transition to BreEZe until phase 2, commitment to the project is the board's number one priority and is crucial to the board achieving a viable computer system.

The board also lends support to other secondary IT issues affecting the board. Staff participated in the transition to the consolidated e-mail system and procurement of standardized software to facilitate the transition. In addition, the assistant executive officer is also a member of the department's Technology Innovation Committee. The committee meets bi-monthly to discuss technology challenges, upcoming changes and business needs, and then follows the items through to resolution.

Office of Statewide Health Planning and Development

As part of Senate Bill 139 (Chapter 522, Statutes of 2007) the Office of Statewide Health Planning and Development (OSHPD) was directed to establish the California Healthcare Workforce Clearinghouse (Clearinghouse) to serve as the central source for collection, analysis, and distribution of information on the healthcare workforce employment and educational data trends for the state.

The Licensing Committee of the board discussed possible implementation strategies to assist OSHPD with their collection efforts. As the board has neither a statutory or regulatory mandate to collect this data, nor are licensees required to provide this information as a condition of licensure or renewal, board implementation efforts are limited.

At the October 2011 Board Meeting, the board voted to add an online survey to the board's website, announce its availability via a subscriber alert, and transfer the data to OSHPD. This was done before the end of October. The board has received over 800 responses to the survey in less than one week.

Unlicensed Activity and Underground Economy

As the economy has declined, the board has seen horrific violations as bad players, often unlicensed, look for ways to make quick money by selling pharmaceuticals. Unfortunately, these violations come at great expense to consumer protection. The impact to society includes:

- compromised pharmaceutical care
- compromised drug products
- prescription drug abuse
- overall decline in health care

Internet "Pharmacies"

California law requires that any pharmacy that dispenses medications to patients in California must be licensed with this board. In the area of pharmacy, Internet drug sales are the prevalent form of unlicensed activity. Some consumers look to the Internet as a way to obtain prescription medications at lower costs or without obtaining a prescription. Unfortunately many of these website "pharmacies" are operated by Internet drug dealers not health care providers. According to the National Association of Boards of Pharmacy, more than 96 percent of all Internet "pharmacies" are unlicensed and operate illegally.

Purchasing drugs from an unauthorized source can have serious consequences. The National Association has assessed over 8,400 Internet drug outlets selling prescription medication and found that 96.2 percent are operating illegally - - out of compliance with state and pharmacy laws and practice. Eighty-one percent (6,808) do not require a valid prescription, 3,700 (44 percent) offer non-FDA approved drugs, 2,100 (25 percent) are located outside of the US and ship illegally to patients inside the US. Less that 4 percent of the websites appear to be legitimate prescription drug outlets.

The World Health Organization estimates that over 50 percent of all drugs purchased via the Internet from outlets that conceal their actual address are counterfeit or adulterated. Worldwide counterfeit drug sales are increasing at nearly twice the pace of legitimate drug sales. Counterfeit drugs have the potential to harm patients with inaccurate or inconsistent dose levels or contaminated or toxic substances and deprive patients of life saving medications. Ease of access to the products over the Internet contributes to the distribution of counterfeit drugs, as they are available to almost anyone worldwide. The board has responded to this problem through enforcement efforts as well as consumer education.

The board investigates complaints it receives from consumers and industry that allege unlicensed activity by Internet pharmacies. Until recently the board had staff responsible for identifying unlicensed Internet pharmacies and conducting investigations. Because of staff resource limitations and complications with researching offshore website ownership, the board stopped these investigations and refers the complaint to the FDA.

In recent months the board began referring cases to the Division of Investigation to complete undercover purchases from domestic operators. Although this is still relatively new, the division has completed three such buys for the board.

The problems associated with purchasing drugs from the Internet also involve obtaining dangerous drugs without a prescription, medical supervision, or a good faith medical exam. To address this specific issue, in 2001 California law gave the board special authority to regulate Internet businesses that provide pharmacy products and services without a good faith medical examination. The law also

established substantial fines for such violations, up to $25,000 per violation, in recognition of the economic nature of such crimes.

In recent years, the board has identified a small number of California pharmacies that have willingly filled prescriptions obtained from Internet website operators, earning perhaps as little at $3.50 per prescription. These pharmacists are aiding the Internet drug operators in an illegal market practice that poses serious risk to public safety.

The table below details the number of licensed and unlicensed pharmacies the board has substantiated are filling unlawful Internet prescriptions, as well as the fines assessed, which are determined based on the number of illegitimate prescriptions filled.

Fines Assessed				
	Unlicensed Pharmacy	**Fines Assessed**	**Licensed Pharmacy**	**Fines Assessed**
2009/10	9	$106,925,000	13	$218,075,000
2010/11	4	$ 36,600	5	$ 54,250,500
Total	13	$106,961,600	17	$272,325,500

The board also typically issues a similar citation to the pharmacist-in-charge. The fines assessed for citations issued to those individuals totaled another $212,175,000 in FY 2009/10 and $56,425,000 in FY 2010/11.

In recognition that enforcement efforts alone will not remedy this problem, enforcement efforts have been supplemented by the development of a consumer education video discussing potential dangers of purchasing drugs over the Internet and advising consumers of ways to ensure they are purchasing prescription drugs from a legitimate, licensed pharmacy. The board hopes to expand consumer education in this area when resources allow it to do so.

A second emerging area of unlicensed activity is purchasing drugs for pets from unlicensed Internet veterinary pharmacies. Driving this behavior are pet owners seeking to reduce the cost of medications by going online without a prescription to obtain drugs for their pets. The board has issued cease and desist notices and issued citations to these unlicensed entities. Attempts to secure prosecution by local district attorneys' offices have not resulted in criminal prosecution.

The board is also beginning to see a new form of unlicensed activity via the Internet—the selling of prescription drugs on websites like craigslist.

Unlicensed Wholesalers

In recent years, the board has also substantiated several investigations of pharmacies purchasing drugs from unlicensed wholesalers. Cost often drives this

market; offers of purchasing drugs at a low price entice pharmacies to obtain a good deal without knowing the supplier. Other times, unlicensed wholesalers offer pharmacies the ability to purchase drugs that are in short supply at exorbitant prices. This nevertheless results in sales because pharmacies are desperate to obtain essential drugs for their patients.

Prescription Drug Fraud

In addition to unlicensed activity, the board is aware that Medi-Cal fraud is rampant in some areas. The board-issued pharmacy license is key to these individuals, as it is the means for obtaining a Medi-Cal provider number. For example, some criminals seek pharmacy licensure and then obtain a Medi-Cal provider number. However, the pharmacy does not conduct any business, but submit fictitious claims for large reimbursements from Medi-Cal, and then closes the pharmacy after receipt of the payment. In response, the board has reinstituted opening inspections for new pharmacies to identify individuals who are not seeking a license for legitimate purposes.

No Longer Interested Notifications

The board sends "No Longer Interested" (NLI) notifications to the California Department of Justice on a regular basis in instances where an applicant submits fingerprints via LiveScan, but then does not seek licensure. Regular notification is also provided to the DOJ when the board denies an application.

The board has delayed NLI notification for licensees whose licenses are cancelled for nonrenewal because there is a high rate of reapplication, especially for pharmacy technician applicants. Concern exists that the board's notification to the DOJ would affect a subsequent application by an individual who must submit finger prints with the new application. The board is working with the DOJ on this issue.

Further, the board was recently advised that the department is working with the DOJ to improve the NLI interface. This is being done because of poor match rates between the DCA and DOJ computer systems. The department has suspended running the NLI process until the necessary changes are made and implemented. It is anticipated that the NLI process will resume in February 2012.

SECTION 10

Board Action and Response to Prior Sunset Issues

- Board Action and Response to the Prior Sunset Issues
- Board Composition Issues
- Board Committee Issues
- Licensure Issues
- Budgetary Issues
- Examination Issue
- Pharmacist Shortage Issues
- Enforcement Issues
- Disclosure Policy Issue
- Board, Consumer and Licensee Use of the Internet Issue
- Consumer and Licensee Outreach Issues
- Pharmacist Practice Issues

Board Action and Response to Prior Sunset Issues

During the board's last Sunset Review, 31 issues were identified. In November 2002, the board provided responses to the issues and questions of the Joint Legislative Sunset Review Committee. Provided below are background, committee discussion, actions taken by the board and board recommendations.

Board Composition Issues

Former Issue #1 Number of Board Members

Background
The board was previously comprised of 11 members, seven professional members and four public members.

Sunset Review Committee Recommendations
The committee asked if the ratio should be changed to increase the number of public members and if such an increase would be viewed by the board as beneficial to itself and to consumers. The committee also asked if the board would support such legislative efforts.

Actions Taken by the California State Board of Pharmacy
The board made no specific comment in response to the issue. Beginning in 2004 the composition of the board was increased to 13 via the addition of two public members, both Governor appointments.

Recommendations for the Future
The board does not have any recommendation on this issue.

Former Issue #2 Composition of Pharmacist Members

Background
The composition of the board is provided for in Business and Professions Code, section 4001 and specifies that seven board members must be pharmacists. Further, this section specifies that five of the seven pharmacists must be actively engaged in the practice of pharmacy and specifies the various practice settings that such members must represent.

Sunset Review Committee Recommendations
During the last review the committee expressed concern that only two of the board members could be considered activity engaged in the practice of pharmacy. The committee requested clarification on the number of pharmacists currently serving on the board and of those, the number who were actively engaged in the practice of pharmacy. Further the committee asked for the board's interpretation of "actively engaged in the practice of pharmacy."

Actions Taken by the California State Board of Pharmacy
In response, the board noted that the pharmacist positions are all appointed by the Governor and that the board has no involvement in the process. The board also shared in its response that a Legislative Counsel opinion provided that "actively engaged" means that a pharmacist's license is required for the position.

Recommendations for the Future
The board does not have any additional comments on the issue.

BOARD COMMITTEE ISSUES

Former Issue #3 Board Standing Committees

Background
To facilitate discussion and to vet policy changes and proposals, the board uses a committee structure. The committees are broken into five strategic areas consistent with board's strategic plan. Each committee is comprised of board members appointed by the board president, and committee membership is generally reevaluated on an annual basis.

Sunset Review Committee Recommendations
During the last review the committee asked a series of questions about the committee structure including how many board members are on a committee, who established the membership, is the committee composed of public and professional members, are the meetings public and if the public is given an opportunity to comment.

Actions Taken by the California State Board of Pharmacy
The board provided responses to each of the specific questions in its November 2002 response. Since that time some changes have been made.

Recommendations for the Future
Today, four of the board's five committees are comprised of at least four members. The Organizational Development Committee is comprised of only the board's president and vice-president. It is the only committee that does not typically meet in public, as the items covered by the committee are typically organizational. All other committee meetings are public and every meeting provides multiple opportunities for public comment. The board president continues to appoint members to the committees and ensures a representation of both public and professional members. The board is given a quarterly update on the general activities of this committee during board meetings.

Former Issue #4 Northern and Southern Compliance Committees

Background
For many years prior to 2002, the board maintained a "Southern Compliance Committee" and a "Northern Compliance Committee."

Sunset Review Committee Recommendations
During the previous Sunset Review questions were asked about the Northern and Southern Compliance committees, their functions, membership and the statutory authority for these committees.

Actions Taken by the California State Board of Pharmacy
In response the board provided a history of the committees and indicated that in 2002 the committees were disbanded.

Recommendations for the Future
The board no longer uses these committees and as such no additional discussion is provided on this former issue.

LICENSURE ISSUES

Former Issue #5 Proposed Statutory Change Regarding Ancillary Personnel Ratio

Background
During the previous report, the committee noted that the board was pursuing a statutory change that would allow the pharmacist-in-charge and the pharmacist on duty to determine the number and combination of ancillary personnel that he or she may supervise.

Sunset Review Committee Recommendations
The committee asked several specific questions including requesting a justification for the board's proposed change to the pharmacist-to-staff ratio, the current ratio at that time, the proposed ratio, the discretion a pharmacist would have in determining the ratio, and how modification to the ratio would benefit consumers and the profession.

Actions Taken by the California State Board of Pharmacy
In response to these questions, the board advised the committee that many of the recommended changes were in response to the Pharmacy Manpower Task Force Report (November 2001). The intent of the proposed changes was to allow a pharmacist to delegate appropriate tasks in order to allow the pharmacist to focus on those duties that require a pharmacist's license or the professional judgment of a pharmacist. The changes were designed to provide the on-duty pharmacist with the final determination on the number of staff that could safely work under his or her supervision. This was to allow for flexibility as worksites and working conditions differ greatly. Further the proposal allowed the on-duty pharmacist to make this important decision.

Recommendations for the Future
As an update on the staffing in pharmacies, in 2004 legislation was passed to amend section 4114 to allow a pharmacist to supervise two interns; previously it had been one. Since October 2, 2004, there has been no limit on the number of clerk

typists that may be supervised by a pharmacist. This regulation change allowed the pharmacist to limit the number of clerk typists that he or she is supervising.

The board is not considering any changes to the current regulatory and statutory structure for this issue and as such has no additional comments.

Former Issue #6 Application Denials

Background
The committee noted that the vast majority of denied applications for licensure are for pharmacy and pharmacy technician licenses.

Sunset Review Committee Recommendations
The committee asked the board what criteria are used to deny applications and sought clarification on why so many pharmacy and pharmacy technician applications were denied.

Actions Taken by the California State Board of Pharmacy
In response, the board told the committee that the board evaluates each application to determine whether the individual or business seeking licensure meets minimum qualifications. In addition, the board evaluates each application to ensure that issuing the license would not compromise public health and safety.

Recommendations for the Future
As was shared in the board's previous response, the board may deny an application for an individual or business license for acts substantially related to the functions or duties of the license being sought. The board considers all of the information provided by the applicant as well as information obtained from the federal and state background check and by any arresting agencies and courts.

Former Issue #7 Pharmacy Technician Registration Requirements

Background
During the last review, the board was considering changes to the qualification methods for pharmacy technicians to recognize a newly established certification program (The Pharmacy Technician Certification Board or PTCB) for pharmacy technicians as one route to technician licensure.

Sunset Review Committee Recommendations
The committee asked specific questions about this, specifically why the board believed the change was necessary, how certification by the PTCB would benefit a pharmacy technician, if the board was considering having such certification be the sole qualifying method for licensure, and if so, would a supplemental California specific exam be required.

Actions Taken by the California State Board of Pharmacy
The recommendation to change the qualifying method for pharmacy technicians was a result of the Pharmacy Manpower Task Force. In 2002 the PTCB was the only certifying body for pharmacy technicians. The board successfully sought both legislative and regulatory changes to permit use of the PTCB as one of several qualifying methods for licensure as a pharmacy technician.

Recommendations for the Future
Since 2002, a second certification provider has emerged for pharmacy technician certification: Exam for the Certification of Pharmacy Technicians (ExCPT). Currently underway is a board-commissioned evaluation of both the PTCB and the ExCPT to determine if either or both exams are consistent with the provisions of B&PC section 139 regarding occupational testing. Based on the findings of these evaluations, the board may again seek changes to the requirements for pharmacy technician licensure to accept one or both of these certifications as a route to licensure.

Qualification methods continue to be evaluated for pharmacy technician licensure. In recent years two bills have been introduced to change the qualification requirements. The board was not the sponsor of either proposal. In both cases the proposal would have required certification exclusively by the PTCB, as well as completion of additional education or training.

Former Issue #8 Increase in Licensing Applications

Background
During the previous review the committee noted that in the previous five years the board had realized over a 100 percent increase in the number of applications received.

Sunset Review Committee Recommendations
The committee asked the board to discuss what the growth was attributed to as well as to describe its effects on licensing programs.

Actions Taken by the California State Board of Pharmacy
In response the board attributed the growth to the increase in the number of prescriptions dispensed. Based on the information at the time, the board shared that by 2004 it was anticipated that the number of prescriptions filled would rise to 4 billion annually. The board indicated that as the number of prescriptions rise, so does the number of pharmacists needed to fill the prescriptions. The board also noted that this growth in licensees also directly impacted other workload as well, including complaints, public inquiries and enforcement.

Recommendations for the Future
Today, the board continues to see significant growth in the number of applications it receives. This growth is most notable in the number of pharmacy technician applications (a 656 percent increase since 2001/02), but significant growth is also

noted in the number of pharmacist interns (26 percent increase since 2001/02) and pharmacists (32 percent increase from 2001/02). Information on licensing growth is provided in Section 4 of this report. This information demonstrates that the board does not anticipate decreases in applications received or the number of licensees it regulates.

The board continues to struggle with insufficient staffing to complete timely application processing. Over the past several years the board has evaluated and modified application processes and requirements to achieve efficiencies. The number of licensing staff since the last sunset review has been increased by three, but is insufficient to meet the workload demands. As such the board has made some difficult choices and scaled back services to applicants. For example, the board can no longer provide status information about a pending application unless it has been pending for a specified period of time (e.g., for pharmacy technicians about 120 days). Such staff unavailability makes the board appear unresponsive; however, the board's need is to process applications and deal with status inquiries when the delay indicates a problem with the application. The board will continue to pursue staff augmentations through the BCP process when appropriate to do so.

Former Issue #9 Cedars Sinai Medical Center Study

Background

During the previous review the committee noted that in 1998, the board granted waivers to Cedars-Sinai Medical Center and Long Beach Memorial Medical Center Hospital to allow technicians to check technicians in a study with the UCSF School of Pharmacy.

Sunset Review Committee Recommendations

The committee asked about extensions to the waiver the board granted to allow for the study to occur over a longer period of time and asked the board about its intention to allow such a practice either via a future legislation or regulation change.

Actions Taken by the California State Board of Pharmacy

In its response the board provided historical information about the waiver request as well as legislative efforts to make these provisions permanent.

Recommendations for the Future

Based on significant board discussion, public testimony and the findings of relevant studies, in April 2006, the board initiated a rulemaking to authorize this practice. While controversial, the authority to promulgate the regulation was supported by two separate legal opinions, one issued by the Department of Consumer Affairs Legal Office and a second one issued by Legislative Counsel of California. Both reviewed the issue and concluded that a regulation may be adopted by the California State Board of Pharmacy pursuant to Section 4115 (d) of the Business and Professions Code to allow a pharmacist to authorize an inpatient pharmacy

technician to check certain tasks performed by another inpatient pharmacy technician. These regulation requirements were promulgated and took effect January 5, 2007.

Former Issue # 10 – Educational Requirements for Pharmacist Licensure

Background
During the previous review the committee asked about the educational requirements for a pharmacist license and if the requirements would be changing in the future.

Sunset Review Committee Recommendations
The committee asked if either the board or the schools of pharmacy anticipated any changes to the education requirements to become licensed as a pharmacist and if so, what process would be used to implement such a change.

Actions Taken by the California State Board of Pharmacy
In response the board indicated that it did not anticipate any change in the education requirements to become a pharmacist and detailed the current education requirements. The board also advised the committee that in 2004 the ACPE changed the educational standards for pharmacy education exclusively to a PharmD. The board was not involved in the development of the accreditation requirements.

Recommendations for the Future
Effective in 2007, the ACPE adopted new accreditation standards and guidelines that changed the requirements for pharmacist intern practice experiences and training. However this change has not directly affected California's requirements for pharmacist licensure.

Budgetary Issues

Former Issue #11 General Fund Loan and Fund Condition

Background
In 2002, $6 million was transferred in the form of a loan from the board's fund to the general fund. As a result, the board projected a deficit situation in the coming fiscal year.

Sunset Review Committee Recommendations
The committee questioned what actions the board undertook to forewarn the impact of the general fund loan in 2002, asked about loan repayment and if the board would be pursing a regulation change to increase fees.

Actions Taken by the California State Board of Pharmacy
In the board's response it stated that it received no advanced notice about the loan. Both the Department of Consumer Affairs and the Department of Finance

were aware of the board's current budget issues with expenditures exceeding revenue. Since the last review the board received full repayment of the loan.

Recommendations for the Future

In 2008/09, the board loaned $1,000,000 to the general fund. The board anticipates repayment of this loan in a future year as the board's fund reserve continues to diminish.

Former Issue #12 Attorney General Budget

Background

The committee noted that the board consistently exceeds its Attorney General budget.

Sunset Review Committee Recommendations

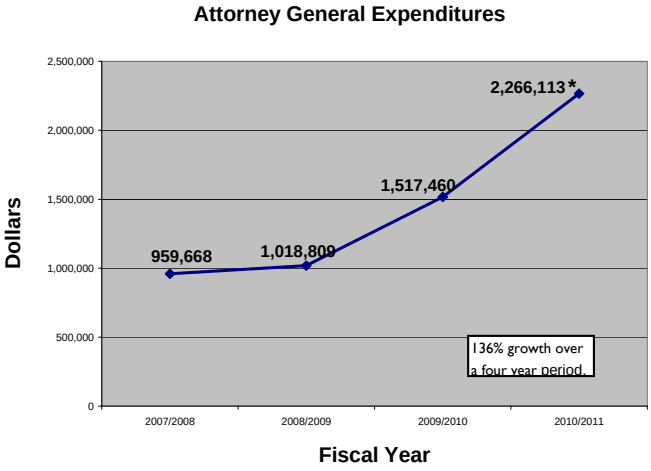
The committee requested an explanation of why the board continues to overspend its Attorney General budget. The committee inquired whether the board had sought a deficiency request to remedy this and also asked if, as a result, the board had to suspend actions on disciplinary cases.

Actions Taken by the California State Board of Pharmacy

The board responded that the enforcement program is key to the board's consumer protection mandate. The board overspends its AG budget because the budget line item is insufficient to cover all of the legal services needed by the board and cited an increase in the number of licensees disciplined each year. The board stated the lack of AG funding was a problem that had been growing for a number of years and that the board had made repeated attempts to obtain an augmentation to its AG budget. The board noted only partial success in these attempts.

Recommendations for the Future

The board's AG expenditures, which are a key public protection expense for the board, continue to grow each year. In 2010/11 the board overspent its Attorney General budget by almost $700,000. Each year the board watches its AG expenditure budget closely to ensure the board does not have a deficit in its overall appropriation for the year. Although the board has never had to curtail its



* In fiscal year 2010/11 the board exceeded its Attorney General budget by $697,250

administrative cases, this is a budget issue monitored closely by staff every year.

Issue #13

Background

The committee noted that over the last two fiscal years, the board's expenditures consistently have surpassed revenue and that the board projected the trend to continue for the next four fiscal years.

Sunset Review Committee Recommendations

The committee requested an analysis of the board's fund condition and if expenditures have been exceeding revenue for more that two years. The committee also requested an explanation for the increase in expenditures and why the board's projected revenue remains relatively constant.

Actions Taken by the California State Board of Pharmacy

In response, the board indicated that a repayment of a general fund loan made in the early 90s caused spikes in revenue, which created part of the revenue/expenditure ratio issue. The board provided historical information on the board's fund, fee structure and changes made in response to the loan and later reduced fees because higher fees were no longer needed.

Recommendations for the Future

The board's authorized expenditures generally continue to exceed estimated revenue. The board has not had a deficit situation in its overall financial condition because budget restrictions imposed in response to a declining economy have prevented the board from using all of its authorized expenditures (hiring freezes, travel restrictions, operating expenses reductions). As discussed in Section 3 of the report, a fee increase may be necessary in 2015, as the board's fund is projected to decline over the next few years. The board will not act to increase fees until absolutely necessary.

Issue #14 Staff Resource Limitations

Background

The committee noted that according to the board, staff resources were not sufficient to provide consumer protection at desired levels. The board also indicated that specialized programs used to target pharmacies suspected of illicit activities are not operating optimally due to limited staff resources.

Sunset Review Committee Recommendations

The committee sought clarification of what is meant by "desired levels of consumer protection," and whether the public is at risk because of insufficient staff resources. The committee also asked about efforts by the board to secure hiring freeze exemptions to fill positions and the status of such efforts. The committee noted positions that remain vacant for six months would be abolished and asked for information about the effect such losses would have on the board.

Actions Taken by the California State Board of Pharmacy
In response, the board discussed established performance standards for investigation and processing times, as well as the staff resources needed to meet those standards. The board noted that the public was not at risk because services were reprioritized in light of the staffing shortages and the most essential services were still being performed. The board discussed the challenges due to the hiring freeze and detailed the consequences when vacant positions were eliminated.

Recommendations for the Future
The board continues to have insufficient staff to perform all the duties needed for consumer protection. This is a reality of public agencies in a time of declining resources.

EXAMINATION ISSUE

Issue #15 NAPLEX

Background
The committee indicated that there was controversy surrounding the board's proposal to seek approval to use the North American Pharmacist Licensure Exam (NAPLEX) instead of the current state pharmacist exam.

Sunset Review Committee Recommendations
The committee requested that the board discuss the current exam options it was exploring as well as provide information on the outcome of the assessment of the national exam. The committee asked for the board's position on the use of the exam.

Actions Taken by the California State Board of Pharmacy
The board provided background information on the requested items and noted the result that the recent independent audit found the NAPLEX to be a valid test of competency for entry to the practice of pharmacy and that its development and administration conformed to requirements in California law. The board stated it believed using the NAPLEX would remove an unnecessary administrative barrier to the practice of pharmacy in California without compromising the high standards of competence consumers have come to expect.

Recommendations for the Future
Pursuant to legislation enacted in 2002, the board transitioned the primary examination for pharmacist licensure to the NAPLEX (used by all other states) and then developed the new exam required by Business and Professions Code Section 4200, the CPJE. Information about the California-specific exam is provided in Section 4 of this report. The board worked hard to ensure that there were no transition issues when it changed to using the new exams.

The California pharmacist exam used prior to 2004 was administered twice a year in a paper and pencil format. The pass rates for the exam are provided below.

The pass rates for the prior licensure exam are lower than the pass rates for the current pharmacist licensure exams - - CPJE and NAPLEX as discussed in Section 4 of this report.

Pharmacist Licensure Examination							
Calendar Year	Total Candidates	1st time Pass	1st time Total	1st time Pass %	Retakes Pass	Retakes Total	Retakes Pass %
2000	1,602	616	1,061	58.1%	224	541	41.4%
2001	1,756	704	1,182	59.6%	259	574	45.1%
2002	1,692	636	1,150	55.3%	249	542	45.9%
2003	1,959	770	1,294	59.5%	340	663	51.3%
Total	7,009	2,726	4,687	58.2%	1,072	2,320	46.2%

Pharmacist Shortage Issues

Issue #16 Pharmacist Shortage

Background

The committee noted California was experiencing a pharmacist shortage and projections for the future indicated the population will continue to increase at a higher rate than the pharmacist population, thereby exacerbating the problem.

Sunset Review Committee Recommendations

The committee asked the board about its efforts to deal with this crisis and if the board had any recommendations to resolve the current shortages and prevent future shortages of pharmacists. The committee also questioned if using the NAPLEX would ameliorate the shortage by allowing pharmacists from other states to become more easily licensed in California.

Actions Taken by the California State Board of Pharmacy

The board responded that it created the Pharmacy Manpower Task Force, which issued a report in November 2001. The board provided information on the scope of the task force and the stakeholders involved, as well as the process to discuss and approve recommendations resulting from the task force. The board noted that use of the NAPLEX would provide an easier path to becoming licensed in California because it is a computer-based test and thus is more accessible since the prior exam was only administered twice a year.

Recommendations for the Future

Since the time of the previous sunset report, there has been an increase in the number of California pharmacy schools. That fact, along with the declining economy (which has slowed the number of new pharmacies opened and reduced the number of staff working in existing pharmacies), has meant there is no longer a serious pharmacist shortage in California. Additional information on the workforce is found in Section 8 of this report.

Issue #17 – Task Force Recommendations

Background
The committee stated that even though a 15-member Pharmacy Manpower Task Force was convened and met throughout 2001, it was unclear which recommendations of the task force were considered or were going to be considered by the board.

Sunset Review Committee Recommendations
The committee asked for additional information about the task force, the issues it focused on, positions taken, as well as its recommendations.

Actions Taken by the California State Board of Pharmacy
The board provided information about the issues considered by the task force as well as the recommendations that resulted. The board advised the committee that the proposed solutions made by the task force were incorporated into the strategic plan, as were some of the strategies for implementation. The board provided specific information on positions taken by the board that were based on many of the task force's proposed solutions.

Recommendations for the Future
The board has no additional comments on the results of the 2001 Pharmacy Manpower Task Force.

Enforcement Issues

Issue #18 Chief of Enforcement

Background
The committee noted that the board did not have a chief of enforcement.

Sunset Review Committee Recommendations
The committee sought clarification on how the board's enforcement program is managed without a chief and if the board viewed such a position as a vital component to the enforcement program. The committee also asked about steps the board has taken to establish such a position.

Actions Taken by the California State Board of Pharmacy
The board provided the current management structure of its enforcement program as well as its failed attempt to secure such a position. The board provided information on the value of a chief of enforcement position and how it would work within the organization.

Recommendations for the Future
The board still does not a chief of enforcement. The board last asked for one in 2009 when the board was developing BCPs to respond to the Governor's directive to reduce case closure times. Oversight of the board's enforcement program is provided by the executive officer and assistant executive officer and

directed through the authority of each supervising inspector and two enforcement managers.

Issue # 19 - Citation and Fine Authority

Background
The committee noted the board's citation and fine authority had been expanded recently to include any violation of pharmacy law, and a new citation and fine committee made up of two board members would assess the fines instead of the executive officer.

Sunset Review Committee Recommendations
The committee asked for information about the changes as well as information about the committee structure.

Actions Taken by the California State Board of Pharmacy
The board provided historical information on its citation and fine program and discussed the structure of the new committee and its role. The board also provided information about how the program worked including how citations are issued and how the appeal process works.

Recommendations for the Future
Changes to the citation and fine program since the last sunset review are detailed in Section 5 of this report.

Issue #20 - BSA Report

Background
The committee stated that in April 2001, the Bureau of State Audits (BSA) reported the board was not doing its job to investigate complaints, had excessively lengthy complaint resolution timeframes, and a deficient system of prioritizing complaints.

Sunset Review Committee Recommendations
The committee asked what actions the board had taken to respond to the report and asked about the current status of items raised in the audit. The committee asked about the complaint resolution time and how the board prioritizes complaints.

Actions Taken by the California State Board of Pharmacy
The board responded that the information cited by the BSA in its report was at least one year old and a dramatic reduction in complaint resolution times was accomplished during that year. The board discussed the changes in the organization and structure as well as staffing challenges. The board noted that the BSA audit reported that had all the inspector positions been filled in the past, there would not have been a backlog of consumer complaints. The board discussed all of its efforts to fill vacancies as well as to redirect staff.

Recommendations for the Future

The board continues to monitor its case status on all complaints and enforcement actions and reports these to the board at every board meeting. Additional information on the board's investigation time can be found in Section 5 of the report. The board is also working to secure freeze exemptions to fill its vacant inspector positions.

Issue #21 – Inspector Requirements

Background

The committee noted that despite the last sunset review recommendation to eliminate the requirement for all board investigators to be licensed pharmacists, the requirement still exists.

Sunset Review Committee Recommendations

The committee asked what action the board took on the prior sunset review recommendation and why all investigators need to be pharmacists. The committee also asked how often the board uses sworn peace officers from DCA's Division of Investigation (DOI).

The committee recommended that the requirement that all inspectors for the board be licensed pharmacists should be eliminated. The committee stated that inspectors should not be granted sworn peace officer status.

Actions Taken by the California State Board of Pharmacy

In response to the questions posed, the board provided history on the change in requirements and noted that mandating that all inspectors be licensed pharmacists is unique to the board. The board also indicated that it would use the services of DOI if needed.

In response to the recommendations of the committee, the board provided legislative history on the issue as well as the board's previous challenges in recruiting pharmacists because of uncompetitive salaries compared to those in the private sector. The board also discussed the use of non-pharmacist investigators and other workload changes. The board discussed the outcomes of these changes.

Recommendations for the Future

The board has expanded the use of non-inspector staff to perform desk investigations in the office and retains the use of pharmacists to perform duties that require the knowledge and skills of a pharmacist. The board also uses DOI when needed.

Issue #22 – Mandatory Reporting of Post-Licensure Misconduct

Background

The committee noted that many other DCA agencies have statutory reporting requirements that provide the agency with information about post-licensure misconduct by licensees.

Sunset Review Committee Recommendations

The committee asked if the board had any reporting requirements, and if not, why.

Actions Taken by the California State Board of Pharmacy

The board advised the committee of the multiple reporting mandates to inform the board about possible matters for investigation.

Recommendations for the Future

The board has multiple mandatory reporting requirements, which are discussed in Section 5 of the report. As a condition of renewal pharmacist are required to provide the board with criminal or disciplinary actions taken during the renewal period (the prior two years).

Issue #23 – Mediation Unit

Background

The committee noted the board had recently created a new mediation unit within its enforcement program.

Sunset Review Committee Recommendations

The committee asked what kinds of complaints were being mediated and why it takes the board over one year to mediate 52 percent of the complaints referred for mediation.

Actions Taken by the California State Board of Pharmacy

The board provided information about the unit and the workload completed by the unit. The board discussed the reduction in time to mediate cases since the prior sunset review. It clarified that the delay in case resolution resulted from an extended review time by supervisors who were responsible for completing the reviews in addition to their other duties in managing the statewide enforcement program of inspectors.

Recommendations for the Future

The board no longer has a mediation unit; however, the board has non-pharmacist staff members that perform desk investigations for the board.

Disclosure Policy Issue

Issue #24

Background
The committee commented that during an October 2002 meeting, the board voted to expand its consumer complaint disclosure policy, but that information provided by the board may vary depending on the method of inquiry.

Sunset Review Committee Recommendations
The committee asked if the board's policy was consistent with the department's policy and if it deviated, how.

Actions Taken by the California State Board of Pharmacy
The board responded that its policy is consistent with the standards issued by DCA and exceeded those standards in some areas. The board provided information on the information provided and how it responds to questions.

Recommendations for the Future
The board updated its complaint disclosure policy in 2004. Additional information about the board's policy is provided in Section 5.

Board, Consumer and Licensee Use of the Internet Issue

Issue #25 – Board Website

Background
The committee stated that the board has improved its website in many areas and offers a great deal of information online. However, the committee noted that consumers are unable to file complaints online or contact the board via e-mail from its website. The committee noted that licensees are unable to obtain real-time application status information and renew a license online.

Sunset Review Committee Recommendations
The committee asked what the board is doing to effectively use Internet capabilities to improve services and provide better information to consumers and licensees. The committee asked if the board planned to implement online complaint filing and what other improvements it expects to make.

Actions Taken by the California State Board of Pharmacy
The board provided the committee with information about its online services for the public, licensees and license applicants. The board stated it wanted to expand website services to licensees and informed the committee of the status of projects that would facilitate implementation of such services. The board noted that expanded use of the Internet to provide board services would result in greater satisfaction and improved services to licensees and the public.

Recommendations for the Future

Since the time of the last report, the board has expanded the use of its website to include more information. The board accepts complaints submitted online. However, the board is still unable to provide real-time application status information or the ability to renew a license online. These services for licensees will be incorporated into the new BreEZe system.

The board does have a means by which applicants can e-mail the board requesting the status of an application; however, as indicated in Section 4 of the report, the board has limitations on the response times to such inquiries.

CONSUMER AND LICENSEE OUTREACH ISSUES

Issue #26 – *The Script*

Background

The committee noted that *The Script* was a quarterly newsletter published by the board. The committee stated that it was unclear when it was last issued.

Sunset Review Committee Recommendations

The committee asked for the last date *The Script* was published as well as when the board anticipated the next issue would be released. The committee also asked if the board intended to keep it a quarterly publication.

Actions Taken by the California State Board of Pharmacy

The board responded *The Script* is highly valued by board licensees and that after the previous sunset review, the board's priority was to publish the newsletter quarterly. The board advised the committee that after the board's editor retired, the board was unable to fill the position. The board also provided the dates of publication, as requested.

Recommendations for the Future

The board recognizes *The Script* as a key means to communicate and educate licensees about board policies, pharmacy laws and consumer protection. Regrettably, in response to various budget reductions over the years, *The Script* is now generally published twice a year and is only published online. The latest issue of *The Script* was published in July 2011, and the next issue should be published in January 2012.

Issue #27 – Notice to Consumers

Background

The committee noted that a Consumer Alert poster was approved by the board that was to include an 800 number to increase consumer awareness. The committee stated that the poster did not contain this number.

Sunset Review Committee Recommendations
The committee asked why the poster did not include an 800 number and if the board has such a number. The committee also asked if implementation of the 800 number was one of the planned remedies to address deficiencies in the BSA audit.

Actions Taken by the California State Board of Pharmacy
The board advised the committee that it did not have an 800 number for consumers and that the board could not pursue the number because it lacked staff to answer the anticipated calls.

Recommendations for the Future
The board does not have an 800 number for consumers.

Issue #28 – Consumer Satisfaction Survey Results

Background
The committee noted that the consumer satisfaction survey shows room for improvement.

Sunset Review Committee Recommendations
The committee asked what steps the board had taken to address the main reasons for the dissatisfaction expressed by consumers. The committee also asked if surveys are mailed with every complaint disclosure letter.

Actions Taken by the California State Board of Pharmacy
The board provided information on the implementation of the survey and how it is distributed. The board noted that 65 percent of those filing complaints with the board who responded to the survey were satisfied with the board's handling of the complaint and that 72 percent were satisfied with the board's assistance to them. The board stated that it was working to improve the satisfaction levels and detailed its efforts to do so.

Recommendations for the Future
There continue to be issues with the level of satisfaction of consumers that have filed complaints with the board. Consumers at times contact the board out of frustration and dissatisfaction with their health insurance, pharmacy benefits administered by their PBM, or the high cost of drugs. The board has no jurisdiction over resolution of these complaints and hence there is little relief that can be provided to consumers other than to direct them to systems within their health plan to resolve such disputes. The board continues to receive very few comments from consumers who are surveyed regarding their level of satisfaction. Our efforts to secure comments are detailed in Section 2 of this report.

Issue #29 – Public Awareness of the Board

Background
The committee noted the results of a board-conducted survey found that over 75 percent of people surveyed had never heard of the Board of Pharmacy. Of those who had heard of the board, most thought the board represents the pharmacist profession and not consumers.

Sunset Review Committee Recommendations
The committee asked the board what it has done to educate the public of its existence and role.

Actions Taken by the California State Board of Pharmacy
The board advised the committee about its public outreach program. The board detailed its activities and achievements.

Recommendations for the Future
The board believes that it continues to have problems with public knowledge about the board's role as a regulator of pharmacies. However, the board does require posting in every pharmacy of a poster which contains the name, phone number and other contact information for the board. For additional information on how the board provides educational services to the public, please refer to Section 6 of this report.

Pharmacist Practice Issues

Issue #30 – Practice Issues

Background
The committee stated that the board needs to focus on a growing number of complex and far-reaching issues in the practice of pharmacy that are facing the state as well as the nation.

Sunset Review Committee Recommendations
The committee asked the board to comment on prescription errors, prescription label accuracy, compounding, patient privacy and Internet dispensing.

Actions Taken by the California State Board of Pharmacy
The board advised the committee that the number one consumer complaint received by the board was prescription error complaints. The board discussed implementation of its quality assurance program and as well as the required posting in all pharmacies of the "Notice to Consumers" that lists five questions patients need to ask the pharmacist about their medications.

The board discussed the proposed regulations to establish standards for compounding sterile injectable products pursuant to recently enacted legislation and advised the committee of a regulation that was recently adopted by the board

to permit the board to issue a fine of up to $25,000 for violating the Confidentiality of Medical Information Act.

The board also advised the committee of the legislative history to regulate Internet pharmacies as well as the board's efforts to enforce the provisions.

Recommendations for the Future

All of the issues identified continue to affect pharmacy practice. All of these issues remain relevant and are discussed throughout the board's report. However, in recent years the board has initiated broader enforcement initiatives; for example, the enactment of e-pedigree requirements in California to safeguard the integrity of the supply chain, the investigation that identified failure of the recall system in hospitals regarding heparin and the huge citations issued to pharmacies that supply drugs to Internet web operations.

Issue #31 – Patient Consultation

Background

The committee stated that pharmacists are required to offer oral consultation on all new prescriptions and asked if there is evidence that patients are being charged for these consultations.

Sunset Review Committee Recommendations

The committee asked how the board ensures that pharmacies are providing oral consultations. The committee also asked if the board is aware of any circumstances when patients are charged for such consultations and if so, what action the board has taken.

Actions Taken by the California State Board of Pharmacy

The board advised the committee of its process to ensure oral consultation is provided. The board noted that a pharmacist can charge for services such as consultation, clinical advice and emergency contraception. The board stated that it did not have a position on this issue.

Recommendations for the Future

The board continues to check for compliance with the patient consultation requirements. The board is unaware of any issues surrounding reimbursement for such services.

APPENDICES

- Appendix 1 Table 1a. Board Member Attendance
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- Appendix 5 DCA Quarterly Performance Measure Reports
- Appendix 6 Table 2. Budget Change Proposals
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Table 1a. Attendance			
Badlani, Anil Hiro (Professional Member)			
Date Appointed:	12/20/2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	Yes
Enforcement Committee	3/29/2011	Sacramento	Yes
Public Board Meeting	3/30/2011	Sacramento	Yes
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	Yes
Enforcement Committee	7/25/2011	Sacramento	No
Licensing (Compounding Regulation Subcommittee)	8/22/2011	Sacramento	Yes
Term Ends	6/1/2012		

Table 1a. Attendance			
Brooks, Ryan (Public Member)			
Date Appointed:	10/28/2008		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	1/28/2009	San Diego	Yes
Public Board Meeting (Day 2)	1/29/2009	San Diego	Yes
Legislation & Regulation Committee	4/16/2009	Sacramento	No
Public Board Meeting (Day 1)	4/30/2009	Sacramento	Yes
Public Board Meeting (Day 2)	5/1/2009	Sacramento	Yes
Legislation & Regulation Committee	7/8/2009	Sacramento	Yes
Communication and Public Education	7/15/2009	Los Angeles	No
Public Board Meeting (Day 1)	7/15/2009	Los Angeles	No
Public Board Meeting (Day 2)	7/16/2009	Los Angeles	No
Public Board Meeting	8/19/2009	Sacramento	No
Legislation & Regulation Committee	10/21/2009	Sacramento	No
Public Board Meeting (Day 1)	10/21/2009	Sacramento	No
Public Board Meeting (Day 2)	10/22/2009	Sacramento	No
Public Board Meeting (Day 1)	1/20/2010	Sacramento	Yes
Public Board Meeting (Day 2)	1/21/2010	Sacramento	Yes
Public Board Meeting	2/17/2010	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes
Public Board Meeting	6/10/2010	Sacramento	Yes
Licensing Committee	6/16/2010	Sacramento	No
Communication and Public Education	7/14/2010	Sacramento	Yes
Public Board Meeting (Day 1)	7/28/2010	Sacramento	Yes
Public Board Meeting (Day 2)	7/29/2010	Sacramento	Yes
Licensing Committee	10/5/2010	Sacramento	No
Public Board Meeting (Day 1)	10/20/2010	La Jolla	No
Public Board Meeting (Day 2)	10/21/2010	La Jolla	No
Licensing Committee	12/2/2010	Sacramento	Yes
Communication and Public Education	1/10/2011	Sacramento	Yes
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	Yes
Licensing Committee	3/8/2011	Sacramento	No
Public Board Meeting	3/30/2011	Sacramento	Yes
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	Yes
Term Ends	6/1/2012		

Table 1a. Attendance			
Burgard, James (Public Member)			
Date Appointed:	1/16/2008		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
Legislation & Regulation Committee	4/11/2008	Los Angeles	No
SB 472 Medication Label Subcommittee	4/12/2008	Fremont	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Licensing Committee	6/23/2008	Sacramento	Yes
Public Board Meeting	6/24/2008	Sacramento	Yes
Legislation & Regulation Committee	7/10/2008	Sacramento	No
Communication and Public Education Committee	7/23/2008	Newport Beach	No
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Licensing Committee	9/29/2008	Sacramento	Yes
Communication and Public Education Committee	10/2/2008	Sacramento	No
Enforcement Committee	10/6/2008	Sacramento	Yes
Legislation & Regulation Committee	10/29/2008	Brisbane	No
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Summit on E-Prescribing in California	11/20/2008	Los Angeles	Yes
Forum on Designing Patient-Centered Rx Labels	11/20/2008	Los Angeles	Yes
Enforcement Committee	12/9/2008	Sacramento	Yes
Licensing Committee	12/17/2008	Sacramento	Yes
Legislation & Regulation Committee	1/7/2009	Los Angeles	No
SB 472 Medication Label Subcommittee	1/27/2009	San Diego	No
Public Board Meeting (Day 1)	1/28/2009	San Diego	Yes
Public Board Meeting (Day 2)	1/29/2009	San Diego	Yes
Subcommittee to Evaluate Drug Distribution in Hospitals	3/2/2009	Irvine	No
Enforcement Committee/E-Pedigree Work Group	3/11/2009	San Diego	Yes
SB 472 Medication Label Subcommittee	3/12/2009	Sacramento	No
Licensing Committee	3/24/2009	Sacramento	Yes
Legislation & Regulation Committee	4/16/2009	Sacramento	Yes
Public Board Meeting (Day 1)	4/30/2009	Sacramento	Yes

Burgard, James (Public Member) Continued			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 2)	5/1/2009	Sacramento	Yes
Term Ended	6/1/2009		
Left Office	6/1/2009		

Table 1a. Attendance			
Castellblanch, Ramon, PhD (Public Member)			
Date Appointed:	4/22/2009		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	4/30/2009	Sacramento	No
Public Board Meeting (Day 2)	5/1/2009	Sacramento	No
Enforcement Committee	6/9/2009	Sacramento	Yes
Public Board Meeting (Day 1)	7/15/2009	Los Angeles	Yes
Public Board Meeting (Day 2)	7/16/2009	Los Angeles	Yes
Public Board Meeting	8/19/2009	Sacramento	Yes
Enforcement Committee	9/16/2009	Los Angeles	Yes
Public Board Meeting (Day 1)	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 2)	10/22/2009	Sacramento	Yes
Licensing Committee	12/3/2009	Los Angeles	No
Enforcement Committee	12/8/2009	Sacramento	Yes
Public Board Meeting (Day 1)	1/20/2010	Sacramento	Yes
Public Board Meeting (Day 2)	1/21/2010	Sacramento	Yes
Public Board Meeting	2/17/2010	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes
Public Board Meeting	6/10/2010	Sacramento	Yes
Enforcement Committee	6/16/2010	Sacramento	Yes
Licensing Committee	6/16/2010	Sacramento	Yes
Communication and Public Education	7/14/2010	Sacramento	Yes
Public Board Meeting (Day 1)	7/28/2010	Sacramento	Yes
Public Board Meeting (Day 2)	7/29/2010	Sacramento	Yes
Enforcement Committee	9/14/2010	Los Angeles	Yes
Public Board Meeting (Day 1)	10/20/2010	La Jolla	Yes
Public Board Meeting (Day 2)	10/21/2010	La Jolla	Yes
Enforcement Committee	12/6/2010	Sacramento	Yes
Communication and Public Education	1/10/2011	Sacramento	Yes
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	Yes
Legislation/Regulation Committee	3/29/2011	Sacramento	Yes
Public Board Meeting	3/30/2011	Sacramento	Yes
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	Yes
Term Ends	6/1/2012		

Table 1a. Board Member Attendance			
Conroy, Ruth, PharmD (Professional Member)			
Date Appointed:	7/25/2003		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Legislation and Regulation Committee	1/8/2007	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2007	La Jolla	Yes
Public Board Meeting (Day 2)	2/1/2007	La Jolla	Yes
Licensing Committee	3/7/2007	Sacramento	Yes
Enforcement Committee	3/21/2007	Sacramento	Yes
Legislation and Regulation Committee	4/3/2007	Sacramento	Yes
Public Board Meeting (Day 1)	4/18/2007	Sacramento	Yes
Public Board Meeting (Day 2)	4/19/2007	Sacramento	Yes
Licensing Committee	5/30/2007	Los Angeles	Yes
Enforcement Committee	6/20/2007	Sacramento	Yes
Legislation and Regulation Committee	7/5/2007	Sacramento	Yes
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Licensing Committee	9/5/2007	Sacramento	Yes
Enforcement Committee	9/20/2007	Los Angeles	Yes
Public Board Meeting (Day 1)	10/24/2007	San Jose	Yes
Public Board Meeting (Day 2)	10/25/2007	San Jose	Yes
Enforcement Committee	12/5/2007	Sacramento	Yes
Licensing Committee	12/11/2007	Los Angeles	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
SB 472 Medication Label Subcommittee	4/12/2008	Fremont	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Term Ended	6/1/2007		
Left Office	6/1/2008		

Table 1a. Attendance			
Daze, Timothy (Public Member)			
Date Appointed:	8/17/2006		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Communication and Public Education	1/8/2007		Yes
Public Board Meeting (Day 1)	1/31/2007	La Jolla	Yes
Public Board Meeting (Day 2)	2/1/2007	La Jolla	Yes
Communication and Public Education	3/30/2007	Los Angeles	Yes
Public Board Meeting (Day 1)	4/18/2007	Sacramento	Yes
Public Board Meeting (Day 2)	4/19/2007	Sacramento	Yes
Enforcement Committee	6/20/2007	Sacramento	Yes
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Enforcement Committee	9/20/2007	Los Angeles	Yes
Public Board Meeting (Day 1)	10/24/2007	San Jose	Yes
Legislation and Regulation Committee	10/24/2007	San Jose	Yes
Public Board Meeting (Day 2)	10/25/2007	San Jose	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
Legislation and Regulation Committee	4/11/2008	Los Angeles	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Public Board Meeting	6/24/2008	Sacramento	Yes
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Enforcement Committee	10/6/2008	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Public Board Meeting	11/20/2008	Los Angeles	Yes
Public Board Meeting (Day 1)	1/28/2009	San Diego	Yes
Public Board Meeting (Day 2)	1/29/2009	San Diego	Yes
Term Ended	6/1/2008		
Left Office	3/4/2009		

Table 1a. Attendance			
Goldenberg, Stanley, RPh (Professional Member)			
Date Appointed:	6/4/2001, 3/24/2005		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Legislation & Regulation Committee	7/5/2007	Sacramento	No
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Licensing Committee	9/5/2007	Sacramento	No
Communication and Public Education Committee	9/14/2007	Sacramento	No
Enforcement Committee / Workgroup on E-Pedigree	9/20/2007	Los Angeles	Yes
Legislation & Regulation Committee	10/24/2007	San Jose	Yes
Public Board Meeting (Day 1)	10/24/2007	San Jose	Yes
Public Board Meeting (Day 2)	10/25/2007	San Jose	Yes
Enforcement Committee / Workgroup on E-Pedigree	12/5/2007	Sacramento	Yes
Licensing Committee	12/11/2007	Los Angeles	No
Communication and Public Education Committee	1/8/2008	Sacramento	No
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
Legislation & Regulation Committee	4/11/2008	Los Angeles	No
SB 472 Medication Label Subcommittee	4/12/2008	Fremont	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Licensing Committee	6/23/2008	Sacramento	No
Public Board Meeting	6/24/2008	Sacramento	Yes
Legislation & Regulation Committee	7/10/2008	Sacramento	No
Communication and Public Education Committee	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Term Ended	6/1/2008		
Left Office	8/1/2008		

Table 1a. Attendance			
Graul, Robert, RPh (Professional Member)			
Date Appointed:	2/1/2007		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Licensing Committee	3/7/2007	Sacramento	Yes
Public Board Meeting (Day 1)	4/18/2007	Sacramento	Yes
Public Board Meeting (Day 2)	4/19/2007	Sacramento	Yes
Licensing Committee	5/30/2007	Los Angeles	Yes
Legislation and Regulation Committee	7/5/2007	Sacramento	Yes
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Licensing Committee	9/5/2007	Sacramento	Yes
Public Board Meeting (Day 1)	10/24/2007	San Jose	No
Legislation and Regulation Committee	10/24/2007	San Jose	No
Public Board Meeting (Day 2)	10/25/2007	San Jose	No
Licensing Committee	12/11/2007	Los Angeles	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
Legislation and Regulation Committee	4/11/2008	Los Angeles	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Licensing Committee	6/23/2008	Sacramento	Yes
Public Board Meeting	6/24/2008	Sacramento	Yes
Legislation and Regulation Committee	7/10/2008	Sacramento	Yes
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Legislation and Regulation Committee	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Legislation and Regulation Committee	1/7/2009	Los Angeles	Yes
Public Board Meeting (Day 1)	1/28/2009	San Diego	Yes
Public Board Meeting (Day 2)	1/29/2009	San Diego	Yes
Subcommittee to Evaluate Drug Distribution in Hospitals	3/2/2009	Irvine	Yes
Term Ended	6/1/2008		
Left Office	1/29/2009		

Table 1a. Attendance			
Hackworth, Rosalyn (Public Member)			
Date Appointed:	7/15/2009		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting	8/19/2009	Sacramento	Yes
Public Board Meeting (Day 1)	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 2)	10/22/2009	Sacramento	Yes
Public Board Meeting (Day 1)	1/20/2010	Sacramento	Yes
Public Board Meeting (Day 2)	1/21/2010	Sacramento	Yes
Public Board Meeting	2/17/2010	Sacramento	No
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes
Public Board Meeting	6/10/2010	Sacramento	Yes
Communication and Public Education	7/14/2010	Sacramento	Yes
Legislation/Regulation Committee	7/14/2010	Sacramento	Yes
Public Board Meeting (Day 1)	7/28/2010	Sacramento	Yes
Public Board Meeting (Day 2)	7/29/2010	Sacramento	Yes
Legislation/Regulation Committee (Quorum issues)	10/19/2010	La Jolla	Yes
Public Board Meeting (Day 1)	10/20/2010	La Jolla	Yes
Public Board Meeting (Day 2)	10/21/2010	La Jolla	Yes
Communication and Public Education	1/10/2011	Sacramento	No
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	Yes
Licensing Committee	3/8/2011	Sacramento	No
Public Board Meeting	3/30/2011	Sacramento	No
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	Yes
Term Ends	6/1/2012		

Table 1a. Attendance			
Hiura, Clarence (Professional Member)			
Date Appointed:	6/4/2001, 10/1/2003		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Legislation & Regulation Committee	7/5/2007	Sacramento	No
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Licensing Committee	9/5/2007	Sacramento	Yes
Communication and Public Education Committee	9/14/2007	Sacramento	No
Enforcement Committee / Workgroup on E-Pedigree	9/20/2007	Los Angeles	No
Legislation & Regulation Committee	10/24/2007	San Jose	No
Public Board Meeting (Day 1)	10/24/2007	San Jose	Yes
Public Board Meeting (Day 2)	10/25/2007	San Jose	Yes
Term Ended	6/1/2007		
Left Office	11/2/2007		

Table 1a. Attendance			
Hough, Henry (Public Member)			
Date Appointed:	7/19/2006		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Communication and Public Education	1/8/2007		Yes
Legislation and Regulation Committee	1/8/2007	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2007	La Jolla	Yes
Public Board Meeting (Day 2)	2/1/2007	La Jolla	Yes
Legislation and Regulation Committee	4/3/2007	Sacramento	Yes
Communication and Public Education	4/3/2007	Sacramento	Yes
Public Board Meeting (Day 1)	4/18/2007	Sacramento	Yes
Public Board Meeting (Day 2)	4/19/2007	Sacramento	Yes
Communication and Public Education	6/27/2007	Sacramento	Yes
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Licensing Committee	9/5/2007	Sacramento	Yes
Communication and Public Education	9/14/2007	Sacramento	Yes
Public Board Meeting (Day 1)	10/24/2007	San Jose	No
Public Board Meeting (Day 2)	10/25/2007	San Jose	No
Enforcement Committee	12/5/2007	Sacramento	Yes
Licensing Committee	12/11/2007	Los Angeles	Yes
Communication and Public Education	1/8/2008	Sacramento	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Licensing Committee	6/23/2008	Sacramento	Yes
Public Board Meeting	6/24/2008	Sacramento	Yes
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Communication and Public Education	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Communication and Public Education	10/2/2008	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Term Ended	6/1/2008		
Left Office	11/1/2008		

Table 1a. Attendance			
Kajioka, Randy, PharmD (Professional Member)			
Date Appointed:	12/17/2008		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	1/28/2009	San Diego	Yes
Public Board Meeting (Day 2)	1/29/2009	San Diego	Yes
Public Board Meeting (Day 1)	4/30/2009	Sacramento	Yes
Public Board Meeting (Day 2)	5/1/2009	Sacramento	Yes
Subcommittee to Evaluate Drug Distribution with Hospitals	6/2/2009	San Francisco	Yes
Enforcement Committee	6/9/2009	Sacramento	Yes
Licensing Committee	6/18/2009	Sacramento	Yes
Legislation and Regulation Committee	7/8/2009	Sacramento	Yes
Public Board Meeting (Day 1)	7/15/2009	Los Angeles	Yes
Public Board Meeting (Day 2)	7/16/2009	Los Angeles	Yes
Public Board Meeting	8/19/2009	Sacramento	Yes
Enforcement Committee	9/16/2009	Los Angeles	Yes
Subcommittee to Evaluate Drug Distribution with Hospitals	9/17/2009	Sacramento	Yes
Public Board Meeting (Day 1)	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 2)	10/22/2009	Sacramento	Yes
Licensing Committee	12/3/2009	Los Angeles	Yes
Enforcement Committee	12/8/2009	Sacramento	Yes
Public Board Meeting (Day 1)	1/20/2010	Sacramento	Yes
Public Board Meeting (Day 2)	1/21/2010	Sacramento	Yes
Public Board Meeting	2/17/2010	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes
Public Board Meeting	6/10/2010	Sacramento	Yes
Enforcement Committee	6/16/2010	Sacramento	Yes
Public Board Meeting (Day 1)	7/28/2010	Sacramento	Yes
Public Board Meeting (Day 2)	7/29/2010	Sacramento	Yes
Enforcement Committee	9/14/2010	Los Angeles	Yes
Legislation and Regulation Committee	10/19/2010	La Jolla	Yes
Public Board Meeting (Day 1)	10/20/2010	La Jolla	Yes
Public Board Meeting (Day 2)	10/21/2010	La Jolla	Yes
Enforcement Committee	12/6/2010	Sacramento	Yes
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	Yes
Enforcement Committee	3/29/2011	Sacramento	Yes
Public Board Meeting	3/30/2011	Sacramento	Yes
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes

Kajioka, Randy, PharmD (Professional Member) Continued			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	Yes
Enforcement Committee	7/25/2011	Sacramento	Yes
Licensing (Compounding Regulation Subcommittee)	8/22/2011	Sacramento	Yes
Term Ended	6/1/2011		
Left Office	Currently serving a 'year of grace'		

Table 1a. Attendance			
Lippe, Gregory (Public Member)			
Date Appointed:	2/26/2009		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	4/30/2009	Sacramento	Yes
Public Board Meeting (Day 2)	5/1/2009	Sacramento	Yes
Enforcement Committee	6/9/2009	Sacramento	Yes
Legislation and Regulation Committee	7/8/2009	Sacramento	Yes
Public Board Meeting (Day 1)	7/15/2009	Los Angeles	Yes
Public Board Meeting (Day 2)	7/16/2009	Los Angeles	Yes
Public Board Meeting	8/19/2009	Sacramento	Yes
Enforcement Committee	9/16/2009	Los Angeles	Yes
Legislation and Regulation Committee	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 1)	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 2)	10/22/2009	Sacramento	Yes
Enforcement Committee	12/8/2009	Sacramento	Yes
Public Board Meeting (Day 1)	1/20/2010	Sacramento	Yes
Public Board Meeting (Day 2)	1/21/2010	Sacramento	Yes
Public Board Meeting	2/17/2010	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes
Public Board Meeting	6/10/2010	Sacramento	Yes
Enforcement Committee	6/16/2010	Sacramento	Yes
Licensing Committee	6/16/2010	Sacramento	Yes
Legislation and Regulation Committee	7/14/2010	Sacramento	Yes
Public Board Meeting (Day 1)	7/28/2010	Sacramento	No
Public Board Meeting (Day 2)	7/29/2010	Sacramento	No
Enforcement Committee	9/14/2010	Los Angeles	Yes
Licensing Committee	10/5/2010	Sacramento	Yes
Legislation and Regulation Committee	10/19/2010	La Jolla	No
Public Board Meeting (Day 1)	10/20/2010	La Jolla	Yes
Public Board Meeting (Day 2)	10/21/2010	La Jolla	Yes
Licensing Committee	12/2/2010	Sacramento	Yes
Enforcement Committee	12/6/2010	Sacramento	Yes
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	Yes
Licensing Committee	3/8/2011	Sacramento	No
Enforcement Committee	3/29/2011	Sacramento	Yes
Public Board Meeting	3/30/2011	Sacramento	Yes
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes
Term Ends	6/1/2012		

Table 1a. Attendance			
Powers, William (Public Member)			
Date Appointed:	5/31/2000, 6/2/2004		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Legislation & Regulation Committee	7/5/2007	Sacramento	No
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Licensing Committee	9/5/2007	Sacramento	No
Communication and Public Education Committee	9/14/2007	Sacramento	No
Enforcement Committee / Workgroup on E-Pedigree	9/20/2007	Los Angeles	Yes
Legislation & Regulation Committee	10/24/2007	San Jose	No
Public Board Meeting (Day 1)	10/24/2007	San Jose	Yes
Public Board Meeting (Day 2)	10/25/2007	San Jose	Yes
Enforcement Committee / Workgroup on E-Pedigree	12/5/2007	Sacramento	No
Licensing Committee	12/11/2007	Los Angeles	No
Communication and Public Education Committee	1/8/2008	Sacramento	No
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
Legislation & Regulation Committee	4/11/2008	Los Angeles	No
SB 472 Medication Label Subcommittee	4/12/2008	Fremont	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Licensing Committee	6/23/2008	Sacramento	No
Public Board Meeting	6/24/2008	Sacramento	No
Legislation & Regulation Committee	7/10/2008	Sacramento	Yes
Communication and Public Education Committee	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Licensing Committee	9/29/2008	Sacramento	No
Communication and Public Education Committee	10/2/2008	Sacramento	Yes
Enforcement Committee	10/6/2008	Sacramento	No
Legislation & Regulation Committee	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Summit on E-Prescribing in California	11/20/2008	Los Angeles	No

Powers, William (Public Member) Continued			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Forum on Designing Patient-Centered Rx Labels	11/20/2008	Los Angeles	No
Term Ended	6/1/2008		
Left Office	12/4/2008		

Table 1a. Attendance			
Ravnan, Susan, PharmD (Professional Member)			
Date Appointed:	6/30/2006		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	1/31/2007	La Jolla	Yes
Public Board Meeting (Day 2)	2/1/2007	La Jolla	Yes
Licensing Committee	3/7/2007	Sacramento	Yes
Public Board Meeting (Day 1)	4/18/2007	Sacramento	Yes
Public Board Meeting (Day 2)	4/19/2007	Sacramento	Yes
Licensing Committee	5/30/2007	Los Angeles	Yes
Communication and Public Education	6/27/2007	Sacramento	Yes
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Licensing Committee	9/5/2007	Sacramento	Yes
Communication and Public Education	9/14/2007	Sacramento	Yes
Public Board Meeting (Day 1)	10/24/2007	San Jose	No
Public Board Meeting (Day 2)	10/25/2007	San Jose	No
Enforcement Committee	12/5/2007	Sacramento	Yes
Licensing Committee	12/11/2007	Los Angeles	Yes
Communication and Public Education	1/8/2008	Sacramento	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
SB 472 Med Label Subcommittee	4/12/2008	Fremont	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Licensing Committee	6/23/2008	Sacramento	Yes
Public Board Meeting	6/24/2008	Sacramento	Yes
Licensing Committee	9/29/2008	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Licensing Committee	12/17/2008	Sacramento	Yes
SB 472 Med Label Subcommittee	1/27/2009	San Diego	No
Public Board Meeting (Day 1)	1/28/2009	San Diego	No
Public Board Meeting (Day 2)	1/29/2009	San Diego	No
SB 472 Med Label Subcommittee	3/12/2009	Sacramento	Yes
Licensing Committee	3/24/2009	Sacramento	Yes
Legislation/Regulation Committee	4/16/2009	Sacramento	No
Public Board Meeting (Day 1)	4/30/2009	Sacramento	No
Public Board Meeting (Day 2)	5/1/2009	Sacramento	No

Ravnan, Susan, PharmD (Professional Member) Continued			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Licensing Committee	6/18/2009	Sacramento	Yes
Public Board Meeting (Day 1)	7/15/2009	Los Angeles	No
Public Board Meeting (Day 2)	7/16/2009	Los Angeles	No
Public Board Meeting	8/19/2009	Sacramento	No
Term Ended	6/1/2009		
Left Office	9/4/2009		

Table 1a. Attendance			
Schell, Kenneth, PharmD (Professional Member)			
Date Appointed:	7/28/2003, 6/30/2006		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Communication and Public Education	1/8/2007	Sacramento	Yes
Legislation and Regulation Committee	1/8/2007	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2007	La Jolla	Yes
Public Board Meeting (Day 2)	2/1/2007	La Jolla	Yes
Communication and Public Education	4/3/2007	Sacramento	Yes
Legislation and Regulation Committee	4/3/2007	Sacramento	Yes
Public Board Meeting (Day 1)	4/18/2007	Sacramento	Yes
Public Board Meeting (Day 2)	4/19/2007	Sacramento	Yes
Communication and Public Education	6/27/2007	Sacramento	Yes
Legislation and Regulation Committee	7/5/2007	Sacramento	Yes
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Communication and Public Education	9/14/2007	Sacramento	Yes
Legislation and Regulation Committee	10/24/2007	San Jose	No
Public Board Meeting (Day 1)	10/24/2007	San Jose	No
Public Board Meeting (Day 2)	10/25/2007	San Jose	No
Communication and Public Education	1/8/2008	Sacramento	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
Legislation and Regulation Committee	4/11/2008	Los Angeles	Yes
SB 472 Medication Label Subcommittee	4/12/2008	Fremont	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Public Board Meeting	6/24/2008	Sacramento	Yes
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Public Board Meeting	11/20/2008	Los Angeles	Yes
Licensing Committee	12/17/2008	Sacramento	Yes
SB 472 Medication Label Subcommittee	1/27/2009	San Diego	Yes
Public Board Meeting (Day 1)	1/28/2009	San Diego	Yes
Public Board Meeting (Day 2)	1/29/2009	San Diego	Yes
Subcommittee to Evaluate Drug Distribution in Hospitals	3/2/2009	Irvine	Yes
SB 472 Medication Label Subcommittee	3/12/2009	Sacramento	Yes

Schell, Kenneth, PharmD (Professional Member) Continued			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Licensing Committee	3/24/2009	Sacramento	Yes
Legislation and Regulation Committee	4/16/2009	Sacramento	Yes
Public Board Meeting (Day 1)	4/30/2009	Sacramento	Yes
Public Board Meeting (Day 2)	5/1/2009	Sacramento	Yes
Subcommittee to Evaluate Drug Distribution in Hospitals	6/2/2009	San Francisco	Yes
Licensing Committee	6/18/2009	Sacramento	Yes
Legislation and Regulation Committee	7/8/2009	Sacramento	Yes
Public Board Meeting (Day 1)	7/15/2009	Los Angeles	Yes
Public Board Meeting (Day 2)	7/16/2009	Los Angeles	Yes
Public Board Meeting	8/19/2009	Sacramento	Yes
Subcommittee to Evaluate Drug Distribution in Hospitals	9/17/2009	Sacramento	Yes
Public Board Meeting (Day 1)	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 2)	10/22/2009	Sacramento	Yes
Public Board Meeting (Day 1)	1/20/2010	Sacramento	Yes
Public Board Meeting (Day 2)	1/21/2010	Sacramento	Yes
Public Board Meeting	2/17/2010	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes
Public Board Meeting	6/10/2010	Sacramento	Yes
Legislation and Regulation Committee	7/14/2010	Sacramento	Yes
Public Board Meeting (Day 1)	7/28/2010	Sacramento	Yes
Public Board Meeting (Day 2)	7/29/2010	Sacramento	Yes
Licensing Committee	10/5/2010	Sacramento	Yes
Legislation and Regulation Committee	10/19/2010	La Jolla	No
Public Board Meeting (Day 1)	10/20/2010	La Jolla	Yes
Public Board Meeting (Day 2)	10/21/2010	La Jolla	Yes
Licensing Committee	12/2/2010	Sacramento	Yes
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	No
Licensing Committee	3/8/2011	Sacramento	No
Legislation and Regulation Committee	3/29/2011	Sacramento	Yes
Public Board Meeting	3/30/2011	Sacramento	Yes
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	Yes
Term Ended	6/1/2010		
Left Office	6/1/2011		

Table 1a. Attendance			
Swart, Robert, PharmD (Professional Member)			
Date Appointed:	7/18/2006		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	1/31/2007	La Jolla	Yes
Public Board Meeting (Day 2)	2/1/2007	La Jolla	Yes
Enforcement Committee	3/21/2007	Sacramento	Yes
Public Board Meeting (Day 1)	4/18/2007	Sacramento	Yes
Public Board Meeting (Day 2)	4/19/2007	Sacramento	Yes
Enforcement Committee	6/20/2007	Sacramento	Yes
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Enforcement Committee	9/20/2007	Los Angeles	Yes
Public Board Meeting (Day 1)	10/24/2007	San Jose	Yes
Public Board Meeting (Day 2)	10/25/2007	San Jose	Yes
Enforcement Committee	12/5/2007	Sacramento	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
SB 472 Medication Label Subcommittee	4/12/2008	Fremont	No
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Public Board Meeting	6/24/2008	Sacramento	Yes
Legislation and Regulation Committee	7/10/2008	Sacramento	Yes
Enforcement Committee	10/6/2008	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Legislation and Regulation Committee	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Public Board Meeting	11/20/2008	Los Angeles	Yes
Enforcement Committee	12/9/2008	Sacramento	Yes
Legislation and Regulation Committee	1/7/2009	Los Angeles	Yes
SB 472 Medication Label Subcommittee	1/27/2009	San Diego	Yes
Public Board Meeting (Day 1)	1/28/2009	San Diego	Yes
Public Board Meeting (Day 2)	1/29/2009	San Diego	Yes
Enforcement Committee	3/11/2009	San Diego	Yes
SB 472 Medication Label Subcommittee	3/12/2009	Sacramento	Yes
Legislation and Regulation Committee	4/16/2009	Sacramento	No
Public Board Meeting (Day 1)	4/30/2009	Sacramento	Yes
Public Board Meeting (Day 2)	5/1/2009	Sacramento	Yes
Enforcement Committee	6/9/2009	Sacramento	Yes

Swart, Robert, PharmD (Professional Member) Continued			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Legislation and Regulation Committee	7/8/2009	Sacramento	Yes
Public Board Meeting (Day 1)	7/15/2009	Los Angeles	Yes
Communication and Public Education	7/15/2009	Los Angeles	Yes
Public Board Meeting (Day 2)	7/16/2009	Los Angeles	Yes
Public Board Meeting	8/19/2009	Sacramento	No
Enforcement Committee	9/16/2009	Los Angeles	Yes
Public Board Meeting (Day 1)	10/21/2009	Sacramento	Yes
Legislation and Regulation Committee	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 2)	10/22/2009	Sacramento	Yes
Enforcement Committee	12/8/2009	Sacramento	No
Term Ended	6/1/2009		
Left Office	12/31/2009		

Table 1a. Attendance			
Veale, Debbie, RPh (Professional Member)			
Date Appointed:	1/12/2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	1/20/2010	Sacramento	Yes
Public Board Meeting (Day 2)	1/21/2010	Sacramento	Yes
Public Board Meeting	2/17/2010	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes
Public Board Meeting	6/10/2010	Sacramento	Yes
Licensing Committee	6/16/2010	Sacramento	No
Communication and Public Education	7/14/2010	Sacramento	Yes
Public Board Meeting (Day 1)	7/28/2010	Sacramento	Yes
Public Board Meeting (Day 2)	7/29/2010	Sacramento	Yes
Licensing Committee	10/5/2010	Sacramento	Yes
Public Board Meeting (Day 1)	10/20/2010	La Jolla	Yes
Public Board Meeting (Day 2)	10/21/2010	La Jolla	Yes
Licensing Committee	12/2/2010	Sacramento	Yes
Communication and Public Education	1/10/2011	Sacramento	Yes
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	Yes
Licensing Committee	3/8/2011	Sacramento	Yes
Legislation/Regulation Committee	3/29/2011	Sacramento	Yes
Public Board Meeting	3/30/2011	Sacramento	Yes
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	Yes
Term Ends	6/1/2013		

Table 1a. Attendance			
Weisser, Stanley, RPh (Professional Member)			
Date Appointed:	11/1/2007		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Enforcement Committee	12/5/2007	Sacramento	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
Legislation and Regulation Committee	4/11/2008	Los Angeles	Yes
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Licensing Committee	6/23/2008	Sacramento	Yes
Public Board Meeting	6/24/2008	Sacramento	Yes
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Licensing Committee	9/29/2008	Sacramento	Yes
Enforcement Committee	10/6/2008	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Public Board Meeting	11/20/2008	Los Angeles	Yes
Enforcement Committee	12/9/2008	Sacramento	Yes
Public Board Meeting (Day 1)	1/28/2009	San Diego	Yes
Public Board Meeting (Day 2)	1/29/2009	San Diego	Yes
Enforcement Committee	3/11/2009	San Diego	Yes
Licensing Committee	3/24/2009	Sacramento	Yes
Public Board Meeting (Day 1)	4/30/2009	Sacramento	Yes
Public Board Meeting (Day 2)	5/1/2009	Sacramento	Yes
Licensing Committee	6/18/2009	Sacramento	Yes
Legislation and Regulation Committee	7/8/2009	Sacramento	Yes
Communication and Public Education	7/15/2009	Los Angeles	Yes
Public Board Meeting (Day 1)	7/15/2009	Los Angeles	Yes
Public Board Meeting (Day 2)	7/16/2009	Los Angeles	Yes
Public Board Meeting	8/19/2009	Sacramento	Yes
Legislation and Regulation Committee	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 1)	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 2)	10/22/2009	Sacramento	Yes
Licensing Committee	12/3/2009	Los Angeles	Yes
Public Board Meeting (Day 1)	1/20/2010	Sacramento	Yes
Public Board Meeting (Day 2)	1/21/2010	Sacramento	Yes
Public Board Meeting	2/17/2010	Sacramento	Yes

Weisser, Stanley, RPh (Professional Member) Continued			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes
Public Board Meeting	6/10/2010	Sacramento	Yes
Public Board Meeting (Day 1)	7/28/2010	Sacramento	Yes
Public Board Meeting (Day 2)	7/29/2010	Sacramento	Yes
Legislation and Regulation Committee	10/19/2010	La Jolla	Yes
Public Board Meeting (Day 1)	10/20/2010	La Jolla	Yes
Public Board Meeting (Day 2)	10/21/2010	La Jolla	Yes
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	Yes
Public Board Meeting	3/30/2011	Sacramento	Yes
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	Yes
Licensing (Compounding Regulation Subcommittee)	8/22/2011	Sacramento	Yes
Term Ended	6/1/2011		
Left Office	Currently serving a 'year of grace'		

Table 1a. Attendance			
Wheat, Shirley (Public Member)			
Date Appointed:	1/14/2007, 12/20/2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
SB 472 Med Label Subcommittee	4/12/2008	Fremont	No
Public Board Meeting (Day 1)	4/23/2008	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2008	Sacramento	Yes
Public Board Meeting	6/24/2008	Sacramento	Yes
Legislation and Regulation Committee	7/10/2008	Sacramento	Yes
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Communication and Public Education	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Communication and Public Education	10/2/2008	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Legislation and Regulation Committee	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Public Board Meeting	11/20/2008	Los Angeles	Yes
SB 472 Med Label Subcommittee	1/27/2009	San Diego	No
Public Board Meeting (Day 1)	1/28/2009	San Diego	No
Public Board Meeting (Day 2)	1/29/2009	San Diego	No
SB 472 Med Label Subcommittee	3/12/2009	Sacramento	No
Legislation and Regulation Committee	4/16/2009	Sacramento	No
Public Board Meeting (Day 1)	4/30/2009	Sacramento	No
Public Board Meeting (Day 2)	5/1/2009	Sacramento	No
Legislation and Regulation Committee	7/8/2009	Sacramento	Yes
Public Board Meeting (Day 1)	7/15/2009	Los Angeles	Yes
Communication and Public Education	7/15/2009	Los Angeles	Yes
Public Board Meeting (Day 2)	7/16/2009	Los Angeles	Yes
Public Board Meeting	8/19/2009	Sacramento	Yes
Public Board Meeting (Day 1)	10/21/2009	Sacramento	Yes
Legislation and Regulation Committee	10/21/2009	Sacramento	Yes
Public Board Meeting (Day 2)	10/22/2009	Sacramento	Yes
Public Board Meeting (Day 1)	1/20/2010	Sacramento	Yes
Public Board Meeting (Day 2)	1/21/2010	Sacramento	Yes
Public Board Meeting	2/17/2010	Sacramento	No
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes

Wheat, Shirley (Public Member) Continued			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting	6/10/2010	Sacramento	No
Enforcement Committee	6/16/2010	Sacramento	No
Communication and Public Education	7/14/2010	Sacramento	Yes
Legislation and Regulation Committee	7/14/2010	Sacramento	Yes
Public Board Meeting (Day 1)	7/28/2010	Sacramento	Yes
Public Board Meeting (Day 2)	7/29/2010	Sacramento	Yes
Legislation and Regulation Committee	10/19/2010	La Jolla	No
Public Board Meeting (Day 1)	10/20/2010	La Jolla	Yes
Public Board Meeting (Day 2)	10/21/2010	La Jolla	Yes
Communication and Public Education	1/10/2011	Sacramento	Yes
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	No
Legislation and Regulation Committee	3/29/2011	Sacramento	Yes
Public Board Meeting	3/30/2011	Sacramento	Yes
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	Yes
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	Yes
Term Ends	6/1/2014		

Table 1a. Attendance			
Zee, Tappan (Public Member)			
Date Appointed:	1/13/2010		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Public Board Meeting (Day 1)	1/20/2010	Sacramento	No
Public Board Meeting (Day 2)	1/21/2010	Sacramento	No
Public Board Meeting	2/17/2010	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2010	Loma Linda	Yes
Public Board Meeting (Day 2)	4/22/2010	Loma Linda	Yes
Public Board Meeting	6/10/2010	Sacramento	Yes
Licensing Committee	6/16/2010	Sacramento	Yes
Legislation and Regulation Committee	7/14/2010	Sacramento	No
Public Board Meeting (Day 1)	7/28/2010	Sacramento	Yes
Public Board Meeting (Day 2)	7/29/2010	Sacramento	Yes
Enforcement Committee	9/14/2010	Los Angeles	Yes
Legislation and Regulation Committee	10/19/2010	La Jolla	No
Public Board Meeting (Day 1)	10/20/2010	La Jolla	No
Public Board Meeting (Day 2)	10/21/2010	La Jolla	No
Enforcement Committee	12/6/2010	Sacramento	No
Public Board Meeting (Day 1)	2/1/2011	Sacramento	Yes
Public Board Meeting (Day 2)	2/2/2011	Sacramento	Yes
Legislation and Regulation Committee	3/29/2011	Sacramento	No
Enforcement Committee	3/29/2011	Sacramento	No
Public Board Meeting	3/30/2011	Sacramento	No
Public Board Meeting (Day 1)	5/3/2011	Newport Beach	No
Public Board Meeting (Day 2)	5/4/2011	Newport Beach	No
Enforcement Committee	7/25/2011	Sacramento	Yes
Term Ends	6/1/2013		

Table 1a. Attendance			
Zinder, Andrea (Public Member)			
Date Appointed:	5/19/1999, 9/28/2000, 12/01/2004		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Legislation & Regulation Committee	7/5/2007	Sacramento	No
Public Board Meeting (Day 1)	7/24/2007	El Segundo	Yes
Public Board Meeting (Day 2)	7/25/2007	El Segundo	Yes
Licensing Committee	9/5/2007	Sacramento	No
Communication and Public Education Committee	9/14/2007	Sacramento	Yes
Enforcement Committee / Workgroup on E-Pedigree	9/20/2007	Los Angeles	No
Legislation & Regulation Committee	10/24/2007	San Jose	Yes
Public Board Meeting (Day 1)	10/24/2007	San Jose	Yes
Public Board Meeting (Day 2)	10/25/2007	San Jose	Yes
Enforcement Committee / Workgroup on E-Pedigree	12/5/2007	Sacramento	No
Licensing Committee	12/11/2007	Los Angeles	No
Communication and Public Education Committee	1/8/2008	Sacramento	No
Enforcement Committee	1/23/2008	San Diego	Yes
Public Board Meeting (Day 1)	1/23/2008	San Diego	Yes
Public Board Meeting (Day 2)	1/24/2008	San Diego	Yes
Public Board Meeting	3/25/2008	San Diego	Yes
Legislation & Regulation Committee	4/11/2008	Los Angeles	Yes
SB 472 Medication Label Subcommittee	4/12/2008	Fremont	No
Public Board Meeting (Day 1)	4/23/2008	Sacramento	No
Public Board Meeting (Day 2)	4/24/2008	Sacramento	No
Licensing Committee	6/23/2008	Sacramento	No
Public Board Meeting	6/24/2008	Sacramento	No
Legislation & Regulation Committee	7/10/2008	Sacramento	Yes
Communication and Public Education Committee	7/23/2008	Newport Beach	No
Public Board Meeting (Day 1)	7/23/2008	Newport Beach	Yes
Public Board Meeting (Day 2)	7/24/2008	Newport Beach	Yes
Licensing Committee	9/29/2008	Sacramento	No
Communication and Public Education Committee	10/2/2008	Sacramento	No
Enforcement Committee	10/6/2008	Sacramento	No
Legislation & Regulation Committee	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 1)	10/29/2008	Brisbane	Yes
Public Board Meeting (Day 2)	10/30/2008	Brisbane	Yes
Summit on E-Prescribing in California	11/20/2008	Los Angeles	Yes

Zinder, Andrea (Public Member) Continued			
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Forum on Designing Patient-Centered Rx Labels	11/20/2008	Los Angeles	No
Enforcement Committee	12/9/2008	Sacramento	No
Licensing Committee	12/17/2008	Sacramento	No
Legislation & Regulation Committee	1/7/2009	Los Angeles	Yes
SB 472 Medication Label Subcommittee	1/27/2009	San Diego	No
Public Board Meeting (Day 1)	1/28/2009	San Diego	No
Public Board Meeting (Day 2)	1/29/2009	San Diego	No
Subcommittee to Evaluate Drug Distribution in Hospitals	3/2/2009	Irvine	No
Enforcement Committee/E-Pedigree Work Group	3/11/2009	San Diego	No
SB 472 Medication Label Subcommittee	3/12/2009	Sacramento	No
Licensing Committee	3/24/2009	Sacramento	No
Legislation & Regulation Committee	4/16/2009	Sacramento	Yes
Public Board Meeting (Day 1)	4/30/2009	Sacramento	Yes
Public Board Meeting (Day 2)	5/1/2009	Sacramento	Yes
Term Ended	6/1/2008		
Left Office	5/31/2009		

Table 1b. Board/Committee Member Roster						
Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Grace Period	Appointing Authority	Type (public or professional)
Registered Pharmacist 1						
Conroy, Ruth	7/25/2003		6/1/2007	6/1/2008	Governor	Professional
Kajioka, Randy	12/17/2008		6/1/2011	6/1/2012	Governor	Professional
Registered Pharmacist 2						
Hiura, Clarence	6/4/2001	10/1/2003	6/1/2007	11/2/2007	Governor	Professional
Weisser, Stanley	11/1/2007		6/1/2011	6/1/2012	Governor	Professional
Registered Pharmacist Labor Union						
Ravnan, Susan	6/30/2006		6/1/2009	9/4/2009	Governor	Professional
Vacant						Professional
Registered Pharmacist Long-Term Care/Skilled Nursing						
Goldenberg, Stanley	6/4/2001	3/24/2005	6/1/2008	8/1/2008	Governor	Professional
Vacant						
Registered Pharmacist Chain Community Pharmacy						
Swart, Robert	7/18/2006		6/1/2009	12/31/2009	Governor	Professional
Veale, Deborah	1/12/2010		6/1/2013		Governor	Professional
Registered Pharmacist Independent Community Pharmacy						
Graul, Robert	2/1/2007		6/1/2008	1/29/2009	Governor	Professional
Badlani, Anil Hiro	12/20/2010		6/1/2012		Governor	Professional
Registered Pharmacist Acute Care						
Schell, Kenneth H	7/25/2003	6/30/2006	6/1/2010	6/1/2011	Governor	Professional
Vacant						Professional
Public Member 1						
Burgard, James	1/16/2008		6/1/2009		Governor	Public
Zee, Tappan	1/13/2010		6/1/2013		Governor	Public
Public Member 2						
Daze, Timothy	8/17/2006		6/1/2008	3/4/2009	Governor	Public
Lippe, Gregory	2/26/2009		6/1/2012		Governor	Public
Public Member 3						
Hough, Henry	7/19/2006		6/1/2008	11/1/2008	Governor	Public
Brooks, Ryan	10/28/2008		6/1/2012		Governor	Public
Public Member 4						
Wheat, Shirley	1/14/2007	12/20/2010	6/1/2014		Governor	Public
Public Member 5						
Powers, William	5/31/2000	6/2/2004	6/1/2008	12/4/2008	Senate Rules	Public
Castellblanch, Ramon	4/22/2009		6/1/2012		Senate Rules	Public

Table 1b. Board/Committee Member Roster						
Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Grace Period	Appointing Authority	Type (public or professional)
Public Member 6						
Zinder, Andrea	5/19/1999	9/22/2000, 12/1/2004	6/1/2008	5/31/2009	Speaker of Assembly	Public
Hackworth, Rosalyn	7/15/2009		6/1/2012		Speaker of Assembly	Public

Changes to Pharmacy Law That Have Occurred Since the Last Sunset Review

2002 to Present

2002

Business and Professions Code, Section 685
Under specified circumstances, permits a licensing board to cite, fine and deny the license renewal of a health care practitioner, or reject the license application of a prospective practitioner who is in default on HEAL loans or other educational loans made by the Department of Health and Human Services.

Business and Professions Code Section 4001.1
Adds the board's consumer protection mandate to state that the board's highest priority in performing its licensing, regulatory and disciplinary functions is the protection of the public.

Business and Professions Code Section 4001.5
Added to direct the Joint Legislative Sunset Review Committee to evaluate the use of the national pharmacist examination (NAPLEX) in California.

Business and Professions Code, Section 4061
Permits nurse practitioners, certified nurse-midwives and physicians assistants to request and receive drug samples authorized by a physician.

Business and Professions Code Section 4110
Clarified that a temporary pharmacy permit may be issued when needed to protect the public safety.

Business and Professions Code, Section 4306.6.
If specified conditions are met, the Board will consider a good faith report of a pharmacy violation by a pharmacist-in-charge to the Board as a mitigating factor in any disciplinary action against the pharmacist-in-charge resulting from the report.

Business and Professions Code, Section 4406 and Health and Safety Code, Section 138198
Establishes the Pharmacist Scholarship and Loan Repayment Program, funded by a voluntary $25 contribution by pharmacists, to pay for the educational expenses of pharmacy students and to repay qualifying educational loans of pharmacists who agree to practice in medically underserved areas.

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2002 CON'T

Business and Professions Code, Section 4425 and 4427
Makes permanent provisions in existing law that require pharmacies to provide prescription drugs, not covered by insurance, at Medi-Cal prices to Medicare beneficiaries. The new law also requires pharmacies to post a notice of the availability of this discount.

Civil Code, Section 56.05, 56.101, 56.11, 56.12 and 56.102
Prohibits drug manufacturers, in most instances, from disclosing confidential medical information without prior patient authorization and prohibits, in most circumstances, requiring patients to permit disclosure of confidential medical information as a condition of obtaining prescription drugs.

Health and Safety Code, Sections 11057 and 111656.4
Adds specified depressants and stimulants to the Uniform Controlled Substances Act and makes a technical change in a reference related to home medical device retail facilities.

Health and Safety Code, Sections 11120-11126
Repealed an unused statute that permitted the licensing of controlled substances warehouses

Health and Safety Code, Section 11150 et seq
Conforms state controlled substance schedules to federal controlled substance schedules.

Health and Safety Code, Section11165 and 11165.1
Extends the CURES program to 2008 and permits physicians and pharmacists to request CURES profiles for their patients from the Department of Justice. Permits the DOJ to send CURES profiles to the physicians and pharmacists providing care to patients whose CURES profiles indicate the possibility of prescription abuse.

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2003

Business and Professions Code, Section 2836.1 and Health and Safety Code, Section 11165
Authorizes nurse practitioners to furnish drugs or devices that are classified as Schedule II-V, subject to certain conditions.

Business and Professions Code, Section 4001-4003, 4008, 4052, 4083, 4106, 4200, 4200.2, 4200.3, 4200.4, 4202, 4312, 4314, 4315, 4400 and 4403
Authorizes board inspectors to issue a written order of correction and the executive officer to issue a letter of admonishment directing a licensee to comply with the Pharmacy Law or related regulations. Requires that an order of correction or letter of admonishment to contain certain information, including the process for the licensee to contest the order or letter. Authorizes the board, when it issues citations with fines and orders of abatement, to direct a person to demonstrate how future compliance will be accomplished. Updates to provisions related to requirements for the pharmacist licensure examination and requirements for pharmacy technician registrants.

Business and Professions Code, Section 4022, 4067, 4170, 4171 and 4175
Adds veterinary drugs to the definition of dangerous drugs. Previously, veterinary drugs labeled for use on animals were not considered dangerous drugs under California law.

Business and Professions Code, Section 4052
Authorizes a pharmacist to furnish emergency contraception drug therapy in accordance with a standardized procedure or protocol developed and approved by both the Board of Pharmacy and the Medical Board of California. Additional legislation revised the pharmacist training requirement and restricts a pharmacist from requiring a patient to provide individually identifiable medical information, except as specified. A pharmacist is prohibited from charging a consultation fee for initiation of the emergency contraception drug therapy, but is authorized to charge an administrative fee, as specified.

Business and Professions Code, Section 4059 and 4060
Adds optometrists to the healing arts practitioners who can receive and possess dangerous drugs and devices from manufacturers, wholesalers and pharmacies without a prescription, as specified.

Sponsored by the Board of Pharmacy

2003 CON'T

Business and Professions Code, Section 4061
Authorizes the distribution of dangerous drugs or devices as complimentary samples only upon the written request of specified healing arts practitioners.

Business and Professions Code, Section 4076
Effective January 1, 2006, requires prescription labels to contain a physical description of the drug, including the color, shape and any identification code appearing on the tablets or capsules. New drugs are exempt from these requirements for the first 120 days on the market.

Health and Safety Code, Section 11029.5, 11159.2, 11161, 11161.5, 11161.7, 11162, 11162.1, 11164, 11164.1, 11165, 11165.1, 11166, 11167, 11167.5, 11168, 11169 and 11190
Effective January 1, 2005, eliminates the triplicate prescription requirement for Schedule II controlled substances and requires prescriptions for any controlled substance to be issued on specialized prescription forms obtained from a security printer approved by the Board of Pharmacy. Between July 1, 2004, and January 1, 2005, prescribers of Schedule II drugs will be permitted to use either the triplicate form or the new security forms.

Health and Safety Code, Section 11250 and 11251
Authorizes retail sale of controlled substances without a prescription to specified healing arts practitioners, to include optometrists.

2004

Business and Professions Code, Section 4005
Extends the board's authority to promulgate regulations related to pharmacy practice experience necessary for licensure as a pharmacist.

Business and Professions Code, Section 4022.5
Adds definitions of "designated representative" and "designated representative-in-charge" for a wholesaler or veterinary food-animal drug retailer.

Business and Professions Code, Section 4026.5
Defines "good standing" to mean a license issued by the board that is unrestricted by a disciplinary action, as specified.

Business and Professions Code, Section 4030, 4114, 4200, 4208 and 4209
Defines "intern," details requirements for registration and qualifying for pharmacist licensure examinations. Intern affidavits (hours and experience) must be certified under penalty of perjury by a pharmacist under whose supervision such experience was obtained or by the pharmacist-in-charge at the pharmacy while the pharmacist intern obtained the experience. Interns must have at least 1,500 hours of intern experience before applying to take the pharmacist licensure examination.

Business and Professions Code, Section 4034, et al.
Requires an electronic "pedigree" by January 1, 2007, on prescription drugs sold in California. The pedigree will contain information regarding each transaction resulting in a change of ownership of a given dangerous drug, from sale by a manufacturer, through acquisition and sale by a wholesaler, until final sale to a pharmacy or other person furnishing, administering, or dispensing the drug and makes changes to various Pharmacy Law provisions to implement pedigree requirements.

Sponsored by the Board of Pharmacy

2004 CON'T

Business and Professions Code, Section 4040, 4052, 4060, 4076, 4111 and Health and Safety Code, Section 11150
Permits pharmacists to sign orders for controlled substances when initiating or adjusting drug regimens under protocol; requires pharmacists to register with the DEA if they are authorized to initiate or adjust drug therapy involving controlled substances under protocol; permits the possession of a controlled substance dispense pursuant to a drug order signed by a pharmacist; requires a prescription label to include the name of the practitioner, including a pharmacist, who ordered the drug; permits pharmacists to order controlled substances pursuant to a protocol; no longer requires the name of the supervising physician (of certified nurse midwives, nurse practitioners, physician assistants) to be on prescription labels.

Business and Professions Code, Section 4054
Eliminates restrictions on a manufacturer or wholesaler to provide dialysis drugs and devices directly to patients.

Business and Professions Code, Section 4059.5
Requires dangerous drugs or devices delivered to a pharmacy to be signed for by and delivered to a pharmacist, but also authorizes a pharmacy to take delivery of dangerous drugs or devices when the pharmacist is closed and no pharmacist is on duty so long as certain conditions are met. The pharmacy is responsible for the dangerous drugs and devices delivered to a secure storage facility and for obtaining and maintaining records relating to the delivery.

Business and Professions Code, Section 4068
Permits a prescriber to dispense a dangerous drug, including a controlled substance, to an emergency room patient so long as all of the specified conditions are met.

Business and Professions Code, Section 4081
Changes the name "exemptee-in-charge" to "designated representative-in-charge" on January 1, 2006.

Sponsored by the Board of Pharmacy

2004 CON'T

Business and Professions Code, Section 4085, 4086
Requires board authorization to remove, sell, or dispose of an embargoed dangerous drug or device. Authorizes a board inspector, with reasonable cause, to remove an embargoed dangerous drug or device from a premises. Specifies conditions under which an embargoed dangerous drug or device that is adulterated or counterfeit, is destroyed

Business and Professions Code, Section 4100
Updates terminology for those licensees that must notify the board within 30 days of a change in his or her address, or a change in his or her name.

Business and Professions Code, Section 4101
Technical change to language that requires an exemptee-in-charge of a wholesaler or veterinary food animal-drug retailer to notify the board of a termination in his or her employment, as specified.

Business and Professions Code, Section 4107
Prohibits the board from issuing more than one site license to a single premise except to issue a veterinary food-animal drug retailer license to a wholesaler or to issue a license to compound sterile injectable drugs to a pharmacy.

Business and Professions Code, Section 4115
Clarifies the procedures by which a pharmacist shall verify a prescription before the medication is provided to the patient.

Business and Professions Code, Section 4119.1
Allows a pharmacy to provide pharmacy services to a skilled nursing facility or an intermediate care facility through the use of an automated drug delivery system that need not be located at the same location as the pharmacy. Operation of the drug delivery system must be under supervision of a pharmacist who need not be physically present and is allowed to supervise the system electronically.

Business and Professions Code, Section 4126.5
Specifies who a pharmacy is permitted to furnish dangerous drugs to and authorizes the board to assess a fine of $5,000 for each violation.

Sponsored by the Board of Pharmacy

2004 CON'T

Business and Professions Code, Section 4127.7
Effective July 1, 2005, requires a pharmacy to compound sterile injectable products in a specified environment.

Business and Professions Code, Section 4145, 4147 and Health and Safety Code, Section 11364
Until December 31, 2010, authorizes a pharmacist to sell or furnish 10 or fewer hypodermic needles or syringes to a person for human use without a prescription if the pharmacy is registered with a local health department in the Disease Prevention Demonstration Project, which would be created to evaluate the long-term desirability of allowing licensed pharmacies to sell or furnish nonprescription hypodermic needles or syringes to prevent the spread of blood-borne pathogens, including HIV and hepatitis C. The requirement to maintain detailed records of nonprescription sales of hypodermic needles and syringes is eliminated.

Business and Professions Code, Section 4160
Recasts provisions related to the licensure of a wholesaler of dangerous drugs or dangerous devices. Specifies that a separate license is required for each place of business owned or operated, to be renewed annually and shall not be transferred. Exempts from the provisions a drug manufacturer licensed by the FDA or other specified authorities. Authorizes the board to issue a temporary license and specifies fees to be assessed.

Business and Professions Code, Section 4161
Until January 1, 2006, establishes licensing requirements for out-of-state distributors, and also requires the out-of-state distributor to identify a designated representative-in-charge. After January 1, 2006, out-of-state distributors will be known as "nonresident wholesalers" and meet specific licensing requirements. A nonresident wholesaler must specify a designated-representative-in-charge, subject to board approval.

Sponsored by the Board of Pharmacy

2004 CON'T

Business and Professions Code, Section 4162.5
Effective January 1, 2006, requires an applicant for the issuance or renewal of a nonresident wholesaler license to submit a surety bond of $100,000 for each site to be licensed, or other equivalent means of security acceptable to the board. Allows for a lesser specified amount to be submitted based on the previous tax year's annual gross receipts; authorizes the board to make a claim against the bond if certain conditions are not met. Provides the section is inoperable after January 1, 2011 unless an enacted statute repeals or extends that date.

Business and Professions Code, Section 4163
Operative on January 1, 2007, allows manufacturers and wholesalers to acquire or furnish dangerous drugs or devices only from or to those authorized by law to possess or furnish those dangerous drugs or devices. Additionally, a wholesaler or pharmacy may not acquire a dangerous drug without receiving a pedigree. This section becomes operative on January 1, 2007.

Business and Professions Code, Section 4163.5
Authorizes the board to extend the time allowed for implementing electronic technologies to track the distribution of dangerous drugs within the state if the board determines that manufacturers or wholesalers cannot meet the requirement by January1, 2007.

Business and Professions Code, Section 4163.6
Authorizes the Legislature to extend the time allowed for pharmacies to implement electronic tracking the distribution of dangerous drugs within the state if the Legislature determines that it is not economically and technically feasible for pharmacies to comply with the requirement by January 1, 2007.

Business and Professions Code, Section 4164
Requires licensed wholesalers that distribute controlled substances, dangerous drugs or devices within or into California to report all sales of those products that are subject to abuse. Wholesalers will be required to develop and maintain a system for tracking individual sales of dangerous drugs at preferential or contract prices to pharmacies that primarily or solely dispense prescription drugs to patients of long-term care facilities.

Sponsored by the Board of Pharmacy

2004 CON'T

Business and Professions Code, Section 4165 and 4166.
Requires a wholesaler licensed by the board to furnish an authorized officer of the law with all records or documentation of the sale or transfer of any dangerous drug or device, and requires a wholesaler to submit a surety bond for each site to be licensed by the board.

Business and Professions Code, Section 4168
Prohibits a municipality from issuing a business license to any establishment that requires a board wholesaler license without that establishment being currently licensed by the board.

Business and Professions Code, Section 4169
Prohibits the purchase, trade, sale or transfer of dangerous drugs or devices at wholesale to a person or entity that is not licensed with the Board as a wholesaler or pharmacy; if the person knew or should have known if the dangerous drugs were adulterated or misbranded; after the beyond use date on the label; and requires that records be maintained for at least three years of the acquisition or disposition of dangerous drugs or devices. The board may assess a fine for each violation.

Business and Professions Code, Section 4170.5
Permits veterinarians in a veterinary teaching hospital operated by an accredited veterinary medical school to dispense and administer dangerous drugs and devices and controlled substances from a common stock.

Business and Professions Code, Section 4196
Recasts provisions related to the licensure of a veterinary food-animal drug retailer. Authorizes the board to issue a temporary license and assess a fee.

Business and Professions Code, Section 4200
Adds certification by the Foreign Pharmacy Graduate Examination committee as an application requirement for foreign-educated pharmacists seeking licensure as a pharmacist in California.

Sponsored by the Board of Pharmacy

2004 CON'T

Business and Professions Code, Section 4200.1
Clarifies that until January 1, 2008, a pharmacy licensure applicant may take the licensing exam four times, and up to four additional times upon completion of additional pharmacy coursework, and requires the board to collect certain data relating to applicants who take the licensure exams.

Business and Professions Code, Section 4207
Revises language related to the board's investigation of an applicant and authorizes the board to request any information it deems necessary to complete an application investigation.

Business and Professions Code, Section 4301
Defines acts of unprofessional conduct and authorizes the Board to take action against a wholesaler who clearly excessively furnishes dangerous drugs to a pharmacy that primarily or solely dispenses prescription drugs to patients of long-term facilities.

Business and Professions Code, Section 4305.5 and 4331
Specifies that the sections shall be inoperative and repealed on January 1, 2005 as it relates to penalties and other requirements of a wholesaler or veterinary food-animal drug retailer.

Business and Professions Code, Section 4400
Authorizes an increase in the fee bases for initial and renewal license applications and penalties.

Health and Safety Code, Section 11159.1
Authorizes a prescriber to dispense a controlled substance to an emergency room patient if certain requirements are met.

Health and Safety Code, Section 11207
Clarifies language that permits a pharmacy technician to compound or prepare a prescription for a controlled substance when assisting a pharmacist.

Sponsored by the Board of Pharmacy

2005

Business and Professions Code, Section 4024
Adds naturopathic doctors, pursuant to Business and Professions Code 3640.7, to the list of those who are allowed to prescribe drugs or devices.

Business and Professions Code, Section 4039
Adds naturopathic doctors to the list of those licensed individuals authorized to practice their professions in this state.

Business and Professions Code, Section 4040
Adds naturopathic doctors to the list of those who may sign written drug orders.

Business and Professions Code, Section 4053
Changes the name "exemptee" to "designated representative."

Business and Professions Code, Section 4059
Adds naturopathic doctors to the list of individuals who may write the prescriptions required for dangerous drugs or devices. However, manufacturers, wholesalers, or pharmacies may furnish dangerous drugs or devices to a naturopathic doctors without a prescription, but must maintain all sales and purchase records on the transaction.

Business and Professions Code, Section 4059.5
Allows a dangerous drug or device to be ordered by and provided to a *naturopathic doctor* acting pursuant to Business and Professions Code 3640.7. Recipients of the dangerous drugs or devices must be authorized by law to receive the drugs or devices and must comply with all state and federal laws of the state or country to which the drugs or devices are delivered.

Business and Professions Code, Section 4060
Requires a prescription or a drug order for the possession of controlled substances and adds *naturopathic doctors* to the list of those may furnish controlled substances. However, this possession requirement does not apply to controlled substances that are in stock in correctly labeled containers that include the name of the supplier or producer. Naturopathic doctors are not authorized to order their own stock of dangerous drugs and devices.

Sponsored by the Board of Pharmacy

2005 CON'T

Business and Professions Code, Section 4060
Requires a prescription or a drug order for the possession of controlled substances and adds *naturopathic doctors* to the list of those may furnish controlled substances. However, this possession requirement does not apply to controlled substances that are in stock in correctly labeled containers that include the name of the supplier or producer. Naturopathic doctors are not authorized to order their own stock of dangerous drugs and devices.

Business and Professions Code, Section 4061
Requires *naturopathic doctors* who want complimentary samples of dangerous drugs or devices, to submit written requests to the manufacturer's sales representative. A naturopathic doctor who functions pursuant to Business and Professions Code 3640.5 may sign for the request and receipt of complimentary samples of a dangerous drug or device that has been identified in the standardized procedure, protocol or practice agreement that includes specific approval by a physician.

Business and Professions Code, Section 4076
Prohibits a pharmacist from dispensing any prescription in a container that is not correctly labeled and does not meet state and federal law. If prescribed by a *naturopathic doctor*, his or her name must be included in the container's label. However, if a pharmacist dispenses a dangerous drug or device in a facility licensed pursuant to Health and Safety Code 1250, it is not necessary to include on individual unit dose containers for a specific patient, the name of the naturopathic doctor who functions under a standardized procedure or protocol developed by the naturopathic doctor and his or her supervising physician.

Business and Professions Code, Section 4104
Recasts existing language and adds that every pharmacy must report to the Board, within 30 days of the receipt or development of information, regarding any licensed individual employed by or with the pharmacy as it relates to theft or impairment; provides for civil or criminal immunity for those that make a good faith report required by the section, and extends that immunity to any administrative or judicial proceeding resulting from reporting to the Board.

Sponsored by the Board of Pharmacy

2005 CON'T

Business and Professions Code, Section 4106
Specifies that licensing information on the Board's Web site, including the issuance and expiration dates of any license issued by the Board, is proof of licensure.

Business and Professions Code, Section 4114
Clarifies that intern pharmacists may perform all functions of a pharmacist under the "*direct supervision and control*" of a pharmacist whose license is in good standing with the Board.

Business and Professions Code, Section 4115
Removes duplicative language regarding the duties of pharmacy technicians and deletes and exemption to unlicensed personnel from pharmacy technician registration requirements during their first year of employment in specified agencies. Removes 'experience' as a qualifying method to become licensed as a pharmacy technician.

Business and Professions Code, Section 4115.5
Recasts language while continuing to standardize the supervisory responsibilities of a pharmacist to that of "*direct supervision and control*" over a pharmacy technician trainee.

Business and Professions Code, Section 4127.5
Specifically exempts government and tribal governments from the license fee for sterile injectable compounding pharmacies.

Business and Professions Code, Section 4161
Deletes a technical subsection that does not impact the profession of nonresident wholesalers.

Business and Professions Code, Section 4162.5
Allows a *nonresident wholesaler* of pharmaceutical drugs to submit a single surety bond for all licensed sites under common control, rather than a surety bond for each individual site. Additionally, this section exempts from the requirement of wholesalers to post a surety bond, a manufacturer who may also be licensed as a nonresident wholesaler, has received a new drug application issued by the Food and Drug Administration, and who distributes only the drug specified in the new drug application.

Sponsored by the Board of Pharmacy

2005 CON'T

Business and Professions Code, Section 4170
Authorizes a *naturopathic doctor* who functions pursuant to Business and Professions Code 3640.5 to hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, a manufacturer or a pharmacist. The Bureau of Naturopathic Medicine shall have authority with the California State Board of Pharmacy to ensure compliance of their respective licensees with this section and is charged with its enforcement. "Prescriber" in this section includes a person who holds a Bureau of Naturopathic Medicine license to practice naturopathic medicine.

Business and Professions Code, Section 4174
Adds *naturopathic doctors* to the list of those to whom a pharmacist is authorized to dispense drugs or devices upon receipt of a drug order. Naturopathic doctors must function under standardized procedures or protocols with a supervising physician pursuant to Business and Professions Code 3640.5 (i.e., Drugs furnished by a naturopathic doctor may include Schedules III through V controlled substances and limited to those drugs agreed upon in the procedures or protocols. Schedule III controlled substances furnished or ordered by a naturopathic doctor must be in accordance with a patient-specific protocol approved by the treating or supervising physician.)

Business and Professions Code, Section 4175
Requires the Board of Pharmacy to promptly forward all complaints related to dangerous drugs or devices dispensed by a *naturopathic doctor* and complaints involving serious bodily harm, to the Bureau of Naturopathic Medicine.

Business and Professions Code, Section 4202
Recasts the section related to pharmacy technicians, but makes no changes to the requirements.

Business and Professions Code, Section 4205
Recasts language related to the sale or dispensing of hypodermic needles, as specified, and deletes the specific an unnecessary authorization to issue a license for the sale and dispensing of hypodermic syringes and needles for use on poultry.

Sponsored by the Board of Pharmacy

2005 CON'T

Business and Professions Code, Section 4206
Repeals the requirement that an applicant sign "Rules for Professional Conduct" s part of the application.

Business and Professions Code, Section 4231
Exempts pharmacists who are renewing their license for the first time from continuing education (CE) requirements. Adds a requirement that an applicant for renewal, who submits the renewal application and fees but does not submit proof of completion of 30 hours of CE will be issued an inactive pharmacists license that prohibits the practice of pharmacy. The section specifies how a pharmacist with an inactive pharmacist may obtain an active pharmacist license.

Business and Professions Code, Section 4232
Makes a technical change to alter the term "pharmaceutical education" to "pharmacy education" when referring to course content for CE courses.

Business and Professions Code, Section 4314
Adds a violation of B&PC 733 to the list of violations for which the Board may issue citations containing fines and orders of abatement.

Business and Professions Code, Section 4315
Authorizes the executive officer, or his or her designee, to issue a letter of admonishment to a licensee for failure to comply with *B&PC 733* and deletes the requirement that a copy of a pharmacist's letter of admonishment be kept on the pharmacy's premises.

Business and Professions Code, Section 4360
Makes technical changes to provisions allowing the Board to operate a recovery and rehabilitation program for pharmacists and interns whose competency may be impaired due to alcohol or drug abuse or mental illness.

Business and Professions Code, Section 4361
Specifically defines "participant" as a pharmacist or intern pharmacist who has entered the "pharmacists recovery program" (i.e., a rehabilitation program created by this article for interns as well as pharmacists).

Sponsored by the Board of Pharmacy

2005 CON'T

Business and Professions Code, Section 4362
Updates a provision involving the confidentiality of a pharmacist or intern who enters the pharmacists recovery program voluntarily, through referral by the Board or through disciplinary action; and addresses discipline or other enforcement actions related to licensees.

Business and Professions Code, Section 4364
Makes technical changes and allows the board to adopt criteria for participation in the pharmacists recovery program and deny entry to those who do not meet the criteria.

Business and Professions Code, Section 4365
Directs the board to contract with one or more qualified contractors to administer the pharmacists recovery program.

Business and Professions Code, Section 4366
Stipulates that along with evaluating and monitoring participants in the pharmacists recovery program, the contractor must also inform each participant of the program's procedures, of their rights and responsibilities, and of the possible consequences of noncompliance with the program.

Business and Professions Code, Section 4369
Authorizes termination from the program if a participant fails to comply with the treatment contract or derive benefit from the program. The names of those terminated will be reported to the Board.

Business and Professions Code, Section 4370
This section is repealed (provisions moved to other sections).

Business and Professions Code, Section 4371
Authorizes quarterly review of the Pharmacists Recovery Program and participants' files by the Board.

Business and Professions Code, Section 4372
Recasts language stating that Board records and Pharmacists Recovery Program records are confidential and not subject to disclosure except when relevant to a participant's conduct that led to termination from the program.

Sponsored by the Board of Pharmacy

2005 CON'T

Business and Professions Code, Section 4373
Removes "contracting professional association" and "volunteer intervener" from those who shall not be liable for civil damages because of acts or omissions that occur while acting in good faith.

Business and Professions Code, Section 4400
Modifies the fees the board charges for a designated representative; a designated representative for a veterinary food-animal drug retailer; exempts government operated clinics from licensure fees; eliminates the foreign pharmacist graduation evaluation fee; and eliminates the fee to extend a pharmacist intern license. Additional legislation reduced the application fee for a nonresident wholesaler when the owner of the nonresident wholesaler has more than 20 locations nationwide.

Health and Safety Code, Section 1261.6
Provides changes to amendments involving automated delivery machines used in healthcare facilities. The section allows the provision of both routine and emergency drugs and biological to meet the needs of patients from an automated drug delivery system. When a pharmacy provides services to a licensed health facility pursuant to Business and Professions Code 4119.1, the automated drug delivery system is subject to additional requirements, as specified.

Health and Safety Code, Section 11150
Adds naturopathic doctors acting with the scope of B&PC 3640.5 to the list of those authorized to write or issue a prescription.

Health and Safety Code, Section 11159.2
Expands the exception that allows a prescriber to write a prescription for all controlled substances for a terminally ill patient on a form that does not meet the security requirements of H&SC 11164.

Health and Safety Code, Section 11161
Authorizes the court to order a practitioner who is named in an arrest warrant or charged with a H&SC violation, to surrender all controlled substance prescription forms, and prohibits the practitioner from obtaining, ordering, or using any additional forms.

2005 CON'T

Health and Safety Code, Section 11161.5
Transfers responsibility from the Board of Pharmacy to the Department of Justice for the approval of security prescription printers.

Health and Safety Code, Section 11162.1
Authorizes changes to the security prescription form requirements and specifies information that must be specified on the form to be a valid prescription.

Health and Safety Code, Section 11165
Allows the Department of Justice to maintain the CURES program, contingent on the availability of adequate funds from the various health professions boards. However, funds for the reporting of Schedule III controlled substances to CURES shall not be appropriated from, among other health professions board funds, the Naturopathic Doctor's Fund.

Health and Safety Code, Section 11165.5
Requires the Board, when funds are available, to join with the Medical Board of California and the Department of Justice to contract with a vendor to prepare a feasibility report for evaluating the viability of implementing "real time reporting" to CURES; and specifies the time frame that the report is to be submitted to the Legislature.

Health and Safety Code, Section 11190
Requires prescribers that dispense Schedule II or Schedule II controlled substances to provide information on a monthly basis to the Department of Justice, using a format specified by the DOJ.

Sponsored by the Board of Pharmacy

2005 CON'T

Health and Safety Code, Section 11210
Authorizes a *naturopathic doctor* to prescribe for, furnish to, or administer controlled substances (epinephrine to treat anaphylaxis and natural and synthetic hormones [Business and Professions Code 3640.7]) to his or her patient when the patient is suffering from a disease, ailment, injury, or infirmities attendant upon old age, other than addiction to a controlled substance, when the naturopathic doctor believes that treatment is required. The naturopathic doctor shall prescribe, furnish, or administer controlled substances only in the quantity and for the length of time as are reasonably necessary.

Health and Safety Code, Section 150200-150207
Authorizes the establishment of a voluntary drug repository and distribution program by a county to distribute specific surplus medications to medically indigent persons to ensure access to necessary pharmaceutical therapies; authorizes a county to establish such a program, so long as certain conditions are met; permits wholesalers and manufacturers who are legally authorized to manufacture and sell pharmaceutical drugs, to donate unused medications to these programs; and defines "medication" as a dangerous drug. The provisions specify requirements for the donated drugs, requirements for pharmacists who dispense the medications; and specifies recordkeeping requirements, and addresses criminal and civil immunities related to persons and entities involved in the activities of these programs.

Health and Safety Code, Section 733
Requires any healing arts licentiate to dispense drugs and devices pursuant to a lawful order or prescription UNLESS specified circumstances exist. A licentiate must not obstruct a patient from obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of Business and Professions Code 733 constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary action by his or her licensing agency. Disciplinary action could include, but is not limited to, citations, fines, a letter of abatement, or a letter of admonishment.

Senate Concurrent Resolution 49
Creates a panel to study the cause 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.

2006

Business and Professions Code, Section 650
Allows nonmonetary remuneration in the form of hardware, software or information technology and training services, necessary and used solely to receive and transmit electronic prescription information in compliance with the standard set by the Medicare prescription Drug Improvement and Modernization Act of 2003 in specified situations.

Business and Professions Code, Section 725, 2241, 2241.5. 2242, 2242.1, and Health and Safety Code, Section 11156
Revises and recasts existing law relating to the prescription and administration of drugs for the treatment or management of pain in the Medical Practices Act and provides that physicians who have a medical basis for prescribing or administering dangerous drugs or controlled substances shall not be subject to disciplinary action or prosecution under specified circumstances. It revises the provisions relating to physicians who prescribe, dispense or administer a controlled substance to an addict or habitual user and broadens the Intractable Pain Treatment Act to allow physicians to prescribe or administer certain drugs for the treatment of pain or a condition causing pain, including but not limited to, intractable pain.

Business and Professions Code, Section 733
Requires any healing arts licentiate to dispense drugs and devices pursuant to a lawful order or prescription UNLESS specified circumstances exist. A licentiate must not obstruct a patient from obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of B&PC 733 constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary action by his or her licensing agency. Disciplinary action could include, but is not limited to, citations, fines, a letter of abatement, or a letter of admonishment. Contains provisions dealing with pharmacists providing emergency contraception.

Business and Professions Code, Section 4001 and 4003
Extends the Board's sunset date two years.

Sponsored by the Board of Pharmacy

2006 CON'T

Business and Professions Code, Section 4034
Specifies that an electronic pedigree must be created and maintained for any prescription drug in an interoperable electronic system, initiated by the manufacturer through any change in ownership until the final sale to a pharmacy or other person furnishing, administering or dispensing the drug.
The pedigree must remain compatible through all stages of distribution and must include the brand or generic name of the drug. Any drug returned to the wholesaler or manufacturer must be documented on the same pedigree as when the drug was previously sold. Drugs that are repackaged must retain the original pedigree. The pedigree must track each dangerous drug at the smallest package or immediate container distributed by the manufacturer (serialization), and the section specifies exemptions from the pedigree requirements. The term "interoperable electronic system" is defined.

Business and Professions Code, Section 4036
Defines "pharmacist" as a natural person licensed by the Board as a pharmacist who may practice pharmacy within or outside a licensed pharmacy.

Business and Professions Code, Section 4052
Addresses a pharmacist's scope of practice and prescriber/ physician protocols. Recasted and reorganized provisions into new sections, without making substantive changes. The recasted sections address compounding for prescriber office use; transmission of a prescription to another pharmacist; administering drugs or biological; ordering laboratory tests; and initiating or adjusting a drug regimen.

Business and Professions Code, Section 4052.1
Contains provisions relating to authorized activities for pharmacists in licensed health care facilities.

Business and Professions Code, Section 4052.2, 4052.3
Contains provisions (formerly in 4052) related to initiating or adjusting a drug regimen of a patient ; ordering drug therapy-related laboratory tests; administering drugs and biologicals by injection pursuant to a prescriber's order pursuant to specific authorization by the patient's treating prescriber.

Sponsored by the Board of Pharmacy

2006 CON'T

Business and Professions Code, Section 4052.4
Allows California disciplinary action for violation of federal or other state's statutes regulating pharmacy.

Business and Professions Code, Section 4073
Allows a check-off box on electronic prescriptions that, if marked by a prescriber, would prevent generic substitution at a pharmacist's discretion.

Business and Professions Code, Section 4104
Clarifies requirements for pharmacies to report to the Board when a licensee is impaired to the extent it affects the licensee's safe practice or the licensee has stolen or diverted drugs. A pharmacy is required to have written procedures for addressing impairment, theft and diversion.

Business and Professions Code, Section 4122
Requires an amended Notice to Consumers to advise patients that they are entitled to obtain their prescribed medicine or medical devices from a pharmacy unless the pharmacist believes the item was not legally prescribed, is contraindicated for the patient, the item is not in stock, the patient cannot pay for the item or pay the required copayment, or the pharmacist refuses on ethical, moral or religious grounds to dispense the item. The Board will promulgate a regulation during 2007 to comply with this requirement. The notice must be displayed in a poster provided by the Board or printed on customer receipts.

Business and Professions Code, Section 4127.8
Allows the Board to issue a temporary sterile injectable compounding license following a change of ownership. The fee for a temporary license is $500 or an amount not exceeding the annual renewal fee of an injectable sterile compounding pharmacy license.

Business and Professions Code, Section 4162
Exempts government-owned wholesalers and nonresident wholesalers from posting a $100,000 surety bond.

Business and Professions Code, Section 4162.5
Exempts biotechnology manufacturers who possess a biologics license from the FDA and who are licensed with the Board as nonresident wholesalers from having to post a $100,000 bond.

Sponsored by the Board of Pharmacy

2006 CON'T

Business and Professions Code, Section 4163
Delays implementation of the electronic pedigree requirements until 2009.

Business and Professions Code, Section 4163.1
Defines legislative intent that manufacturers and wholesalers provide in the most readily accessible form possible, information regarding the manufacturer's specific relationships in the distribution of dangerous drugs with wholesalers.

Business and Professions Code, Section 4163.5
Allows the Board to delay until 2011 implementation of the electronic pedigree requirements in sections 4034 and 4163.

Business and Professions Code, Section 4180
Makes technical changes and reduces the record keeping requirements from seven to three years for the drugs purchased, administered and dispensed by clinics.

Business and Professions Code, Section 4181
Deletes a requirement that clinics develop and maintain written procedures for how they develop and amend the clinic's policies and procedures for drug distribution.

Business and Professions Code, Section 4182
Requires the consulting pharmacist who reviews the clinic's operations quarterly to retain written certification of each quarterly monitoring visit, including any recommended corrective actions, and requires the clinic to retain these records for three years. It also authorizes a dentist or podiatrist to serve as a professional director of a clinic wherein dental or podiatric services, respectively, are provided. It requires notification to the Board within 30 days of any change in the professional director.

Business and Professions Code, Section 4190
Specifies that the entities eligible for an ambulatory surgical center clinic permit must be accredited by an accreditation agency pursuant to section 1248 of the Health and Safety code or be certified to participate in the Medicare Program under Title XVIII. Also requires any proposed change in the ownership of a clinic to be reported to the Board at least 30 days before ownership transfer.

Sponsored by the Board of Pharmacy

2006 CON'T

Business and Professions Code, Section 4191
Requires that the clinic's policies and procedures for complying with legal requirements must be developed and approved by the consulting pharmacist, the professional director and the clinic administrator.

Business and Professions Code, Section 4192
Requires a consulting pharmacist to visit the clinic at least quarterly, approve and review procedures, certify quarterly that the clinic is or is not operating in compliance with law and to retain these reviews, including corrective actions indicated, for three years. Additionally, this section requires that the Board be notified at least 30 days of any change in professional director and allows a dentist or podiatrist to serve as a professional director of a clinic wherein dental or podiatric services are provided.

Business and Professions Code, Section 4200.1
Delays for two years (to January 1, 2010) the Board's report to the Legislature describing the effect of requiring pharmacist candidates who fail the North American Pharmacist Licensure Examination or California Practice Standards and Jurisprudence Examination four times to take 16 units of remedial education in a school of pharmacy before being eligible to retake the examinations.

Business and Professions Code, Section 4303
Repealed and added, this section allows the board to report any violation by a nonresident pharmacy of California laws and/or regulations of any other state, or of the U.S. to any appropriate state or federal licensing or regulatory agency.

Business and Professions Code, Section 4306.5
Establishes a guide for discipline for failure to exercise or implement the best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs or devices, or with regard to provision of services; failure to consult appropriate patient, prescription, records pertaining to the performance of any pharmacy function; or failure to fully maintain and retain appropriate patient-specific information pertaining to the performance of any pharmacy function.

Sponsored by the Board of Pharmacy

2006 CON'T

Civil Code 56.10
Authorizes the disclosure of information, as permitted by state and federal law or regulation, to a local health department for the purpose of preventing or controlling disease, injury, or disability.

Health and Safety Code, Section 1261.6
Amended provisions related to the use of automated drug delivery system (ADDS) machines in nursing facilities, skilled nursing and intermediate care facilities, to use an to store and distribute prescription drugs; addresses provisions related to stocking the ADDS machine; defines "unit does packaging"; specifies safeguards for these systems; requires facilities to notify the Department of Health Services prior to using such a system and the information to be provided; and permits the DHS to revoke authorization to use an ADDS machine if the DHS determines the facility is not in compliance with the section.

Health and Safety Code, Section 11162.1
Adds "check boxes" to the California Security Prescription document for the prescriber to indicate the number of refills ordered, and requires that the prescriber indicate the date the original prescription was written.

Health and Safety Code, Section 11164
Requires the prescriber of Schedule II-V controlled substances to include on the prescription the name of the ultimate user, research subject or contact information, as determined by the Secretary of the U.S. Department of Health and Human Services.

Health and Safety Code, Section 11165.1
Adds Schedule IV to the list of those controlled substances for which prescribers or pharmacies may request disclosure of a patient's history of controlled substance prescription from data collected by CURES.

Health and Safety Code, Section 11190
Adds requirements to Schedules II, III and IV prescriptions by prescribers who dispense controlled substances to their own patients, and specifies what information does and does not need to be reported to CURES on a weekly basis.

2006 CON'T

Health and Safety Code, Section 101080
Adds the imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, noncommunicable biologic agent, toxin, or radioactive agent to instances where the director or local health officer may declare a local health emergency.

Health and Safety Code, Section 101080.2, 101085, and 120176
Addresses issues related to first responders in health emergency conditions, authorizes the role of local health officers, and sets forth punishment for violation of an order by a first responder. In cases of a release, spill, escape, or entry of waste, the section requires any person or organization that the director or local health officer shall specify to furnish specified information, as well as information that shall be disclosed to a local health officer during an outbreak or threat, as specified.

Health and Safety Code, Section 110242
Requires the Department of Health Services to establish a California Prescription Drug Web site by July 1, 2008 to provide information to California residents and health care providers about options for obtaining prescription drugs at affordable prices, as specified.

Health and Safety Code, Section 117671, 117700, 118286
Specifies provisions for the Medical Waste Management Act, to exclude home-generated sharps waste, as defined, from the definition of medical waste and specifically defines home-generated sharps waste. Effective September 1, 2008, prohibits home-generated sharps waste from being placed in specified containers, and requires that these sharps be transported only in a sharps container or other container approved by an enforcement agency. The provisions also specify who shall manage the disposal of home-generated sharps.

Health and Safety Code, Section 130500-130502
Establishes the California Discount Prescription Drug Program within the Department of Health Services (DHS) for prescription drugs dispensed to eligible recipients on an outpatient basis. The bill requires the DHS to negotiate drug discount agreements with drug manufacturers, authorizes any licensed pharmacy and any drug manufacturer to participate in the program, and establishes criteria and application procedures for Californians to participate in the program.

2006 CON'T

Health and Safety Code, Section 130505-130513
Determines the amount an eligible participating Californian would pay for a drug in the program, discounts and rebates from manufacturers, and discounts from participating pharmacies; and sets criteria for eligibility to participate, ease of enrollment, Web site announcements, methods of rebate payments and reporting requirements.

Health and Safety Code, Section 130520 – 130544
Requires the DHS to develop an application and reapplication to determine a resident's eligibility, recommends enhancements to manufacturers patient assistance programs, defines contract terms, addresses handling of payments and a disclaimer related to constitutionality.

Welfare and Institutions Code 14107.2
Defines "kickback" and makes the solicitation and receipt of, or offers and acceptance of, remuneration of any sort a crime. An exception is any discount amount paid by an employer to an employee for employment with provisions of covered items or services.

2007

Business and Professions Code, Section 4068
Requires emergency room prescribers, in instances where the hospital pharmacy is closed and there is no pharmacist available, to report Schedule IV controlled substances, as well as Schedules II and III, to CURES, pursuant to H&SC 11165.

Business and Professions Code, Section 4076.5
Requires the Board to promulgate regulations that require, on or before January 1, 2011, a standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California.

Business and Professions Code, Section 4084
Expands to include "misbranded" drugs to those drugs that a Board inspector is required to affix a tag or other marking to identify adulterated or counterfeit drugs. The section defines "misbranded" for purposes of the section.

Business and Professions Code, Section 4101
Updates pharmacy law by replacing the term "exemptee-in-charge" with "designated representative-in-charge," as the individual who is responsible for drug wholesalers and veterinary food drug-animal retailers.

Business and Professions Code, Section 4160 and 4161
Specifically updates the law to designate the fee for a temporary wholesaler or nonresident wholesaler license.

Business and Professions Code, Section 4162 and 4162.5
Extends the provision requiring wholesaler surety bonds from January 1, 2011, to January 1, 2015, for a wholesaler license or a nonresident wholesaler license. This change matches the extension given to implement the e-pedigree requirements in 2006, that was inadvertently cancelled by another bill also enacted in 2006.

Business and Professions Code, Section 4200, 4200.1 and 4200.2
Changes the name of the California pharmacist examination from "Multi-State Pharmacy Jurisprudence Examination for California" to the "California Practice Standards and Jurisprudence Examination for Pharmacists."

Sponsored by the Board of Pharmacy

2007 CON'T

Business and Professions Code, Section 4208
Allows the Board discretion to extend duration of an intern license up to two years for those who are unable to complete the licensing requirements for experience during the initial license period.

Business and Professions Code, Section 4314
Allows the Board to cite and fine licensees for violations of Health and Safety Code 150200 – 150206. These sections were enacted in 2005 to authorize counties to establish by local ordinance, a repository and distribution program for specified unused medications from skilled nursing homes to medically indigent patients served by government owned pharmacies.

Business and Professions Code, Section 4315
Allows the Board to issue a letter of admonishment for violations of Division 116 (commencing with Health and Safety Code 150200).

Senate Bill 966 (Simitian)
Requires the California Integrated Waste Management Board, within the California Environmental Protection Agency, to develop model programs for the collection and proper disposal of prescription drugs returned by patients. The development of these models will be done in consultation with appropriate state, local, and federal agencies, including among others, the Board of Pharmacy, the Department of Toxic Substances Control, and the State Water Resources Control Board. The model programs would be required to include specific actions and informational elements and be available to eligible participants (governmental entities, pharmacies, veterinarians, clinics, and other medical settings) no sooner than July 1, 2008, and no later than December 1, 2008.

Sponsored by the Board of Pharmacy

2008

Health and Safety Code, Section 101.7
Requires the Department of Transportation to adopt regulations governing the placement and standards for roadway information signs identifying approved 24-hour pharmacy services. These regulations would allow sign placement, along with that of other roadside businesses, near freeway exits in rural areas.

Business and Professions Code, Section 4033
Amended the definition of "manufacturer" for the purpose of meeting pedigree requirements.

Business and Professions Code, Section 4034
Amended the definition of "pedigree" for the purpose of meeting pedigree requirements

Business and Professions Code, Section 4034.1
Upon enactment of federal legislation or adoption of a regulation addressing pedigree or serialization measures for dangerous drugs that is inconsistent with California statutes, the California statutes will become inoperative. Within 90 days of the enactment, the Board must publish a notice that the related statutes are inoperative and adopt emergency regulations necessary to reflect the inoperation of state law.

Business and Professions Code, Section 4044
Defines the term "repackager."

Business and Professions Code, Section 4045
Added a definition of "third-party logistics provider" and "reverse third-party logistics provider" and specifies recordkeeping requirements related to the disposition of dangerous drugs.

Business and Professions Code, Section 4162
Removed the repeal dates listed for California wholesalers bonding requirements.

Business and Professions Code, Section 4162.5
Removed the repeal dates for nonresident wholesalers bonding requirements.

Sponsored by the Board of Pharmacy

2008 CON'T

Business and Professions Code, Section 4163
Specifies that repackagers and pharmacies, as well as manufacturers and wholesalers, may not furnish dangerous drugs or dangerous devices to unauthorized persons. Additionally, the effective date on which a wholesaler or repackager cannot sell, trade, or transfer a dangerous drug at wholesale without providing a pedigree, nor acquire a dangerous drug without a pedigree was changed from January 1, 2009, to July 1, 2016. Commencing on July 1, 2017, a pharmacy may not sell, trade, or transfer a dangerous drug without providing a pedigree, nor may a pharmacy or "pharmacy warehouse" acquire a dangerous drug without receiving a pedigree. In this section, a pharmacy warehouse is defined as a physical location, licensed as a wholesaler for prescription drugs that acts as a central warehouse and performs intracompany sales or transfers those drugs to a group of pharmacies under common ownership and control.

Business and Professions Code, Section 4163.1
Defines the term "drop shipment."

Business and Professions Code, Section 4163.2
Grandfathers the possession of dangerous drugs that were manufactured or distributed prior to the operative date for pedigree requirements, to prepare a written statement under penalty of perjury designating these drugs as not subject to pedigree requirements, and specifies what information the written declaration must contain, as well as recordkeeping requirements.

Business and Professions Code, Section 4163.3
Required the board to promulgate regulations that define the circumstances in which participants in the distribution chain may infer the contents of cases, pallets, etc. of dangerous drugs without opening each unit and provides that documentation of processes and procedures be subject to board review.

Sponsored by the Board of Pharmacy

2008 CON'T

Business and Professions Code, Section 4163.4
Permits the exemption from the pedigree requirement to wholesalers and pharmacies that have all units of dangerous drugs, for which the manufacturer does not hold legal title, in their possession on the effective date of the pedigree requirement. However, if any units of those drugs are subsequently returned to the manufacturer, they shall be subject to the pedigree requirement if the manufacturer distributes those units in California.

Business and Professions Code, Section 4163.5
Establishes implementation dates for pedigree requirements so as to ensure continued availability of prescription drugs in California.

Health and Safety Code, Section 11055
Adds Khat and Cathinone to the list of Schedule II controlled substances.

Health and Safety Code, Section 11057
Adds Cathine to the list of Schedule IV controlled substances.

Health and Safety Code, Section 11377
Makes the unlawful possession of Khat, Cathinone and Cathine a misdemeanor.

2009

Business and Professions Code, Section 460
Makes it unlawful for a city, county, or city and county to prohibit a healing arts licensee from engaging in any act or performing any procedure that falls within the professionally recognized scope of practice of that licensee.

Business and Professions Code, Section 650
Amended to update a reference to the State Department of Public Health.

Sponsored by the Board of Pharmacy

2009 CON'T

Business and Professions Code, Section 733
Amended to update a section number reference for drug therapy.

Business and Professions Code, Section 4003
Amended to require that the director of the Department of Consumer Affairs approve the hiring of the board-appointed executive officer.

Business and Professions Code, Section 4001
Requires this section to remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before that date deletes or extends that date.

Business and Professions Code, Section 4013
Requires that the section remain in effect only until January 1,2013, and as of that date is repealed, unless a later enacted statute, that is enacted before that date deletes or extends that date.

Business and Professions Code, Section 4022.5
A wholesaler or a veterinary food-animal drug retailer is required to propose and receive Board approval of a designated representative-in-charge that supervises or manages the facility. This amendment specifies that a licensed pharmacist fulfilling the duties of a designated representative-in-charge is not required to have a second license as a designated representative-in-charge for this purpose.

Business and Professions Code, Section 4027, 4040, 4051, 4059.5, 4060, and 4174
Amended to update section number references."

Business and Professions Code, Section 4036.5
Adds a definition of a "pharmacist-in-charge" as a pharmacist proposed by a pharmacy and approved by the Board to be the supervisor or manager responsible for ensuring the pharmacy's compliance with pharmacy laws and regulations.

Sponsored by the Board of Pharmacy

2009 CON'T

Business and Professions Code, Section 4040
Adds to the requirements of a prescription, the 'purpose' for which a prescription is written, if requested by the patient.

Business and Professions Code, Section 4051
Amendments update section number references for allowing a pharmacist to authorize the initiation of a prescription.

Business and Professions Code, Section 4059.5
Amended to specify that where a licensee is permitted to operate through a designated representative, the designated representative shall sign for and receive deliveries from a wholesaler.

Business and Professions Code, Section 4060
Amended to change section number references that allow the possession of a controlled substance by a person upon a prescription by a pharmacist.

Business and Professions Code, Section 4062
Adds conditions for allowing the employment of a mobile pharmacy during a declared emergency in impacted areas.

Business and Professions Code, Section 4076
Requires that the prescription container label indicate the "purpose" for which the drugs was prescribed, if it is indicated on the prescription.

Business and Professions Code, Section 4081
Clarifies that the designated representative-in-charge is also responsible for maintaining records and inventory and shall not be held criminally responsible for acts of the owner, officer, partner, or employee who violates this section if the DRIC had neither knowledge of nor participation in the act.

Business and Professions Code, Section 4101
Amended to clarify when a pharmacist-in-charge of a pharmacy, or a designated representative-in-charge of a wholesaler or veterinary food-animal drug retailer must notify the board that he or she ceases to serve in such a capacity.

Sponsored by the Board of Pharmacy

2009 CON'T

Business and Professions Code, Section 4110
Authorizes the use of a mobile pharmacy when the pharmacy is destroyed or damaged and sets the fee for temporary pharmacy permit for transfer of ownership.

Business and Professions Code, Section 4111
Updates section number references related to the issuance of a new or renewal pharmacy license for a pharmacy owned and/or operated by a pharmacist authorized to issue a drug order.

Business and Professions Code, Section 4112
Explicitly states that a person cannot act as a nonresident pharmacy unless he or she has obtained a license from the Board and authorizes the Board to register a nonresident pharmacy organized as an LLC in the state in which it is licensed.

Business and Professions Code, Section 4113
Amended to clarify procedures followed by a pharmacy when identifying a pharmacist-in-charge as well as the procedures to notify the board when a change in PIC has occurred.

Business and Professions Code, Section 4126.5
Clarifies who in the supply chain may receive dangerous drugs furnished by a pharmacy and deletes the definition of "long-term care facility."

Business and Professions Code, Section 4127.8
Amended to specify the temporary license fee for compounding sterile injectable drug products for a change of ownership.

Business and Professions Code, Section 4146
Amended to allow a pharmacy to accept the return of needles and syringes form the public if contained in a sharps container.

Business and Professions Code, Section 4160
Amended to clarify the procedures to be followed by a wholesaler when identifying a designated representative-in-charge as well as procedures to notify the board when a change in the DRIC has occurred.

Sponsored by the Board of Pharmacy

2009 CON'T

Business and Professions Code, Section 4161
Clarifies the duties of a nonresident wholesaler.

Business and Professions Code, Section 4174
Updates section number references relating to pharmacists dispensing upon orders of a nurse practitioner, certified nurse-midwife, physician assistant or naturopathic doctor.

Business and Professions Code, Section 4196
Amended to clarify the procedures to be followed by a veterinary food-animal drug retailer when identifying a designated representative-in-charge as well as procedures to notify the board when a change in the DRIC has occurred.

Business and Professions Code, Sections 4200.3 and 4200.4
Updates the name of the DCA's "Office of Professional Examination Services"

Business and Professions Code, Section 4231
Amended to authorize the Board, as part of an audit or investigation by the Board, to inactivate a pharmacist license when a pharmacist certifies completion of required continuing education (CE) as part of a renewal, but fails to provide documentation substantiating completion of the CE.

Business and Professions Code, Section 4301
Adds for the purposes of this section, that the definition of "long term care facility" is the same meaning as in Health and Safety Code, Section §1418.

Business and Professions Code, Section 4305
Specifies that anyone licensed to conduct a pharmacy and who willfully fails to provide timely notification to the Board that the pharmacist-in-charge is no longer acting in that capacity, but continues to allow compounding or dispensing except by a pharmacist under the supervision of a pharmacist-in-charge, shall be subject to summary suspension or revocation of his or her license to conduct a pharmacy.

Sponsored by the Board of Pharmacy

2009 CON'T

Business and Professions Code, Section 4161
Clarifies the duties of a nonresident wholesaler.

Business and Professions Code, Section 4174
Updates section number references relating to pharmacists dispensing upon orders of a nurse practitioner, certified nurse-midwife, physician assistant or naturopathic doctor.

Business and Professions Code, Section 4196
Amended to clarify the procedures to be followed by a veterinary food-animal drug retailer when identifying a designated representative-in-charge as well as procedures to notify the board when a change in the DRIC has occurred.

Business and Professions Code, Sections 4200.3 and 4200.4
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Specifies that anyone licensed to conduct a pharmacy and who willfully fails to provide timely notification to the Board that the pharmacist-in-charge is no longer acting in that capacity, but continues to allow compounding or dispensing except by a pharmacist under the supervision of a pharmacist-in-charge, shall be subject to summary suspension or revocation of his or her license to conduct a pharmacy.

Sponsored by the Board of Pharmacy

2009 CON'T

Business and Professions Code, Section 4329
Makes a non-pharmacist who performs as a manager, supervisor, or pharmacist-in-charge of a pharmacy guilty of a misdemeanor.

Business and Professions Code, Section 4330
Clarifies that any pharmacy owner that commits any act that subverts or tends to subvert the efforts of a pharmacist-in-charge to comply with the laws governing the operation of the pharmacy is guilty of a misdemeanor.

Business and Professions Code, Section 4400
Amended the board's fee structure to ensure the board has sufficient funds to fulfill its statutory obligations, to include a 'cap' on future increases.

Health and Safety Code, Section 11150
Adds naturopathic doctor to the list of those who are authorized to write or issue a prescription within the scope of either Section 4052.1 or 4052.2.

Health and Safety Code, Section 11165
Requires a clinic that dispenses Schedules II, III, or IV controlled substances to report the required information to CURES.

Health and Safety Code, Section 1261.5
Increased from 24 to 48 the number of oral or suppository dosage forms provided by a pharmacy to a health facility for storage in an emergency supplies container. The California Department of Public Health has authority to increase that number in special circumstances.

Sponsored by the Board of Pharmacy

2010

Business and Professions Code, Section 101.1
Repealed which authorized the Department of Consumer Affairs to manage the board's regulatory program as a "bureau" under the department if a board failed to pass legislative or "sunset" review.

Business and Professions Code, Section 315.2
Added to require the Board to order a board licensee to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation or diversion program. A cease practice order under this section shall not constitute disciplinary action.

Business and Professions Code, Section 315.4
Added to allow the Board to adopt regulations to order a licensee on probation or in a diversion program to cease practice for major violations and when the Board orders a licensee to undergo a clinical diagnostic evaluation. A cease practice under this section shall not constitute disciplinary action.

Business and Professions Code, Section 901
Added definitions and provisions related to a licensee's participation in a sponsored event, as specified, through which health care is provided without compensation. The section requires a health care practitioner to obtain authorization from the board prior to participation in an event, and meet other requirements, including a contract of liability insurance that covers specific entities and its participants.

Business and Professions Code, Section 4003
Amended to require that the director of the Department of Consumer Affairs approve the hiring of the board-appointed executive officer.

Business and Professions Code, Section 4013
Amends the board's e-mail notification requirement to allow an owner of two or more board-licensed facilities to comply with the board's e-mail notification requirements through the use of one e-mail address under specified circumstances.

Sponsored by the Board of Pharmacy

2010 CON'T

Business and Professions Code, Section 4101
Makes a technical change to references to a veterinary food-animal drug retailer.

Business and Professions Code, Sections 4017, 4028, 4037, 4052.3, 4059, 4072, 4119, 4127.1, 4169, 4181, and 4191
Amended to update references to the State Department of Public Health.

Business and Professions Code, Section 4076.5
Amended to allow the Board to exempt from its patient-centered prescription drug label regulations prescriptions dispensed to a patient in a health facility, only as specified.

Business and Professions Code, Section 4145
Extends through 2018 the time period in which a pharmacist can furnish or sell 10 or fewer hypodermic needles or syringes at any one time to a person 18 or order for human use without a prescription, if the pharmacist is registered with the Disease Prevention Demonstration Project.

Business and Professions Code, Section 4196
Requires every veterinarian food-animal drug retailer to be supervised or managed by a designated representative-in-charge and to specify the procedures for obtaining Board approval for a proposed designated representative-in-charge.

Business and Professions Code, Section 4200.1
Requires an applicant who takes and fails the pharmacist licensure examinations four times to obtain a minimum of 16 additional semester units of Board-approved pharmacy education, as specified, prior to being authorized to again take the licensure examinations.

Business and Professions Code, Sections 4425 and 4426
Amended to update references to the State Department of Health Care Services.

Sponsored by the Board of Pharmacy

2010 CON'T

Health and Safety Code, Section 11055
Amended to remove Apomorphine from the list of Schedule II Controlled Substances.

Government Code, Section 9147.1, Article 7.5, Chapter 1.5 of Part 1 of Division 2 of Title 2
Added to create the "Joint Sunset Review Committee" for the purpose of conducting a comprehensive analysis of every eligible agency to determine if the agency is still necessary and cost effective; to establish requirements for information to be submitted to a committee under review; and to specify the composure of the committee and its activities.

Government Code, Sections 9148.52 and 9148
Amended to abolish the Joint Committee on Boards, Commissions, and Consumer Protection and makes conforming changes to transfer the review and evaluation of specified agencies (i.e., sunset review) to the Joint Sunset Review Committee.

2011

Business and Professions Code, Section 40
Urgency provision to authorize a board to enter into an agreement with an expert consultant to provide enforcement and examination assistance, subject to certain standards. Requires boards to establish policies and procedures regarding the selection and use of the consultants.

Business and Professions Code, Section 4104
Clarifies that a pharmacy shall provide the board with evidence of a licensee's theft or impairment, as specified, and requires a pharmacy to conduct an audit to determine the scope of a drug loss and to provide the board with a certified copy of the audit results.

Business and Professions Code, Section 4105
Amended to specify the time period for which records shall be provided to the board when requested by an inspector or authorized representative of the board.

Sponsored by the Board of Pharmacy

2011

Business and Professions Code, Section 4112
Requires that a nonresident pharmacy cannot allow a pharmacist, whose license has been revoked in California, to provide pharmacist related services to Californians.

Business and Professions Code, Section 4144 et seq.
Authorizes until January 1, 2019 the state Department of Public health to approve certain entities to provide hypodermic needle and syringe exchange services in any location where the department determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes.

Business and Professions Code, Section 4200
Eliminates a reference to a prior pharmacist examination.

Business and Professions Code, Section 4207
Amended to correct a typographical error in a reference to the Administrative Procedure Act.

Civil Code, Sections 56.101
Amends requirements related to electronic health or medical record systems to automatically record and preserve any change or deletion of information and to record additional information related to changes made to confidential medical records.

Health and Safety Code, Sections 11110 and 11111
Restricts an over-the-counter sale of a nonprescription drug containing dextromethorphan to a person under 18 years of age, specifies requirements for sales and penalties for violation.

Health and Safety Code, Sections 11151.5, 11162.1, 11165, and 11165.1 – 11165.3
Changes the requirements for security printer forms (for controlled substance prescriptions) to include the address of the prescribing practitioner and establish the process by which health care providers may obtain approval to access regarding the controlled substance history of a patient. Expands the requirements for authorized printers of security forms.

Sponsored by the Board of Pharmacy

Regulation Changes That Have Occurred Since the Last Sunset Review

2002 to Present

2002

California Code of Regulations, Section 1777, et. Seq
Establishes elements and requirements for issuing citations and fines for unlawfully disclosing patient medical information and for violating the provisions of the Confidentiality of Medical Information Act; as well as elements and requirements for issuing a citation and fine for dispensing or furnishing dangerous drugs or dangerous devices via the Internet without a valid prescription. (Operative 10/24/02)

California Code of Regulations, Section 1732.2
Permits the board to accept continuing education courses obtained from the Medical Board of California, the California Board of Podiatric Medicine, the California Board of Registered Nursing, and the Dental Board of California as continuing education for a pharmacist without first petitioning the Board of Pharmacy. (Operative 8/27/03)

2003

California Code of Regulations, Section 1717 and 1745
Permits pharmacies to deliver dispensed prescriptions to a physician's office, clinic, or hospital for pickup by the patient at a later time if the patient receives care at the location. The rulemaking also expands the pharmacy's authority to perform partial fills of controlled substances when a pharmacy does not have an adequate supply to fill the entire prescription, in conformance with federal regulation. (Operative 3/12/03)

California Code of Regulations, Section 1720.1
Permits the board to accept the findings of a foreign credentials evaluation service as evidence that a foreign graduate/pharmacist applicant has satisfied the collegiate equivalency required by pharmacy law. (Operative 3/13/03)

California Code of Regulations, Section 1775 et seq.
Revised the board's system for issuing citations to make the process more consistent with the procedures used by other boards within the Department of Consumer Affairs. The changes remove board members from the decision on whether to issue a citation and establish the amount of a fine which then makes all board members eligible to hear any appeal of a citation Operative

2004

California Code of Regulations Section, 1709.1
Allows a pharmacist to serve as a pharmacist-in-charge (PIC) at a second pharmacy if that pharmacy is located within 50 driving miles of the first pharmacy and clarifies the role of a PIC. (Operative 10/2/04)

California code of Regulations Section, 1732.2
In 2003 and in 2005, the board updated its regulation related to the partial filling of controlled substances prescriptions, and expanded the pharmacy's authority to perform partial fills when a pharmacy does not have an adequate supply to fill the entire prescription, in conformance with federal regulation. (Operative 10/7/05)

California Code of Regulations Section, 1793.3
Removed the restriction on the number of unlicensed ancillary personnel (established in 1992) that are employed by the pharmacy and supervised by the pharmacist-in-charge, which provides the pharmacy with the staffing flexibility needed to provide efficient service to customers without undermining consumer safety. The board regulates / limits the duties that these non-licensed personnel may perform under the supervision of a pharmacist. (Operative 10/3/04)

California Code of Regulations Sections, 1710
Authorizes the use of central fill pharmacies in hospitals. (Operative 10/22/04)

California Code of Regulations Section, 1711
Clarifies the patient and prescriber prescription error notification requirements of the existing regulation. Prescribers must be informed of a prescription error only when the drug was administered to the patient. (Operative 10/22/04)

California Code of Regulations Section, 1717.1
Clarifies that pharmacies employing common electronic prescription files must secure those files from unauthorized disclosure of confidential medical information and establish written policies and procedures to prevent unauthorized disclosures. (Operative 10/22/04)

California Code of Regulations Section, 1717.4
Clarifies that a pharmacist must ensure the authenticity of a prescription. (Operative 10/22/04)

California Code of Regulations Section, 1720
Specifies that applicants for a pharmacist license must comply with the requirements established by the administrators of the pharmacist licensure examinations and requires applicants to complete the licensing examinations within one year of being approved by the board to take the examinations. (Operative 10/22/04)

2004 CON'T

California Code of Regulations, Section 1721
Candidates cheating on the pharmacist licensure examinations are prohibited from retaking the examination for one year and may not become licensed as a pharmacy technician in that time period. (Operative 10/22/04)

California Code of Regulations, Sections 1723.1, 1724, and 1793
The sections were re-worded to add clarity to existing requirements. (Operative 10/22/04)

California Code of Regulations, Section 1746
Established a statewide protocol by which a pharmacist, with specified training, could furnish emergency contraception to a patient without a prescription based on a protocol approved by the Board of Pharmacy and the Medical Board of California. (Operative 12/2/04)

California Code of Regulations, Section 1749
The board's fee schedule was update, and references to discontinued applications were deleted. (Operative 10/22/04)

California Code of Regulations, Section 1751
The section updated standards for compounding areas, deleted obsolete language, updated references to various code sections, and revised the standards for certifying clean rooms and other compounding environments. (Operative 10/29/04)

California Code of Regulations, Section 1751.01
Establishes additional facility and procedure requirements for compounding sterile injectable drug products from non-sterile ingredients; based on standards adopted by the United States Pharmacopeia and the American Society of Health System Pharmacists that reflect good professional practice. (Operative 10/29/04)

California Code of Regulations, Section 1751.02
Established new policies and procedures for compounding from non-sterile ingredients and also incorporated existing requirements for policies and procedures. The standards are drawn from those adopted by the United States Pharmacopeia and the American Society of Health System Pharmacists that reflect good professional practice. (Operative 10/29/04)

California Code of Regulations, Section 1751.2
Updated terminology to conform to the usage in other sections within the Article. (Operative 10/29/04)

2004 CON'T

California Code of Regulations, Section 1751.3
Eliminated duplicate recordkeeping requirements and established additional recordkeeping requirements drawn from standards adopted by the United States Pharmacopeia and the American Society of Health System Pharmacists that reflect good professional practice. (Operative 10/29/04)

California Code of Regulations, Section 1751.4
Amended requirements for protective clothing and established attire standards for pharmacy personnel compounding sterile injectable drugs from non-sterile ingredients. (Operative 10/29/04)

California Code of Regulations, Section 1751.5
Established additional training standards for pharmacy staff involved in the compounding of sterile injectable drug products from non-sterile ingredients. (Operative 10/29/04)

California Code of Regulations, Section 1751.6
The section was amended to make the terminology consistent with other aspects of the regulation and eliminated obsolete provisions. (Operative 10/29/04)

California Code of Regulations, Section 1751.7
Updated quality assurance requirements and added process validation requirements for pharmacies compounding sterile injectable drug products from non-sterile ingredients. (Operative 10/29/04)

California Code of Regulations, Section 1751.8
The section was repealed, and the provisions were incorporated into another section of the regulation. (Operative 10/29/04)

California Code of Regulations, Section 1751.9
Amended to update the requirements for reference materials in pharmacies that compound sterile injectable drug products. (Operative 10/29/04)

California Code of Regulations, Section 1793.3
Removed limitations on the number of non-licensed ancillary personnel that may be supervised by a pharmacist. The regulation allows a pharmacist to limit the number of these staff they supervise, and prohibits the employer from taking disciplinary action or discriminating against the pharmacist for exercising that right. (Operative 10/3/04)

2005

California Code of Regulations, Section 1706.2
Allows the board to consider an application abandoned if the applicant fails to complete the application within 60 days of receiving an application deficiency letter from the board. (Operative 10/7/05)

California Code of Regulations, Section 1712
For pharmacists who are required to initial or sign a prescription record or label, their identity may be recorded in a secure computer system that must be readily retrievable in the pharmacy. The computer system must not permit such a record to be altered. (Operative 10/7/05)

California Code of Regulations, Section 1715
Changes the name of the forms incorporated by reference to "Community Pharmacy & Hospital Outpatient Pharmacy Self Assessment" (Form 17M-13) and "Hospital Pharmacy Self-Assessment" (Form 17M-14) and updates the content of each. (Operative 10/7/05)

California Code of Regulations, Section 1715.5
This section was repealed.

California Code of Regulations, Section 1717
Correction of a citation listed for prescription requirements. (Operative 10/7/05)

California Code of Regulations, Section 1719
Defines a "recognized school of pharmacy" as a school that is accredited, or granted candidate status, by the Accreditation Council for Pharmacy Education or otherwise recognized by the board. (Operative 10/7/05)

California Code of Regulations, Section 1720
Portions of this regulation were moved to other sections, and other provisions were deleted. (Operative 10/7/05)

California Code of Regulations, Section 1720.1
Specifies that a foreign pharmacy school graduate, who has been certified by the Foreign Pharmacy Graduate Examination Committee (FPGEC) satisfies the education requirement to qualify for taking the California pharmacist licensure examination. Additional requirements must be met by those who were certified by the FPGEC before January 1, 1998. (Operative 10/7/05)

California Code of Regulations, Section 1725
Candidates who have failed the pharmacist licensure examination four times must obtain at least 16 semester units of additional coursework from a "recognized school of pharmacy." (Operative 10/7/05)

2005 CON'T

California Code of Regulations, Section 1726
The term "preceptor" was removed, as new statutory language specifies that the pharmacist supervising an intern pharmacist is the person responsible for all professional activities performed by the intern. (Operative 10/7/05)

California Code of Regulations, Section 1727
This section was repealed. (Operative 10/7/05)

California Code of Regulations, Section 1728
This section recasts the language outlining the eligibility requirements for taking the pharmacist licensure examination. (Operative 10/7/05)

California Code of Regulations, Section 1732
Defines "accreditation agency" as an organization that evaluates and accredits providers of continuing education for pharmacists and defines an "hour" of continuing education as at least 50 minutes of contact time. (Operative 10/7/05)

California Code of Regulations, Section 1732.05
Names the two continuing education accreditation agencies – the Accreditation Council for Pharmacy Education and the Pharmacy Foundation of California – and details their functions related to continuing education providers. (Operative 10/7/05)

California Code of Regulations, Section 1732.1
This section requires the issuance of "statements of credit" instead of certificates of completion. The section adds requirements for continuing education providers' promotional brochures, and provides references by which a continuing education provider must be accredited and states that each course must comply with specified requirements. (Operative 10/7/05)

California Code of Regulations, Section 1732.2
Allows an individual who has taken a continuing education course from a non-recognized provider, to petition the board for approval of that course. The course must meet the standard of relevance as defined in section 1732.3. (Operative 10/7/05)

California Code of Regulations, Section 1732.3
Adds specific requirements for continuing education courses and recasts other language to another section. (Operative 10/7/05)

California Code of Regulations, Section 1732.4
The provisions of this section were recast. (Operative 10/7/05)

2005 CON'T

California Code of Regulations, Section 1732.5
Specifies that continuing education for pharmacist license renewal must have been completed within the 24 months prior to the renewal. (Operative 10/7/05)

California Code of Regulations, Section 1732.6
The form by which a pharmacist had to use to seek exemption from a continuing education requirement was eliminated; a letter request is sufficient. (Operative 10/7/05)

California Code of Regulations, Section 1732.7
Allows a continuing education provider to request consideration of any adverse action taken against the provider by an accreditation agency. Following any such reconsideration, the provider may request the board to review the accreditation agency's decision. (Operative 10/7/05)

California Code of Regulations, Section 1745
References to "triplicate prescription" requirements are deleted, and provisions were added to allow a pharmacist to partially fill a Schedule II controlled substance prescription if there is not sufficient supply to fill the entire prescription. The section requires that a Schedule II prescription be tendered and at least partially filled within 60 days from the date it was issued, and that no portion of the prescription can be dispensed more than 60 days from the issuance date. If partially filled, the remaining portion may be filled within 72 hours of the first tilling; if it is not filled within that time, the pharmacist must notify the prescriber and the remainder cannot be filled without a new prescription. (Operative 10/7/05)

California Code of Regulations, Section 1749
The board increased its fee to reissue any permit, license, certificate or renewal. (Operative 10/7/05)

California Code of Regulations, Section 1750
The board repealed its fees for warehouse license issuance and renewal fees. (Operative 10/7/05)

2006

California Code of Regulations, Section 1727.1
Prohibits the board from making the address of an intern pharmacist publicly available on the Internet. (Operative 9/30/06)

California Code of Regulations, Sections 1793.7 and 1793.8
Adoption of requirements that authorize pharmacy technicians to check the work of pharmacy technicians in acute care hospitals with clinical pharmacy programs. The regulations describe the circumstances and settings in which a pharmacy technician is allowed to review the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for hospital patients whose orders have previously been reviewed and approved by a licensed pharmacist. (Operative 1/6/07)

2007

California Code of Regulations, Section 1706.2
Adds to the regulation that defines when an application is considered abandoned, applications for licenses to operate veterinary food-animal drug retailers, the sale or dispensing of hypodermic needles and syringes, and those applying to serve as a pharmacist intern or designated representative. (Operative 6/22/07)

California Code of Regulations, Section 1707.2
Changes the "Notice to Consumers" poster to include a statement that describes a patient's right to obtain medication from a pharmacy, even if a pharmacist has ethical, moral or religious grounds against dispensing a particular drug, in which case protocols for getting the medication are required. (Operative 11/30/07)

California Code of Regulations, Section 1713 and 1717
Establishes requirements for the placement and use of secure prescription drop-off boxes and secure automated delivery devices for refill medications. The regulation also allows the patient to access his or her prescription medication from a self-service automated delivery device in a pharmacy so long as specified conditions are met to assure the security, confidentiality, and that appropriate pharmacist consultations occur and pharmacy responsibilities are met. (Operative 1/26/07)

2007 CON'T

California Code of Regulations, Section 1717.2
Repealed the provisions established in 1986 related to the confidentiality of a patients' electronic medication records in pharmacies. Since 1986, significant protections have been put into place to protect the security and confidentiality of a patient's health information, such as HIPPA, the Confidentiality of Medical Information Act, and the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Given the substantial laws in place to protect a consumer's medical record information, the board repealed its regulation. (Operative 3/25/07)

California Code of Regulations, Section 1784 (WLS Self-Assessment)
Adds requirements for a Designated-Representative-In-Charge (DRC) of each pharmaceutical wholesaler licensed by the board, and requires the wholesaler to complete a self-assessment form, which is incorporated by reference, by July 1 of every odd-numbered year. A self-assessment must also be completed if there is a change in the DRC or if the wholesaler moves to a new location. (Operative 4/5/07)

California Code of Regulations, Section 1749 (fee schedule)
Board fees are increased. (Operative 1/1/08)

2009

California Code of Regulations, Section 1716 et al
Adoption of requirements for the compounding of prescription drugs and for the compounding of sterile injectable drug products to provide uniformity in compounding for California consumers. The rulemaking eliminated duplication between Articles 4.5 and 7, reorganized the content of the regulations, and addressed issues such as strength, efficacy and quality in compounding, and to require a quality assurance program for general compounding. (Operative 7/6/10)

California Code of Regulations, Section 1784
Revision of the self-assessment form used by wholesalers licensed by the board, incorporating updated references and changes to pharmacy laws or regulations since the last update. (Operative 3/11/09)

California Code of Regulations, Section 1715 PHY Self-Assessment
Revision of the self-assessment form used by pharmacies licensed by the board, incorporating updated references and changes to pharmacy laws or regulations since the last update. (Operative 3/11/09)

2009 CON'T

California Code of Regulations, Section 1773 and 1773.5
Implements regulations to allow the board to require a pharmacist to complete an ethics course as part of a stipulated settlement of an administrative action; and establishes requirements for such an ethic course. (Operative 9/30/09)

California Code of Regulations, Section 1760
Revision of the board's Disciplinary Guidelines. (Operative 5/7/09)

2010

California Code of Regulations, Section 1702
Implements regulations to require, as a condition of renewal of a pharmacist license, certification of any arrest(s) or conviction(s) during the preceding renewal cycle; and requires all pharmacists to submit electronic fingerprints to the California Department of Justice if they have not already done so. (Operative 2/7/10)

California Code of Regulations, Section 1707.5
Adoption of requirements for a "patient-centered prescription label." The rule defines "appropriate dosage form" and requires that all pharmacies that dispense medications to patients in California must conform their labels to a specified format and must use a specified font and font size for certain items on the prescription label; provide larger print to those that request it; and establishes standardized "directions for use." Pharmacies must have policies and procedures in place to assist patients with limited English proficiency understand the information on their prescription label. The board is required to publish on its web site translations of the directions for use specified in the regulation, and also publish on its web site examples of labels that conform to the requirements. The regulation requires the board to re-evaluate the requirements of the regulation by December 2013. (Operative 1/1/11)

California Code of Regulations, Section 1721, 1723.1
Increases the period of time (to 3 years) that an applicant for examination as a pharmacist is not approved to take the pharmacist examination if the applicant engages in dishonest conduct during the examination. Terminology was updated to make language consistent with statute. (Operative 9/7/10)

2010 CON'T

California Code of Regulations, Section 1723.1
Strengthens penalties for a candidate who subverts the pharmacist licensing examination to add that the applicant shall not be approved to take the examination for three years from the date of the incident; that the applicant shall surrender his or her intern license until he or she is eligible to take the examination; and that the candidate could not be issued a pharmacy technician license until he or she is again eligible to take the examination. (Operative 9/7/10)

2011

California Code of Regulations, Section 1732.2
Adoption of a regulation to specify additional methods by which a pharmacist or pharmacy technician may earn board-accredited continuing education (CE).

California Code of Regulations Section 1715
Update of the board's self-assessment form to incorporate changes to pharmacy laws and regulations. The names of the forms incorporated by reference were updated to "Community Pharmacy Self Assessment – Hospital Outpatient Pharmacy Self Assessment" (Form 17M-13) and "Hospital Pharmacy Self Assessment (Form 17M-14). (Operative 10/19/11)

California Code of Regulations, Section 1735.2
Update of the board's self-assessment form entitled "Compounding Self-Assessment" (Form 17M-39). The revised self-assessment was organized into two sections: one for general compounding, and one specific to sterile injectable compounding. Changes to the form reflect updates or changes to pharmacy laws and regulations since the last update. (Operative 10/19/11)

California Code of Regulations, Section 1751
Terminology was updated to provide for conformity throughout the article. (Operative 10/19/11)

California Code of Regulations, Section 1784
Update of the board's self-assessment used by wholesalers. Changes to the "Wholesaler Dangerous Drugs & Dangerous Devices" (Form 17M-26) incorporate changes to pharmacy laws and regulations since the last update. (Operative 10/19/11)

California Code of Regulations Section, 1793.5 (TCH App)
Requires an applicant for a Pharmacy Technician license to submit with his or her application a "Self-Query Report" from the Health Information Practitioner Data Bank, and updates the Pharmacy Technician Application, which is incorporated by reference. (Operative 10/1/11)

2011 CON'T

California Code of Regulations Section, 1727.2 etc.
The board initiated a rulemaking to require an applicant for a pharmacist license or for an intern pharmacist license to submit with his or her application a "Self-Query Report" from the Health Information Practitioner Data Bank.

California Code of Regulations, Section 1707.2 (Notice to Consumers)
Adopted amendments to move the "Notice to Consumer" provisions from Section 1707.2 to a new section and to revise the language of the Notice to Consumers, to include information related to the patient-centered prescription labels, the consumers right to interpretive services, and to require pharmacies to have policies and procedures in place to assist customers with limited English proficiency understand the information on their prescription drug label.

DCA Quarterly Performance Measure Reports

Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q1 Report *(July - Sept 2010)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement.

These measures will be posted publicly on a quarterly basis. In future reports, additional measures, such as consumer satisfaction and complaint efficiency, will also be added. These additional measures are being collected internally at this time and will be released once sufficient data is available.

Volume

Number of complaints received.*

Q1 Total: 566 *(Complaints: 306 Convictions: 260)*

Q1 Monthly Average: 189

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q1 Average: 27 Days

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q1 Average: 277 Days

	July	August	September
Target	210	210	210
Actual	271	260	296

Formal Discipline

Average cycle time from complaint receipt to closure, for cases sent to the Attorney General or other forms of formal discipline.

Target: 540 Days

Q1 Average: 801 Days

	July	August	September
Target	540	540	540
Actual	860	771	907

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q1 Average: 14 Days

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q1 Average: 2 Days

Note: Due to the budget crisis, Board of Pharmacy currently has 24 enforcement unit vacancies which can not be filled. This has adversely affected enforcement cycle times.

Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q2 Report *(Oct - Dec 2010)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.

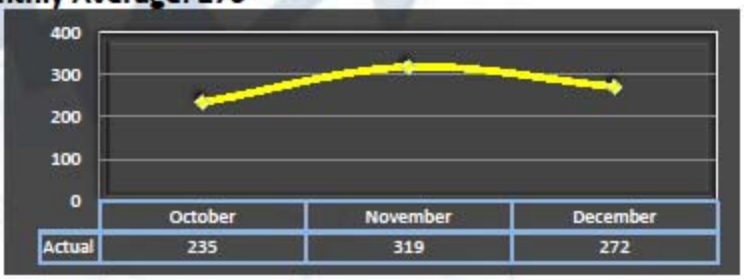
Volume

Number of complaints and convictions received.

Q2 Total: 876

Complaints: 339 Convictions: 487

Q2 Monthly Average: 275



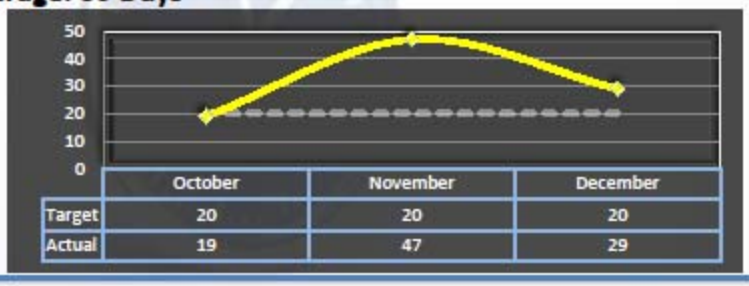
	October	November	December
Actual	235	319	272

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q2 Average: 35 Days



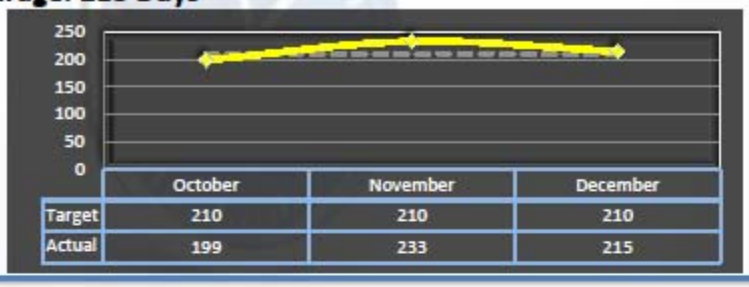
	October	November	December
Target	20	20	20
Actual	19	47	29

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q2 Average: 218 Days



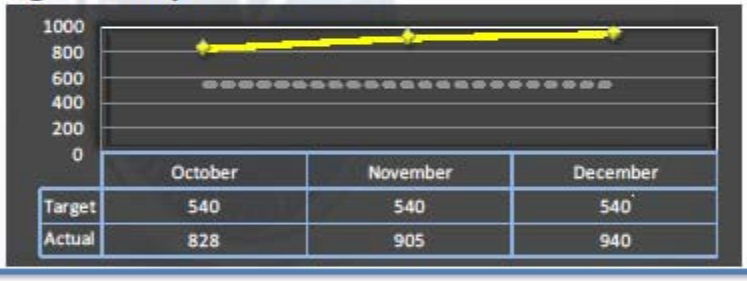
	October	November	December
Target	210	210	210
Actual	199	233	215

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 900 Days



	October	November	December
Target	540	540	540
Actual	828	905	940

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q2 Average: N/A

The Board did not contact any new probationers this quarter.

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q2 Average: N/A

The Board did not report probation violations this quarter.

Note: Due to the budget crisis, Board of Pharmacy currently has 24 enforcement unit vacancies which cannot be filled. This has adversely affected enforcement cycle times.

Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q3 Report *(January – March 2011)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.

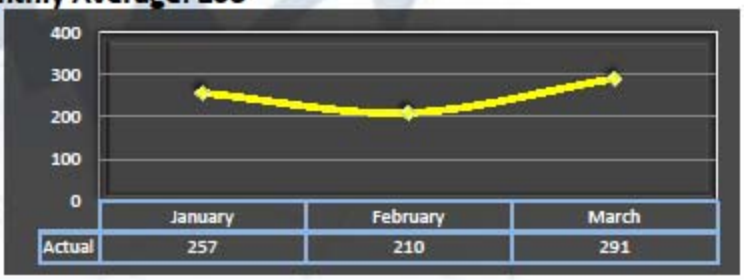
Volume

Number of complaints and convictions received.

Q3 Total: 758

Complaints: 336 Convictions: 422

Q3 Monthly Average: 253



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

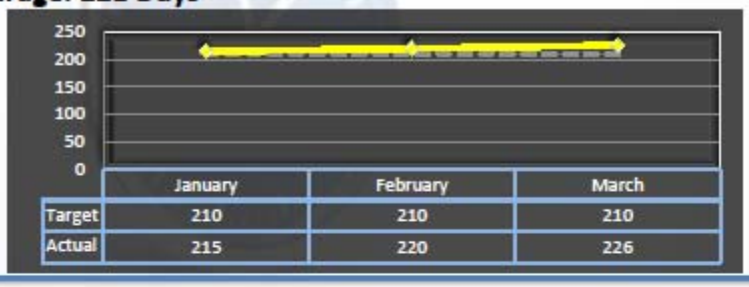
Q3 Average: 16 Days

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q3 Average: 221 Days



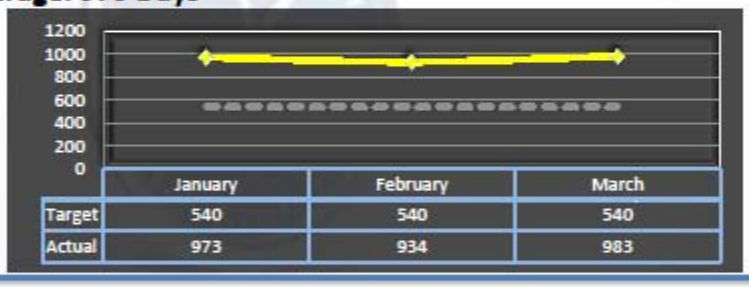
	January	February	March
Target	210	210	210
Actual	215	220	226

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 970 Days



	January	February	March
Target	540	540	540
Actual	973	934	983

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q3 Average: 14 Days

Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q3 Average: 2 Days

Note: Due to the budget crisis, Board of Pharmacy currently has 24 enforcement unit vacancies which cannot be filled. This has adversely affected enforcement cycle times.

Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q4 Report *(April - June 2011)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.

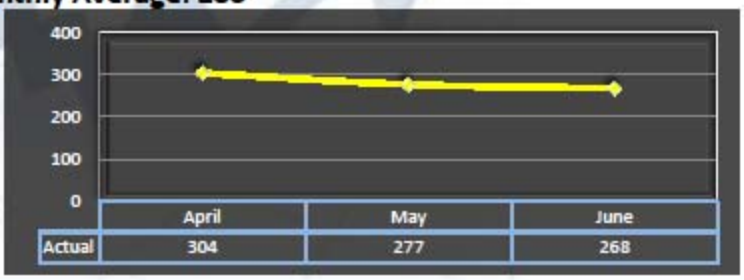
Volume

Number of complaints and convictions received.

Q4 Total: 849

Complaints: 409 Convictions: 440

Q4 Monthly Average: 283

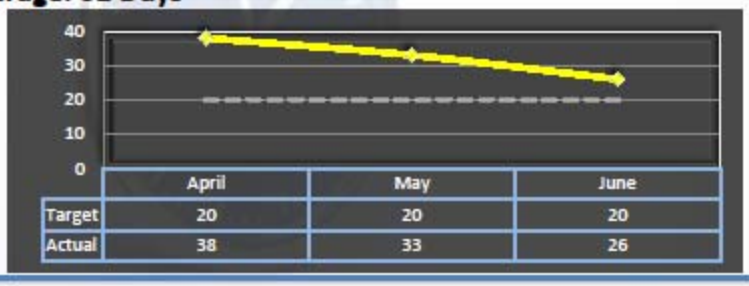


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 20 Days

Q4 Average: 32 Days

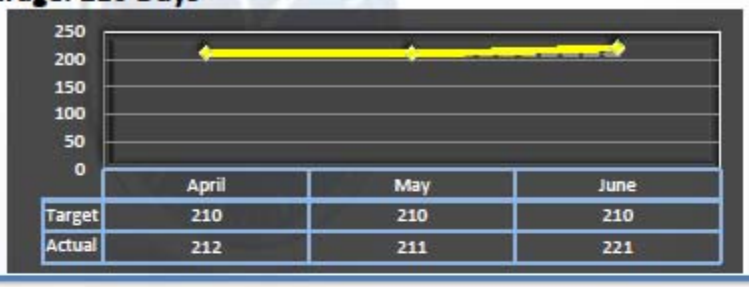


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 210 Days

Q4 Average: 216 Days



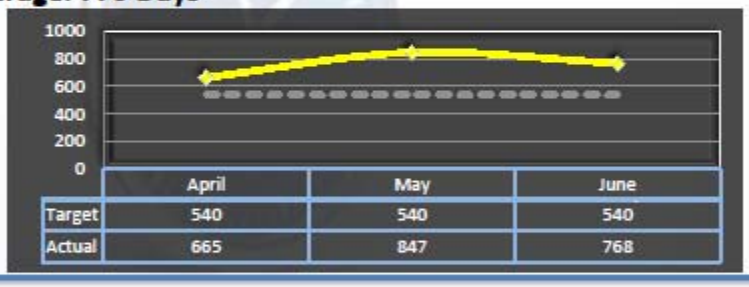
	April	May	June
Target	210	210	210
Actual	212	211	221

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 770 Days



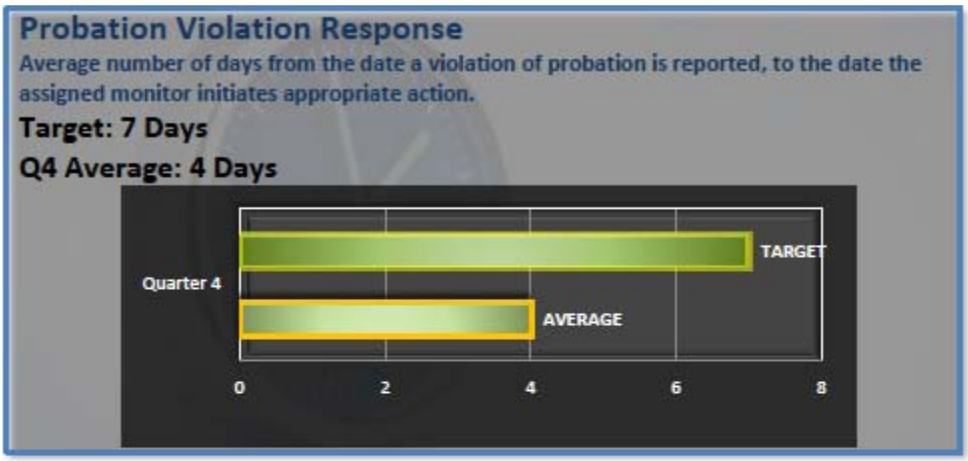
	April	May	June
Target	540	540	540
Actual	665	847	768

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 30 Days

Q4 Average: 14 Days



Note: Due to the budget crisis, Board of Pharmacy currently has 24 enforcement unit vacancies which cannot be filled. This has adversely affected enforcement cycle times.

Table 2. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1110-33	07/08	Funding for pay differential for inspectors	0	0	$576,000	$576,000	0	0
1110-28	07/08	Position authority (no funding) for three staff to allow the board to process critical mandated authority.	Staff Service Analyst: 1 Office Technician Typing: 2	Staff Service Analyst: 1 Office Technician Typing: 2	0	0	0	0
1110-30	08/09	Creation of the Criminal Conviction Unit	Staff Service Manager: 1 Associate Governmental Program Analyst : 1.5 Staff Service Analyst: 3 Office Technician: 1	Staff Service Manager: 1 Associate Governmental Program Analyst : 1.5 Staff Service Analyst: 3 Office Technician: 1	08/09: $225,000 09/10+: 448,000	08/09: $225,000 09/10+: 448,000	08/09: 261,000 09/10+: 180,000	08/09: 261,000 09/10+: 180,000
11110-29	10/11	Funding for two staff positions to process applications and deficient items	Office Technician Typing: 2	Office Technician Typing: 2	$105,000	$105,000	$11,000 (redirection of funds)	$11,000 (redirection of funds)
1110-1A	10/11	Implementation of DCA's Consumer Protection Initiative	Associate Governmental Program Analyst : .5 Inspector: 19 Supervising Inspector: 3	Associate Governmental Program Analyst: .5 Inspector: 19 Supervising Inspector: 3	10/11: $1,921,000 11/12+ : $2,435,000	10/11: $1,921,000 11/12+ : $2,435,000	10/11: $653,000 11/12+: $468,000	10/11: $653,000 11/12+: $468,000
1110-22	11/12	Enrollment of pharmacist licenses only into the National Healthcare Integrity and Protection Databank	0	0	0	0	$128,719.50	Pending

Table 3. Fee Schedule and Revenue

Fee	Current Fee Amount	Statutory Limit	FY 2007/08 Revenue	FY 2008/09 Revenue	FY 2009/10 Revenue	FY 2010/11 Revenue*	Percentage of Total Revenue **
Clinic Permit	$400.00	520	32,600	21,575	26,825	20,400	0.2%
Designated Representative Certificate - Wholesalers	$255.00	330	93,725	109,834	124,615	129,290	1.2%
Designated Representative Certificate - Veterinary Food-Animal Drug Retailers	$255.00	330	2,750	2,250	1,015	1,020	0.0%
Hypodermic Needle and Syringe	$125.00	165	1,450	2,910	2,500	2,125	0.0%
Intern Pharmacist	$90.00	115	117,870	143,601	145,926	173,035	1.6%
Non-Resident Pharmacy	$400.00	520	26,800	29,466	23,251	28,111	0.3%
Non-Resident Wholesaler	$600.00	780	55,130	60,660	51,060	67,200	0.6%
Pharmacist Licensure Exam	$200.00	260	335,300	408,685	448,855	486,100	4.4%
Pharmacy	$400.00	520	134,426.50	320,295	112,055	123,258	1.1%
Pharmacy Technician	$80.00	105	375,914	441,419	742,667	886,870	8.1%
Sterile Compounding	$600.00	780	40,260	34,240	27,600	33,800	0.3%
Veterinary Food-Animal Drug Retailer	$405.00	425	1,900	1,200	0	405	0.0%
Wholesale Drug	$600.00	780	28,800	40,150	40,850	48,600	0.4%
Pharmacist Initial License Fee	$150.00	195	170,660	206,365	219,185	227,250	2.1%
Evaluation of Continuing Education	$40	40	0	0	350	64	0.0%
Clinic Renewal	$250.00	325	185,900	220,675	223,250	226,000	2.1%
Designated Representative – Wholesalers Renewal	$150.00	195	279,948	320,300	338,550	359,800	3.3%
Designated Representative – Veterinary Food-Animal Drug Retailers Renewal	$150.00	195	5,610	5,610	7,710	8,850	0.1%
Hypodermic Needle and Syringe Renewal	$125.00	165	27,101	30,840	29,500	30,250	0.3%
Non-Resident Pharmacy Renewal	$250.00	325	50,000	55,250	72,000	72,250	0.7%
Non-Resident Wholesaler Renewal	$600.00	780	220,850	239,300	265,800	289,800	2.7%
Pharmacist Renewal	$150.00	195	2,072,090	2,418,925	2,557,067.5	2,561,670	23.4%
Pharmacy Renewal	$250.00	325	1,364,355	1,546,675	1,568,850	1,573,125	14.4%
Pharmacy Technician Renewal	$100.00	130	1,078,125	1,232,300	1,718,750	2,686,840	24.6%
Sterile Compounding Renewal	$600.00	780	110,600	144,000	166,200	174,250	1.6%

Table 3. Fee Schedule and Revenue							
Fee	**Current Fee Amount**	**Statutory Limit**	**FY 2007/08 Revenue**	**FY 2008/09 Revenue**	**FY 2009/10 Revenue**	**FY 2010/11 Revenue***	**Percentage of Total Revenue ** **
Veterinary Food-Animal Drug Retailer Renewal	$250.00	325	5,000	4,500	5,500	5,250	0.0%
Wholesale Drug Renewal	$600.00	780	238,150	242,000	249,000	270,000	2.5%
Clinic Delinquent Fee	$125.00	125	7,275	6,750	7,000	5,625	0.1%
Designated Representative – Wholesalers Delinquent Fee	$75.00	75	11,195	15,150	12,375	8,775	0.1%
Designated Representative – Veterinary Food-Animal Drug Retailers Delinquent Fee	$75.00	75	55	55	110	150	0.0%
Hypodermic Needle and Syringe Delinquent Fee	$62.50	62.50	1,295	1,250	908.50	1,000	0.0%
Non-Resident Pharmacy Delinquent Fee	$125.00	125	1,975	875	3,375	1,000	0.0%
Non-Resident Wholesaler Delinquent Fee	$150.00	150	6,750	4,950	3,900	1,500	0.0%
Pharmacist Delinquent Fee	$75.00	75	20,400	21,275	19,287.50	22,450	0.2%
Pharmacy Delinquent Fee	$125.00	125	4,400	3,250	3,250	3,250	0.0%
Pharmacy Technician Delinquent Fee	$50.00	50	46,698	48,160	58,325	91,615	0.8%
Sterile Compounding Delinquent Fee	$150.00	150	600	1,050	600	450	0.0%
Veterinary Food-Animal Drug Retailer Delinquent Fee	$125.00	125	125	125	125	125	0.0%
Wholesale Drug Delinquent Fee	$150.00	150	3,300	2,850	3,600	3,000	0.0%
Temporary Pharmacy Permit	$250.00	325	24,250	22,000	18,250	22,525	0.2%
Temporary Wholesale Permit	$550.00	715	4,400	2,200	1,100	2,750	0.0%
Temporary Permit Non-Resident Wholesaler	$550.00	715	1,650	4,350	2,200	4,400	0.0%
Temporary Permit Non-Resident Pharmacy	$250.00	325	0	500	2,250	1,164	0.0%
Pharmacist Delinquent Fee	$75.00	75	20,400	21,275	19,287.50	22,450	0.2%
Pharmacy Delinquent Fee	$125.00	125	4,400	3,250	3,250	3,250	0.0%
Pharmacy Technician Delinquent Fee	$50.00	50	46,698	48,160	58,325	91,615	0.8%

Table 3. Fee Schedule and Revenue							
Fee	**Current Fee Amount**	**Statutory Limit**	**FY 2007/08 Revenue**	**FY 2008/09 Revenue**	**FY 2009/10 Revenue**	**FY 2010/11 Revenue***	**Percentage of Total Revenue ****
Sterile Compounding Delinquent Fee	$150.00	150	600	1,050	600	450	0.0%
Veterinary Food-Animal Drug Retailer Delinquent Fee	$125.00	125	125	125	125	125	0.0%
Wholesale Drug Delinquent Fee	$150.00	150	3,300	2,850	3,600	3,000	0.0%
Temporary Pharmacy Permit	$250.00	325	24,250	22,000	18,250	22,525	0.2%
Temporary Wholesale Permit	$550.00	715	4,400	2,200	1,100	2,750	0.0%
Temporary Permit Non-Resident Wholesaler	$550.00	715	1,650	4,350	2,200	4,400	0.0%
Temporary Permit Non-Resident Pharmacy	$250.00	325	0	500	2,250	1,164	0.0%
Temporary Permit Sterile Compounding	$550.00	715	7,800	5,400	1,650	3,850	0.0%
Transfer of Intern Hours/License Verification	$25.00	30	13,360	18,180	23,485	23,870	0.2%
Regrade of Pharmacist Licensure Exam	$90.00	115	960	935	1,960	1,710	0.0%
Change of Permit	$100.00	130	33,370	114,370	70,870	64,970	0.6%
Change of Permit - Tradestyle/Address	$35.00	45	0	2,670	6,120	1,480	0.0%
Change of Pharmacist in Charge	$100.00	130	113,660	144,340	142,930	135,200	1.2%
Change of Designated Representative in Charge	$100.00	130	6,310	9,140	10,900	12,302	0.1%
Duplicate/Replacement License	$35.00	45	20,370	20,730	27,065	33,955	0.3%
Retired Pharmacist	$35.00	45	390	600	1,110	2,660	0.0%

* Does not include Cost Recovery or Cite and Fine

** Calculated using fiscal year 2010/11 revenue

History of Fee Changes

Description of Fee	01/02	02/03	03/04	04/05	05/06	06/07	07/08 Fee Increase Effective 1/2008	08/09	09/10 Fee Increase Effective 1/2010	10/11	11/12
Pharmacy Chain Permit	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies
Clinic Permit	340	340	340	340	340	340	400	400	400	400	400
Designated Representative Application	75	75	75	75	75	75	100	100	255	255	255
Designated Representative Certificate	110	110	110	110	110	110	110	110			
Designated Representative Application – VET	75	75	75	75	75	75	100	100	255	255	255
Designated Representative Certificate – VET	110	110	110	110	110	110	110	110			
Hypodermic Needle and Syringe	90	90	90	90	90	90	125	125	125	125	125
Intern Pharmacist	65	65	65	65	65	65	75	75	90	90	90
Non-Resident Pharmacy	340	340	340	340	340	340	400	400	400	400	400
Non-Resident Wholesaler	550	550	550	550	550	550	600	600	600	600	600
Pharmacist Licensure Exam	155	155	155	155	155	155	185	185	200	200	200
Pharmacy	340	340	340	340	340	340	400	400	400	400	400
Foreign Graduate Application Fee	165	165	165	165							

History of Fee Changes

Description of Fee	01/02	02/03	03/04	04/05	05/06	06/07	07/08 Fee Increase Effective 1/2008	08/09	09/10 Fee Increase Effective 1/2010	10/11	11/12
Pharmacy Technician	50	50	50	50	50	50	50	50	80	80	80
Sterile Compounding		500	500	500	500	500	600	600	600	600	600
Non-Resident Sterile Compounding		500	500	500	500	500	600	600	600	600	600
Veterinary Food-Animal Drug Retailer	400	400	400	400	400	400	400	400	405	405	405
Wholesale Drug	550	550	550	550	550	550	600	600	600	600	600
Pharmacists Initial License Fee	115	115	115	115	115	115	115	150	150	150	150
Evaluation of Continuing Education	40	40	40	40	40	40	40	40	40	40	40
Medical Device Retailer Application	340	340									
Clinic Renewal	175	175	175	175	175	175	250	250	250	250	250
Designated Representative – WLS Renewal	110	110	110	110	110	110	150	150	150	150	150
Designated Representative – VET Renewal	110	110	110	110	110	110	110	110	150	150	150
Hypodermic Needle and Syringe Renewal	90	90	90	90	90	90	125	125	125	125	125
Non-Resident Pharmacy Renewal	175	175	175	175	175	175	250	250	250	250	250

History of Fee Changes

Description of Fee	01/02	02/03	03/04	04/05	05/06	06/07	07/08 Fee Increase Effective 1/2008	08/09	09/10 Fee Increase Effective 1/2010	10/11	11/12
Non-Resident Wholesaler Renewal	550	550	550	550	550	550	600	600	600	600	600
Pharmacist Renewal	115	115	115	115	115	115	150	150	150	150	150
Pharmacy Renewal	175	175	175	175	175	175	250	250	250	250	250
Pharmacy Technician Renewal	50	50	50	50	50	50	50	50	100	100	100
Sterile Compounding Renewal		500	500	500	500	500	600	600	600	600	600
Non-Resident Sterile Compounding Renewal		500	500	500	500	500	600	600	600	600	600
Veterinary Food-Animal Drug Retailer Renewal	250	250	250	250	250	250	250	250	250	250	250
Wholesale Drug Renewal	550	550	550	550	550	550	600	600	600	600	600
Medical Device Retailer Renewal	175	175									
Clinic Delinquent Fee	87.50	87.50	87.50	87.50	87.50	87.50	125	125	125	125	125
Designated Representative – WLS Delinquent Fee	55	55	55	55	55	55	75	75	75	75	75
Designated Representative – VET Delinquent Fee	55	55	55	55	55	55	55	55	75	75	75
Hypodermic Needle and Syringe Delinquent Fee	45	45	45	45	45	45	62.50	62.50	62.50	62.50	62.50

History of Fee Changes

Description of Fee	01/02	02/03	03/04	04/05	05/06	06/07	07/08 Fee Increase Effective 1/2008	08/09	09/10 Fee Increase Effective 1/2010	10/11	11/12
Non-Resident Pharmacy Delinquent Fee	87.50	87.50	87.50	87.50	87.50	87.50	125	125	125	125	125
Non-Resident Wholesaler Delinquent Fee	150	150	150	150	150	150	150	150	150	150	150
Pharmacist Delinquent Fee	57.50	57.50	57.50	57.50	57.50	57.50	75	75	75	75	75
Pharmacy Delinquent Fee	87.50	87.50	87.50	87.50	87.50	87.50	125	125	125	125	125
Pharmacy Technician Delinquent Fee	25	25	25	25	25	25	25	25	50	50	50
Sterile Compounding Delinquent Fee		150	150	150	150	150	150	150	150	150	150
Non-Resident Sterile Compounding Delinquent Fee		150	150	150	150	150	150	150	150	150	150
Veterinary Food-Animal Drug Retailer Delinquent Fee	125	125	125	125	125	125	125	125	125	125	125
Wholesale Drug Delinquent Fee	150	150	150	150	150	150	150	150	150	150	150
Medical Device Retailer Delinquent Fee	87.50	87.50									
Temporary Pharmacy Permit	175	175	175	175	175	175	250	250	250	250	250
Temporary Wholesale Permit	175	175	175	175	175	175	550	550	550	550	550
Temporary Non-Resident Wholesaler Permit	175	175	175	175	175	175	550	550	550	550	550

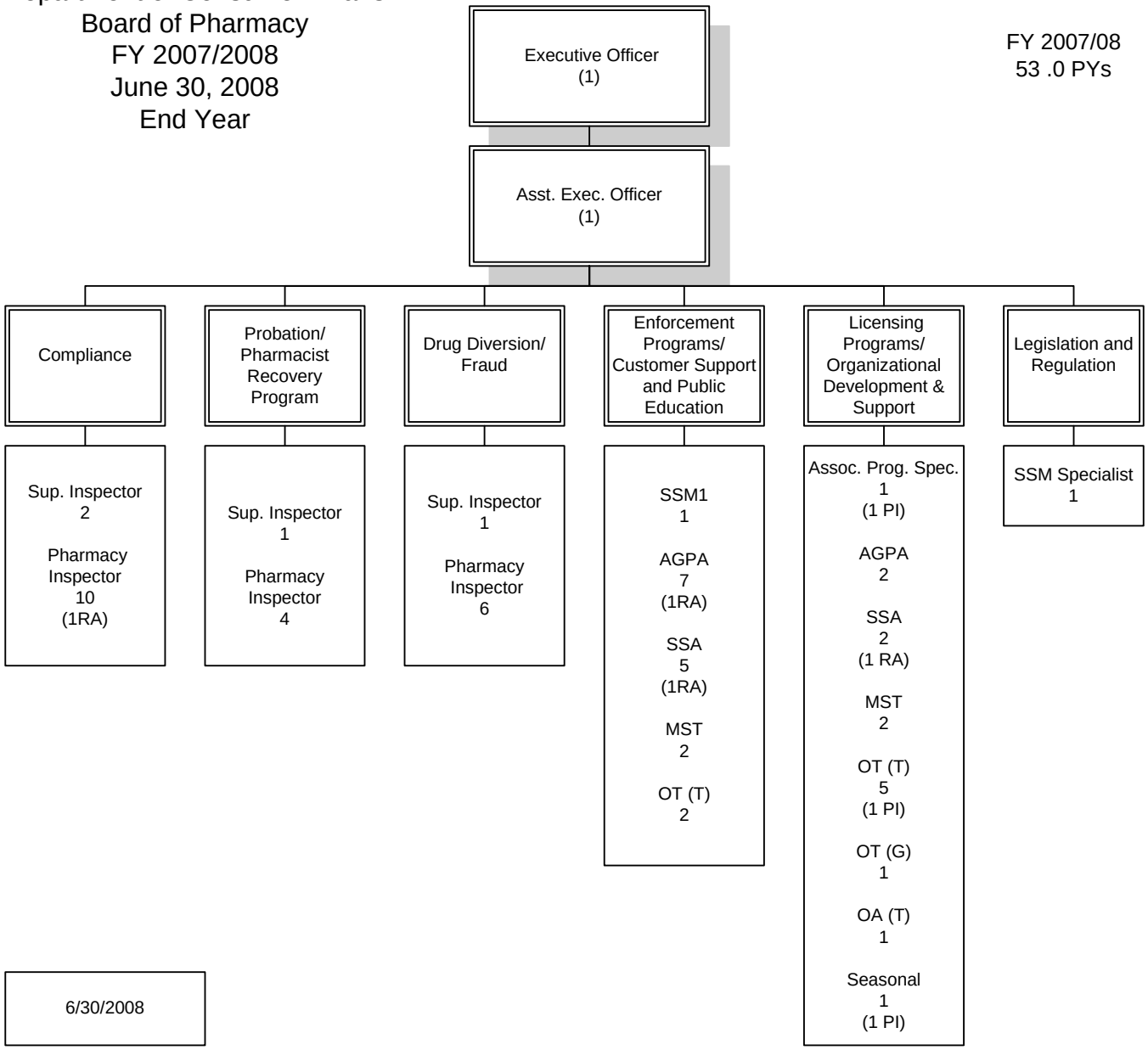
History of Fee Changes

Description of Fee	01/02	02/03	03/04	04/05	05/06	06/07	07/08 Fee Increase Effective 1/2008	08/09	09/10 Fee Increase Effective 1/2010	10/11	11/12
Temporary Non-Resident Pharmacy Permit	175	175	175	175	175	175	250	250	250	250	250
Temporary Sterile Compounding Permit		600	600	600	600	600	600	600	550	550	550
Temporary Vet Food-Animal Drug Retailer Permit	175	175	175	175	175	175	250	250	250	250	250
Transfer of Intern Hours/License Verification	10	10	10	10	10	10	20	20	25	25	25
Pharmacy Remodel Processing Fee	130	130	130	130							
Regrade of Pharmacists Licensure Exam	75	75	75	75	75	75	85	85	90	90	90
Change of Permit	60	60	60	60	60	60	100	100	100	100	100
Change of Permit –Tradestyle/Address	30	30	30	30	30	30	30	30	30	35	35
Change of Pharmacist In Charge	60	60	60	60	60	60	100	100	100	100	100
Change of Designated Representative In Charge	60	60	60	60	60	60	100	100	100	100	100
Duplicate/Replacement License	30	30	30	30	30	30	30	30	35	35	35
Retired Pharmacists	30	30	30	30	30	30	30	30	35	35	35

Table 5. Expenditures by Program Component								
	FY 2007/08		FY 2008/09		FY 2009/10		FY 2010/11	
	*Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$2,905,110	$2,301,113	$3,365,401	$2,467,677	$3,125,037	$2,469,371	$3,427,053	$3,098,793
Examination	$145,256	$115,056	$262,922	$192,787	$268,936	$212,510	$248,505	$224,702
Licensing	$823,115	$651,982	$736,181	$539,804	$995,064	$786,289	$1,034,473	$935,386
**** Diversion**	$145,256	$115,056	$210,338	$154,230	$209,770	$165,758	$202,271	$182,897
Other- administrative	$823,115	$651,982	$683,597	$501,274	$779,915	$616,280	$866,877	$783,843
TOTALS	$4,841,850	$3,835,188	$5,258,439	$3,855,745	$5,378,722	$4,250,208	$5,779,179	$5,225,621

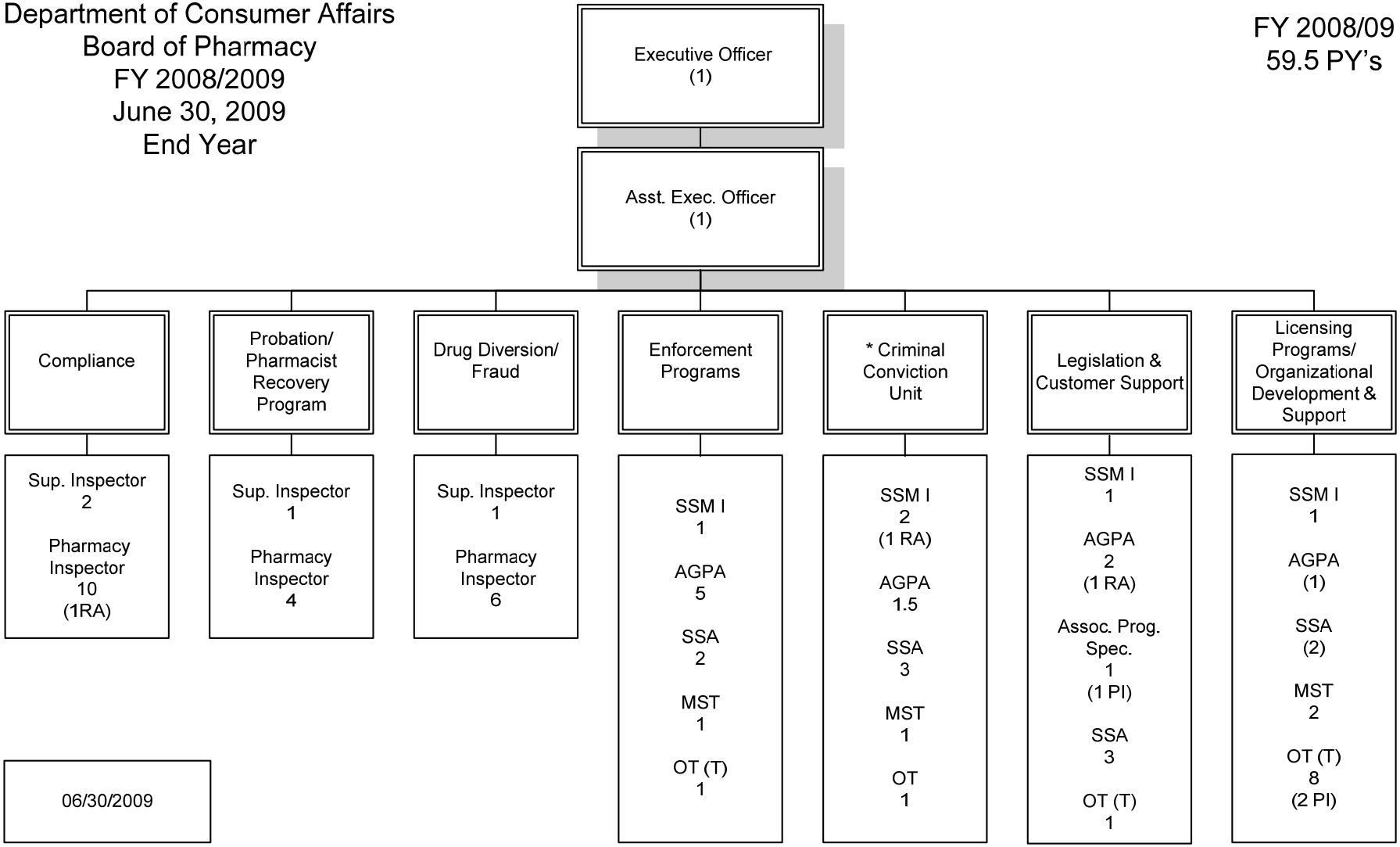
Department of Consumer Affairs
Board of Pharmacy
FY 2007/2008
June 30, 2008
End Year

FY 2007/08
53 .0 PYs



Department of Consumer Affairs
Board of Pharmacy
FY 2008/2009
June 30, 2009
End Year

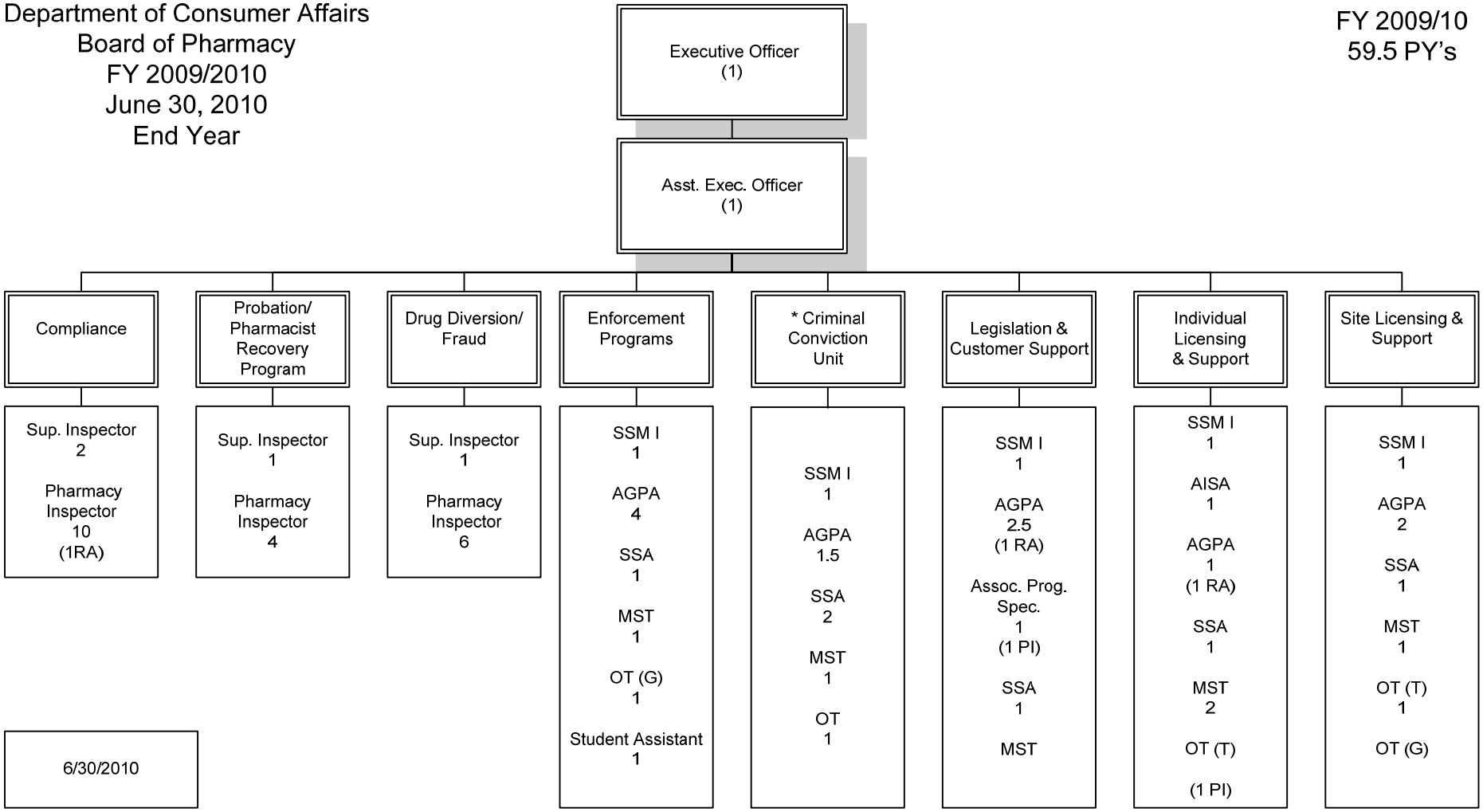
FY 2008/09
59.5 PY's



* Criminal Conviction Unit established July 1, 2009. Board established unit in advance of budget augmentation.

Department of Consumer Affairs
Board of Pharmacy
FY 2009/2010
June 30, 2010
End Year

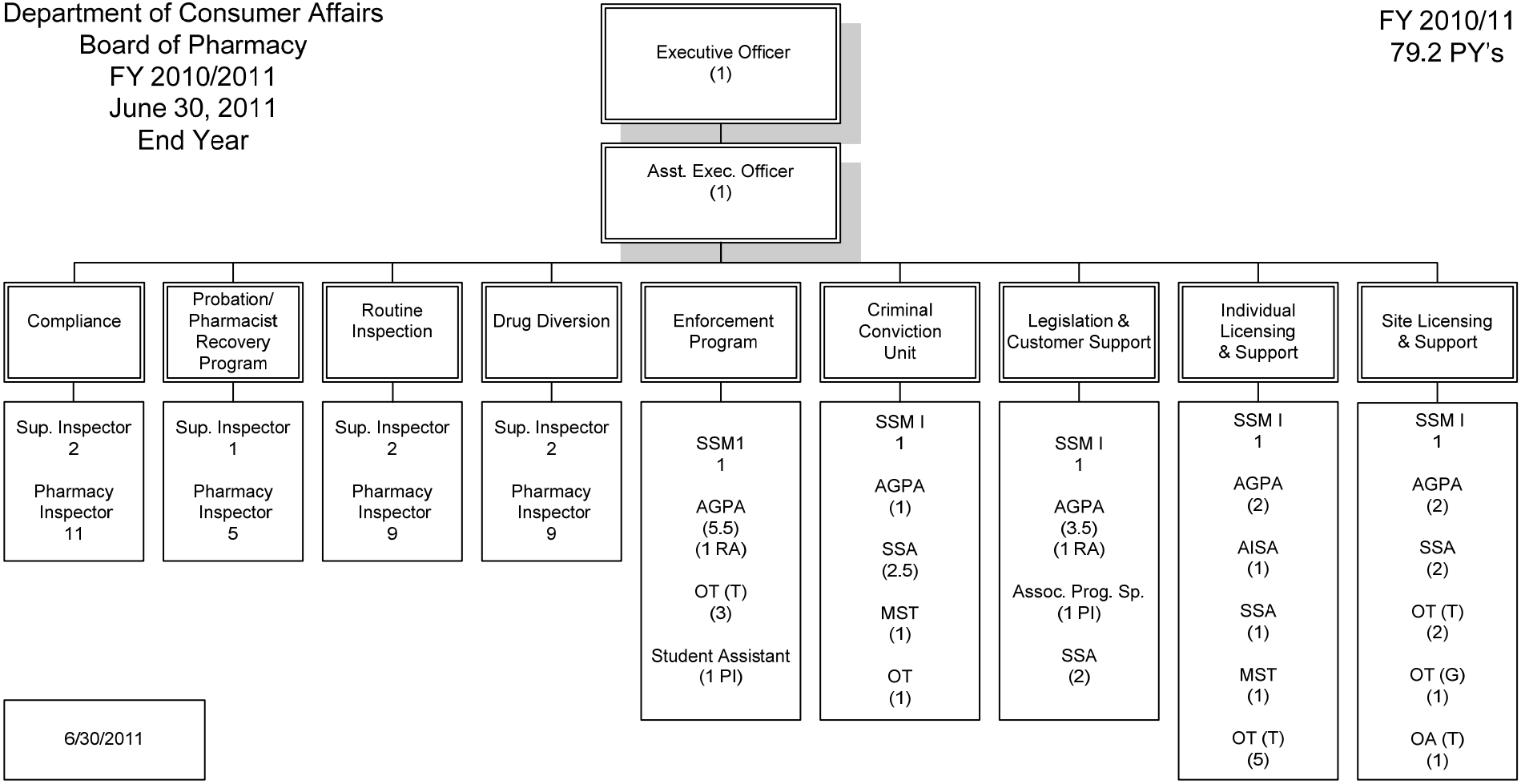
FY 2009/10
59.5 PY's



6/30/2010

Department of Consumer Affairs
Board of Pharmacy
FY 2010/2011
June 30, 2011
End Year

FY 2010/11
79.2 PY's



Individual License Type	Business & Professions Code Authority	Definition
Pharmacist	4200	An individual licensed by the board who has qualified to practice pharmacy on the basis of education, training and minimal competency demonstrated through passing national and state licensure examinations.
Intern Pharmacist	4208	An individual registered with the board who is gaining the supervised practice experience necessary for licensure as a pharmacist.
Pharmacy Technician	4202	An individual who assists a registered pharmacist in a pharmacy by performing nondiscretionary tasks relating to the practice of pharmacy under the direct supervision of a pharmacist.
Designated Representative – • Wholesaler • Vet Food-Animal Drug Retailer	4053	A non-pharmacist who is responsible for the furnishing functions and operations performed by wholesalers and veterinary food-animal drug retailers.

Site License Type	Business & Professions Code Authority	Definition
Clinics • Surgical • Non-Profit/Free	4180 4190	A clinic that purchases drugs at wholesale prices for administration or dispensing to patients registered for care at the clinic.
Hypodermic Needle & Syringe	4205	Any person authorizing the sale and dispensing of hypodermic syringes and needles for animal use if the person is not otherwise licensed by the board as a pharmacy. Since July 1, 2002, a seller of mercury fever thermometers must possess this license.
Non-Resident Pharmacy	4112	Any pharmacy located outside of outside of California that ships, mails or delivers, in any manner, controlled substances or prescription drugs into California to patients.

	Business & Professions Code Authority	Definition
Community Pharmacy • Community • Licensed Correctional Facility • Hospital Outpatient • Closed Door (specialty pharmacy services)	4110	The premises where controlled substances and prescription drugs or devices are stored, possessed, prepared, manufactured, derived, repackaged, furnished, sold or dispensed at retail to patients or where prescriptions are compounded.
Hospital Pharmacy	4029	A pharmacy licensed by the board located within any licensed hospital, institution, or establishment that maintains and operates organized facilities for the diagnosis, care, and treatment of human illnesses to which persons may be admitted for overnight stay.
Exempt Hospital Pharmacy	4056	A licensed hospital that contains 100 beds or fewer, and that does not employee a full-time pharmacist, may purchase drugs at wholesale for administration, under the direction of a physician, or for dispensation by a physician, to persons registered as inpatients of the hospital in emergency cases and under treatment in the hospital, or to persons registered as outpatients in a rural hospital.
Non-Resident Sterile Compounding Pharmacy	4127.2	A pharmacy compounding injectable sterile drug products in a non-resident pharmacy compounding injectable sterile drug products for shipment into California.
Sterile Compounding Pharmacy	4127.1	A pharmacy compounding injectable sterile drug products in this state compounding injectable sterile drug products in California.
Non-Resident Wholesalers	4161	A person located outside California that acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession, of any dangerous drug or dangerous device.

Site License Type	Business & Professions Code Authority	Definition
Wholesalers	4054 4160	A person who acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession, of any dangerous drug or dangerous device. Dialysis patients may receive dialysis prescription drugs and dialysis medical devices directly from a wholesaler or manufacturer.
Veterinary Food-Animal Drug Retailers	4196	A premises that holds a valid license as a wholesaler from which veterinary drugs for food-producing animals are dispensed pursuant to a prescription from a licensed veterinarian. This premises includes but is not limited to any licensed facility wherein veterinary food-animal drugs are stored, possessed, or repackaged, and from which veterinary drugs are furnished, sold, or dispensed at retail pursuant to a prescription from a licensed veterinarian.

PHARMACIST:

Primary Source:

- An official transcript sent directly to the board from the school of pharmacy that displays the degree earned and the date conferred. Foreign educated graduates must submit a copy of his or her Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate as proof of their FPGEC certification in lieu of providing a transcript.

- Results to the fingerprint background check by the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the pharmacist applicant.

Secondary Source:

- Proof of completing the required intern hours signed by the supervising pharmacist on board approved affidavits. Alternatively, out-of-state license verifications can be used to meet the experience requirements if the individual has prior experience earned as a pharmacist in another state. The board conducts audits to verify the licensure status of those signing the affidavits.

- License verification sent directly by the state licensing entity where the applicant has or held a license to the applicant and then turned into the board with the applicant's application.

- A self-query report from the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) will be required by the applicant when applying once the rulemaking package process for this requirement is completed. The board anticipates the completing of the rulemaking process in the fall of 2011.

Self-Certified:

- A passport style photograph is used to confirm the identity of the individual applicant.

- A signed *Examination Security Agreement Affidavit*.

- Fingerprinting requirements for the California Department of Justice and Federal Bureau of Investigation.

- A signed *Affidavit of Intern Experience Obtained in a Community and Institutional Setting* if the applicant is qualifying based on 1,500 intern hours for experience.

INTERN PHARMACISTS:

Primary Source:

- Results to the fingerprint background check by the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the intern pharmacist applicant.

Secondary Source:

- A signed affidavit by the Dean of the school or college of pharmacy or as a person with authority and personal knowledge to certify under penalty of perjury the applicant is currently enrolled. Foreign educated applicants must submit a copy of Pharmacy Graduate Examination Committee (FPGEC) certificate in lieu of the affidavit.

- A self-query report from the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) will be required by the applicant when applying once the rulemaking package process for this requirement is completed. The board anticipates the completing of the rulemaking process in the fall of 2011.

Self-Certified:

- A passport style photograph is used to confirm the identity of the individual applicant.

- Fingerprinting requirements for the California Department of Justice and Federal Bureau of Investigation.

PHARMACY TECHNICIANS:

Primary Source:

- Results to the fingerprint background check by the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the pharmacy technician applicant.

Secondary Source:

- Training course verification:

    - A signed affidavit by either: 1) the registrar of the pharmacy technician training program or school, 2) the supervising pharmacist, or 3) the Dean of the school or college of pharmacy. All three require the person signing to certify under penalty of perjury the applicant has met the requirements pursuant to pharmacy law.

    - A certified copy of the Pharmacy Technician Certification Board

certificate, or

- Proof of completing the training program provided by a branch of the federal armed services.

- The board is currently updating the pharmacy technician application through the rulemaking process. The new application will require applicants to provide a copy of their high school transcripts or GED certificate to confirm the applicant has met this requirement pursuant to pharmacy law. The board anticipates this rulemaking package to be approved by the fall of 2011.

- A self-query report from the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) will be required by the applicant when applying once the rulemaking package process for this requirement is completed. The board anticipates the completing of the rulemaking process in the fall of 2011.

Self-Certified:

- A passport style photograph is used to confirm the identity of the individual applicant.

- Fingerprinting requirements for the California Department of Justice and Federal Bureau of Investigation.

- Pharmacy law requires a person to be a high school graduate or possess a GED certificate. Currently, the board has only required applicants to self certify that he or she is a graduate of high school or possesses a GED certificate and only required proof if the applicant failed to complete this section of the application or if selected to be audited. Applicants will be required to provide a copy of their high school transcripts or GED certificate to confirm compliance once the rulemaking process is completed. The board anticipates this rulemaking package to be approved by the fall of 2011.

DESIGNATED REPRESENTATIVE – WHOLESALER:

Primary Source:

- Results to the fingerprint background check by the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the designated representative applicant.

Secondary Source:

- A completed *Designated Representative Experience Declaration*

- A completed *Designated Representative Training Declaration*

Self-Certified Source:

- A passport style photograph is used to confirm the identity of the individual applicant.

- A copy of *Request for Live Scan Service Form* verifying that fingerprints have been scanned and all applicable fees paid or a set of two completed fingerprint cards and the fingerprint processing fee.

DESIGNATED REPRESENTATIVE – VETERINARY FOOD-ANIMAL DRUG RETAILER:

Primary Source:

- Results to the fingerprint background check by the DOJ and FBI for the designated representative applicant.

Secondary Source:

- A completed *Designated Representative Experience Declaration*

- A completed *Designated Representative Training Declaration*

- A completed *Veterinary Food-Animal Drug Retailer Exemptee Experience Affidavit*

- A completed *Training and/or Experience Affidavit for Veterinary Food-Animal Drug Retailer Exemption Certificate*

Self-Certified Source:

- A passport style photograph is used to confirm the identity of the individual applicant.

- Possess a registration as a registered veterinary technician with the California Veterinary Medical Board and provide a copy. This information is verified with the California Veterinary Medical Board.

- Be eligible to take the State Board of Pharmacy's pharmacist licensure exam. This is verified internally with board records.

- Be eligible to take the Veterinary Medical Board's veterinarian licensure examination. This information is verified with the California Veterinary Medical Board.

- A copy of Request for Live Scan Service Form verifying that fingerprints have been scanned and all applicable fees paid or a set of two completed

fingerprint cards and the fingerprint processing fee.

CLINIC:

Primary Source:

- Results to the fingerprint background check by the DOJ and FBI for: Professional Director, Administrator, Tribal Council Members, and Tribal Council Administrator/CEO.

Secondary Source:

- A copy of the Articles of Incorporation endorsed by the Secretary of State if the entity is owned by a corporation or limited liability company (LLC).
- Official documents from the U.S. Department of Interior, Bureau of Indian Affairs, identifying the official tribe if the entity is Indian owned.
- Articles of Incorporation and statement of domestic stock endorsed by the Indian tribe if the entity is non-Indian owned but operating on tribal lands.

Self-Certified Source:

- A copy of the current Department of Health Services license or a statement on company letterhead citing the Health and Safety Code exception.
- If Medicare certified, a copy of current certification.
- A written certification on company letterhead that policies and procedures are in place.
- A completed *Certification of Personnel* for: Consulting Pharmacist, Professional Director, Administrator, Consulting Pharmacist, Tribal Council Members, and Tribal Council Administrator/CEO.
- A copy of *Request for Live Scan Service Form* verifying that fingerprints have been scanned and all applicable fees paid for: Professional Director, Administrator, Tribal Council Members, and Tribal Council Administrator/CEO.
- A completed *Seller's Certification for a Pharmacy* if there has been a change of ownership submitted by prospective owners.
- A copy of the signed partnership agreement if the entity is owned by a partnership.

- A letter of verification form the county public health department or the board of supervisors indicating the facility is government owned if the entity is government owned.

- The name of the Director of Public Health or the responsible party for the clinic operation if the entity is government owned.

- A copy of the organizational structure if the entity is government owned.

- A copy of the constitution and by-laws establishing the tribal council that will be the governing entity of the clinic if the entity is Indian owned.

- Documents describing agreements with the Indian tribe to operate a clinic on tribal land if the entity is a non-Indian owned sole owner or partnership and operating on tribal lands.

NON-RESIDENT PHARMACY:

Primary Source:

- Results to the fingerprint background check by the DOJ and FBI for: Pharmacist-in-Charge; individual owner if entity is owned by an individual owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; and each corporate officer, major shareholder and director if the entity is owned by a limited liability company.

Secondary Source:

- Approved wholesale credit application or wholesale agreement.

- A copy of the last inspection report from the home state licensing agency.

- An original letter from the home state licensing agency verifying the state license is current and in good standing. The state seal must be embossed on the letter.

- Articles of Incorporation endorsed by the Secretary of State if the entity is owned by a for profit or non-profit corporation.

- Statement of Information endorsed by the Secretary of State or Statement by Foreign Corporation endorsed by the California Secretary of State if the entity is owned by a for profit or non-profit corporation.

- A copy of the corporation's 10K filing with the Security Exchange Commission.

Self-Certified Source:

- Completed *Partnership or Individual Ownership Information* if entity is owned by a sole owner or partnership.
- Completed *Corporation Ownership Information* if entity is owned by a corporation.
- Completed *Parent Corporation or Limited Liability Company Ownership Information* if the entity is owned by a limited liability company.
- Completed *Financial Affidavit in Support of Application* supported by bank statements and notarized by a Notary Public.
- Copy of lease agreement or deed to the property.
- Completed *Seller's Certification for a Pharmacy* during a change of ownership submitted by prospective owners.
- A statement indicating records of controlled substances or dangerous devices dispensed to California patients are maintained so that those records are readily retrievable from other drugs dispensed.
- Two prescription labels that include a toll free number.
- A list of pharmacists and their license numbers for those who fill prescriptions for California residents.
- A completed *Certification of Personnel* for: Pharmacist-in-Charge; individual owner if entity is owned by an individual owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; each corporate officer, shareholder and director for non-profit corporation; and each corporate officer, major shareholder and director if the entity is owned by a limited liability company.
- A set of two completed fingerprint cards and the fingerprint processing fee for: Pharmacist-in-Charge; individual owner if entity is owned by an individual owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; and each corporate officer, major shareholder and director if the entity is owned by a limited liability company.
- Completed *Individual Personal Affidavit* including a passport style photograph is used to confirm the identity of the individual applicant notarized by a Notary Public for: individual owner if entity is owned by an individual

owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; and each corporate officer, major shareholder and director if the entity is owned by a limited liability company.

- Completed *Individual Financial Affidavit* with supporting financial source documents (stocks/bonds, real estate, savings, loan documents, inheritance, gifts) notarized by a Notary Public for: individual owner if entity is owned by an individual owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; and each corporate officer, major shareholder and director if the entity is owned by a limited liability company.

- A copy of the signed partnership agreement if the entity is owned by a partnership.

- Completed *Corporation Ownership Form* for first line corporations over the pharmacy if the entity is owned by a corporation.

- Completed *Parent Corporation or Limited Liability Company Ownership* Information for each parent corporation over the first line corporation if the entity is owned by a corporation.

- Copy of the by-laws if the entity is owned by a for profit or non-profit corporation.

- A list of the five largest shareholders who own 5% or more of stock that requires a filing with the Securities Exchange Commission. If the shareholder is an individual, the name title and professional license is required. If the shareholder is a bank, trust company or financial institution to which a license is issued in a fiduciary capacity, this must be identified.

- A copy of Articles of organization if the entity is owned by a limited liability company.

- A copy of Operating Agreement/Limited Liability Company Agreement if the entity is owned by a limited liability company.

COMMUNITY PHARMACY:

Primary Source:

- Results to the background check from California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the Pharmacist-in-Charge; individual owner if entity is owned by an individual owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation;

each member/manager if the entity is owned by a limited liability company; administrator if the entity is government owned; and, tribal council members and the administrator/CEO if the entity is Native American owned;

Secondary Source:

- Approved wholesale credit application or wholesale agreement.
- Articles of Incorporation endorsed by the Secretary of State if the entity is owned by a for-profit corporation or non-profit corporation.
- Articles of Organization endorsed by the Secretary of State if the entity is owned by a limited liability company.
- Statement of Information endorsed by the Secretary of State or Statement by Foreign Corporation endorsed by the California Secretary of State if the entity is owned by a for profit corporation, non-profit corporation, or limited liability company.
- A copy of the corporation's 10K filing with the Security Exchange Commission.
- A letter of verification from the county public health department or the board of supervisors indicating that the facility is government owned.
- Official documents from the U.S. Department of Interior, Bureau of Indian Affairs identifying the official tribe if the entity is Native American owned.
- Articles of Incorporation and Statement of Information endorsed by the Native American tribe if the entity is non-Native American owned corporation operating on tribal lands.
- Statement of Information endorsed by the Native American tribe if the entity is non-Native American owned by operating on tribal lands.

Self-Certified Source:

- Completed *Partnership or Individual Ownership Information* if entity is a sole owner or partnership.
- Completed *Corporation Ownership Information* if entity is a corporation.
- Completed *Financial Affidavit in Support of Application* supported by bank statements and notarized by a Notary Public. This is not required for non-profit organizations.

- Copy of lease agreement or deed to the property.

- Completed *Seller's Certification* for a Pharmacy during a change of ownership submitted by prospective owners.

- A completed *Certification of Personnel* for: Pharmacist-in-Charge; individual owner if entity is owned by an individual owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; each corporate officer, shareholder and director for non-profit corporation; each member/manager if the entity is owned by a limited liability company; administrator if the entity is owned by a state, city or county; and, tribal council members and the administrator/CEO if the entity is Native American owned;

- A copy of the completed *Request for Live Scan Service Form* verifying fingerprints have been scanned and applicable fees have been paid, or if the applicant is located outside of California, a set of two completed fingerprint cards and the fingerprint processing fee for: Pharmacist-in-Charge; individual owner if entity is owned by an individual owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; each member/manager if the entity is owned by a limited liability company; administrator if the entity is government owned; and, tribal council members and the administrator/CEO if the entity is Native American owned;

- Completed *Individual Personal Affidavit* including a passport style photograph is used to confirm the identity of the individual applicant notarized by a Notary Public for: individual owner if entity is owned by an individual owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; and, each member/manager if the entity is owned by a limited liability company.

- Completed *Individual Financial Affidavit* with supporting financial source documents (stocks/bonds, real estate, savings, loan documents, inheritance, gifts) notarized by a Notary Public for: individual owner if entity is owned by an individual owner; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; and, each member/manager if the entity is owned by a limited liability company.

- A copy of the signed partnership agreement if the entity is owned by a partnership.

- Completed *Corporation Ownership Form* for first line corporations over the pharmacy if the entity is owned by a corporation.

- Completed *Parent Corporation or Limited Liability Company Ownership* Information for each parent corporation over the first line corporation if the entity is owned by a corporation.

- Completed *Parent Corporation or Limited Liability Company Ownership Information* for the first line limited liability company over the pharmacy and each remaining company over the first line limited liability company.

- Copy of the by-laws if the entity is owned by a for profit or non-profit corporation.

- A list of the five largest shareholders who own 5% or more of stock that requires a filing with the Securities Exchange Commission. If the shareholder is an individual, the name title and professional license is required. If the shareholder is a bank, trust company or financial institution to which a license is issued in a fiduciary capacity, this must be identified.

- A copy of Limited Liability Company Agreement if the entity is owned by a limited liability company.

- The name of the Director of Public Health or the responsible party for the pharmacy operation and a copy of the organizational structure if the entity is owned by a state, city or county.

- A copy of the constitution and by-laws establishing the tribal council that will be the governing entity of the pharmacy if the entity is Native American owned.

- Documents describing the agreements with the Native American tribe to operate the pharmacy on tribal land if the entity is a non-Native American sole owner or partnership operating on tribal lands.

CORRECTIONAL FACILITIES AND CITY OR COUNTY OWNED JAIL FACILITIES:

Primary Source:

- None

Secondary Source:

- None

Self-Certified Source:

- A completed *Certification of Personnel* for: the warden, medical director and Pharmacist-in-Charge.

HOSPITAL PHARMACY:

Primary Source:

- Results to the background check from California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the Pharmacist-in-Charge; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; each member/manager if the entity is owned by a limited liability company; and, tribal council members and the administrator/CEO if the entity is Native American owned.

Secondary Source:

- Approved wholesale credit application or wholesale agreement.
- Articles of Incorporation endorsed by the Secretary of State if the entity is owned by a for profit corporation or non-profit corporation.
- Articles of Organization endorsed by the Secretary of State if the entity is owned by a limited liability company.
- Statement of Information endorsed by the Secretary of State or Statement by Foreign Corporation endorsed by the California Secretary of State if the entity is owned by a for profit corporation, non-profit corporation, or limited liability company.
- A copy of the corporation's 10K filing with the Security Exchange Commission.
- A letter of verification from the county public health department or the board of supervisors indicating that the facility is government owned.
- Official documents from the U.S. Department of Interior, Bureau of Indian Affairs identifying the official tribe if the entity is Native American owned.
- Articles of Incorporation and Statement of Information endorsed by the Native American tribe if the entity is non-Native American owned corporation operating on tribal lands.
- Statement of Information endorsed by the Native American tribe if the entity is non-Native American owned by operating on tribal lands.

Self-Certified Source:

- Completed *Partnership or Individual Ownership Information* if entity is a sole owner or partnership.

- Completed *Corporation Ownership Information* if entity is a corporation or limited liability company.

- Completed *Financial Affidavit in Support of Application* supported by bank statements and notarized by a Notary Public. This is not required for non-profit organizations.

- Copy of lease agreement or deed to the property.

- Completed *Seller's Certification for a Pharmacy* during a change of ownership submitted by prospective owners.

- A copy of the hospital acute care license issued by the Department of Health Services.

- A copy of the current Department of Corporations license, if the entity is a Knox Keene provider.

- A completed *Certification of Personnel* for: Pharmacist-in-Charge or Consulting Pharmacist; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; each corporate officer, shareholder and director for non-profit corporation; administrator if the entity is owned by a state, city or county; each member/manager if the entity is owned by a limited liability company; tribal council members and the administrator/CEO if the entity is Native American owned; warden and medical director if the entity is owned by a correctional facility or city or county owned jail facility; and, medical director and administrator if the entity is an exempt hospital with 100 or less beds.

- A copy of the completed *Request for Live Scan Service Form* verifying fingerprints have been scanned and applicable fees have been paid, or if the applicant is located outside of California, a set of two completed fingerprint cards and the fingerprint processing fee for: Pharmacist-in-Charge or Consulting Pharmacist; partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; each member/manager if the entity is owned by a limited liability company; and, tribal council members and the administrator/CEO if the entity is Native American owned.

- Completed *Individual Personal Affidavit* including a passport style photograph is used to confirm the identity of the individual applicant notarized by a Notary Public for: partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; and, each member/manager if the entity is owned by a limited liability company.

- Completed *Individual Financial Affidavit* with supporting financial source documents (stocks/bonds, real estate, savings, loan documents, inheritance, gifts) notarized by a Notary Public for: partners if entity is owned by a partnership; each corporate officer, major shareholder, and director if the entity is owned by a for profit corporation; and, each member/manager if the entity is owned by a limited liability company.

- A copy of the signed partnership agreement if the entity is owned by a partnership.

- Completed *Corporation Ownership Information Form* for first line corporations over the pharmacy if the entity is owned by a corporation.

- Completed *Parent Corporation or Limited Liability Company Ownership* Information for each parent corporation over the first line corporation if the entity is owned by a corporation.

- Completed *Parent Corporation or Limited Liability Company Ownership Information* for the first line limited liability company over the pharmacy and each remaining company over the first line limited liability company.

- Copy of the by-laws if the entity is owned by a for profit or non-profit corporation.

- A list of the five largest shareholders who own 5% or more of stock that requires a filing with the Securities Exchange Commission. If the shareholder is an individual, the name title and professional license is required. If the shareholder is a bank, trust company or financial institution to which a license is issued in a fiduciary capacity, this must be identified.

- The name of the Director of Public Health or the responsible party for the pharmacy operation and a copy of the organizational structure if the entity is owned by a state, city or county.

- A copy of the constitution and by-laws establishing the tribal council that will be the governing entity of the pharmacy if the entity is Native American owned.

- Documents describing the agreements with the Native American tribe to operate the pharmacy on tribal land if the entity is owned by a non-Native American sole owner or partnership operating on tribal lands.

- A copy of the management company agreement if the hospital pharmacy is not operated by the hospital.

WHOLESALER:

Primary Source:

- Results to the background check from California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the sole owner if entity is owned by a sole owner; top five partners listed on an application if entity is owned by a partnership; each corporate officer listed on the application if the entity is owned by a corporation; top five owners listed on the application if the entity is owned by a closed corporation; and, top five members if the entity is owned by a limited liability company.

Secondary Source:

- License verification from each state licensing authority where a license has been granted.
- Submission of a surety bond made payable to the Pharmacy Board Contingency Fund. The surety bond documentation is signed and sealed by both parties entering into the agreement and witness as well as countersigned by the California Resident Agent. In lieu of the bond, applicants may submit other equivalent means of security acceptable to the board including a standby letter of credit or cash deposit in lieu of bond. The standby letter of credit is signed on behalf of the financial institution. The cash deposit in lieu of bond is signed by a person authorized to bind the business and set over the cash to the board.

- Copy of the corporation's current amended version of the Articles of Incorporation endorsed by the Secretary of State if the entity is owned by a corporation or close corporation.

- Articles of Organization endorsed by the Secretary of State if the entity is owned by a limited liability company.

- Letter of verification on company letterhead indicating that the facility is government owned.

Self-Certified Source:

- Completed *Report of Designative Representative-in-Charge*.

- A completed *Personal Background Affidavit* for: sole owner if entity is owned by a sole owner; top five partners if entity is owned by a partnership; each corporate officer listed on the application if the entity is owned by a corporation; top five owners listed on the application if the entity is owned by a closed corporation; top five members if the entity is owned by a limited liability company; and, administrator if the entity is government owned.

- A copy of the completed *Request for Live Scan Service Form* verifying fingerprints have been scanned and applicable fees have been paid, or if the applicant is located outside of California, a set of two completed fingerprint cards and the fingerprint processing fee for: sole owner if entity is owned by a sole owner; top five partners listed on an application if entity is owned by a partnership; each corporate officer listed on the application if the entity is owned by a corporation; top five owners listed on the application if the entity is owned by a closed corporation; and, top five members if the entity is owned by a limited liability company.

- Completed *Business Background Affidavit* for: each partner listed on an application that is not a natural person if the entity is owned by a partnership consisting of partners that are not natural persons; partnership if the entity is owned by a partnership; corporation if the entity is owned by a corporation; each owner if an owner listed on an application that is not a natural person if the entity is owned by a closed corporation; closed corporation if the entity is owned by a closed corporation; each member listed on an application that is not a natural person if the entity is owned by a limited liability company; and, limited liability company if the entity is owned by a limited liability company.

- Completed *Seller's Certification* for a Wholesaler during a change of ownership submitted by prospective owners.

- A copy of the executed partnership agreement if the entity is owned by a partnership.

- Name of the Director of Public Health or the responsible party for the wholesale operation and a copy of the organizational structure if the entity is government owned.

NON-RESIDENT WHOLESALER:

Primary Source:

- Results to the background check from California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the sole owner if entity is owned by a sole owner; top five partners listed on an application if entity is owned by a partnership; each corporate officer listed on the application if

the entity is owned by a corporation; top five owners listed on the application if the entity is owned by a closed corporation; and, top five members if the entity is owned by a limited liability company.

Secondary Source:

- License verification from each state licensing authority where a license has been granted.

- Submission of a surety bond made payable to the Pharmacy Board Contingency Fund. The surety bond documentation is signed and sealed by both parties entering into the agreement and witness as well as countersigned by the California Resident Agent. In lieu of the bond, applicants may submit other equivalent means of security acceptable to the board including a standby letter of credit or cash deposit in lieu of bond. The standby letter of credit is signed on behalf of the financial institution. The cash deposit in lieu of bond is signed by a person authorized to bind the business and set over the cash to the board.

- Copy of the corporation's current amended version of the Articles of Incorporation endorsed by the Secretary of State if the entity is owned by a corporation or close corporation.

- Articles of Organization endorsed by the Secretary of State if the entity is owned by a limited liability company.

Self-Certified Source:

- Name of the agent for service of process.

- Completed *Report of Designative Representative-in-Charge*.

- A completed *Personal Background Affidavit* for: sole owner if entity is owned by a sole owner; top five partners if entity is owned by a partnership; each corporate officer listed on the application if the entity is owned by a corporation; top five owners listed on the application if the entity is owned by a closed corporation; top five members if the entity is owned by a limited liability company; and, administrator if the entity is government owned.

- A copy of the completed *Request for Live Scan Service Form* verifying fingerprints have been scanned and applicable fees have been paid, or if the applicant is located outside of California, a set of two completed fingerprint cards and the fingerprint processing fee for: sole owner if entity is owned by a sole owner; top five partners listed on an application if entity is owned by a partnership; each corporate officer listed on the application if the entity is owned by a corporation; top five owners listed on the application

if the entity is owned by a closed corporation; and, top five members if the entity is owned by a limited liability company.

- Completed *Business Background Affidavit* for: each partner listed on an application that is not a natural person if the entity is owned by a partnership consisting of partners that are not natural persons; partnership if the entity is owned by a partnership; each corporation listed on an application that is not a natural person if the entity is owned by a corporation; corporation if the entity is owned by a corporation; each owner if an owner listed on an application that is not a natural person if the entity is owned by a closed corporation; closed corporation if the entity is owned by a closed corporation; each member listed on an application that is not a natural person if the entity is owned by a limited liability company; and, limited liability company if the entity is owned by a limited liability company.

- Completed *Seller's Certification* for a Wholesaler during a change of ownership submitted by prospective owners.

- A copy of the executed partnership agreement if the entity is owned by a partnership.

NON-RESIDENT STERILE COMPOUNDING PHARMACY:

Primary Source:

- A non-resident pharmacy license issued by California.

- Results to the fingerprint background check by the DOJ and FBI for: Pharmacist-in-Charge, corporate officers, owners, or partners.

Secondary Source:

- Proof of licensure as a non-resident pharmacy operated by an entity that is licensed as a hospital, home health agency, or a skilled nursing facility, and has current accreditation from the Joint Commission on Accreditation of Healthcare Organizations or another accreditation agency approved by the board.

- A copy of an inspection report issued by the pharmacy's licensing agency within the prior 12 months, documenting the pharmacy's compliance with board regulations regarding the compounding of injectable sterile drug products.

Self-Certified Source:

- A copy of the nonresident pharmacy's proposed policies and procedures for sterile compounding.

- A set of two completed fingerprint cards and the fingerprint processing fee for: Pharmacist-in-Charge, corporate officers, owners, or partners.

STERILE COMPOUNDING PHARMACY:

Primary Source:

- A pharmacy license by California.
- Inspection conducted and approved by the board to ensure compliance with Article 7.5 of Chapter 9, of Division 2 of the Business and Professions Code and regulations adopted by the board.
- Results to the fingerprint background check by the DOJ and FBI for: corporate officers, owners, or partners.

Secondary Source:

- Proof of licensure by the State Department of Health Services and current accreditation from the Joint Commission on Accreditation of Healthcare Organizations or another accreditation agency approved by the board.

Self-Certified Source:

- A copy of the pharmacy's proposed policies and procedures for sterile compounding.
- A copy of *Request for Live Scan Service Form* verifying that fingerprints have been scanned and all applicable fees paid for: corporate officers, owners or partners.

Table 6. Licensee Population		FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11
Clinics	Active	1,100	1,122	1,150	1,182
	Delinquent	51	76	88	105
Drug Rooms	Active	42	45	42	44
	Delinquent	0	0	1	0
Designated Representatives – Wholesalers	Active	2,429	2,571	2,687	2,811
	Delinquent	422	693	957	1,195
Designated Representatives – Veterinary Food-Animal Drug Retailers	Active	58	67	69	62
	Delinquent	10	14	17	24
Hospitals	Active	487	483	486	484
	Delinquent	4	6	4	5
Hypodermic Needle and Syringe Permits	Active	269	268	273	270
	Delinquent	34	44	52	59
Pharmacist Interns	Active	4,550	4,954	5,346	5,737
	Delinquent	0	0	0	0
License Correctional Facilities	Active	47	47	50	51
	Delinquent	0	0	0	0
Sterile Compounding Pharmacies	Active	215	245	249	256
	Delinquent	0	0	0	0
Nonresident Pharmacies	Active	281	295	331	358
	Delinquent	62	82	76	84
Nonresident Wholesalers	Active	476	512	551	559
	Delinquent	59	78	90	97
Nonresident Sterile Compounding Pharmacies	Active	53	71	74	78
	Delinquent	4	5	4	4
Pharmacies	Active	6,003	6,070	6,111	6,159
	Delinquent	56	68	75	80
Pharmacists	Active	33,149	34,164	35,169	36,267
	Delinquent	830	926	1,005	1,081
	Inactive	2,192	2,226	2,256	2,334
Pharmacy Technicians	Active	54,292	57,796	65,006	67,511
	Delinquent	1,013	965	1,388	1,730
Wholesalers	Active	460	458	488	517
	Delinquent	24	38	47	52
Veterinary Food-Animal Drug Retailers	Active	23	25	24	23
	Delinquent	0	2	1	3

Note: Unless "Nonresident" is indicated the board cannot provide out-of-state or out-of-county data.

Table 7a. Licensing Data by Type

	Application Type	Received	Closed / Withdrawn	Issued	Approximate Pending Total	Cycle Time Incomplete Applications	Cycle Time Complete Applications
FY 2008/09	Clinics	89	19	67	27	129	29
	Drug Rooms	* U/A	0	5	* U/A	140	191
	Designated Representatives – Wholesalers	448	38	429	104	111	58
	Designated Representatives – Veterinary Food-Animal Drug Retailers	9	0	13	*** U/A	81	35
	Hospitals	12	0	24	18	177	13
	Hypodermic Needle and Syringe Permits	29	4	14	19	152	88
	Pharmacist Interns	1,945	33	1,819	291	50	12
	Licensed Correctional Facilities	1	0	2	1	0	33
	Sterile Compounding Pharmacies	42	10	42	25	112	64
	Nonresident Pharmacies	85	14	80	40	185	70
	Nonresident Wholesalers	106	24	85	90	216	108
	Nonresident Sterile Compounding Pharmacies	16	2	22	** U/A	271	153
	Pharmacies	844	26	799	65	86	15
	Pharmacist Exams	2,239	6	N/A	311	119	16
	Pharmacist Licenses	1,391	0	1,425	0	42	4
	Pharmacy Technicians	8,978	94	7,112	2,094	103	50
	Wholesalers	69	7	46	45	260	55
	Veterinary Food-Animal Drug Retailers	3	3	4	1	114	83
FY 2009/10	Clinics	75	21	61	34	134	26
	Drug Rooms	*U/A	1	1	* U/A	0	0
	Designated Representatives – Wholesalers	503	72	429	167	126	42
	Designated Representatives – Veterinary Food-Animal Drug Retailers	2	1	6	*** U/A	103	N/A
	Hospitals	17	0	22	7	55	14
	Hypodermic Needle and Syringe Permits	20	12	20	13	145	73
	Pharmacist Interns	1,875	61	1,887	291	57	15
	Licensed Correctional Facilities	0	0	0	0	51	8
	Sterile Compounding Pharmacies	32	8	37	22	161	108
	Nonresident Pharmacies	62	10	59	43	215	122
	Nonresident Wholesalers	82	38	92	75	238	26
	Nonresident Sterile Compounding Pharmacies	18	9	9	** U/A	267	80
	Pharmacies	299	39	284	76	105	32
	Pharmacist Exams	2,323	247	N/A	756	116	21
	Pharmacist Licenses	1,449	0	1,422	0	35	5
	Pharmacy Technicians	11,536	390	11,481	2,490	119	62
	Wholesalers	71	26	59	44	202	82
	Veterinary Food-Animal Drug Retailers	0	1	1	0	0	112

Table 7a. Licensing Data by Type

	Application Type	Received	Closed / Withdrawn	Issued	Approximate Pending Total	Cycle Time Incomplete Applications	Cycle Time Complete Applications
FY 2010/11	Clinics	54	8	69	14	75	21
	Drug Rooms	*U/A	0	3	* U/A	45	28
	Designated Representatives – Wholesalers	505	58	403	217	102	57
	Designated Representatives – Veterinary Food-Animal Drug Retailers	4	1	2	*** U/A	88	54
	Hospitals	42	3	40	6	55	36
	Hypodermic Needle and Syringe Permits	19	5	12	10	115	46
	Pharmacist Interns	1,941	123	1,962	155	30	7
	Licensed Correctional Facilities	2	0	1	1	85	20
	Sterile Compounding Pharmacies	39	11	25	26	81	73
	Nonresident Pharmacies	73	8	63	43	153	70
	Nonresident Wholesalers	116	36	81	82	148	120
	Nonresident Sterile Compounding Pharmacies	24	2	10	** U/A	168	75
	Pharmacies	298	20	266	84	73	37
	Pharmacist Exams	2,448	+ 872	N/A	901	69	28
	Pharmacist Licenses	1,532	0	1557	0	38	7
	Pharmacy Technicians	11,090	667	8,330	4,366	111	62
	Wholesalers	83	21	60	53	110	59
	Veterinary Food-Animal Drug Retailers	1	0	1	0	0	8

\+ The board withdrew applications received prior to 2010
* Number included in Hospitals count
** Number included in Sterile Compounding Pharmacy
*** Number included in Designated Representatives – Wholesalers

Table 7b. Total Licensing Data			
	FY 2008/09	FY 2009/10	FY 2010/11
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	16,306	18,429	18,229
* Initial License/Initial Exam Applications Approved	1,294	1,333	997
Initial License/Initial Exam Applications Closed	287	944	1,852
License Issued	12,251	15,863	12,432
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)	U/A	U/A	5,654
Pending Applications (outside of board control)*	U/A	U/A	3,051
Pending Applications (within the board control)*	U/A	U/A	2,603
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE)			
Average Days to Application Approval (All - Complete/Incomplete)	79	122	72
Average Days to Application Approval (incomplete applications)	270	147	102
Average Days to Application Approval (complete applications)	43	55	52

* Only exam applications are approved. All other applications result in licensure. The exam applications will also include any retake exam applications.

Keeping Licensing Information Current				
Application Type	**FY 2008/09**	**FY 2009/10**	**FY 2010/11**	**Total**
Change of Pharmacist-in-Charge	1,575	1,551	1,353	4,479
Change of Designated Representative-in-Charge	115	172	122	409
Change of Permit	1,302	1,044	666	3,012
Discontinuance of Business	338	297	247	887
Change of Address/Name	6,883	8,918	11,493	27,294

Table 8. Examination Data			
California Examination:			
		License Type	Pharmacist (RPH)
Modified Fiscal Year[1]		Exam Title	California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)
FY 2007/08		# of 1st Time Candidates	1699
		Pass %	85.8
FY 2008/09		# of 1st Time Candidates	1439
		Pass %	87.4
FY 2009/10		# of 1st Time Candidates	1455
		Pass %	91.5
FY 2010/11		# of 1st time Candidates	798
		Pass %	79.8
		Date of Last OA	Fiscal Year 2009/10
		Name of OA Developer	Applied Measurement Professionals
		Target OA Date	Fiscal Year 2013/14
National Examination:			
		License Type	Pharmacist (RPH)
		Exam Title	North American Pharmacist Licensure Examination (NAPLEX)
			California / National
2007[2]		# of 1st Time Candidates	1,057 / 10,963
		Pass %	93.38% / 92.74%
2008		# of 1st Time Candidates	1,054 / 11,614
		Pass %	95.54% / 94.45%
2009		# of 1st Time Candidates	1,136 / 11,966
		Pass %	95.69% / 93.85%
2010		# of 1st time Candidates	1,150 / 12,331
		Pass %	90.78% / 91.08%
		Date of Last OA	Fiscal Year 2009/10
		Name of OA Developer	National Association of Boards of Pharmacy (NABP)
		Target OA Date	Fiscal Year 2013/14

[1] For purposes of examination statistics, a fiscal year varies for examination development purposes.

[2] The NABP's data concerning the NAPLEX is collected based on a calendar year.

Table 9a. Enforcement Statistics			
	FY 2008/09	**FY 2009/10**	**FY 2010/11**
COMPLAINT			
Intake			
Received	1,647	1,400	1,393
Closed Without Investigation/ Non-Jurisdictional	13	103	237
Referred for Investigation	1,828	1,238	1,186
Average Days to Close/Refer	54	189	27
Pending Review (close of fiscal year)	405	154	80
Source of Complaint			
Public	769	787	704
Licensee/Professional Groups	49	95	156
Governmental Agencies	918	974	1,138
Other	1,185	1,336	1,245
Conviction / Arrest[1]			
Conviction/Arrest Received	1,274	1,792	1,850
Conviction/Arrest Cases Closed Without Investigation	2	218	112
Conviction/Arrest Referred for Investigation	654	2942	1858
Average Days to Close/Refer	205	255	34
Conviction Pending Review (close of fiscal year)	1,151	21	3
LICENSE DENIAL			
License Applications Denied	58	100	137
Statement of Issues Filed	17	28	40
Statement of Issues Withdrawn	4	2	9
Statement of Issues Dismissed	0	0	0
Statement of Issues Declined	0	0	0
Average Days Statement of Issues	192	174	162
ACCUSATION			
Accusations Filed	108	245	263
Accusations Withdrawn	7	3	13
Accusations Dismissed	3	0	0
Accusations Declined	0	0	0
Average Days Accusations	196	188	199
Pending (close of fiscal year)	249	425	452

[1] Includes application investigations.

Table 9b. Enforcement Statistics (continued)			
	FY 2008/09	FY 2009/10	FY 2010/11
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	35	94	144
Stipulations	30	60	105
Average Days to Complete	871	926	881
Attorney General Cases Initiated	206	361	340
Attorney General Cases Pending (close of fiscal year)	249	425	452[2]
Disciplinary Outcomes[3]			
Revocation	31	86	136
Voluntary Surrender	11	31	46
Suspension	0	0	0
Probation with Suspension	9	17	26
Probation	16	17	42
Probationary License Issued	4	6	14
Other	0	2	0
PROBATION			
New Probationers	29	42	79
Probations Successfully Completed	11	23	20
Probationers (close of fiscal year)	115	136	167
Petitions to Revoke Probation	1	15	13
Probations Revoked	3	5	15
Probations Modified	3	1	2
Probations Extended	5	11	6
Probationers Subject to Drug Testing	N/A[4]	22	28
Drug Tests Ordered	N/A	172	947
Positive Drug Tests	N/A	25	87
Petition for Reinstatement Granted	0	2	2
PHARMACISTS RECOVERY PROGRAM			
New Participants	26	21	25
Successful Completions	15	11	12
Participants (close of fiscal year)	79	72	72
Terminations[5]	8	10	7
Terminations for Public Threat	2	7	4
Drug Tests Ordered	866[6]	2,450	2,762
Positive Drug Tests[7]	7	7	1

[2] An additional 73 cases are pending at the AG's Office awaiting citation appeal.
[3] A disciplinary case may have multiple respondents.
[4] Pharmacists on probation were tested via the PRP program.
[5] Includes terminated for non-compliant and various other types of closures (e.g. clinically inappropriate, no longer eligible, relocated out of California, etc.)
[6] Data provided are drug screens ordered since February 2009; prior data is not available.
[7] Data reflects the number of relapses.

Table 9c. Enforcement Statistics (continued)			
	FY 2008/09	**FY 2009/10**	**FY 2010/11**
INVESTIGATION			
All Investigations			
First Assigned	2482	4180	3044
Closed	1919	4364	3162
Average Days to Close	262	379	233
Pending (close of fiscal year)	1460	1565	1448
Desk Investigations			
Closed	914	2924	2158
Average Days to Close	280	376	228
Pending (close of fiscal year)	696	1033	745
Non-Sworn Investigations			
Closed	1005	1440	1003
Average Days to Close	246	385	245
Pending (close of fiscal year)	764	532	703
Sworn Investigations[8]			
Closed	N/A	N/A	0
Average Days to Close	N/A	N/A	0
Pending (close of fiscal year)	N/A	N/A	1
COMPLIANCE ACTION			
Interim Suspension Order & Temporary Restraining Order Issued	1	0	2
Penal Code 23 Orders Requested	7	5	6
Suspension per Business & Professions Code 4311	0	1	0
Public Letter of Reprimand	0	0	2
Cease & Desist/Warning	1	2	0
Referred for Diversion	3	3	2
Compel Examination	0	2	1
CITATION AND FINE			
Citations Issued	965	1827	1044
Average Days (Complaint Received to Citation Issued)	248	344	278
Amount of Fines Assessed	65,928,425	543,096,400	155,575,060
Amount Reduced, Withdrawn, Dismissed	455,850	521,600	1,044,500
Amount Collected	1,151,512	1,331,140	1,174,052
CRIMINAL ACTION			
Referred for Criminal Prosecution	N/A	N/A	N/A

[8] Until recently, the Board has not had the need for law enforcement services provided by the Division of Investigation. The Board has one case pending at the Division of Investigation that may a peace officer.

Table 10. Enforcement Aging						
Attorney General Cases (Average %)						
Closed Within:	**FY 2007/08**	**FY 2008/09**	**FY 2009/10**	**FY 2010/11**	**Cases Closed**	**Average %**
1 Year	2	1	1	17	21	4%
2 Years	32	18	53	84	187	35%
3 Years	24	36	61	95	216	40%
4 Years	9	9	27	33	78	14%
Over 4 Years	0	1	12	25	38	7%
Total Cases Closed	67	65	154	254	540	100%
Investigations (Average %)						
Closed Within:	**FY 2007/08**	**FY 2008/09**	**FY 2009/10**	**FY 2010/11**	**Cases Closed**	**Average %**
90 Days	368	527	591	650	2136	19%
180 Days	465	350	844	924	2583	23%
1 Year	903	593	1215	1070	3781	32%
2 Years	259	342	1103	394	2098	18%
3 Years	31	84	436	92	643	6%
Over 3 Years	1	23	175	31	230	2%
Total Cases Closed	2027	1919	4364	3161	11471	100%

Table 11. Cost Recovery				
	FY 2008/09	**FY 2009/10**	**FY 2010/11**	**FY 2011/12**
Total Enforcement Expenditures	1,159,271	1,633,626	2,455,136	430,675
Potential Cases for Recovery *	16	47	61	8
Cases Recovery Ordered	40	66	117	18
Amount of Cost Recovery Ordered	289,632	427,982	1,104,828	87,503
Amount Collected	130,588	257,986	401,943	78,118

** "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on a violation(s) of the license practice act.*

Table 12. Restitution				
	FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11
Amount Ordered	N/A	N/A	N/A	N/A
Amount Collected	N/A	N/A	N/A	N/A