

California State Board of Pharmacy

Sunset Review Report 2016

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

Volume 1



BE AWARE AND TAKE CARE:
Talk to your pharmacist!

CALIFORNIA STATE BOARD OF PHARMACY

State of California

Governor Edmund G. Brown Jr.
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California State Board of Pharmacy Executive Staff

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Vision

Healthy Californians through safe, quality pharmacists care.

Mission

The Board of Pharmacy protects and promotes 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.

December 1, 2015





California State Board of Pharmacy

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

December 1, 2015

The Honorable Jerry Hill, Chair
Senate Committee on Business,
Economic Development and Professions
State Capitol
Sacramento, CA 95814

The Honorable Susan Bonilla, Chair
Assembly Committee on Business and Professions
State Capitol
Sacramento, CA 95814

Dear Senator Hill and Assemblymember Bonilla:

On behalf of the California State Board of Pharmacy, it is my pleasure to present you and your committees with this Sunset Review Report, highlighting the board's activities during the last four years and responding to issues raised by the committee.

The board is an active consumer protection agency responsible for regulating a dynamic pharmacy health care profession. The board provides regulatory oversight to those who dispense, compound, store and transport prescription drugs and devices, as well as those who provide professional services that are focused on medication management and pharmaceutical care. As a national leader in consumer protection and pharmacy regulation, the board has developed and implemented a number of policies to ensure the quality and safety of medications provided to California's consumers, in addition to monitoring the services provided by its licensees. The following are examples of board actions that highlight this focus:

1. The board has strengthened its regulatory framework for pharmacies that compound sterile drug products. These actions were taken in large part in response to a national public health emergency identified in Massachusetts, that resulted in an impact to patients across the United States. Actions include an increase in the frequency and quality of inspections performed by the board, including annual inspections of out-of-state pharmacies that ship sterile products into California.
2. The board refined patient-centered labeling requirements to improve readability of the standardized prescription label for consumers. Additional actions include development of translated directions for use on labels and a requirement that oral interpreters are available within pharmacies for patients with limited English proficiency. The board's standards have been recognized by three national organizations as standards for prescription label design.
3. The board developed a multi-pronged approach to combat the prescription drug abuse epidemic. These actions include education to consumers and licensees, aggressive enforcement of errant licensees, as well as the designation of a precedential decision involving a pharmacist's corresponding responsibility. The board also created a state protocol for use by pharmacists that allows the dispensing of an antidote (naloxone) without a prescription for use in opioid overdose. The board also has advocated for the much-needed upgrade to California's prescription drug monitoring program (CURES), and widely promoted and facilitated pharmacist access to the CURES system, in order to increase review of a patient history prior to the dispensing of controlled substances prescriptions by a pharmacist.

4. The board created several statewide protocols that permit pharmacists to provide specific consumer healthcare services such as smoking cessation, self-administered hormonal contraception and travel medications. Additionally, the board has developed the framework to license Advanced Practice Pharmacists, an important change in professional scope that will result in improved healthcare access for consumers across the state.
5. The board responded during state wildfire emergencies declared by the Governor to ensure consumer access to pharmaceuticals.
6. The board has collaborated with other state, federal and local agencies in pursuing pharmacy law violations to achieve more complete consumer protection. For example, three county district attorney offices have collected over \$1.5 million in fines from CVS, Rite Aid and Walgreen pharmacies for violations of California's unfair business practices statute for failure to provide patients with oral pharmacist consultation as required by state law.

The board is nationally recognized as a leader and is continually sought for its considerable expertise. In the last four years, board staff testified before Congress in regards to board enforcement actions addressing exorbitant prices being charged to hospitals for sales of drugs in short supply by unethical drug secondary wholesalers. The board has represented California at a 2015 CDC (Centers for Disease Control and Prevention) International Conference on Emerging Infectious Diseases and provided a presentation on medication contamination and counterfeiting. The board participated on a PEW Charitable Trust committee that developed best national practices for sterile compounding pharmacies and outsourcing facilities, recognizing California's national leadership and prominence in this focus area. The board has provided presentations at three FDA national meetings on topics such as sterile compounding and regulation of drug wholesalers/third-party logistics providers. The board's multiple statewide joint educational forums with the DEA on prescription drug abuse and corresponding responsibility are well-attended.

This report details the board's activities and efforts to meet its goals for public protection. With the expansion of the board's enforcement staff over the last two years, the board has had the ability to respond to increasingly complex issues involving drug diversion, fraud and other serious public safety violations, although much work remains.

We appreciate the opportunity to work with the Legislature, the Administration and our stakeholders to further mission-driven actions and improve services provided for the people of California. On behalf of the board's 13 members, I relay the sincere desire to collaborate with your committees to address this review of the board's activities over the last four years, as well as to inform you of our future priorities focused on public protection.

Respectfully,



Amy Gutierrez, Pharm.D.
Board President
California State Board of Pharmacy

Table of Contents

Section 1: Background and Description of the Board and Regulated Professions	1
Section 2: Performance Measures and Customer Satisfaction Surveys	33
Section 3: Fiscal Information and Staff	39
Section 4: Licensing Programs	45
Section 5: Enforcement Programs	63
Section 6: Public Information Policies	81
Section 7: Online Practice Issues	87
Section 8: Workforce Development and Job Creation	91
Section 9: Current Issues	95
Section 10: Board Action and Response to Prior Sunset Issues	99
Section 11: New Issues	119
Appendices	
Appendix 1: Table 1a. Attendance	125
Appendix 2: Table 1b. Board/Committee Member Roster	163
Appendix 3: All Meetings of the Board for the Four-Year Sunset Review Period	165
Appendix 4: DCA Performance Measures	169
Appendix 5: Customer Satisfaction Surveys	229
Appendix 6: Table 2. Fund Condition	233
Appendix 7: Table 3. Expenditures by Program Component	235
Appendix 8: Table 4. Fee Schedule and Revenue	237
Appendix 9: Table 5. Budget Change Proposals	241
Appendix 10: Table 6. Licensee Population	243
Appendix 11: Table 7a. Licensing Data by Type	245
Appendix 12: Table 7b. Total Licensing Data	255
Appendix 13: Examination Data	257
Appendix 14: Table 9a., 9b., 9c., Enforcement Statistics	301
Appendix 15: Table 10. Enforcement Aging	305
Appendix 16: Table 11. Cost Recovery	307
Appendix 17: Table 12. Restitution	309

Section 1

Background and Description of the Board and Regulated Professions

- Brief History and Function
- Makeup and Functions of Each of the Board's Committees
- Achieving a Quorum
- Major Changes
- Board-Sponsored Legislation and Legislation Affecting the Board
- Regulation Changes since the Last Review
- Major Studies

Related Appendices

- Appendix 1- Table 1a Attendance
- Appendix 2 - Table 1b Board Committee Roster
- Appendix 3 - All Meetings



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CALIFORNIA STATE BOARD OF PHARMACY

Brief History and Function

The California State Board of Pharmacy was established 1891 and in the first six years of its existence, the board registered a total of 1,063 pharmacists and 369 pharmacist assistants. Since that time the board and the professions and businesses it regulates has expanded tremendously; however, its consumer protection mandate remains at the forefront of all its activities. Today the board has 23 licensing programs with over 47,436 pharmacists, 6,354 intern pharmacists, and 74,586 pharmacy technicians. The board is licensing and physically inspecting nonresident sterile compounding pharmacies shipping medication into the state. The board is also promulgating regulations to establish the first advanced practice pharmacist licensee category in the country to provide primary care services to patients.

The board has a highly diverse, complex and detailed licensing programming for the individuals and businesses it regulates. This structure reflects the careful and deliberative manner in which the US regulates the manufacturing, distributing and dispensing of prescription drugs and devices. As the practice of pharmacy and the drug distribution system has evolved, the board's regulatory programs have expanded. Likewise, as the complexity of the services provided by pharmacies and drug distributors have grown, so has the board's jurisdiction. The board regulates the businesses and individuals involved in the distribution and dispensing of medications, from the time the product leaves the site of manufacture until it reaches the consumer.

Individual License Type	Authority	Definition
Pharmacist	4200	An individual licensed by the board who has qualified to practice pharmacy on the basis of education, training and minimum competency demonstrated through passing national and state licensure examinations.
Advance Practice Pharmacist	4016.5 4210	An individual licensed by the board authorized to practice advanced practice pharmacy.
Intern Pharmacist	4208	An individual licensed by the board who is training to become a pharmacist and gaining the experience necessary for licensure while under the supervision of a pharmacist.
Pharmacy Technician	4202	An individual licensed by the board who assists a pharmacist in a pharmacy by performing nondiscretionary tasks related to the practice of pharmacy under the direct supervision of a pharmacist.
Designated Representative – <ul style="list-style-type: none"> • Wholesaler • Veterinary Food-Animal Drug Retailer 	4053	An individual licensed by the board who is responsible for distribution functions performed by a wholesaler or veterinary food-animal drug retailer. (The latter can actually label medication.)
Designated Representative-Third-Party Logistics Provider	4053.1	An individual licensed by the board who is responsible for the handling, storing, warehousing, distributing and shipping of dangerous drugs and devices by a third-party logistics provider.

Business License Type	Authority	Definition
<i>Businesses Located Within California</i>		
Centralized Hospital Packaging	4029 4128	A specialty license that allows a hospital to prepare unit-dose medications for inpatients of a hospital as well as inpatients of hospitals under common ownership.
Clinic <ul style="list-style-type: none"> Community Surgical 	4180 4190	A community, nonprofit, ambulatory surgery center or other specific facility that purchases drugs at wholesale prices for administration or dispensing from a common drug supply to patients registered for care at the clinic.
Exempt Hospital Pharmacy	4056	A pharmacy located within a hospital that contains 100 beds or fewer, and that does not employ a full-time pharmacist.
Hospital Pharmacy	4029	A pharmacy located within a licensed hospital, institution, or establishment to which persons may be admitted for overnight stay.
Hypodermic Needle and Syringe	4205	An entity authorized to sell and furnish hypodermic needles and syringes for animal use, or mercury containing fever monitors that is not otherwise licensed by the board.
Correctional Pharmacy	4110	A pharmacy licensed by the board, located within a correctional facility to provide pharmaceutical care to inmates within the facility.
Pharmacy <ul style="list-style-type: none"> Community Hospital Outpatient Closed Door 	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.
Sterile Compounding Pharmacy	4127.1	A specialty license issued to a pharmacy that compounds sterile drug products.
Surplus Medication Collection and Distribution Intermediary	4169.5	An entity that facilitates the donation of medications to or transfer of medications between participating entities to be dispensed to indigent patients.
Third-Party Logistics Provider	4160 4162	An entity that provides or coordinates warehousing or other logistics services for dangerous drugs or devices on behalf of a manufacturer, wholesaler or dispenser, but does not take ownership of the products or have responsibility to direct the sale or disposition of these items.

Business License Type	Authority	Definition
<i>Businesses Located Within California</i>		
Wholesaler	4160 4162	<p>A entity that acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, who sells for resale, or negotiates for distribution, or takes possession, of any dangerous drug or device.</p> <p>Additionally, dialysis patients may receive dialysis prescription drugs and dialysis medical devices from a wholesaler.</p>
Veterinary Food-Animal Drug Retailer	4196	A specialty license that allows a wholesaler that distributes veterinary drugs for food-producing animals to directly label and provide these drugs when prescribed by a veterinarian.
<i>Businesses Located Outside California</i>		
Nonresident Pharmacy	4112	A pharmacy located outside of California that ships, mails or delivers, in any manner, controlled substances or prescription drugs or devices to patients in California.
Nonresident Sterile Compounding Pharmacy	4127.2	A specialty license issued to a pharmacy outside of California that compounds sterile drug products and ships them to California patients and practitioners.
Nonresident Third-Party Logistics Provider	4161 4162.5	An entity located outside of California that provides or coordinates warehousing or other logistics services on behalf of a manufacturer, wholesaler or dispenser, and ships those products into California.
Nonresident Wholesaler	4161 4162.5	An entity located outside of California that acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, who sells for resale, or negotiates for distribution, or takes possession, of any dangerous drug or device and ships them to practitioners or licensed entities in California.

In addition, the board recognizes and approves individuals responsible for the overall operations and compliance with pharmacy law for businesses licensed by the board; however a special license is not required.

Responsible Persons	Authority	Definition
Designated Representative-in-Charge	4022.5 4053	An individual licensed as a designated representative or a pharmacist, responsible for ensuring a wholesaler's or veterinary food-animal drug retailer's compliance with all state and federal laws and regulations.
Pharmacist-in-Charge	4036.5	A licensed pharmacist responsible for ensuring a pharmacy's operations and compliance with all state and federal laws and regulations.
Responsible Manager	4022.7(b)	An individual licensed as a designated representative-3PL responsible for ensuring compliance of a third-party logistics provider's compliance with state and federal laws and regulations.

Makeup and Functions of Each of the Board's Committees

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.

Board Composition	
<i>Name</i>	<i>Type</i>
Amarylis (Amy) Gutierrez, PharmD, President	Professional Member
Deborah Veale, Vice President	Professional Member
Victor Law, Treasurer	Professional Member
Ryan Brooks	Public Member
Lavanza Butler	Professional Member
Ramón Castellblanch, PhD	Public Member
Rosalyn Hackworth	Public Member
Greg Lippe	Public Member
Gregory Murphy	Public Member
Ricardo Sanchez	Public Member
Allen Schaad	Professional Member
Stanley Weisser	Professional Member
Albert Wong, PharmD	Professional Member

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 pharmacist from each of the following practice 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

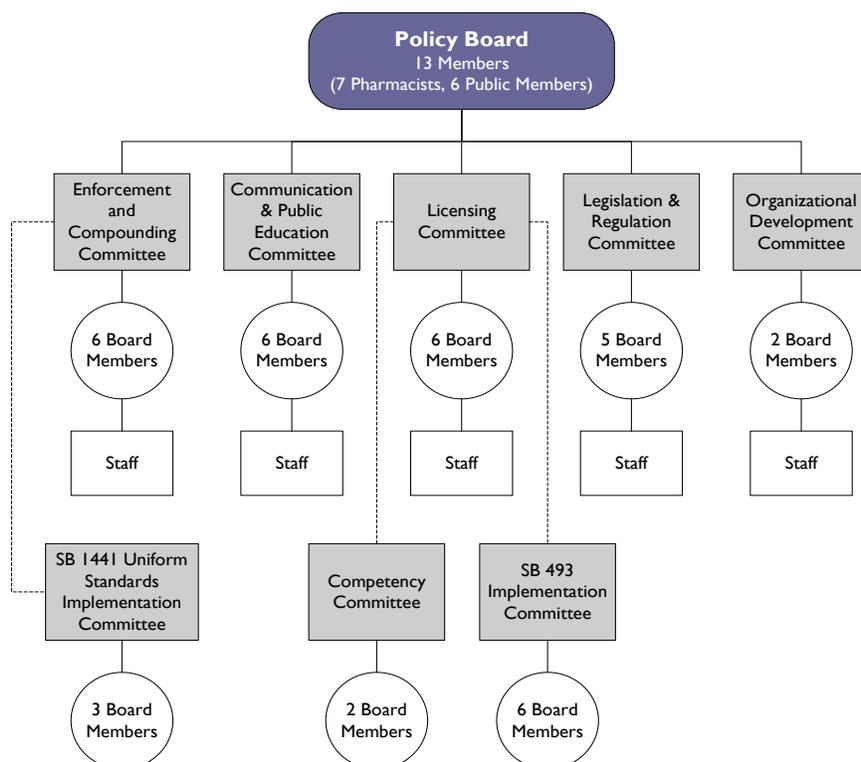
The composition of the professional members of the board required by law helps to ensure knowledge from diverse practice settings when developing board policy for protecting the public. Regardless of background, all board members represent the public and all members fully participate in activities of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

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

Board Committees and Their Functions

The board performs much of its work in committees. These committees develop recommended policies that advance mission-related goals in line with the board's strategic plan. Committee recommendations are then discussed, modified, or acted upon by the board at public board meetings. Some committees are standing committees, others are task force or 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 fully reassessed (about every five years). The board will be revising its plan beginning in 2016.



Committee Membership

Each of these committees is comprised of at least five 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 meeting summary of the committee meeting during each board meeting.

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 evaluate policy changes. The committee process encourages public participation.

The board president designates one of the board members assigned to a committee as the committee's chairperson and another member as vice-chair to preside over meetings in the absence of the committee chair. The chairperson coordinates the committee's work, leads the meetings, and ensures progress toward the board's priorities.

After a detailed study of an issue during one or more committee meetings, the committees recommend policy decisions are brought to the full board for a formal decision and vote. During 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 sometimes public forums on specific issues before a committee. Some committee meetings are webcast.

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 appropriate practice standards.

Current members are:

Stan Weisser, Chair, Professional Member
 Greg Murphy, Vice-Chair, Public Member
 Albert Wong, Professional Member
 Allen Schaad, Professional Member
 Ricardo Sanchez, Public Member
 Victor Law, Professional Member

Licensing Committee Recommendations and Accomplishments

Fiscal Year 2011/12

Initiated Review of Accreditation Agencies that Perform Surveys of Sterile Injectable Compounding Pharmacies as Alternatives to Licensure with the Board and Developed a Regulation to Identify Criteria for Evaluation.

Required Retroactive Submission of Fingerprints for Pharmacists Where Electronic Prints Were Not on File with the DOJ.

Assisted Office of Statewide Health Planning and Development in Surveying Licensees for the California Healthcare Workforce Clearinghouse by Adding a Survey to the Board's Website

Promulgated Regulations to Update the Pharmacy Technician Application

Required Applicants for a Pharmacy Technician License to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB) with Application

Required Applicants for an Intern Pharmacist License to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB) with Application

Required Applicants for the Pharmacist Examination to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB) with Application

Updated Self-Assessments Forms Used by Pharmacies, Sterile Injectable Compounding Pharmacies, Hospitals and Wholesalers via Regulation

Fiscal Year 2012/13

Implemented the Centralized Hospital Packaging Pharmacy Licensing Program

Implemented Provisions to Waive Renewal Fees and Continuing Education Requirements for Licensees Called to Active Duty

Implemented Expedited Licensure for Spouses of Active Members of the Armed Forces

Implemented Expansion of Clinic Licensure Provisions

Licensing Committee Recommendations and Accomplishments*Fiscal Year 2012/13*

Development of Regulations to Require Disclosure of Criminal Convictions as Part of a Renewal Application of Pharmacists, Pharmacy Technicians and Designated Representatives.

Fiscal Year 2013/14

Development of Regulation to Require Site Licenses to Disclose Disciplinary Action Taken by Others at Time of Renewal

Evaluated Intern Pharmacist Experience Requirements Earned by Students in US Schools of Pharmacies

Revised the Board's Emergency Response Plan

Considered Waivers from Hospitals Seeking Licensure as a Centralized Hospital Packaging License from Barcoding Requirements

Amended Regulations for the Protocol Requirements for Pharmacists Who Furnish Emergency Contraceptives

Fiscal Year 2014/15

Implemented New License Categories: Third Party Logistics Providers, Nonresident Third Party Logistics Providers, and Designated Representative -- Third Party Logistics Providers

Updated Criminal Conviction Questions on Pharmacist, Pharmacist Intern and Designated Representative Applications to Reflect Legislative Changes

Implemented Licensing Requirements for Resident and Nonresident Sterile Compounding Pharmacies

Initiated Regulations to Specify That Six Hours of Content-Specific Continuing Education (of the Required 30 Hours) Be Earned by a Pharmacist to Renew a Pharmacist License

Initiated Regulations to Update the Pharmacy Technician Application

Initiated Regulations to Update the Self-Assessment Forms Used by Pharmacies, Hospitals, and Wholesalers

Approved the New Content Outline for the CPJE as Recommended by the Board's Competency Committee

Initiated a Comprehensive Review of the Use of and Training Requirements for Pharmacy Technicians

Under the board's purview, but within the scope of the Licensing Committee, the board formed the SB 493 Implementation Committee that started meeting in the Spring of 2014. Below are some of the major accomplishments completed under this subcommittee.

SB 493 Implementation Committee Accomplishments

Fiscal Year 2014/15

Initiated Regulations for the Protocol Requirements for Pharmacists Who Furnish Nicotine Replacement Products

Promulgated Emergency Regulations To Establish the Protocol Requirements for Pharmacists Who Furnish Naloxone (AB 1535, Chapter 326, Statutes of 2014)

Initiated Non-Emergency Regulations To Establish the Protocol Requirements for Pharmacists Who Furnish Naloxone

Initiated Regulations for the Administration of Vaccinations by a Pharmacist

Initiated Regulations for the Dispensing of Travel Medications

Initiated Regulations for the Dispensing of Hormonal Contraception

Initiated Regulations for the Application Requirements of Advance Practice Pharmacist Licensure

Enforcement and Compounding Committee

This committee exercises oversight of all drug distribution and dispensing activities including compounding sterile and other drug products, protecting the public by preventing violations and enforcing federal and state pharmacy laws when violations occur.

Current members are:

Amy Gutierrez, Chair, Professional Member
 Greg Lippe, Vice-Chair, Public Member
 Allen Schaad, Professional Member
 Greg Murphy, Public Member
 Rosalyn Hackworth, Public Member
 Stan Weisser, Professional Member

Enforcement and Compounding Committee Recommendations and Accomplishments

Fiscal Year 2011/12

Provided Pharmacist Education on Prescription Drug Abuse Via Joint Conferences with the Drug Enforcement Administration that Were Provided Over the Four Years of the Sunset Review

Reviewed the National Association of Boards of Pharmacy's PARE Exam For Assessment Continuing Competency in Pharmacists

Initiated Regulations Specifying a Unique Identification Number for Prescription Medication and "Grandfathering" Pursuant to California's E-Pedigree Requirements

Worked with the FDA and Other Interested Parties on the Development of Regulations for E-Pedigree Requirements in California

Engaged in Efforts Regarding Counterfeit Avastin Found in Southern California Physician Offices

Fiscal Year 2012/13

Discussed In Depth the Public Health Emergency Caused by Contaminated Medication Compounded by the New England Compounding Center.

Created Subcommittee to Complete Full Review of Compounding Requirements in California, Evaluate Violations Identified in Sterile Injectable Compounding Pharmacies, Identify Changes Necessary in the Board's Current Regulations and Develop Components for Legislative and Regulation Changes

Convened Technology Summit on the Use of Automation to Deliver and Store Prescription Medication

Educated Licensees about Federal E-Prescribing Requirements that Allow the use of E-Prescriptions for Controlled Substances and Developed a Primer for Pharmacists and Physicians on Compliance with the Requirements

Discussed Product Stewardship Programs for the Take Back and Destruction of Prescription Medications in Alameda County

Continued Implementation Efforts on Regulations Necessary to Implement California's E-Pedigree Requirements

Approved Delegation and Acceptance of the Surrender of a License of an Probationer to the Executive Officer

Fiscal Year 2013/14

Provided Comments to the DEA in Support of Hydrocodone being changed from Schedule III to II and to Allow for a Transition Period

Adopted As a Precedential Decision the Parameters for a Pharmacist's Corresponding Responsibility

Joined Efforts to Upgrade California's Prescription Drug Monitoring Program (CURES)

Heard Presentation from Joseph Rannazzisi, US Drug Enforcement Agency on Prescription Drug Abuse and the US Epidemic

Continued Implementation Efforts on Regulations Necessary to Implement California's E-Pedigree Requirements

Fiscal Year 2013/14

Continued To Refine Compounding Requirements Via the Compounding Subcommittee
Heard Presentation from Dr. Perz, CDC on Outbreaks of Infections Associated with Drug Diversion by US Health Care Personnel

Revised Requirements for Warning Labels on Prescription Medication Containers When the Prescribed Medication is Affected by Alcohol

Secured Enforcement of Patient Consultation Requirements Under the Provisions of Unfair Business Practices in California Resulting in \$1.5M in Fines Collected by Three California District Attorney's Offices from Three Large Pharmacy Chains

Fiscal Year 2014/15

Implemented Provisions of SB 294 to Address Nonresident and Resident Sterile Compounding Pharmacies

Provided Public and Licensee Education on the Federal Rescheduling of Hydrocodone Combination Products (HCP) to Schedule II

Initiated Regulations to Revise to Drug Warnings Requirements on Prescription Drug Container Labels

Added "Red Flags" Video on Corresponding Responsibility to the Board's Website

Initiated Regulations for Reconciliation and Inventory Requirements of Controlled Substances to Prevent Large Controlled Substances Losses

Provided Public and Licensee Education on the Federal Rescheduling of Tramadol to a Schedule IV Controlled Substance

Discussed Regulation Changes Needed to Update the Board's *Disciplinary Guidelines* To Facilitate Implementation of SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008)

Initiated Regulations to Strengthen the Board's Requirements for the Compounding of Drug Products, Including Sterile Drug Products, and to Improve the Board's Enforcement

Promoted Pharmacist Registration in the CURES Reporting System to Increase Use of the System to Fulfill a Pharmacist's Corresponding Responsibility

Evaluated DEA Requirements for the Take Back and Disposal of Unused Medications from Consumers as well as Assessment of Various Drug Take Back Programs in California

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:

Debbie Veale, Chair, Professional Member
 Ramón Castellblanch, Vice-Chair, Public Member
 Lavanza Butler, Professional Member
 Ricardo Sanchez, Public Member
 Rosalyn Hackwork, Public Member
 Ryan Brooks, Public Member

Communication and Public Education Committee Recommendations and Accomplishments

Fiscal Year 2011/12

Assessed the Board's Public Education Materials Available Online
 Published the Board's Newsletter *The Script*: July 2011 and March 2012
 Posted on Board's Website Translated Directions for Use for Patient Medication
 Updated and Distributed to Pharmacies the Revised Notice to Consumers Poster
 Developed and Implemented a Video Display Format Option for the Notice to Consumers
 Developed Notice of Interpreter Availability Requirements and Posting Requirements within a Pharmacy
 Sent 200 Dangerous Drug and Device Recall Notices via Subscriber Alert

Fiscal Year 2012/13

Reviewed and Reported on Pharmacy Compliance with Interpreter Availability and Patient-Centered Labeling Requirements
 Surveyed Consumers about Patient-Centered Labels and Translations
 Published Board's Newsletter *The Script*: March 2013
 Assessed and Updated the Board's Public Education Materials
 Convened One-Day Automation Technology Summit to Display Technology in Use or Proposed for Use in Pharmacies, Hospitals and Skilled Nursing Facilities
 Co-Sponsored a Two-Day Conference with Medical Board of California on Appropriate Prescribing and Dispensing of Controlled Substances
 Sent 277 Dangerous Drug and Device Recall Notices via Subscriber Alert
 Initiated Evaluation of Patient-Centered Labeling Requirements

Fiscal Year 2013/14

Published Board's Newsletter *The Script*: Fall 2013 and Spring 2014

Surveyed Pharmacies that Translate Prescription Labels

Revised Emergency Contraception Protocol Fact Sheet

Adopted a Policy in Support of Eliminating Tobacco and E-cigarette Sales from California Pharmacies

Sent 304 Dangerous Drug and Device Recall Notices via Subscriber Alert

Established Subcommittee on Prescription Drug Abuse

Fiscal Year 2014/15

Published Board's Newsletter *The Script*: Winter 2015

Produced Public Service Announcements on Prescription Drug Abuse Videos (30- and 60-Second) With Additional Radio and Print Versions

Produced Board's Consumer Education Brochure on Counterfeit Drugs

Held Board Forum Regarding Patient-Centered Prescription Labels for Recommendations to the Board Regarding Prescription Labels and Translations of the Directions for Use

Initiated Regulations to Update Patient-Centered Prescription Drug Container Labels Related to "Generic For" and to Specify Requirements for Translation Services

Sent 280 Dangerous Drug and Device Recall Notices via Subscriber Alert

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:

Greg Lippe, Chair, Public Member
Victor Law, Vice Chair, Professional Member
Albert Wong, Professional Member
Debbie Veale, Professional Member
Lavanza Butler, Professional Member
Ramón Castellblanch, Public Member

Legislation and Regulation Committee Recommendations and Accomplishments

Fiscal Year 2011/12

Promulgated Regulations to Update Duty to Consult Requirements

Promulgated Regulations to Update Notice to Consumers Requirements

Sponsored Legislation (SB 431, Chapter 646, Statutes of 2011) to Improve Board's Enforcement Tools (Licensed Employee, Theft or Impairment)

Sponsored Legislation (SB 943, Chapter 350, Statutes of 2011) for Omnibus Provisions

Fiscal Year 2012/13

Promulgated Regulations for Emergency Contraception Protocol

Secured Continuation of the Board via Completion of Sunset Review in 2012 (SB 1236, Chapter 332, Statutes of 2012)

Sponsored Legislation to Ensure Board Can Discipline After a License is Cancelled, and Modify Intern Hours Requirements (SB 1575, Chapter 799, Statutes of 2012)

Fiscal Year 2013/14

Sponsored Legislation to Strengthen the Board's Regulation of Pharmacies that Compound Sterile Products Located Both Within and Outside of California (SB 294, Chapter 565, Statutes of 2013)

Supported Legislation to Allow the Board to Revoke a Nonresident Pharmacy's License by Operation of Law if its License in its Home State is Suspended or Revoked (AB 1045, Chapter 302, Statutes of 2013)

Promulgated Regulations to Allow Partial Filling of Schedule II Controlled Substance Prescriptions

Fiscal Year 2014/15

Promulgated Regulations to Update Patient-Centered Prescription Drug Containers Label Regulations

Sponsored Legislation to Authorize the Board to Issue a Letter of Admonishment that Wouldn't Warrant License Denial or Issuance of a Probationary License (SB 960, Chapter 247, Statutes of 2014)

Sponsored Legislation to Create a Definition of Correctional Facility, and Specify Minimum Age Requirements for Designated Representatives (18 Years) (SB 1466, Chapter 316, Statutes of 2014)

Sponsored Legislation for Requirements for Third-Party Logistics Providers, Nonresident Third Party Logistics Providers, and Designated Representative for Third Party Logistics Providers (AB 2605, Chapter 507, Statutes of 2014)

Organizational Development Committee

This committee ensures the achievement of the board’s mission and goals through organizational support and review. It performs strategic planning, budget management, and staff development activities. For example during all quarterly board meetings, under the auspices of this committee, board expenditures, revenue, and a fund condition are publicly shared and discussed. 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:

Amy Gutierrez, President, Professional Member
Debbie Veale, Vice-President, Professional Member

Organizational Development Committee Recommendations and Accomplishments
<i>Fiscal Year 2011/12</i>
Secured 12 Freeze Exemptions to Hire Investigative Staff
Monitored the Development of BreEZe within the DCA in Anticipation of Joining the System in the Future
Developed and Implemented Strategic Plan 2012-2017
<i>Fiscal Year 2012/13</i>
Continued Monitoring the Development of BreEZe within the DCA in Anticipation of Joining the System in the Future
Board Staff Begin Preliminary Transition Activities for BreEZe
<i>Fiscal Year 2013/14</i>
Updated Board Policy to Allow for Board President to Consider Requests for Extension of Time to Submit Arguments to the Board Under the Administrative Procedure Act
Implemented Regulation to Increase Board Fees to Statutory Maximum Levels
<i>Fiscal Year 2014/15</i>
Postponed Board’s Efforts to Transition to the BreEZe System
Secured Additional Limited-Term Resources to Establish a Proactive Investigation Team to Combat Prescription Drug Abuse
Secured Additional Limited-Term Resources to Establish an Inspection Team to Regulate Sterile Compounding Pharmacies Located Within and Outside of California
Initiated Audit of the Board’s Fee Structure and to Assess the Structural Imbalance in the Board’s Budget

Subcommittees

In addition to the five strategic committees, the board occasionally establishes subcommittees to closely study an issue that is complex, innovative, controversial or specialized. 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 and meeting materials before the meeting. A meeting summary is shared at the next board meeting.

Recent examples of subcommittees formed by the board are:

- SB 1441 Uniform Standards Implementation Committee
- SB 493 Implementation Committee
- Prescription Drug Abuse Subcommittee

Competency Committee

The board's Competency Committee develops and scores the board's pharmacist licensure examination, the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). Membership on this committee is highly selective and represents the breadth of California pharmacy practice; it is professionally challenging and time-consuming. Members meet seven times annually in two-day meetings. These meetings are not public because they deal with licensure examination content and, as such, are explicitly exempt from the Open Meetings Act. However, a Competency Committee report is given at public Licensing Committee Meetings and Board Meetings to describe the general activities of the committee.

The Competency Committee is a stand-alone committee within the auspices of the board's Licensing Committee; typically one or two board member attend committee meetings and provide updates on the status of the board's pharmacist examination during board meetings. Board member(s) serve as 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 its April or July board meetings. Sometimes the board needs to reschedule a meeting or schedule an additional meeting to meet operational needs and to address emergent issues. Members are polled for their availability to attend a meeting. Over the past several years the board has convened several additional meetings.

Since the board's 2012 Sunset Review the board has convened 25 board meetings, 46 committee meetings, and 17 subcommittee meetings.

Meetings Convened				
	Board Meetings		Committee Meetings	Subcommittee Meetings
	Number	Days		
FY 2011/12	6	10	12	0
FY 2012/13	5	10	10	2
FY 2013/14	7	12	14	6
FY 2014/15	7	13	10	9
Total	25	45	46	17

Provided in Appendix 3 is a full listing of all meetings reported above.

Major Changes in the Board Since the Last Sunset Review

Program Growth

One of the most significant changes to the board in the last five years has been in program growth. This reflects the growing importance of pharmaceuticals in the US and the diversity of entities involved in compounding, storing, shipping and dispensing functions. It also reflects an increasing need for pharmacists in the health care delivery system.

Since the board's last review, the number of board staff has increased 27 percent. (In the last ten years the board has more than doubled in size.) The growth is most pronounced in the number of inspector and supervising inspector staff all of whom are licensed pharmacists. These are the individuals who inspect and investigate board licensees. To respond to emergent issues in sterile compounding and the prescription drug epidemic, the board established additional inspector teams that focus on in state and out of state sterile compounding inspections as well as investigations specifically targeting

prescription drug abuse. In addition, the board secured authority to establish two chief of enforcement positions to address policy expansion, program growth and volume in the critical areas of board operations.

In addition to the expansion in enforcement operations, the board also experienced growth in new licensing programs. Since its last review, the board implemented five new licensing programs:

- Centralized Hospital Packaging
- Third-Party Logistics Providers
- Nonresident Third-Party Logistics Providers
- Designated Representative – 3PL
- Surplus Medication Collection and Distribution Intermediaries

The board is in the final stages of implementing one additional licensing program -- advanced practice pharmacist. Further, the board significantly expanded its regulation over specialty pharmacies that compound sterile products, both within and outside of California.

The board's growth in these areas reflects the dynamic nature of the drug distribution channel as well as the expanding roles of pharmacists in providing patients' healthcare.

Change in Board Leadership

In June 2015, Amarylis (Amy) Gutierrez, PharmD, became president of the board. Stan Weisser previously served in this capacity for five years. Mr. Weisser, along with the full board, has been a strong proponent of pharmacists providing quality care to patients, including providing patient consultation. This theme is continuing under the leadership of Dr. Gutierrez. As the Chief Pharmacy Officer for a large healthcare system, Dr. Gutierrez has a broad background with both hospital and ambulatory care pharmacy practice.

Strategic Plan

In 2012 the board completed development of a new strategic plan. The plan was a joint effort between board members, staff and the public to identify key issues and create action plans to address these issues in future. As part of its process, the board leveraged its prior strategic plan, analyzed trends in pharmacy practice, consumer needs and demands as well as changes in healthcare. The board's vision statement, "Healthy Californians through safe, quality pharmacist care" remains relevant and reflects how the board establishes its priorities and policies.

Because of the rapid changes in the board's jurisdiction and the expansion in the board's programs, the board will initiate a major revision to its strategic plan in early 2016, one year ahead of the planned revision date.

Board-Sponsored Legislation and Legislation Affecting the Board

Consumer protection involves more than enforcing legal requirements. It includes devising and implementing strategies that also serve to protect consumers, strategies necessary to address the misuse and abuse of prescription drugs and to secure the integrity of the drug supply chain to prevent the introduction of counterfeit drugs. As a regulator of a dynamic profession, it is essential 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 advocated and ideally enacted. Legislation involving licensing and enforcement activities of the board is continually evaluated, and the board works to preserve and secure enforcement tools necessary to effectuate consumer protection as well as advocate for new tools when barriers are identified.

2012 Legislation

Board Sponsored

Senate Bill 1575, Committee on Business, Professions and Economic Development (Chapter 799, Statutes of 2012) contained omnibus provisions to ensure that the board can place discipline of a license on record even after the license is canceled, expired, suspended, voluntarily surrendered, or placed in a retired status. Additional provisions allow certification of pharmacist intern experience hours earned in another state by the licensing agency of that state.

Enacted Legislation with Board Positions

Assembly Bill 377, Solorio (Chapter 687, Statutes of 2012) permits the barcoding of unit-dose medication produced from a centralized pharmacy location for hospitals under common ownership. Barcoded medications can be verified at a patient's bedside as the right medication and dose, thus reducing the risk of medication errors. It also allows hospitals to centralize unit-dose packaging functions in a single, specially licensed premises to provide to other hospitals under common ownership within 75 miles.

Board Position: Support

Assembly Bill 389 (Mitchell, Chapter 75, Statutes of 2012) established the Standards for Service for Providers of Blood Clotting Products for Home Use Act by imposing specified requirements for providers of blood clotting products for home use.

Board Position: Oppose

2012 Legislation*Enacted Legislation with Board Positions*

Assembly Bill 1588 (Atkins, Chapter 742, Statutes of 2012) waives renewal fees and continuing education requirements for a member of the California National Guard or member of the US Armed Forces while on active duty.

Board Position: Support

Assembly Bill 1904 (Block, Chapter 399, Statutes of 2012) authorizes a board to expedite the licensure of an applicant who is a military spouse.

Board Position: Support

Assembly Bill 2570 (Hill, Chapter 561, Statutes of 2012) limits the board's discretion to order restitution as part of a settlement.

Board Position: Oppose Unless Amended

Senate Bill 1095 (Rubio, Chapter 454, Statutes of 2012) expanded the definition of a surgical clinic to include accredited outpatient settings and Medicare-certified ambulatory surgical centers for purposes of board licensure. This law removes an impediment that prohibited physician owned ambulatory surgical centers from becoming licensed with the board has a clinic, thereby prohibiting a single drug supply for all practitioners in the clinic.

Board Position: Support

Senate Bill 1236 (Price, Chapter 332, Statutes of 2012) extended the board's sunset date to January 2017.

Board Position: Support

Senate Bill 1301 (Hernandez, Chapter 455, Statutes of 2012) specifies conditions under which a pharmacist may dispense a 90-day supply of a dangerous drug, without first receiving authorization from the prescriber.

Board Position: Support if Amended

Senate Bill 1329 (Simitian, Chapter 709, Statutes of 2012) expands the conditions under which a county may collect and redistribute previously dispensed medications to indigent patients.

Board Position: Oppose

Senate Bill 1481 (Negrete McLeod, Chapter 874, Statutes of 2012) permits a community pharmacy to provide blood glucose, hemoglobin A1c or cholesterol tests.

Board position: Support

2013 Legislation*Board Sponsored*

Senate Bill 294 (Emmerson, Chapter 565, Statutes of 2013) Compounded Sterile Drug Products strengthens the board's regulation of pharmacies that compound sterile drug products for pharmacies located both within and outside of California.

Senate Bill 821 (Senate Committee on Business, Professions and Economic Development, Chapter 473, Statutes of 2013) contains several omnibus provisions for the board including the addition of a definition for "correctional pharmacy," clarifies that experience required for licensure as a designated representative must be earned in a licensed facility and provides authority for the board to issue a license to a centralized hospital packaging pharmacy at the same location as the underlying hospital pharmacy license.

Senate Bill 305 (Lieu, Chapter 516, Statutes of 2013) provides the board with the express authority to receive documents from local or state agencies for the purposes of completing an investigation. The board initially sponsored these provisions to be included in pharmacy law; however the provisions were later included in the general provisions of the Business and Professions Code so other agencies could benefit from them.

Enacted Legislation with Board Positions

Assembly Bill 512 (Rendon, Chapter 111, Statutes of 2013) extends the provisions for an individual to offer or provide health care services through a sponsored community event if appropriately licensed or certified.

Board position: Support

Assembly Bill 1045 (Quirk-Silva, Chapter 302, Statutes of 2013) provides authority for the cancellation by operation of law of a license issued to nonresident pharmacy if the home state permit is canceled, revoked or suspended. The law also establishes recall requirements for sterile compounded drugs.

Board position: Support

Assembly Bill 1136 (Levine, Chapter 304, Statutes of 2013) requires a pharmacist to exercise his or her professional judgment to determine if a drug may impair a person's ability to operate a vehicle or vessel, and provide a written warning on the drug container when such a determination is made.

Board position: Oppose

Senate Bill 669 (Huff, Chapter 725, Statutes of 2013) creates a training program and standards for the safe and proper use of epinephrine auto-injectors.

Board Position: Support if Amended

2013 Legislation

Enacted Legislation with Board Positions

Senate Bill 809 (De Saulnier, Chapter 400, Statutes of 2013) establishes additional parameters for use of the CURES program within the Department of Justice, including an annual fee to ensure the continued funding of the CURES program, and mandatory registration in the program for dispensers and prescribers.

Board Position: Support

2014 Legislation

Board Sponsored

Assembly Bill 1466 (Committee on Business, Professions and Economic Development, Chapter 316, Statutes of 2014) contains an omnibus provision for the board establishing a minimum age requirement for an applicant seeking licensure as a designated representative of a wholesaler or veterinary food-animal drug retailer.

Assembly Bill 2605 (Bonilla, Chapter 507, Statutes of 2014) establishes standards and a new licensing programs to regulate third-party logistics providers, and specialized designated representatives located both within and if shipping into California.

Senate Bill 600 (Lieu, Chapter 492, Statutes of 2014) repeals the inoperable e-pedigree provisions of law in response to the passage of federal legislation that preempts California law.

Senate Bill 960 (Morrell, Chapter 247, Statutes of 2014) establishes authority for the board to issue a letter of admonishment to an applicant for licensure who has committed a violation of law that does not merit denial of a license or require a probationary status license.

Enacted Legislation with Board Positions

AB 467 (Stone, Chapter, Statutes of 2014) authorizes the licensure of a surplus medication collection and distribution intermediary to facilitate collection and distribution of surplus drugs.

Board Position: Support

Assembly Bill 1535 (Bloom, Chapter 326, Statutes of 2014) authorizes a pharmacist to furnish naloxone hydrochloride pursuant to a standard protocol developed by the board and the Medical Board of California.

Board Position: Support

Assembly Bill 1727 (Rodriguez, Chapter 155, Statutes of 2014) prohibits the donation of a medication that is the subject of a US FDA managed risk evaluation and mitigation strategy to a county pharmacy for distribution to indigent patients.

Board Position: Support

2014 Legislation*Enacted Legislation with Board Positions*

Assembly Bill 1743 (Ting, Chapter 155, Statutes of 2014) extends provisions allowing a pharmacist or physician to furnish hypodermic needles and syringes without a prescription.

Board Position: Support

Assembly Bill 1841 (Mullin, Chapter 333, Statutes 2014) authorizes a medical assistant that works in a clinic licensed by the board to hand out prepackaged prescription drugs as provided.

Board Position: Oppose

Assembly Bill 2396 (Bonta, Chapter 737, Statutes of 2014) prohibits the board from denying a license based solely on a criminal conviction that has been withdrawn, set aside or dismissed by the court.

Board Position: Oppose

Senate Bill 1039 (Hernandez, Chapter 319, Statutes of 2014) authorized a pharmacy intern and a pharmacy technician to perform various functions in a hospital under the direct supervision of a pharmacy.

Board Position: Support

2015 Legislation*Board Sponsored*

Assembly Bill 1073 (Ting, Chapter 784, Statutes of 2015) requires dispensers, upon the request of a patient, to provide translated directions for use on prescription containers under specified conditions.

Senate Bill 590 (Stone, Chapter 147, Statutes of 2015) streamlines the application process for graduates from a school of pharmacy recognized by the board for purposes of confirming completion of the required pharmacy practice experience requirements.

Senate Bill 619 (Morrell) would have established the regulatory framework for licensure of outsourcing facilities that would compound non-patient specific medications for administration to California patients.

Enacted Legislation with Board Positions

Assembly Bill 486 (Bonilla, Chapter 241, Statutes of 2015) provides an alternative method to maintain certain medication information to be readable at the patient's bedside, either via a barcode scan or human-readable, for unit dose medications prepared in a centralized hospital packaging facility.

Board Position: Support

2015 Legislation

Enacted Legislation with Board Positions

Assembly Bill 1352 (Eggman, Chapter 646, Statutes of 2015) requires a court to allow a defendant who was granted deferred entry of judgment on or after January 1, 1997, to withdraw a prior plea and enter a plea of not guilty if the charged were dismissed after the defendant performed satisfactorily during the program.

Board Position: Oppose

Regulation Changes since the Last Review

In addition to its work on legislation, the board must also remain vigilant in evaluating regulations, working to remove outdated provisions while securing changes necessary to amend existing regulations to strengthen its role as a consumer protection agency or provide additional guidance and clarification to licensees on legal requirements. Since the board's last review, the board has initiated and adopted 11 regulatory proposals; has initiated and withdrawn 4 regulatory proposals, had 1 regulatory proposal denied by the Office of Administrative Law and, as of November 5, 2015, has 14 regulatory proposals in progress.

2011 Regulation Changes

Amend Title 16 Sections 1715, 1735.2 and 1784 – Revised Self-Assessment Forms Used by Pharmacies, Hospitals and Wholesalers

Effective Date: October 19, 2011

Amend Title 16 Section 1793.5 – Revised the Pharmacist Technician Application, and Require Applicants to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB)

Effective: October 1, 2011

2012 Regulation Changes

Add Title 16 Section 1727.2 – Requirements for Interns Pharmacists – To Require Applicants to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB)

Effective Date: July 18, 2012

Amend Title 16 Section 1728 – Requirements for Pharmacist Examination - Amended to Require Applicants to Submit a Self-Query Report from the National Practitioner Data Bank (NPDB)

Effective Date: July 18, 2012

2012 Regulation Changes

Amend Section 1707.2 – Revised and Redesigned the “Notice to Consumers” that is required to be available in California pharmacies.

Effective Date: February 16, 2012

Add Section 1707.6 – Established a means for pharmacies to comply with “Notice to Consumers” requirements in alternate formats.

Effective Date: February 16, 2012

2013 Regulation Changes

Amend Section 1746 – Updated the protocol used by pharmacists to furnish emergency contraception drug therapy under the standardized protocol developed and approved by both the Medical Board of California and the California State Board of Pharmacy.

Effective Date: July 1, 2013

Amend Section 1735.1- Section 1735.3 and Section 1751.2 – Updated the board’s regulations governing the practice of compounding and sterile compounding.

Effective Date: April 1, 2013

Add new Article 5.5 “Pedigree” Beginning with Section 1747 – Withdrew Regulations that had been initiated but not implemented to establish requirements for e-pedigree, such as grandfathering, and specifications for the unique serialized number of each saleable unit. This regulation was disapproved by the Office of Administrative Law in October 2013, around the time the federal law preempting California’s e-pedigree requirements was enacted.

Add Section 1747.2 – Would have established requirements related to e-pedigree and drop shipments. This rulemaking was withdrawn following passage of federal legislation that preempted California’s e-pedigree requirements.

2014 Regulation Changes

Amend Section 1749 – Increased board fees to the statutory maximums.

Effective Date: July 1, 2014

Amend Sections 1745 – Updated to allow a pharmacist to record information in an electronic format or on an original prescription document.

Effective Date: April 1, 2014

Add Section 1762 – Established that specified acts constituted unprofessional conduct including incorporation of a gag clause in a civil suit settlement, failure to provide information requested by the board, failure to comply with a court order of subpoena for records as well any act resulting in the requirement that a licensee or applicant register as a sex offender.

Effective Date: April 1, 2014

2014 Regulation Changes

Amend Section 1769 – Established the authority for the board to request an applicant for licensure to be examined by a physician or psychologist if the applicant appears to be unable to safely practice due to a mental illness or physical illness that affects competency.
Effective Date: April 1, 2014

2015 Regulation Changes

Amend Section 1707.5 – Updated the board’s patient-centered prescription drug labeling requirements to increase the font size for all patient-centered elements to be at least 12-point sans serif typeface, and to limit what information can be placed within the patient-centered area of the label.
Effective Date: April 1, 2015

Add Section 1746.3 – Secured an emergency regulation to establish a state protocol to allow for the furnishing of naloxone hydrochloride to a patient without a doctor’s prescription and pursuant to a specified protocol.
Effective Date: April 10, 2015, and Readopted October 8, 2015

The board currently has 14 regulations in various stages of promulgation:

Amend Section 1707.5 – Additional updates to the board’s patient-centered prescription drug labeling requirements to address “generic for” and to specify requirements related to translation services.
Initial Notice Date: October 23, 2015

Amend Sections 1715 and 1784 – Update of the self-assessment forms used by licensees as a self-inspection tool to assist licensees with compliance with pharmacy law.
Initial Notice Date: March 20, 2015

Amend Section 1715.65 – Add requirements for the reconciliation and inventory reporting of controlled substances.
Initial Notice Date: October 16, 2015

Add Section 1730 and 1730.1 and Amend Section 1749 – Establish specific licensure requirements for advanced practice pharmacists including the application fee.
Initial Notice Date: July 31, 2015

Amend Section 1732.5 – Establish six units of specific types of continuing education that must be earned to renew a pharmacist’s license.
Initial Notice Date: November 13, 2015

Add Section 1744 – Specify requirements for drug warnings that appear on prescription drug containers.
Initial Notice Date: September 25, 2015

2015 Regulation Changes

The board currently has 14 regulations in various stages of promulgation:

Add Section 1746.1 – Establish a state protocol to allow pharmacists to dispense self-administered hormonal contraception.

Initial Notice Date: May 8, 2015

Add Section 1746.2 – Establish a state protocol to allow pharmacists to dispense nicotine replacement products.

Initial Notice Date: May 8, 2015

Add Section 1746.3 – Establish the permanent state protocol to allow for the furnishing of naloxone hydrochloride under a protocol without a doctor's prescription, replacing the protocol adopted under emergency rulemaking provisions.

Initial Notice Date: May 22, 2015

Add Section 1746.4 – Establish provisions for pharmacists who initiate and/or administer vaccinations including reporting administration to an immunization registry and notice to a patient's primary care provider.

Initial Notice Date: July 24, 2015

Add Section 1746.5 – Establish specific provisions for pharmacists who dispense travel medications.

Initial Notice Date: September 25, 2015

Amend Section 1760 – Update the board's *Disciplinary Guidelines* to incorporate changes that have occurred in pharmacy law, to enhance and clarify terms and conditions of probation, to ensure consistent use of terms used throughout the guidelines, and to facilitate implementation of SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) consistent with the legal opinion obtained by the Office of the Attorney General.

Initial Notice Date: September 4, 2015

Amend Section 1793.5 – Update the pharmacy technician application form, which is incorporated by reference, to conform to new statutory requirements as well as provide better guidance to applicants about requirements for licensure.

Initial Notice Date: February 20, 2015

Amend Articles 4.5 & 7 and Add Article 7.5 – Strengthen the board's regulation relating to the compounding of drug products, including sterile drug products, and improving the board's enforcement of such regulations.

Initial Notice Date: May 8, 2015

Major Studies

A Job Analysis Study of California Pharmacists, 2015 – Beginning in 2014, the board conducted a study on the practice of pharmacy as a way to validate the California Pharmacist Licensure Examination (CPJE). This study was done consistent with the provisions of Business and Professions Code section 139. The results of this survey were used to update the content outline for the CPJE for future examinations.

On August 9, 2013, the board voted to create its first precedential decision. This decision involved the revocation of a pharmacist and pharmacy license for excessive dispensing of controlled substances to patients. The decision defines “red flags” that pharmacists and pharmacies should recognize when dispensing controlled substances and after a pharmacist evaluates the prescription to make certain it is valid and legitimate on its face, there is also a duty to evaluate the patient, the prescriber, and the medication therapy.

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 of Patient Information and Education as well as the National Association of State Controlled Substances Authorities. While a member, the board does not have voting privileges for either of these memberships.

Meetings of National Associations Attended:

- NABP (May 2013) – St. Louis, MO
- NABP (May 2015) – New Orleans, LA

Committees, Workshops and Working Group Involvement

In addition to memberships in national associations, as a recognized leader, the board is also involved in a number of taskforces.

- NABP .PHARMACY Domain Name Committee Meeting (February 2013) – Mount Prospect, IL
- Pew Charitable Trust Committee for Sterile Compounding Requirements (October 2014) – Washington D.C.
- NABP NAPLEX Standard Setting Meeting (March 2015) – Mount Prospect, IL

- NABP .PHARMACY Domain Name Committee Meeting (April 2015) – Mount Prospect, IL
- NABP’s Task Force on Pharmacist Prescriptive Authority (August 2015) – Mount Prospect, IL
- NABP’s Interactive Executive Officer Forum: Strengthening Board of Pharmacy Collaboration (October 2014) – Northbrook, IL

In addition, the board has been invited to speak at several conferences as well as provide congressional testimony.

- Testimony before the Senate Commerce Committee Hearing on Prescription Drug Shortages (July 2012) – Washington D.C.
- FDA Meeting on Compounding Pharmacies (December 2012) – Silver Spring, MA
- FDA Meeting on the Drug Quality and Security Act (March 2014) – Silver Spring, MA
- Health and Human Services Opioid Meeting (July 2014) – Washington D.C.
- FDA’s Intergovernmental Meeting on Pharmacy Compounding (March 2015) – Silver Spring, MA
- DEA State Regulators Meeting on Electronic Prescribing of Controlled Substances (March 2015) – Arlington, VA
- DEA State Regulators Meeting on the Practice of Telemedicine (July 2015) – Arlington, VA
- CDC International Conference on Emerging Infectious Diseases (August 2015) – Atlanta, GA

National Exam Involvement

The board does not have specific representation on the national exam committee, but former members of the competency committee (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

- Performance Measures
- Customer Satisfaction Survey Results

Related Appendices

- Appendix 4 - Enforcement Performance Measures
- Appendix 5 - Board Consumer Satisfaction



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

Performance Measures and Customer Satisfaction Surveys

Performance Measures

Department of Consumer Affairs provides quarterly and annual performance measures for specified enforcement milestones. These measures were developed by the department and are posted on their website.

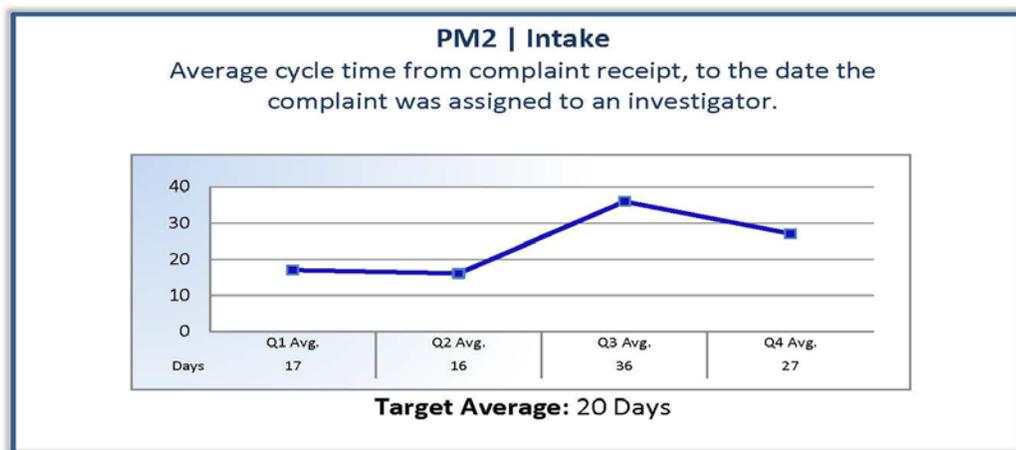
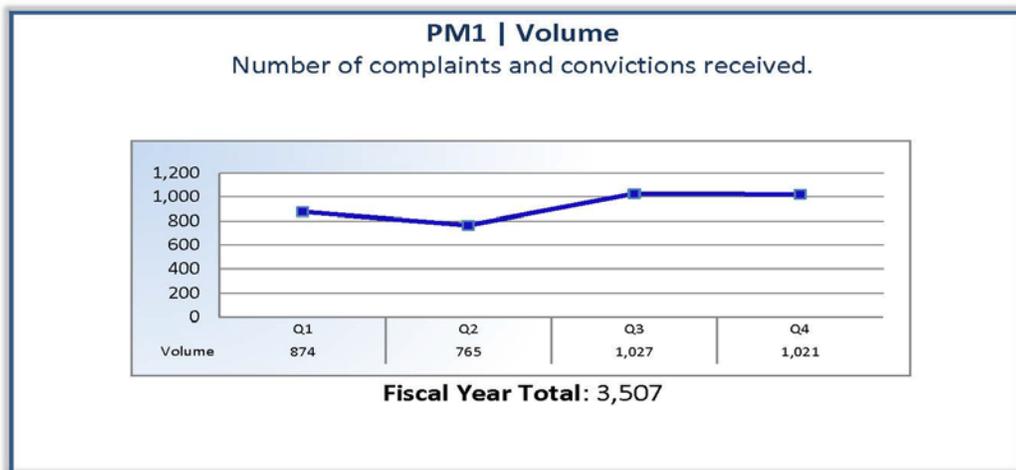
Department of Consumer Affairs

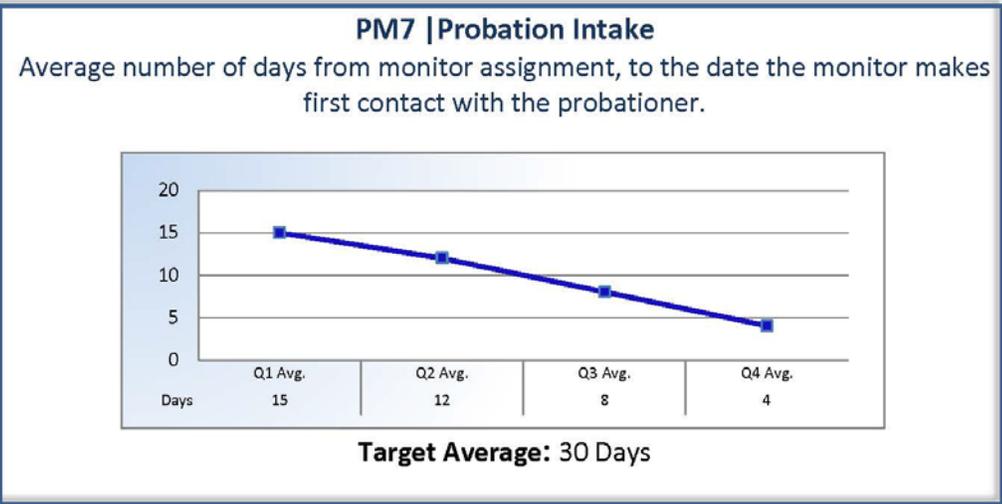
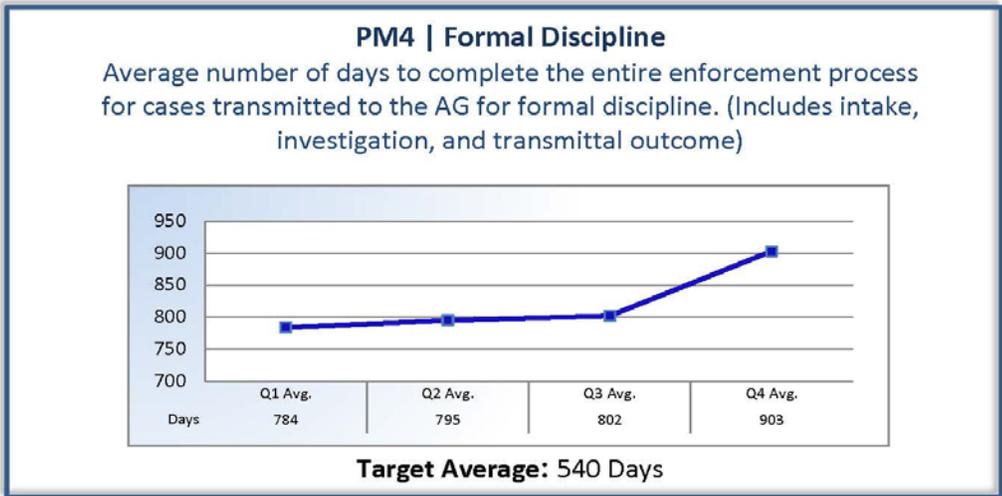
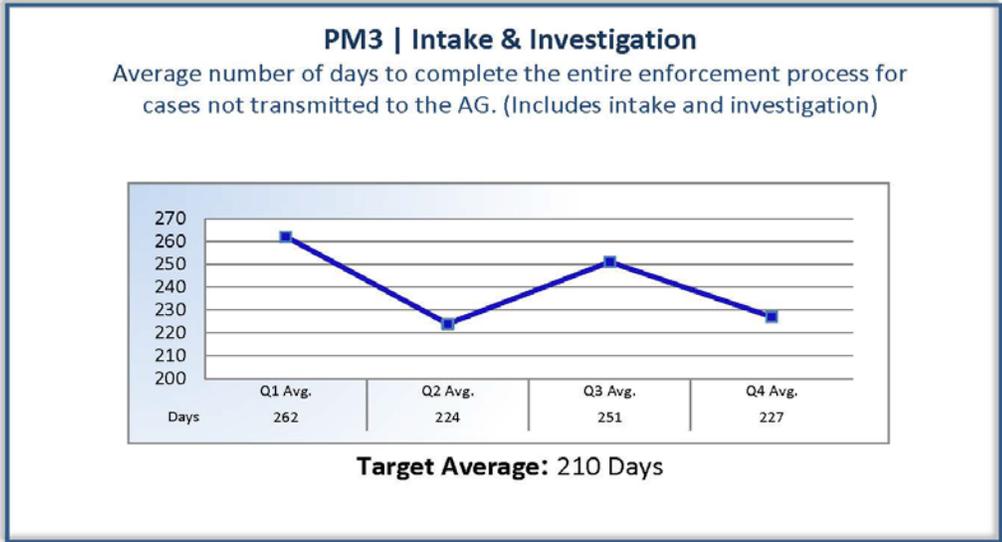
California Board of Pharmacy

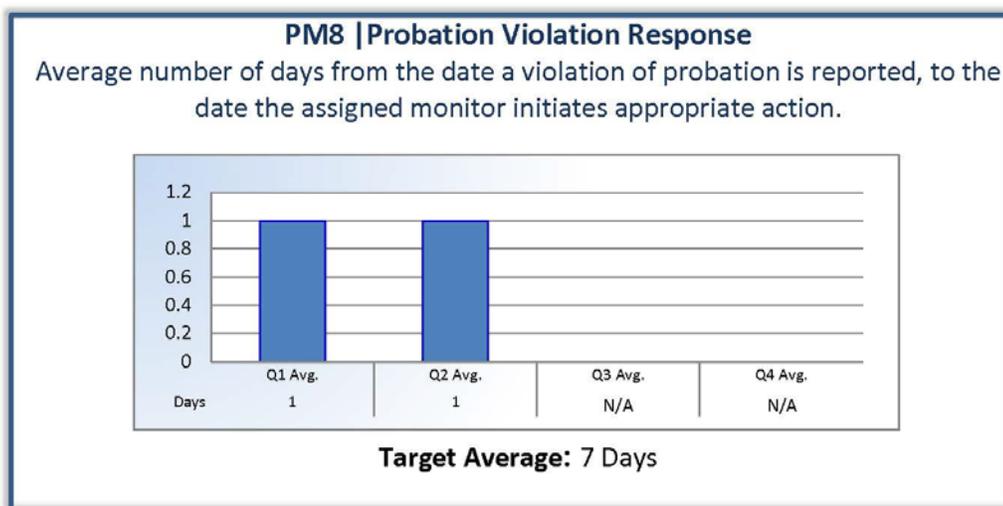
Performance Measures

Annual Report (2014 – 2015 Fiscal Year)

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 and annual basis.







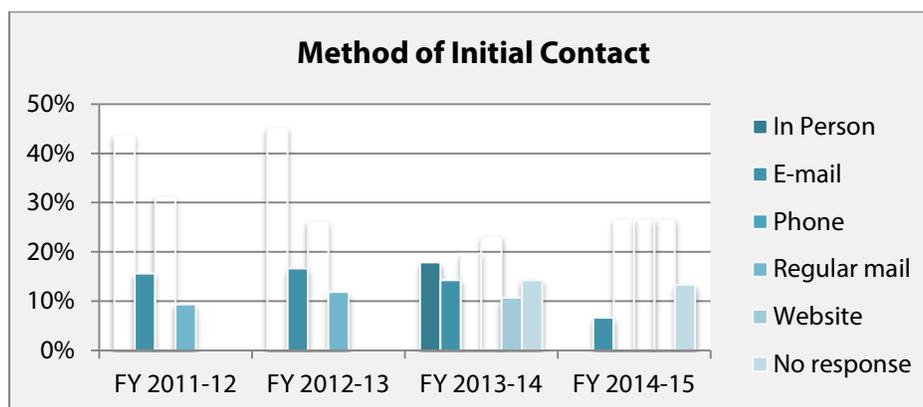
The quarterly and prior annual reports are provided in Appendix 4.

Consumer Satisfaction Survey Results

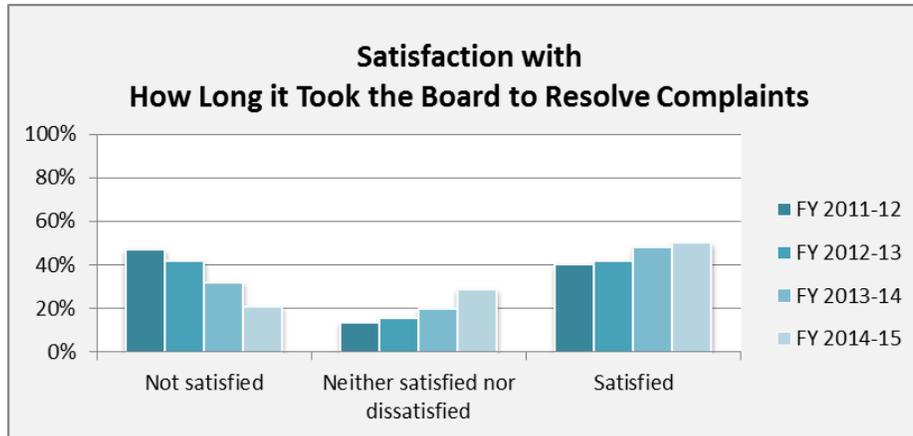
To obtain information on consumer satisfaction, the board attempts to reach complainants through an online survey. The link to the survey is provided in correspondence to complaints at the time the board provides the outcome of the individual's complaint. The board does not receive a large volume of survey responses when considering the number of investigations closed.

In this four-year reporting period, the board received 146 survey responses, while the board completed 11,962 investigations. Further the survey questions changed during the reporting period, making full trend analysis more difficult.

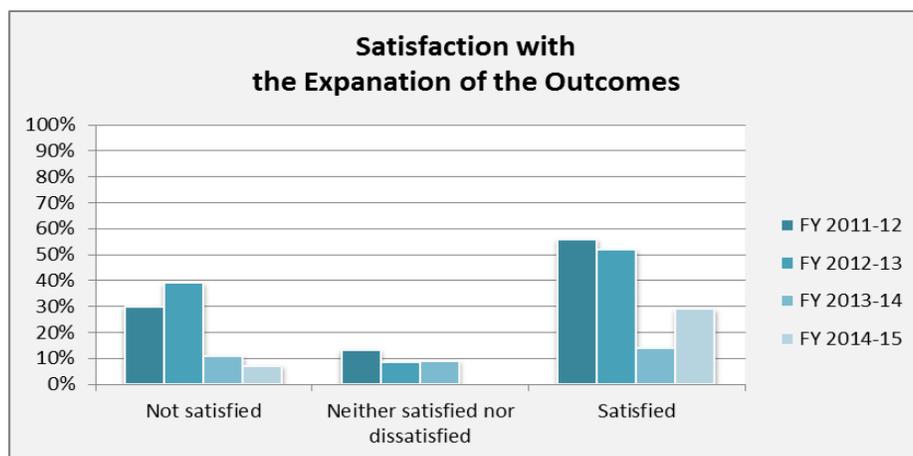
The majority of complainants contact the board in person (44 percent) followed by phone contact which accounts for 31 percent over the reporting period.



Satisfaction with the board’s completion time with completing an investigation improved over the reporting period.

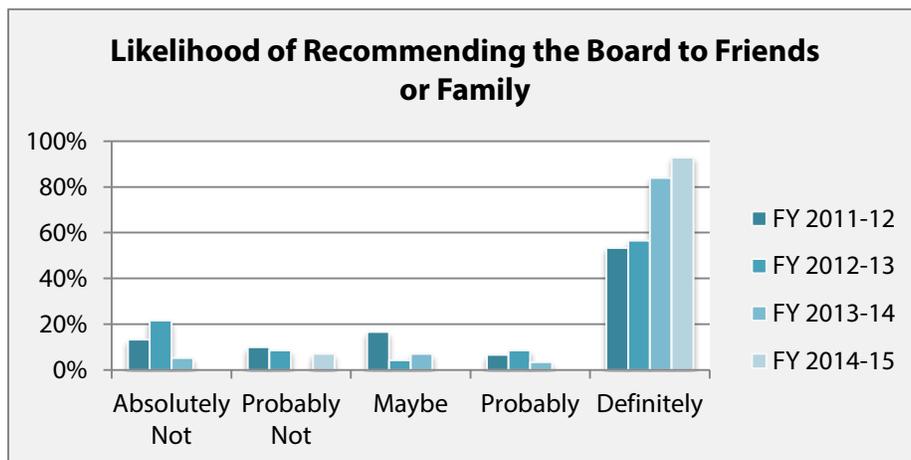
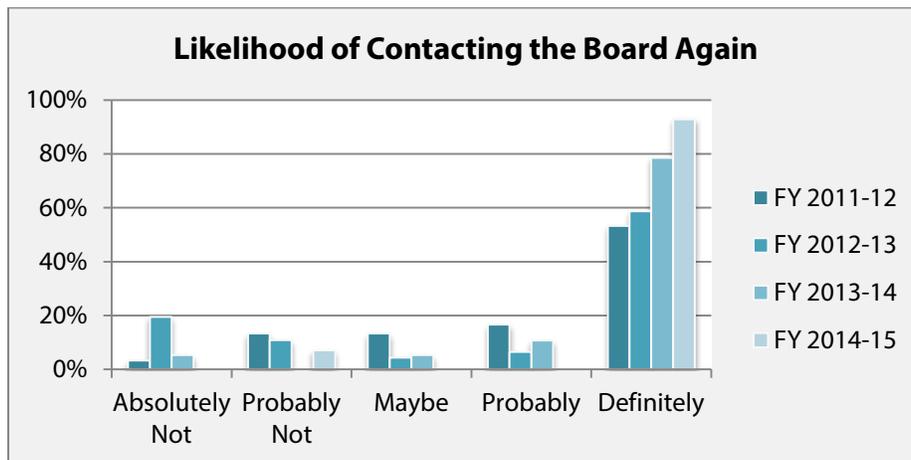


Consumers indicated a high rate of satisfaction with the explanation provided by the board on the outcome of the complaint as well as the board’s handling of the complaint.





Further, consumers indicate a strong likelihood of contacting the board again as well as a strong likelihood of recommending the board to friends or family.



The board believes these are strong, but limited indicators that the board is fulfilling its core mandate and meeting or exceeding complainant expectations. Appendix 5 includes the survey questions and responses for each fiscal year.

Section 3

Fiscal Issues

- Fiscal Issues
- Board Staffing Issues

Related Appendices

- Appendix 6 - Table 2 Fund Condition
- Appendix 7 - Table 3 Expenditures By Program
- Appendix 8 - Table 4 Fee Schedule and Revenue
- Appendix 9 - Table 5 Budget Change Proposals



BE AWARE AND TAKE CARE:
Talk to your pharmacist!

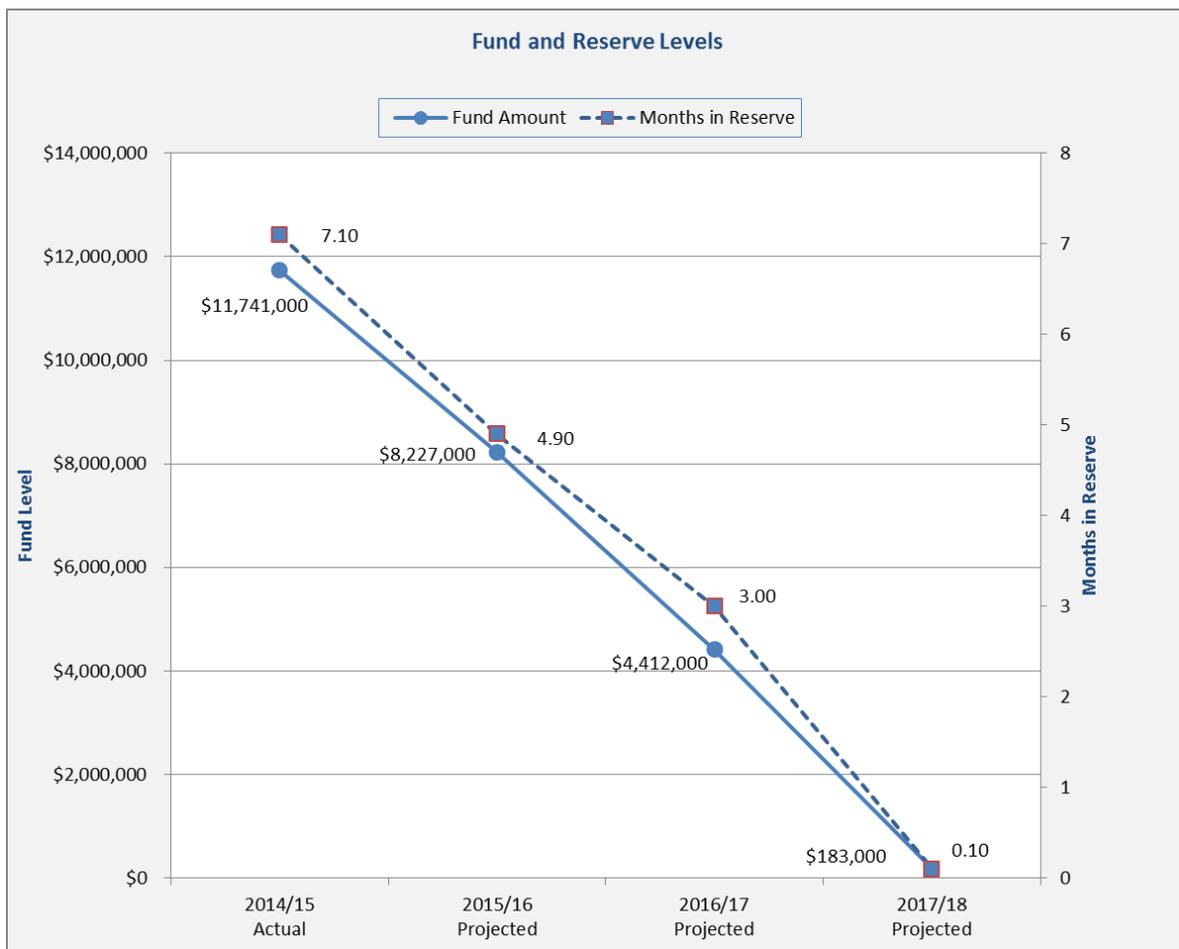
CALIFORNIA STATE BOARD OF PHARMACY

Fiscal Issues

Fund and Reserve Information

Business and Professions Code Section 4400(p) states that it is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year’s operating expenditures. The board is currently below this level. At the end of fiscal year 2014/15, the board’s reserve level is at 7.1 months which is about \$11.7 million. The board’s authorized expenditures for the year is \$19.8 million. Provided below is a summary of the board’s fund condition. Information requested in Table 2 is provided in Appendix 6.

Fiscal Year	Fund Amount	Months in Reserve
2014/15	\$11,741,000	7.1 (actual)
2015/16	\$8,227,000	4.9 (projected)
2016/17	\$4,412,000	3.0 (projected)
2017/18*	\$183,000	0.1 (projected)



Future Fee Increases

Since the board's last review, the board has experienced a 51 percent increase in authorized expenditures. This increase is primarily due to enforcement activities and staffing, and related costs. Board revenue however has not kept pace with the increase in expenditures resulting in the board slowly decreasing its fund balance. Based on projections, the board will have nearly depleted its fund sometime during the fiscal year 2017/2018 assuming minimal growth in board programs occurs. The board recognizes it needs to increase fees in the future. In anticipation of the need to increase fees, the board is working with the Department of Consumer Affairs to evaluate its current fee structure as determine the cost to deliver services. It is anticipated that upon completion of this work, changes to the board's current fee structure will need to be pursued. The board anticipates the need to pursue a fee increase during the 2016 legislative year to ensure the new fees are effective no later than July 1, 2017. This will ensure the financial viability of the board.

A full report on the board's work including the Fee Background Information Questionnaire is as a supplement to this report.

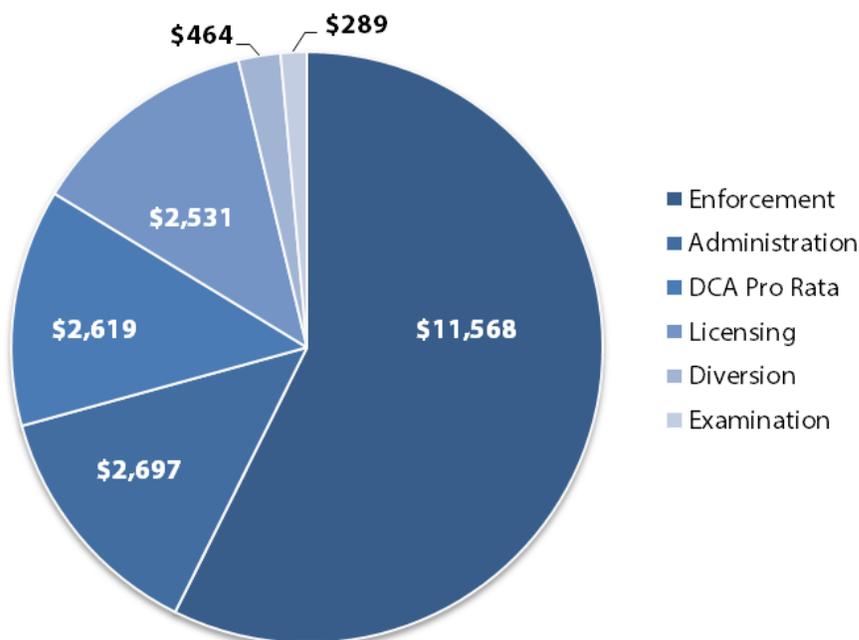
General Fund Loans

During the 2008/09 fiscal year, the board loaned \$1 million to the general fund. The loan was repaid in FY 2013/14.

Program Expenditures

The chart on the following page displays the board's 2014/15 expenditures. The board's enforcement program comprises the largest portion of the board's budget, 57.4 percent. Licensing is the second largest expenditure. Historical data for expenditures since 2011/12 is provided in Appendix 7, Table 3 (Expenditures by Program Component).

**FY 2014/15
Expenditures by Program Component
(dollars in thousands)**



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 (all three categories). Licenses issued to pharmacists and pharmacy technicians are renewed biennially.

In 2008, the board raised 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 to the recommendations in the report. This was the first time such legislation was needed since 1987.

In 2014, the board increased its fees to the statutory maximums to address a structural imbalance between revenue and expenditures. This was necessitated by an expansion in the board's enforcement program by the Consumer Protection Enforcement Initiative, prescription drug abuse epidemic and need for greater regulation over pharmacies that compound sterile products.

The board's fees schedule is provided in Appendix 8, Table 4 (Fee Schedule and Revenue).

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 emergent issues such as a national epidemic of prescription drug abuse and incidents of contaminated drug products being compounded by pharmacies. The board has been successful in securing augmentations to respond to these emergent issues via budget change proposals.

Appendix 9 contains Table 5 (Budget Change Proposals), listing BCPs.

Recent successful BCPs include staff for the following:

- Adding eight limited-term staff to establish a "Combatting Prescription Drug Abuse" proactive unit to evaluate CURES data and other controlled substances transactions by licensees, and to inspect and investigate licensees who may be inappropriately using their licenses.
- Adding two staff positions in the enforcement unit to coordinate administrative case tracking functions with the Office of the Attorney General as well as ensure the collection of citations and fines and comply with new notification requirements to licensees with arrests and convictions.
- Adding the equivalent of three limited-term staff responsible for implementation of the provisions contained in SB 493 (advanced practice pharmacist).
- Adding seven limited-term positions to oversee the board's expanded regulation of sterile compounding in California and in states shipping sterile products into California. This involves application processing, inspections and investigations.

Board Staffing Issues

Part of regulating a complex, dynamic health care profession is the need to respond to the emerging and changing needs of the industry being regulated and foremost on the needs of the public.

Fundamental to the board's successful enforcement activities is its inspector staff of licensed pharmacists. Because of the inspectors' education and experience in various pharmacy settings, 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. Board inspectors can quickly and thoroughly identify violations and provide technical advice to licensees about compliance issues involving California and federal laws. However, 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.

Since the last sunset report, DCA has established a continuous recruitment for board inspectors. This change has allowed the board to fill inspector positions far more rapidly than in the past. As the majority of the board's growth has been in this classification, continuous recruitment has been key to filling vacancies timely. Making recruitment more difficult however has been in the filling of the limited-term status of the 10 inspector positions created in FY 2014/15.

To correct an imbalance in the board's supervisory structure, the board has recently secured approval to add two chief of enforcement positions. The duties of these positions are discussed in greater detail in the Enforcement Section of this report.

Since its last review the board added one senior manager to oversee office staff. As growth continued, the board needed to add a second senior manager. This position is currently being recruited for and will be filled on a limited-term basis and reassessed.

The board currently has the following vacancies:

- 1 staff services manager
- 3 inspectors
- 2 chief of enforcement positions
- 1 staff services manager II (limited term)
- 2 inspectors (limited term)

Delays in filling vacancies create a backlog of work, resulting in unavoidable delays in board business activities. As such, the board makes efforts to recruit and fill vacant positions quickly.

Since our last review, the board has lost several longstanding inspectors to retirement who collectively had over 120 years of experience with the board. In addition, the board also lost several key office staff. Had the board not expanded so substantially in the past eight years and had the board not appropriately trained for succession planning purposes, the loss of this staff would have had a substantially greater impact on board operations.

The board continues to value succession planning and continues its efforts in this area. This includes cross-training staff and using departmental training courses to improve the skills of board employees to prepare them for additional duties and career development.

Whenever possible, the board promotes from within when a candidate possesses the qualifications needed to perform the duties of a vacant position.

Staff Development

The board's most important resource is its human resource. Without a well trained staff, the board would be 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.

The board also relies upon training opportunities outside of the department that serve as a complement to internal training opportunities. One such example is specialized training for all board inspectors and supervising inspectors on sterile compounding techniques, testing, etc. The board uses multiple training modalities including web-based training as well as structured bi-weekly training for all field staff offered by internal staff. Such training reduces costs associated with travel.

Training Summary						
	Department Provided Training		External Vendor Training		Internal Staff Training	
	Number of Courses	Number of Attendees	Number of Courses	Number of Attendees	Number of Courses	Number of Attendees
FY 2011/12	26	33	7	9	3	120
FY 2012/13	17	22	7	9	4	148
FY 2013/14	44	66	15	66	3	132
FY 2014-15	36	52	8	53	19	654

Below is board expenditures related to outside vendor provided training:

Training Expenses (travel costs not included)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Outside Vendor Training Costs	\$1,004	\$4,005	\$51,825	\$40,110

Section 4

Licensing Programs

- Licensing Programs
- Performance Targets
- Licenses Issued/Renewed
- Examination
- School Approval
- Continuing Education/Competency Requirements

Related Appendices

- Appendix 10 -Table 6 Licensee Population
- Appendix 11 - Table 7a Licensee Data by Type
- Appendix 12 - Table 7b Total Licensing Data
- Appendix 13 - Examination Data Detail



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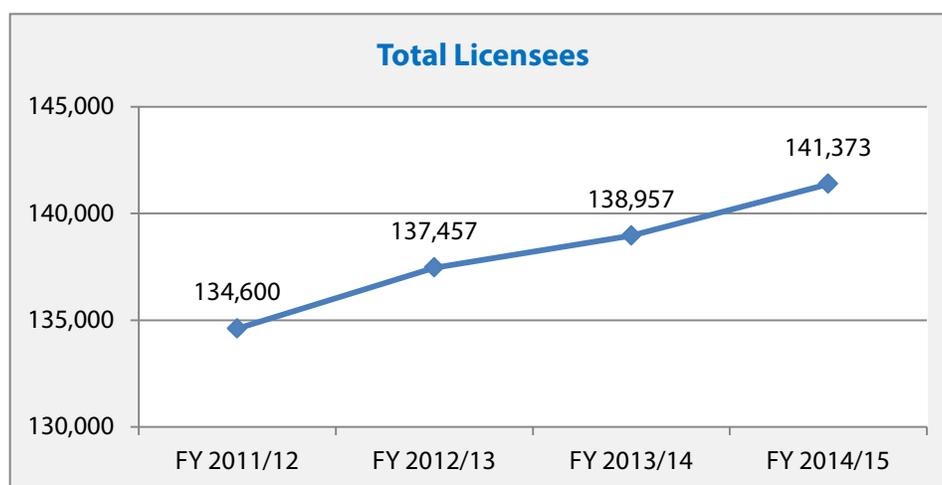
CALIFORNIA STATE BOARD OF PHARMACY

Licensing Programs

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, as the health care provider most educated on pharmaceutical care and management, convey critical information about drug therapy management to their patients and patients' representatives, as well as to other health care providers. In addition, the pharmacist's scope of practice is changing to assume a more active role due to their significant education (at least eight years post high school) and the fact that they are readily accessible to consumers.

The board has seen consistent growth in its licensee population since its last review, including a 5 percent increase in its overall licensee population.

Total Licensees			
FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
134,600	137,457	138,957	141,373



Additionally, over the past four years the board has:

- Received over 68,000 new applications
- Issued over 52,000 licenses
- Processed over 11,500 change notices
- Renewed over 240,300 licenses

Licensee Population	
License Type	FY 2014/15
Clinic	1,402
Centralized Hospital Packaging	3
Drug Room	38
Designated Representative – Third Party Logistics Provider	11
Designated Representative – Veterinary Food-Animal Drug Retailer	69
Designated Representative – Wholesaler	3,050
Hospital	485
Hypodermic Needle and Syringe	279
Intern Pharmacist	6,354
Correctional Facility	53
Pharmacist	47,436
Pharmacy	6,572
Pharmacy – Nonresident	453
Pharmacy Technician	74,586
Sterile Compounding Pharmacy	936
Sterile Compounding Pharmacy – Nonresident	91
Third Party Logistics Provider	0
Third Party Logistics Provider – Non Resident	2
Veterinary Food-Animal Drug Retailer	24
Wholesaler	639
Wholesaler – Nonresident	824
Total	141,373

Full information on the board's licensee population is provided in Table 6, Appendix 10.

Performance Targets

Historically, the board established its licensing performance targets as part of its strategic plan, as a measurable outcome by which the board could manage performance. The board publicly reports its performance at quarterly board meetings. More recently, the board, as part of a larger effort with DCA, has submitted performance targets that will be reported publicly by DCA. The board has established extremely aggressive performance targets as it remains cognizant of its role to meet its consumer protection mandate, while balancing the need for businesses and individuals to enter the marketplace.

The board's performance targets are provided below.

Board of Pharmacy Licensing Performance Measures Target Dates			
<i>License Type</i>	<i>Application Type</i>	<i>Status</i>	<i>Target (In Days)*</i>
Clinic	Clinic Permit Application	Complete	30
		Incomplete	65
Centralized Hospital Packaging	Centralized Hospital Packaging Pharmacy License Application	Complete	45
		Incomplete	80
Drug Room	Drug Room Application	Complete	30
		Incomplete	65
Designated Representative – 3PL	Application for Designated Representative – 3PL	Complete	30
		Incomplete	50
Designated Representative – Veterinary Food-Animal Drug Retailer	Designated Representative – Veterinary Food-Animal Drug Retailer Application	Complete	30
		Incomplete	50
Designated Representative - Wholesaler	Application for a Designated Representative License	Complete	30
		Incomplete	50
Hospital	Hospital Pharmacy Permit Application	Complete	30
		Incomplete	65
Hypodermic Needle and Syringe	Application for Hypodermic Needle and Syringe Permit	Complete	30
		Incomplete	50
Intern Pharmacist	Application for Registration as an Intern Pharmacist	Complete	15
		Incomplete	25
Correctional Pharmacy	Correctional Pharmacy	Complete	30
		Incomplete	50
Pharmacist	Application for Pharmacist Examination and Licensure	Complete	15
		Incomplete	25
	Application for Pharmacist Initial License	Complete	5
		Incomplete	7
Pharmacy	Pharmacy Permit Application	Complete	30
		Incomplete	65
Pharmacy - Nonresident	Nonresident Pharmacy Permit Application	Complete	30
		Incomplete	50
Pharmacy Technician	Pharmacy Technician Application	Complete	30
		Incomplete	50
Sterile Compounding Pharmacy	Application for a Sterile Compounding Pharmacy License	Complete	45
		Incomplete	80

Board of Pharmacy Licensing Performance Measures Target Dates			
License Type	Application Type	Status	Target (In Days)*
Sterile Compounding Pharmacy - Nonresident	Application for a Nonresident Pharmacy Sterile Compounding License	Complete	45
		Incomplete	80
Third-Party Logistics Provider	Application for Third-Party Logistics Provider License	Complete	30
		Incomplete	50
Third-Party Logistics Provider – Non Resident	Application for Nonresident Third-Party Logistics Provider License	Complete	30
		Incomplete	50
Veterinary Food-Animal Drug Retailer	Veterinary Food-Animal Drug Retailer Application	Complete	30
		Incomplete	50
Wholesaler	Application for Wholesaler License	Complete	30
		Incomplete	50
Wholesaler - Nonresident	Application for Nonresident Wholesaler License	Complete	30
		Incomplete	50

*For purposes of this table, the days reflected indicate the number of days within the board's control.

At the end of FY 2014/15, the board was not meeting these aggressive performance standards, but has taken several steps to reduce processing times that will enable the board to achieve these targets. Such steps include working to secure additional resources as well as improving application instructions and educating applicants about the requirements for licensure.

Additional Resources

The board has 23 licensing programs and working on implementation of one additional program. These programs vary in size and complexity. The board currently has the following licensing staff:

- 12 permanent full-time staff
- 3 full time limited-term staff
- 1 permanent intermittent staff

These staff process applications, issue licenses, respond to applicant inquiries, process change notices (e.g., changes in officers, minority ownership, responsible individuals) as well as coordinate renewals for specialty licenses (e.g., sterile compounding, centralized

hospital packaging licenses). In terms of an annual workload, this includes processing almost:

- 19,000 initial applications
- 900 specialty license renewal applications
- 12,400 phone and e-mail inquiries
- 3,800 change notices

Improvement of Application Processes

To improve applicant understanding of licensing requirements, the board has undertaken revision of its application forms and instructions. These are in various stages of implementation, but it is the board's goal to have all revised instructions and applications completed by early 2016. By simplifying and clarifying board instructions and applications, the board's objective is to reduce the number of deficiencies on initial applications, thereby reducing the overall application processing times. Additionally, board staff time spent responding to deficiencies and deficiency-related inquiries may be redirected to processing applications.

Applicant Education

The board has undertaken a modest educational campaign to provide better and more information within its existing resources. Specifically, the board has discussed application requirements during board and committee meetings that are webcast as well as to an audience of pharmacists. During such presentations the board covers application requirements as well as common deficiencies. Additionally, the board does outreach with California schools of pharmacy at the time students are submitting intern and pharmacist examination applications. The board outlines common deficiencies and new requirements to take advantage of the communication system the schools have set up with their students. The board is also working with DCA to develop the first in a series of videos that will also serve to assist applicants through the application process. The board was hopeful that the first in the series of videos would be released in fall 2015; however, because of resource limitations within DCA the release date has been delayed to 2016.

Application Processing Times

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 with required documentation is evaluated to determine if the applicant has demonstrated to the board his/her/its ability to meet the minimum qualifications as outlined in statute and regulation.

Processing times for the board's diverse applications differ due to the complexity of the application and supporting documentation required. For example, the application processing of a pharmacy technician application is generally very straightforward, whereas the application processing of a pharmacy application (that often includes several layers of ownership) is extremely complex and resource intensive. The supporting documentation for a pharmacy application extends to multiple layers of ownership, officers and members at each level as well as the pharmacist-in-charge and funding sources for the entity.

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 as determined by the license type. Failure to satisfy the deficiencies for the application may result in the application being considered abandoned. Once an application is considered abandoned, a new application, fee and supporting documentation are generally required.

Once an applicant provides sufficient documentation to the board demonstrating the applicant meets the minimum qualifications, the application is forwarded to a resource analyst for final review prior to the issuance of a license. When the license is issued, the license number is available from the board's website the following day. The board has a provision in law that specifies that verification from the board's website is proof of licensure.

Several factors impact the board's processing times and the board's processing times over the past four fiscal years have fluctuated with workload demands. Further, the processing times specifically for pharmacy applications have increased, in part because the complexity of ownership structures has been increasing. Thorough investigations of the ownership structure are essential to ensure that the board does not issue a license to an entity that would otherwise be prohibited by law. Such reviews are resource intensive, especially when applicants attempt to thwart the board's review by either providing false information, failing to timely provide information or failing to provide all of the necessary information.

Processing Times for Three Board License Types

Application Processing Times								
Application Type	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Rec'd	Days	Rec'd	Days	Rec'd	Days	Rec'd	Days
Pharmacy Technician	9,491	110	8,741	70	8,211	89	7,151	93
Pharmacist Exam	2,467	35	1,805	32	2,682	38	3,122	46
Pharmacy	333	89	505	95	421	112	1,541	137

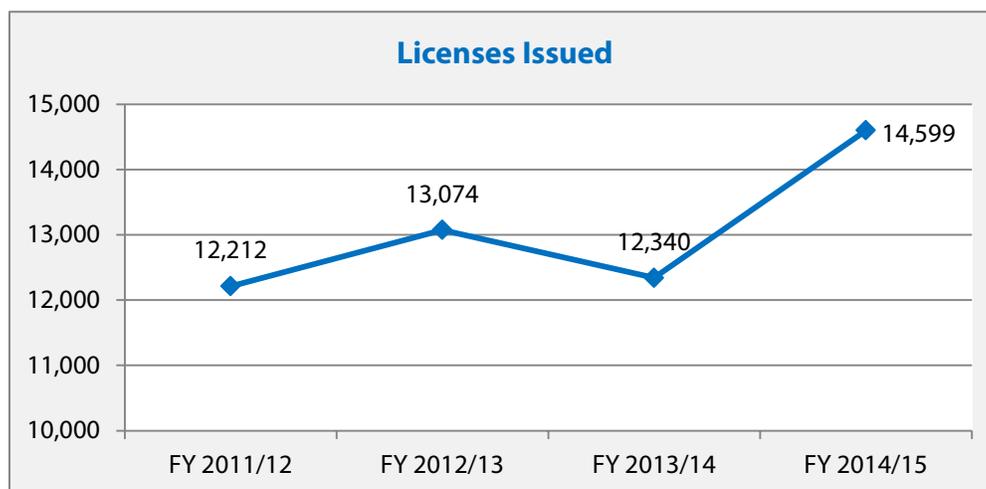
As illustrated above and in Table 7(a) (provided in Appendix 11), there have been fluctuations in processing times in all board licensure programs. For example, in FY 2011/12, the board received almost 9,500 pharmacy technician applications and the overall processing time for those applications was 110 days. In FY 2014/15 the number of pharmacy technician applications received about 25 percent less and the processing time was reduced to 93 days. Fluctuations are due to a number of factors including staff vacancies, implementation of new licensing programs causing redirection of staff resources, sudden surges in workload related to peak cycles times (graduation dates) and large buyouts of chain store pharmacies.

The board is currently focusing on timely processing of applications and recently reinstated a quarterly review of all of its pending applications. This quarterly review is intended to serve as another opportunity for the board to reach out to applicants and request necessary information before an application would otherwise be withdrawn. As of October 30, 2015, the board had over 2,500 pending applications for initial licensure. While quarterly reviews have not been fully integrated into the board's application processes on a routine basis, the overall goal is to secure resources necessary to perform such reviews quarterly on all pending applications. The board projects, based on recent efforts in this area, that completing this review quarterly will result in deficiencies being remedied more quickly and licenses being issued faster.

Licenses Issued/Renewed

Upon determination that an applicant has satisfied the requirements for licensure, the board will issue a license. The number of licenses issued has fluctuated during this four-year period, with an overall growth of almost 20 percent for the four-year period.

Licenses Issued			
FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
12,212	13,074	12,340	14,599



The significant increase in licenses issued in FY 2014/15 is due in part to the change in ownership/buyout of three pharmacy chains.

To maintain licensure in California, a license must be renewed. Most licenses require annual renewal. Pharmacists and pharmacy technicians are the only licensing groups to renew every two years. Pharmacist interns are issued a nonrenewable license with a term of up to six years.

As the board's licensee population has grown, so has the number of renewals processed by the board each year. In 2014/15, over 62,300 licensees renewed their licenses, an increase of about 7 percent since 2011/12.

Licenses Renewed			
FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
58,364	58,838	62,166	62,327

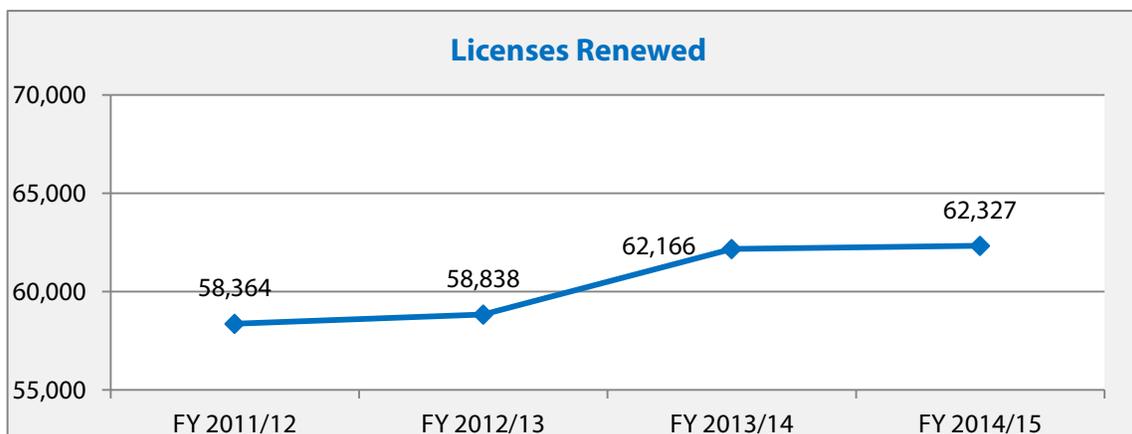


Table 7b is included as Appendix 12 and includes more specific information about the board's licensee population.

Application Information

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 (DOJ) and the Federal Bureau of Investigation (FBI). 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 agency 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 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 applicants identify an out of state license. Such reports identify and confirm 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 also requires all pharmacists, intern pharmacists, and pharmacy technician applicants to provide a "self-query report" from the National Practitioner Data Bank (NPDB) when submitting an application for examination and/or licensure. Such reports are another source for ensuring the board has complete background information on applicants before making a licensing decision as these reports detail any action taken by another regulator that has been reported to this national databank. The board has been interested in pursuing the option of enrolling its licensees in a "continuous query" process with NPDB; however, absent an augment in board funding, this will not be possible as costs cannot be absorbed. The estimated cost of the service would be about \$424,000 annually for the board. However, the benefit of receiving these continuous queries would permit the board to more quickly identify enforcement activities taken by other regulators, protecting the public.

In addition to the criminal and disciplinary background checks, 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. The board uses both primary and secondary source documentation. For example, the board requires primary source documentation including transcripts from a school of pharmacy to be sent directly from the school. In other instances, the board will accept secondary documentation as long as the document is certified from the source of origin. 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.

Out-of-State/Out-of-Country 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 Business and Professions Code sections 4200 and 4208, 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.

In the same vein, out-of-state businesses must also meet all of the same licensure requirements as do entities within California. In such cases, the board will also evaluate any disciplinary action taken against the licensee in the home state. The board has sought legislative changes that serve to protect California consumers irrespective of whether their medications come from within or outside of California. This is most notable in the board's nonresident sterile compounding pharmacy licensing program, where the board has specific statutory authority to inspect such facilities as both a condition of initial licensure as well as renewal.

Military Education

The board has five licensing categories for individuals:

- Pharmacist
- Intern Pharmacist
- Pharmacy Technician
- Designated Representative (including Designated Representative, Veterinary Food-Animal Drug Retailer)
- Designated Representative – 3PL

With the exception of the intern pharmacist license (which does not have an experience component or pathway to license), the board accepts military training and experience for purposes of licensure. Further, the pharmacy technician requirements for licensure specifically establish pharmacy technician training earned in the military as one pathway to licensure. The board is one of DCA's agencies that has not joined the BreEZe system, so because of current system limitations, the board is unable to readily identify the number of applicants who have used military experience and/or training to satisfy application requirements. The board is hopeful that once it transitions to a new computer system, better tracking will be available.

The board is working towards implementation of new applications that will allow the board to identify and track applicants who are veterans. The board will be using an interim solution to track this information until the board transitions to a new computer system. The board expects to have the interim tracking in place by January 1, 2016, consistent with the statutory mandate.

The board waives renewal fees and continuing education requirements in compliance with Business and Professions Code section 114.3, but does not receive a significant number of requests to do so. The board has waived the fee for seven individuals in the past two fiscal years.

The board currently expedites the processing of applications when applicants provide supporting military documentation. The board has expedited the processing of 66 applications in the past three fiscal years.

No Longer Interested

The board resumed sending “No Longer Interested” notifications to the Department of Justice on former licensees who have fingerprints on file. These notifications cannot be done electronically, which would greatly simplify the task. The board is working to address a backlog of notifications and anticipates that it will be current by the end of 2015.

Examination

Applicants 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 used by all states. By statute, the CPJE exam is developed by the board to assess California-specific law applications, patient consultation skills and other areas of California pharmacy practice not tested by the NAPLEX.

The pass rates for the pharmacist exams are provided below. As the information provided in Table 8 displays, the passing rate for the NAPLEX exam is about 10 percent higher than the passing rate for the CPJE.

Table 8. Examination Data

<i>California Examination:</i>		
License Type		Pharmacist
Exam Title		California Practice Standards and Jurisprudence Examination (CPJE)
FY 2011/12	# of 1 st Time Candidates	1,654
	Pass %	1,443 or 87.2%
FY 2012/13	# of 1 st Time Candidates	1,790
	Pass %	1,521 or 85.0%
FY 2013/14	# of 1 st time Candidates	1,840
	Pass %	1,609 or 87.4%
FY 2014/15	# of 1 st time Candidates	2,125
	Pass %	1,755 or 82.6%
Date of Last OA		FY 2013/14
Name of OA Developer		Applied Measurement Professionals (AMP)
Target OA Date		FY 2017/18
<i>National Examination:</i>		
License Type		Pharmacist
Exam Title		North American Pharmacist Licensure Examination (NAPLEX)
FY 2011/12	# of 1 st Time Candidates	1,346
	Pass %	1276 or 94.8%
FY 2012/13	# of 1 st Time Candidates	1,273
	Pass %	1201 or 94.3%
FY 2013/14	# of 1 st time Candidates	1,425
	Pass %	1,318 or 92.5%
FY 2014/15	# of 1 st time Candidates	1520
	Pass %	1,410 or 92.8%
Date of Last OA		FY 2013/14
Name of OA Developer		National Association of Boards of Pharmacy (NABP)
Target OA Date		FY 2017/18

Twice a year the board publishes passing rate information for both the CPJE as well as the NAPLEX for California applicants who have taken both exams. Provided in Appendix 13 is a comprehensive report detailing exam performance for the past four fiscal years.

Computer-Based Testing

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.

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.

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, Santa Clara, Ventura, Visalia and Walnut Creek. Testing sites are also available throughout the contiguous United States and include Albuquerque, NM; Atlanta, GA; Boston, MA; Charlotte, NC; Cherry Hill, NJ; Chicago, IL; Cranberry Township, PA; Dallas, TX; Glendale (Queens), NY; Houston, TX; Las Vegas, NV; Milford, CT; Nashville, TN; North Orem (Provo); UT, North Salt Lake City, UT; Phoenix, AZ; Portland, OR; Richmond, VA; Southfield (Detroit Area) Examination Center, MI; West Des Moines, IA; West Hartford, CT; and Woodbury, MN.

The NAPLEX is available at approximately 252 sites throughout the United States, with 22 in California.

Removing Statutory Barriers

The board routinely evaluates its licensing and application processes to identify efficiencies. Most recently, at the recommendation of the board's Licensing Committee, the board successfully sponsored legislation to streamline the reporting of intern hour experience for pharmacist applicants (Stone, Chapter 147, Statutes of 2015).

Additionally, the board has updated its application for the pharmacy technician license via regulation as the application form is incorporated by reference in board regulation. In general the requirements themselves are not changing; however, the board is hoping with additional guidance to applicants as well as changes in the layout of the application form, applicants will have a better understanding of the requirements which will result in fewer deficiencies and more effective processing of the applications.

School Approval

The board does not approve schools of pharmacy, rather pharmacy law establishes “recognized school of pharmacy” as a school of pharmacy accredited, or granted candidate status, by the Accreditation Council for Pharmacy Education (ACPE). The ACPE is the sole accrediting body for pharmacist education in the U.S. The board does not have an official role with the ACPE; however, a board member attends and observes accrediting and reaccrediting visits at California schools of pharmacy. Additionally, the board receives updates from ACPE on changes in accreditation status when they occur.

The ACPE does not convey full accreditation upon a new school of pharmacy until the school graduates its first class of pharmacists which generally 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 ACPE. The board could remove its recognition of a school of pharmacy if the situation was deemed necessary; however, this has never occurred.

There are currently eight schools of pharmacy within California that are fully accredited:

- California Northstate University College of Pharmacy, Elk Grove, CA
- Loma Linda University School of Pharmacy, Loma Linda, CA
- Touro University – California College of Pharmacy, Vallejo, CA
- University of California, San Diego Skaggs School of Pharmaceutical Sciences, La Jolla, CA
- University of California, San Francisco School of Pharmacy, San Francisco, CA
- University of Southern California School of Pharmacy, Los Angeles, CA
- University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences, Stockton, CA
- Western University of Health Sciences College of Pharmacy, Pomona, CA

In addition there are two schools that have received candidate status by the ACPE:

- Keck Graduate Institute (KGI) School of Pharmacy, Claremont, CA
- West Coast University School of Pharmacy, Los Angeles, CA

There are two additional schools that are currently in pre-candidate status:

- California Health Sciences University College of Pharmacy, Clovis, CA
- Chapman University School of Pharmacy, Irvine, CA

The Bureau for Private Postsecondary Education has no role in the approval of pharmacy schools or training. The board has no legal requirements regarding the approval of international schools.

Continuing Education/Competency Requirements

Pharmacists are the only board's licensee category that is required to earn continuing education (CE) 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.

The board is currently working on implementation of the requirements for advanced practice pharmacists. Once licensed, such individuals will be required to earn an additional 10 units of CE every two years at renewal.

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 process is to instruct the licensee to secure compliance with the deficient CE units and then to cite and fine the pharmacist for misrepresenting completion of CE on the renewal form. 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.

Continuing Education Audits					
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>	<i>Total</i>
Audits Performed	210	262	502	438	1,410
Passed	169	219	430	381	1,199
Failed	41	43	72	57	213
Percentage Passed	80.5%	83.6%	85.7%	87.0%	85.0%

The board conducted 1,410 CE audits in the prior four fiscal years, with 213 pharmacists failing the audit because they could not provide full evidence of completing 30 units of CE. As a result, the board completed investigations on 203 pharmacists and issued 170 citation and fines.

Accreditation Agencies

Board regulations designate two primary accreditation agencies to approve continuing education providers and courses -- the Accreditation Council for Pharmacy Education and the California Pharmacists Association (formerly known as the Pharmacy Foundation of California). The board awards continuing education for some of the training it provides as well as joint training it conducts generally with the Drug Enforcement Administration. In such cases, the board takes formal action during a board meeting to award the credit. Individuals attending such training receive a certificate documenting completion of the course.

The board itself does not approve course providers; however, by law, 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. Since the last sunset review, the board has reviewed two courses for approval and approved one.

The board does not audit CE providers.

Continuing Competency

The National Association of Boards of Pharmacy developed a mechanism to measure pharmacist competency, the PARE (Pharmacist Assessment for Remediation and Evaluation). The PARE is a computer-based assessment that consists of 210 multiple choice questions focusing on three main content areas -- Medication Safety and the Practice of Pharmacy, Professional Ethics/Professional Judgement and Clinical Pharmacy Practice. Although the exam is computer-based, it is currently administered in a two-week testing window approximately four times per calendar year. The board does not currently require the PARE, but it is an option for the board when evaluating licensees for whom the board seeks information on continuing competency.

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. The board is promulgating a regulation change currently to effectuate these requirements.

In a pending regulatory action, the board has also established a provision that a pharmacist may receive three hours of 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 Programs

- Enforcement Programs Overview
- Board Performance Targets/Expectations
- Citation and Fine
- Cost Recovery and Restitution

Related Appendices

- Appendix 14 - Table 9a, 9b, 9c Enforcement Statistics
- Appendix 15 - Table 10 Enforcement Aging
- Appendix 16 - Table 11 Cost Recovery
- Appendix 17 - Table 12 Restitution



BE AWARE AND TAKE CARE:
Talk to your pharmacist!

CALIFORNIA STATE BOARD OF PHARMACY

Enforcement Program

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 must identify violations with supporting evidence and reports prepared that document all of the findings. Failure to do so compromises this basic tenet of the board's mandate.

From 2011/12 through 2014/15, the board:

- Closed investigations on 11,962 licensees
- Referred 1,707 licensees and applicants for formal discipline
- Issued 8,359 citations
- Collected \$7,486,177 in citation and fine revenue
- Revoked or accepted surrender of 831 licenses
- Placed 339 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, the following are examples of violations investigated by the board:

- A pharmacy has numerous medication containers that are overfilled with medication, some of which contain pills other than those of the manufacturer on the label. In this case the pharmacy had obtained medications from unauthorized sources. The board secured an interim suspension order against the licensees involved and ultimately the licenses were revoked.
- A pharmacist unlawfully accessed confidential health information hundreds of times on coworkers. The board secured an interim suspension order against this pharmacist and ultimately secured a disciplinary surrender.
- A pharmacy was dispensing pain medication to large numbers of patients where neighbors of the pharmacy reported observing drug deals occurring the parking lot. The pharmacy and pharmacist licenses were both revoked.
- A pharmacy located out of state, shipped contaminated eye medication to physicians in California and patients were seriously injured. The board issued a cease and desist order to prevent the shipping of additional medication into the state and ultimately secured a disciplinary surrender of the license.

In addition to regulating the practice of pharmacy, the board ensures the safety of the drug products dispensed to patients. The board also 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. And some prescription medications have addictive characteristics that when prescribed and dispensed too liberally can addict a patient.

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. Unlike sour milk that smells, tastes bad, and looks different, no expert can tell simply by looking at a drug to identify whether it:

- contains the right ingredients in the right composition,
- has been subjected to extreme temperatures or other conditions that would damage its integrity, or
- is past its expiration or beyond use 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 inspections to detect violations, investigating complaints, monitoring licensees on probation, 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 program elements 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.

Appendix 14 includes Enforcement Tables requested by the Sunset Review Committee, Tables 9a, 9b and 9c.

Board Performance Targets/Expectations

Performance Measures: Investigations

The board performance objectives for its investigation activities are:

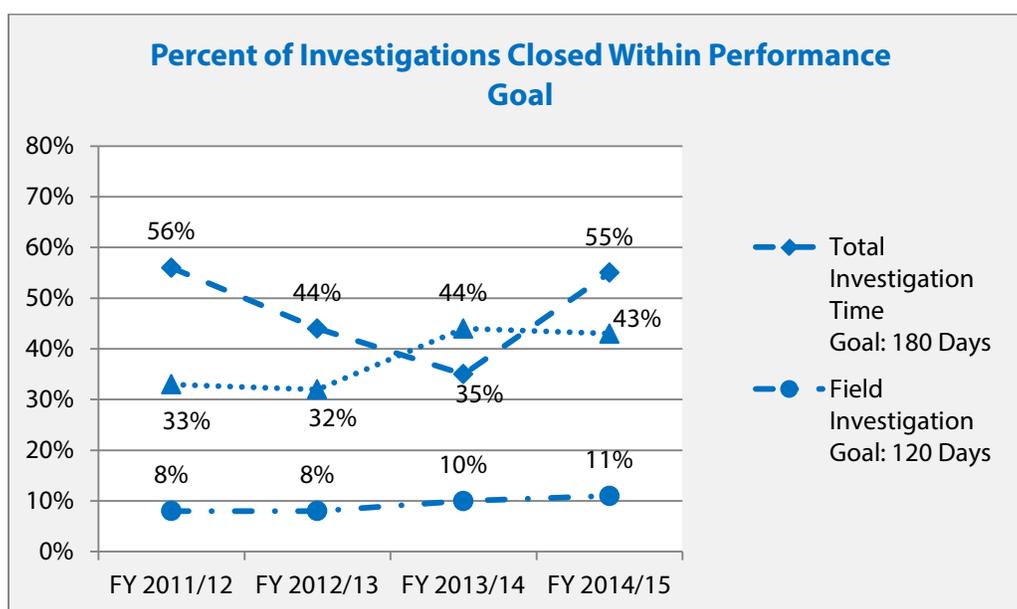
- Complete all desk investigations within 90 days
- Complete all field investigations within 120 days
- Close all investigations within 180 days

At the conclusion of the 2014/15 fiscal year, the board was:

- Completing 43 percent of its desk investigations within 90 days
- Completing 11 percent of its field investigations within 120 days
- Closing 55 percent of all investigations with 180 days

Provided below is a display of the board's ability to meet its performance standard for the reporting period.

Investigation Closed within Performance Standards					
Percentage of Cases Completed within Performance Standard					
	Performance Standard	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Desk Investigations	90 days	33	32	44	43
Field Investigation	120 days	8	8	10	11
Total Investigation Time Including Supervisor's Review	180 days	56	44	35	55



The board has experienced a 23 percent growth in the past two years in its enforcement staff, primarily in the number of field staff. As such, the board is and has been in a training mode with respect to new inspectors. It is essential to ensure new inspector staff are appropriately trained because of the autonomous nature of their positions and the consequences if elements of an inspection or investigation are missed. This training is a principal reason the board has been unable to fully meet its aggressive performance standard. The board expects that as field staff become more experienced, case closure times will improve.

The board also experiences delays in completing investigations sometimes because it does not receive requested information in a timely manner from board licensees. Pharmacy law requires licensees to provide data within 30 (and in some cases 14) days. Sometimes the board still does not receive data within this timeframe in part because in large corporate structures, the corporate office requires its review of all information before it is sent to the board. The board attempts to work with licensees to gain the data we have requested. However in cases of long delay, the board may charge the respondent with impeding the board's investigation.

In the case of an investigation resulting from a criminal conviction, the board continues to have difficulty in obtaining arrest and court documentation from some 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. Many arresting agencies and courts now require 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, regardless of whether they charge a fee. The fees and the delays in receiving records hamper the board's ability to complete such investigations in a more 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 nor does it provide sufficient evidence.

Coordination and consistency among the board's 46 inspectors and supervisors is an ongoing issue for the board. The board has established weekly supervising inspector calls to coordinate major investigations and policy issues, bi-monthly telephone training sessions with field staff, monthly assessment of aging case status data as well as quarterly aggregate data on enforcement workload by investigator. We believe that in the coming year, these efforts will also aid the board in reducing case closures.

The complexity of the cases the board investigates has increased as errant licensees and individuals seem to be more aggressively violating pharmacy law. In the coming months, the board will continue its ongoing efforts to work on joint investigations with the

Department of Health Care Services, Department of Public Health, Food and Drug Administration, FBI, DEA, and other local, state and federal law enforcement agencies.

In the three years prior to our last Sunset Review, the board received 7,340 complaints. In the three years prior to this review, the board received 10,399 complaints, a 42 percent increase. To respond to the growing workload, the board has restructured its organization to include two individuals at the CEA level to oversee the eight supervising inspectors and 38 field inspectors who perform board investigations. These individuals will serve as the Chief of Enforcement over their respective areas of enforcement activities and will be responsible for management as well as policy recommendations and implementation. The board believes that these two senior managers will provide much needed coordination among all investigation and other enforcement activities also with the benefit of reduced case closure time coupled with more consistent work products and resolutions.

Enforcement Trends: Investigations

The board has experienced a slight but steady increase in the number of complaints received. Between 2011/12 and 2014/15, the board referred 20 percent more cases for investigation. The board's overall assignment times dropped during the reporting period. There has been a downward trend in the criminal conviction notifications received, about a 29 percent decrease. This could be in part due to a decrease in the number of pharmacy technician applications received.

A review of the allegations for complaints received does not provide any significant increases or decreases with the exception of unprofessional conduct that continues to increase as an allegation.

Disciplinary Actions

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 public letter of reproof to revocation of the license.

Subject to judicial review, the board has the final authority over the disposition of its cases. 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 is currently revising its guidelines through the administrative rulemaking process specifically to include components of the Uniform Standards and to strengthen disciplinary orders for licensees.

Performance Measures: Administrative Cases

The board has established the following performance objectives for its administrative case activities:

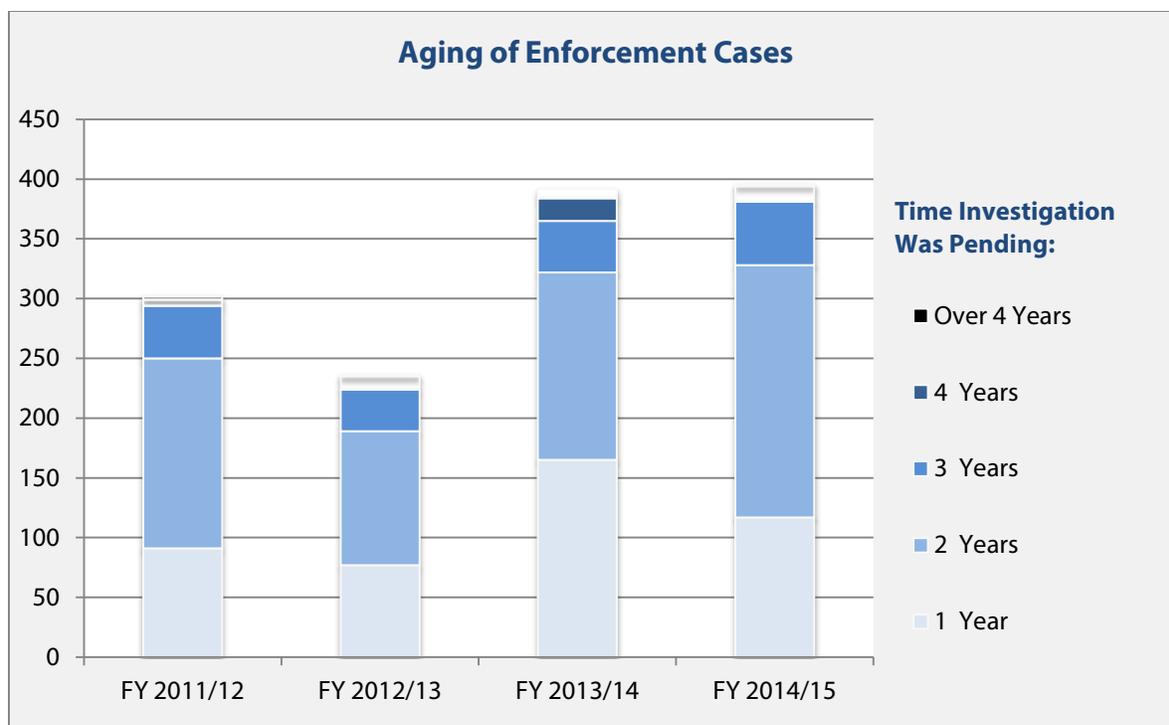
- Submit petitions to revoke probation within 30 days once non-compliance with terms of probation is substantiated,
- Achieve 100 percent of case closures on administrative cases within one year (excluding board investigation time).

At the conclusion of the 2014/15 fiscal year the board was:

- Submitting 13 percent of all petitions to revoke probation within 30 days once non-compliance with terms of probation has been substantiated;
- Closing 30 percent of its cases at the Office of the Attorney General within one year.

Provided below is a multi-year comparison of closure times for cases referred for action to the Office of the Attorney General. When compared to our prior Sunset Review where 39 percent of all AG cases were closed within the first two years, over the last four years, 82 percent of all cases were closed within the first two years. This is a significant improvement.

Enforcement Aging						
<i>Attorney General Cases (Average %)</i>						
<i>Closed Within:</i>	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15	<i>Cases</i> <i>Closed</i>	<i>Average %</i>
1 Year	91	77	165	117	450	34%
2 Years	159	112	157	211	639	48%
3 Years	44	35	43	53	175	13%
4 Years	5	11	19	13	48	4%
Over 4 Years	4	2	8	2	16	1%
Total Cases Closed	303	237	392	396	1328	100%



Included in Appendix 15 is Table 10 in its entirety as requested by the Sunset Review Committee.

There has been a significant increase in the number of disciplinary cases referred to the Office of the Attorney General (AG) since the last Sunset Review. In the three years prior to our last Sunset Review, the board referred 907 cases to the AG's Office. In the three years prior to this review, the board referred 1,144 cases, a 26 percent increase.

The board also notes growth in the number of pleadings filed: 701 accusations and statements of issues reported during its last review with discipline completed against 492 respondents. In the three years prior to our current review, the board has filed 954 pleadings and secured discipline against 918 licensees, a 36 percent increase in the number of pleading and a 87 percent increase in the number of disciplinary actions secured against respondents.

Case Prioritization

As part of all complaint investigation assignments, a case priority is established by a supervising inspector. The board uses a case prioritization system tailored to meet the diversity of individual licensees and practice settings that the board regulates. 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, large controlled substances losses, sterile compounding violations, and unauthorized furnishing of prescription drugs and/or controlled drugs. Priority 1 and 2 complaints are those complaints that generally will be referred to the Office of the Attorney General 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, they are nevertheless important. 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.

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 14 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 4127.1* – Requires notice to the board within 12 hours of any recall notice issued by a pharmacy for sterile drug products it has compounded. Further, adverse effects reported or potentially attributable to a pharmacy's sterile drug products must also be reported to the board.
 - *Federal Drug Quality Security Act of 2013* – Requires a manufacturer, wholesaler or pharmacy to report to the board 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 has done significant outreach and education to its licensees about mandatory reporting requirements to the board. These education efforts have resulted in increased reporting to the board. For example, regarding "section 800 reports," over the last four years, the board has received 674 reports. The board received 737 reports of drug losses involving controlled substances and/or employee impairment.

However, the board has more work to do in this area because we do not believe that we receive all reports pursuant to the requirements listed above. During board presentations to licensee groups and in the board's newsletter, the board continues to advise licensees of their obligation to report under the code sections listed above. Further, as part of the board's inspections, mandatory reporting obligations are generally discussed and inspectors ensure policies are in place in a pharmacy for reporting in compliance with Business and Professions Code section 4104.

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.

Unlicensed Activity and the Underground Economy

The board continues to aggressively investigate unlicensed activity. The table below details the number of investigations initiated involving allegations of unlicensed activity. The number of such investigations is relatively low when compared to the total number of investigations initiated over the same period.

Unlicensed Activity Investigations					
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>	<i>Total Initiated</i>
Investigations	69	99	178	138	484

Examples of unlicensed activity range from an individual or business operating without a license, providing services to Californians from outside the state without being licensed and consumers buying drugs online from unlicensed vendors.

Included in Section 10 is additional information regarding unlicensed activity and the underground economy.

Citation and Fine

The board uses its authority to issue citations, citations with fines and letters of admonition to deal with important violations that warrant the licensee's attention, thought and correction, but do not rise to a level where license sanctions such as probation, suspension or revocation are appropriate. The chart below shows the number of citations, citations and fines and letters of admonishment that have been issued in the last four years.

Citation and Fines/Letters of Admonishment				
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Letters of Admonishment	143	159	260	147
Citations with No fine	156	199	390	208
Citation with Fine	842	1,287	1,595	972
Fines Assessed	\$116,424,525	\$16,043,600	\$13,011,000	\$1,694,080
Fines Collected	\$1,298,536	\$2,360,413	\$2,174,490	\$1,606,120

The board has not had any significant changes to its citation and fine program since the early 2000s.

The board has authority to issue citations, citations with fines and letters of admonishment for any violation of pharmacy law. Under board regulations, the board may issue citations of up to \$5,000 for:

1. Any violation of the Pharmacy Law (Business and Professions Code 4000 et seq.).
2. A violation of a regulation adopted by the board.
3. A violation of the Confidentiality of Medical Information Act (Civil Code 56 et seq.).
4. Defaulting on a United States Department of Health and Human Services education loan (capped at \$2,500).
5. A violation of other statutes or regulations for which the board may issue a citation.

For most violations, the board is capped at issuing fines of \$5,000 to each licensee investigated in a specific investigation. This means that the board could issue fines of up to \$5,000 to a pharmacy, pharmacist, and pharmacist-in-charge involved in the same violations of pharmacy law.

The board generally assesses the highest fines for the most serious violations. When assessing fines pharmacy law details the factors that must be considered when assessing fines. Such factors include:

- Gravity of the violation.
- Good or bad faith of the cited person or entity.
- History of previous violations.
- Evidence that the violation was or was not willful.
- Extent to which the cited person or entity has cooperated with the board's investigation.

- Extent to which the cited person or entity has mitigated or attempted to mitigate any damage or injury caused by the violation.
- Number of violations found in the investigation.
- Other matters as may be appropriate.

The board also has specific statutory authority to issue higher fines for specific violations. The board can issue fines of \$25,000 per prescription for internet sales of drugs where no underlying appropriate examination occurred (California Business and Professions Code section 4067). In such cases, the pharmacy is not practicing pharmacy but is a drug seller to the internet operator.

The board also has the authority to issue fines of up to \$5,000 per occurrence for specified violations. For example, California Business and Professions Code 4127.4 allows the board to issue fines of up to \$2,500 per occurrence for violations involving sterile injectable compounding.

The table below shows the number of citations issued and the average fine amounts in each of the last four fiscal years.

Citation and Fines Average Fine Amounts Assess Pre Appeal				
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
General Authority Average Fine Amount	\$1,426 (N=940)	\$1,247 (N=1443)	\$1,202 (N=1971)	\$1,271 (N=1166)
B&PC 4067 Average Fine Amount	\$21,043,800 (N=5)	\$30,000 (N=3)	\$3,705,000 (N=2)	0
B&PC 4126.5 Average Fine Amount	\$15,665 (N=39)	\$19,945 (N=21)	\$5,500 (N=2)	0
B&PC 4169 Average Fine Amount	\$660,979 (N=14)	\$48,711 (N=19)	0	\$15,054 (N=14)
Fines Collected	\$1,269,242	\$2,303,599	\$2,270,299	\$1,643,107

The table below shows the post appeal outcomes.

Citation and Fines Average Fine Amounts Assess Post Appeal				
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
General Authority Average Fine Amount	\$2,136 (N=164)	\$1,759 (N=133)	\$2,392 (N=184)	\$2,191 (N=179)
B&PC 4067 Average Fine Amount	\$11,627,154 (N=23)	\$20,053,833 (N=15)	\$9,287,385 (N=13)	\$2,470,833 (N=3)
B&PC 4126.5 Average Fine Amount	\$22,650 (N=1)	\$6,068 (N=14)	\$13,834 (N=11)	\$9,369 (N=4)
B&PC 4169 Average Fine Amount	\$645,217 (N=15)	\$155,979 (N=12)	\$114,900 (N=25)	\$16,864 (N=11)

* Post appeal amounts may include appeals from citations issued in a previous fiscal year.

Appeal Process

Following the issuance of a citation with or without a 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 or designee and a supervising inspector. Upon conclusion of the office conference, staff may affirm, modify or dismiss the original citation with or without a fine or affirm or dismiss the letter of admonishment.

In addition to an office conference, a licensee who was issued a citation 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 5,649 citations and fines. The board held 1,226 informal office conferences for citation and fine cases. As a result of the office conferences, 373 were affirmed, 214 were either dismissed or reduced to a letter of admonishment and the remaining 334 were modified in some way. Note: some cases are still pending.

The board issued 698 letters of admonishment during the last four fiscal years. During that time, 177 were contested at an informal office conference.

During the last four fiscal years, the board referred 652 citation and fine appeals cases to the Office of the Attorney General to proceed with a request for hearing on the matter. By year the data is:

- 2011/12 - 193
- 2012/13 - 156
- 2013/14 - 197
- 2014/15 - 106

Five Most Common Violations

The most frequent violations for which citations and fines were issued by year are:

2011/12

- Medication Errors (The patient does not receive the appropriate medication.)
- Conviction of a Crime (The licensee is convicted of a crime substantially related to the duties or functions of the license.)
- Self-use (The licensee uses alcohol or other drugs inappropriately but not to the level where formal discipline is warranted, e.g. DUI)
- Inappropriate Distribution of Drugs (Distributing prescription drugs in a manner that violates pharmacy law.)
- Failure to Provide Patient Consultation (A patient receives medication without being provided required information from a pharmacist.)

2012/13

- Conviction of a Crime (The licensee is convicted of a crime substantially related to the duties or functions of the license.)
- Self-use (The licensee uses alcohol or other drugs inappropriately but not to the level where formal discipline is warranted, e.g. DUI)
- Medication Errors (The patient does not receive the appropriate medication.)
- Moral Turpitude/Fraud/ Dishonesty (Licensee commits violations that are unprofessional and fraudulent.)
- Falsifying Documents (Licensee provides the board with fraudulent information.)

2013/14

- Medication Errors (The patient does not receive the appropriate medication.)
- Self-Use (The licensee uses alcohol or other drugs inappropriately but not to the level where formal discipline is warranted, e.g. DUI.)
- Conviction of a Crime (The licensee is convicted of a crime substantially related to the duties or functions of the license.)

- Operation Standards and Security (The licensee fails to appropriate secure the license premises, the medication or the records.)
- Quality Assurance Programs (The pharmacy fails to perform quality assurance review within two days following a medication error.)

2014/15

- Self-Use (The licensee uses alcohol or other drugs inappropriately but not to the level where formal discipline is warranted, e.g. DUI.)
- Medication Errors (The patient does not receive the appropriate medication.)
- Conviction of a Crime (The licensee is convicted of a crime substantially related to the duties or functions of the license.)
- Operational Standards and Security (The licensee fails to appropriate secure the license premises, the medication or the records.)
- Falsifying Documents (Licensee provides the board with fraudulent information.)

Franchise Tax Board

The Franchise Tax Board intercepts the tax refunds of those Californians who owe delinquent money to state and local agencies. Once intercepted, the money is redirected to the agencies to which the debts are owed (Government Code section 12419.5). The program cannot intercept corporation or partnership funds, but can intercept funds in cases of sole ownership of a business.

The board makes an effort to collect the fines it has assessed. Consistent with the board's statutory authority, the board places holds on the renewal of licenses until a fine is paid. Where this is unsuccessful, the board uses the Franchise Tax Board's (FTB) Intercept Program. The board is advised by FTB if a payment is received, at which time the board updates the licensee's record.

When money is received by FTB, the money owed the board is deposited into the board's fund. The data below details the board's efforts in this area.

Franchise Tax Board Intercept Program				
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Accounts Opened	86	39	47	219
Accounts Closed	10	13	11	39
Money Received by the Board	\$21,614	\$6,633	\$20,917	\$34,734

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 license.

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 \$4,202,378 in costs for all decision and orders, and has collected \$1,977,988. On the right is a general breakdown.

Money Awarded	
Revoked Licenses	\$532,933
Surrendered Licenses	\$1,385,838
Licenses on probation	\$2,205,334
Public Repeval	\$78,273
Total awarded:	\$4,202,378

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.

In general the board does not believe it will recover the costs for the majority of those with either a revoked or surrendered license.

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).

The board has the ability to collect unpaid cost recovery with the use of the Franchise Tax Board Intercept Program. The board has not used the Intercept Program to collect unpaid cost recovery owed. Rather, when a licensee on probation fails to submit cost recovery payments as directed, generally the board will pursue further administrative discipline as such failure constitutes a violation of probation.

Included in Appendix 16 is Table 11 providing cost recovery information requested by the Sunset Review Committee.

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

Appendix 17 contains Table 12 Restitution, which has no data because the board lacks this authority.

Inspection Program

The board does inspections of licensees and premises. It also must inspect sterile compounding pharmacies before issuing a license or annual renewal.

As part of the training for new inspectors, significant time is dedicated to completing inspections. As such in FY 2011/12 as part of the onboarding for new inspector staff acquired as part of the Consumer Protection Enforcement Initiative, the board completed a significant number of inspections of facilities. As these staff gained the necessary knowledge to work more independently, much of their work transitioned to investigations, which generally includes an inspection, however the inspection is not the primary work product. It is for this reason that there is a decrease in the number of pharmacy inspections completed over the reporting period.

With the expansion of the board's regulation of sterile compounding pharmacies, inspections of these facilities significantly increased. Such inspections are more resource intensive and complex, and are substantially longer to perform. This is necessary to minimize the inherent risks of sterile compounding.

Section 6

Public Information Policies



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Public Access Via Internet

The internet is the primary means by which the board educates and informs the public and licensees in general about board activities, and methods to participate in board activities. Whereas letters, calls, emails, in-person discussions and public presentations do compose a proportion of staff workdays, we reach more individuals through our email blasts, and through the information placed online than via any other method.

Over the past four fiscal years, the board received over 2.8 million hits to its website. The board works hard to ensure its website is relevant to consumers, applicants, and licensees alike. The board is currently in the process of redesigning its website to improve ease of use for licensees and consumers alike.

Internet Hits			
FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
586,147	629,277	799,697	787,839

The board posts meeting agendas online at least 10 days before a public meeting, and sends a subscriber alert advisory when the agenda is posted. Usually about five days before a meeting the board, the board posts meeting materials online.

The board has online meeting agendas and minutes from March 1999 to March 2003. Additionally, the board has meeting agendas, minutes, and meeting materials from April 2003 to present. The board has webcasts of board meetings posted online from July 2012 to present.

The board posts minutes from prior meetings online. Board meeting minutes are posted under the “minutes” column on the board’s website after they have been reviewed and approved by the board. Action to review and approve the prior meeting’s minutes is agenzized at board meetings. Draft copies of the board meeting minutes that will be acted upon during a board meeting are provided as drafts in the meeting materials. The approved minutes are posted following the meeting.

For committee meetings, meeting summaries are provided at the back of each committee report segment in a board packet. Following a board meeting, the committee summaries are posted on the board’s website in the column for committee meeting agendas, meeting materials and summaries to allow for easy reference. The committee meeting summaries are provided for reference. They are not specifically approved by the committee or board.

It can sometimes be difficult to locate new information on a website. The board has a listserv that alerts interested parties when new materials are added to the website. All licensed locations are mandated to subscribe to the board's listserv (Business and Professions Code section 4013), and the board encourages all licensees, individuals and health care facilities to subscribe. The board also uses the listserv as a quick and efficient way to disseminate important notices and alerts to subscribers. The purpose is to ensure that pharmacies and wholesalers and other interested parties receive notice immediately of recalls of prescription medication and devices where the recall directs the removal of the product from dispensers or from patients – essentially removing the product from the market. Recalls are not issued routinely by drug manufacturers and pharmacies; these are significant events we believe warrant this attention and emphasis. Over the four year reporting period the board has released 1,061 recall notices at the pharmacy or patient level. Additionally, the recall notices are posted to the board's website for future reference and access.

Webcasting

The board routinely webcasts its board meetings. The board relies upon the staff of the Department of Consumer Affairs to provide the webcast services, and is grateful for this support.

The board has provided webcasts of committee meetings when there is likely to be broad interest in the subjects discussed. For example, while the board was working on e-pedigree implementation, E-Pedigree Committee Meetings were webcast once webcast services were available. The most recent SB 493 Implementation Committee meeting was webcast, given that there was much interest in board and public discussion around this issue. Webcasting is done on an "as available" basis when DCA staff are available to provide such services.

At this time webcasted meetings are available online. This is still relatively new and as such the board does not have a formal retention policy for this specific function in its approved records retention policy.

Annual Meeting Schedule

The board creates its board meeting schedule and approves it during the April or July Board Meetings for the following calendar year. The board meeting schedule through 2016 is available online. Periodically the board needs to schedule additional meetings in

response to an emergent issue; these additional meetings are posted online as soon as the dates are established. (The board sends out a subscriber alert to ensure interested parties are provided with such changes to the board's schedule.)

Committee meetings typically occur once per quarter, between board meetings. Committee meeting dates are posted once the dates are established. The board also sends out a subscriber alert once a committee meeting date is set so interested parties can reserve the date if they are interested in attending.

Complaint Disclosure Policy

The board's complaint disclosure policy follows the *DCA's Recommended Minimum Standards for Consumer Complaint Disclosure*.

The board uses its website to post a number of important materials of public interest. The board posts accusations and disciplinary actions online. It also posts interim suspension orders, Penal Code section 23 orders, and suspension for incarceration orders. For sterile injectable compounding pharmacies, cease and desist orders are also posted. Such information is posted under a single tab section to identify licensees and facilities that have restricted or bars from practicing. These orders are also specifically linked to the online license verification function of the board, so that when someone accesses license verification for any licensee, any restrictions on the license are visible as well.

License History and Status Information

The availability of license status 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 board's "verify a license" 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 of licensure.

Further, for pharmacists, pharmacy technicians and designated representatives, the board provides name, type of license, license number, status of license, expiration date and issue data of license, and address of record. The website provides the same information for pharmacist interns except there is no address of record listed for these licensees.

For licensed sites, the same information is provided, and where a responsible individual must be linked to the facility (e.g., pharmacist-in-charge for a pharmacy), there is a cross link to the individual's license.

Any formal discipline taken against the individual or facility will be listed, along with a link to the public documents.

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.

The board does not provide additional personal information about licensees regarding their education, degree, etc.

Consumer Outreach

The board reaches consumers in various ways. We rely on our website as a primary means to communicate with the public, but also use in-person presentations and telephone services to assist with inquiries in our jurisdiction. The board also uses press releases and the department's social media to deliver information to consumers.

The board's website contains materials for consumers, in both written and video forms. In the last two years, in response to the opioid epidemic, the board also has developed a specific webpage for the public with links to informational materials and resources for those seeking information about prescription drug abuse.

A new consumer safeguard for those who use the internet to purchase drugs is the .pharmacy (called dot pharmacy) suffix, which is a top level domain that has been recently introduced so that the public can readily identify legitimate from illegal websites involving pharmacy and drug sales. The board is an early adopter of this concept and possesses the www.CAboard.pharmacy website name that currently links directly to the board's website at www.pharmacy.ca.gov. About half of the US boards of pharmacy have a similar link to their websites, and pharmacies and pharmaceutical companies are among others who possess .pharmacy websites. The board is partnering with the National Association of Boards of Pharmacy to educate the public about this new form of internet safety.

Pharmacy law is complex with components scattered in numerous federal and state codes. Thus, researching answers is sometimes difficult. To assist the public, licensees and others in finding answers to their questions, the board now redirects one pharmacist inspector to assist these individuals. On Tuesdays and Thursdays, one board inspector is

available to respond to telephone inquiries, and the inspector responds to written, emailed and faxed questions on the other days. The inspector does not provide legal advice or research, but does provide referral to specific laws or provides problem resolution where possible. All inspectors perform this function for one week. The board also has office staff available to provide general guidance and direction to individuals who call the board. Since August 2015 the board has assisted 356 callers.

Upon request, the board's inspectors or staff will provide information to the public on prescription drug abuse, information about the board including filing a complaint, preventing medication errors or buying drugs online. This is information that will aid patients in becoming more knowledgeable about the importance of appropriate drug therapy and adherence.

Section 7

Online Practice Issues



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Online Practice Issues

In any pharmacy setting, the practice of pharmacy involves far more than just dispensing medications to the patient. 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. In the next year as the board begins to license advanced practice pharmacists, these highly trained practitioners will be able to perform these services from within and outside a pharmacy.

There are two primary categories of online unlicensed practice in the board's jurisdiction. The first major form of unlicensed activity is by patients buying prescription drugs online from unlicensed sellers often without a prescription. The second major form of unlicensed activity is by practitioners who may be licensed in one state that ship prescription products or perform prescription order verification into California without being appropriately licensed to do business here.

Patients Buying Drugs Online

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 an appropriate exam (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 (e.g., 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.

According to the National Association of Boards of Pharmacy, of well over 10,000 websites they have investigated, 97 percent of these websites are illegitimate, many offer counterfeit drugs, and about half do not require prescriptions to obtain prescription medication. This includes "pharmacies" that sell medications for pets as well as for humans. And unless something goes wrong with the transaction, no complaint is ever

filed with the board because the consumers believe they are obtaining the medication they seek without the medical review required.

The board is unable to investigate many complaints involving the internet. Many involve locations that are difficult to identify what they are, who is operating them and where they are located principally because many are located off shore where the board cannot readily investigate them. Because they are not licensed appropriately, it is questionable about what legitimate sources of drugs would sell drugs to these entities, which means substandard, outdated, counterfeited or gray-market drugs may be dispensed. Often the board will refer these complaints to the FDA and to the National Association of Boards of Pharmacy for investigation.

To address this issue, the board is partnering with the National Association of Boards of Pharmacy on the implementation of a dedicated top-level domain for pharmacies operating over the internet. When fully implemented, a consumer will have assurances that purchasing drugs from pharmacies that include the .pharmacy suffix, are legitimate businesses that are appropriately regulated and license. Section six of this report includes more information about this program which has been operation on a limited scale for about one year. The NABP is working towards broader recognition of the program.

The board periodically finds California-licensed pharmacies filling internet prescriptions for website operators during inspections. In these cases a legitimate prescription is not part of the transaction. Website operators are not pharmacists or pharmacies, just “entrepreneurs.” They establish a website offering to sell prescription medication without a prescription or after a consumer completes an online questionnaire, which is then purportedly reviewed by a prescriber in one state, and often shipped to a pharmacy in another state for filling, without an “appropriate examination” by a physician to initiate the physician/patient relationship. In these cases, consumers are receiving medication from an appropriately licensed pharmacy but without the medical supervision required for prescription medication.

California law allows the board to cite and fine such pharmacies up to \$25,000 per prescription. In the last four years, the board has assessed significant fines for such violations; however, many times the board does not collect the full amount assessed. The board has issued 10 citations for such violations in the past four years. Specific information is available in the citation and fine section in the Enforcement Program chapter of this report.

Unlicensed Activity

The other major form of unlicensed activity in the board's jurisdiction involves the provision of services to Californians from a business or individual located out of state, that may be licensed to do business in that state, but is not licensed as a nonresident pharmacy, wholesaler or if performing pharmacist services outside a pharmacy, without being licensed in California. This type of unlicensed activity is difficult to identify. Periodically, the board identifies brokers who make prescription drug transactions without licensure. For example, a wholesaler broker offers to sell to a pharmacy prescription drugs however the broker is not licensed in California as required.

The board believes it would be beneficial for the board to issue a cease and desist order stopping any business not appropriately licensed from operating until they come into compliance, online or otherwise, yet currently does not have the authority to issue such an order.

Section 8

Workforce Development and Job Creation



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Workforce Development and Job Creation

As the Affordable Care Act continues to be implemented nationally, California as a national leader has secured legislative changes to expand patient access to health care professionals. Pharmacists are well placed in communities to provide medication therapy management services as well as to provide other patient care services for patients that already have diagnoses. In the last two years, the board has spent considerable time and effort working to define the conditions under which pharmacists may provide these expanded services to the benefit of patients, many of these services were included in Senate Bill 493 (Hernandez, Chapter 467, Statutes of 2013). The education and training that pharmacists possess well positions them to provide these increased services. Pharmacists also serve as referral points for patients with more serious conditions that warrant medical care from other practitioners.

As the role of pharmacists change, the board is initiating an evaluation of the role that pharmacy technicians will play in this emerging practice environment. The board started this evaluation in the fall of 2015, with the goal of identifying optimal practice standards for multiple pharmacy personnel. The board's licensing committee is conducting this evaluation which will continue in 2016.

Other Aspects of Workforce Development

Another aspect of workforce development undertaken by the board includes implementation of educational programs that are provided to pharmacists to educate them about problem areas in pharmacy practice. This enables to the board to directly influence desired directions in the practice of pharmacy and respond to trends. Specifically the board has developed:

1. A six-hour CE program for those who attend a joint Drug Enforcement Administration/Board of Pharmacy prescription drug abuse seminar including such topics as, preventing drug thefts, using CURES, exercising a pharmacist's corresponding responsibility, and identifying red flags when dispensing controlled substances.
2. One to two hour CE programs for board presentations regarding components of new pharmacy laws.
3. One to two hour CE programs on being prepared for a board inspection or duties of a pharmacist-in-charge.

Further, to ensure that the board's licensees gain knowledge in key evolving areas or areas of importance to the board, the board also has noticed a proposed regulation establishing requirements that at least six hours of the 30 hours of continuing education required to renew a pharmacist's license every two years be obtained from one or more of the following areas:

- Emergency/Disaster Response
- Patient Consultation
- Maintaining Control of a Pharmacy's Drug Inventory
- Ethics
- Substance Abuse, Including Indications of Red Flags and a Pharmacist's Corresponding Responsibility
- Compounding

If the rulemaking is completed as currently structured, these requirements would take effect for pharmacists renewing their licenses on or after July 1, 2018.

Self Assessments Required

Several years ago the board established a self assessment process to be completed 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 self-evaluation process keeps pharmacists knowledgeable about pharmacy law, and improves compliance. There is an additional specific assessment survey which deals with compounding including a component for sterile injectable compounding processes.

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.

Impact of Licensing Delays

The board has an obligation under its public protection mandate to perform application reviews accurately, timely and consistently. The board's failure to issue a license to an individual or entity prevents that individual or business from working. 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's goal for licensing is to issue a permit as quickly as possible once the applicant has been determined to be qualified for licensure. Additional information on licensing performance is provided in Section 4 of this report.

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 completed before an applicant can receive a new pharmacy or wholesaler license. The board has the ability to issue temporary licenses to pharmacies and wholesalers 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.

Outreach to Schools

There are currently 12 schools of pharmacy with various stages of accreditation in California. This is a substantial increase from the eight schools in California in the last four years.

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.

Board staff meets several times annually with the deans of California's pharmacy schools to discuss a variety of issues including those impacting licensing requirements and board processing of applications. This enables the board to educate the schools of pharmacy about application and documentation requirements for pharmacist intern licenses and pharmacist licensure examination applications. By working with the schools, the board has developed streamlined application processes for attendees and graduates of the California schools of pharmacy.

Workforce Development and Shortages

In the early 2000s a critical shortage of pharmacists exists in California. The general consensus of the profession is that there is an adequate supply of pharmacists now and in the future. Further, research on the demand for pharmacists in the employment sector confirms that as recently as mid-2014, there continues to be a general availability of pharmacists to fill vacant pharmacist positions throughout most states, including California. Of course, in regional areas the supply of pharmacists may be limited.

However, as pharmacists perform more primary patient care functions as now authorized by law, demand for pharmacists could increase. The board notes that the number of pharmacy schools in California has increased 50 percent in the last four years.

Successful Training Programs

The board does not have any data available on successful training programs other than the board presentations mentioned above.

Section 9

Current Issues

- Current Issues
 - Uniform Standards for Substance Abusing Licensees
 - Consumer Protection Enforcement Initiative
 - BreeEZe



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Current Issues

Uniform Standards for Substance Abusing Licensees

Since the SB 1441 standards were finalized, the board has worked in a thoughtful and deliberate manner to implement the standards. This is essential for the regulator of businesses and individuals who have immediate proximity to dangerous drugs and controlled substances.

The standards establish 16 categorical requirements and provide instruction for the board, contractors and licensees to follow. As such, to achieve implementation, the board needed to take action in several areas including:

- Educate members about the requirements,
- Incorporate changes to the existing and future contracts with the administrator of the Pharmacists Recovery Program (PRP),
- Develop expanded statistical reporting,
- Make changes to policies and procedures,
- Update the board's *Disciplinary Guidelines*.

Beginning in 2011, the board heard presentations on the standards as well as initiated a rulemaking to update its *Disciplinary Guidelines* to incorporate the SB 1441 uniform standards. While the board was working to update its *Disciplinary Guidelines*, the board received opinions from various sources on what was required to implement the uniform standards, including an opinion from the Legislative Counsel Bureau, an executive summary issued by the Office of the Attorney General as well as an implementation memo from the Deputy Director of Legal Affairs, Department of Consumer Affairs. Regrettably these opinions did not provide consistent guidance. As a result, the board stopped its rulemaking efforts to update its *Disciplinary Guidelines* and requested a formal legal opinion from the Office of the Attorney General, which was done in January 2013.

While awaiting the legal opinion, the board continued its implementation efforts in other areas. For example, beginning in FY 2011/12 the board began publishing the statistics required pursuant to standard 16. The statistics are provided on a quarterly basis to the board and are posted publicly on the board's website as part of the meeting materials. A review of these statistics confirm the board has implemented several of the standards that were guidance or direction to the board. For example, reviewing the total number of probationers in a given quarter as well as the number of drug tests ordered provides insight into the approximate drug testing frequency for licensees subject to such a requirement.

The integration of the SB 1441 standards also required amendments to contracts. Over the prior few years, the board has worked with DCA to secure the necessary contract changes with the administrator of the PRP.

In April 2015 the board received the Attorney General's Opinion. The board subsequently reestablished its SB 1441 Uniform Standards Implementation Committee to resume efforts to update the board's *Disciplinary Guidelines*. On September 4, 2015, the notice of proposed action along with the proposed text was published by the Office of Administrative Law for the required 45-day comment period, (which ended October 19, 2015). During its October Board Meeting, the board voted to pursue a 15-day comment period and expects, absent any negative comments submitted, to submit the rulemaking to the various control agencies to review by early 2016.

Consumer Protection Enforcement Initiative

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

Many of the legislative changes identified by the department were incorporated in SB 1111 (Negrete McLeod, 2010). Unfortunately this bill failed passage early in the year during its first policy committee. Subsequent to that, the department identified provisions in the bill that could be implemented through regulations and encouraged boards to develop language and initiate the rulemaking process.

In addition to working with the department on a department-wide solution, the board also identified statutory changes that would specifically address pharmacy-related issues.

Beginning in 2010 the board held several discussions on these proposals. This issue was initially vetted through the board's Enforcement Committee with updates and action taken during board meetings. As a result, the board pursued regulation changes to

facilitate implementation of several of the recommended regulations. This included the addition of Title 16, CCR section 1762 to specify specific acts that constitute unprofessional conduct. Such acts included:

- Inclusion of gag clauses in a civil suit settlement
- Failure to provide information requested by the board during an investigation
- Failure to comply with a court order or subpoena for records

In addition, this section provided the board with the authority to revoke a license or deny an application for an act requiring an individual to register as a sex offender.

In addition, the board also added section 1769 which established the authority for the board to require an applicant to be examined if it appears that the applicant may be unable to safely practice due to mental illness or physical illness affecting competency.

These provisions took effect April 1, 2014.

In addition to these new regulations, the board sponsored legislation to ensure it receives arrest and court documents. The board also responds to legislative proposals introduced by others that could impede or enhance the board's ability to meet its mandate.

BreEZe

For a number of years the department has worked to replace and/or enhance its legacy licensing and enforcement tracking systems used by most DCA agencies. The system selected was a commercial off-the-shelf product (COTS) that was intended to streamline processes, provide better access for consumers and licensees, and help programs within the department gain better reporting tools.

As the board began the steps towards transition to the new system, two board staff were assigned as the primary subject matter experts (SME). These staff spent a considerable amount of time working on the preliminary configuration for the board's conversion into the COTS system.

It was initially anticipated that the board would transition to the new BreEZe system with the second scheduled release of the system. However as the configuration progressed, board staff identified key functionality absent from the system that is critically needed by the board. Consistent with the change management process established to oversee

implementation of BreZE, the board was removed from the second release. To date the board has contributed \$1.5 million towards this upgraded system.

The board's executive officer has been a member of the Change Control Board for BreZE since its inception.

Section 10

Board Action and Response to Prior Sunset Issues

- Issue 1 - Quorum Problems
- Issue 2 - Budgetary Problems
- Issue 3 - Need for Statutory Reporting Requirements
- Issue 4 - Proof of Intern Hours Earned
- Issue 5 - Unlicensed Activity and the Underground Economy
- Issue 6 - Effectiveness of the Board's Substance Abuse Recovery Program
- Issue 7 - Drug Diversion and Prescription Drug Monitoring Program
- Issue 8 - Workforce Development Efforts
- Issue 9 - Implementation of California's Electronic Pedigree Law
- Issue 10 - Implementation of a Prescription Label Standard
- Issue 11 - Implementation of Drug Take-Back and Reuse Programs
- Issue 12 - Continued Regulation by Board of Pharmacy



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Talk to your pharmacist!

CALIFORNIA STATE BOARD OF PHARMACY

Board Action and Response to Prior Sunset Issues

Issue 1 - Quorum Problems

During the last Sunset Review, it was noted that the board had vacancies that could result in an inability to conduct business due to a lack of quorum. The committee asked the board to discuss the impact, if any, of the change in board composition from 11 to 13 members.

Sunset Review Committee Recommendation: The committee asked the board to explain whether it believed that quorum problems for the board will continue to exist and if the Department of Consumer Affairs and Business, Consumer Services and Housing Agency had been informed of the effect of vacancies that then existed on the board. The committee asked the board to explain whether the change in the composition of the board since the last Sunset Review had improved the overall operation of the board.

Action Taken by the Board: As one of many boards which at the time had vacancies, the board did express concern. However, appointment to the board is the Governor's prerogative.

Recommendation for the Future: There are currently no vacancies on the board and the board has had a full complement of members for several years.

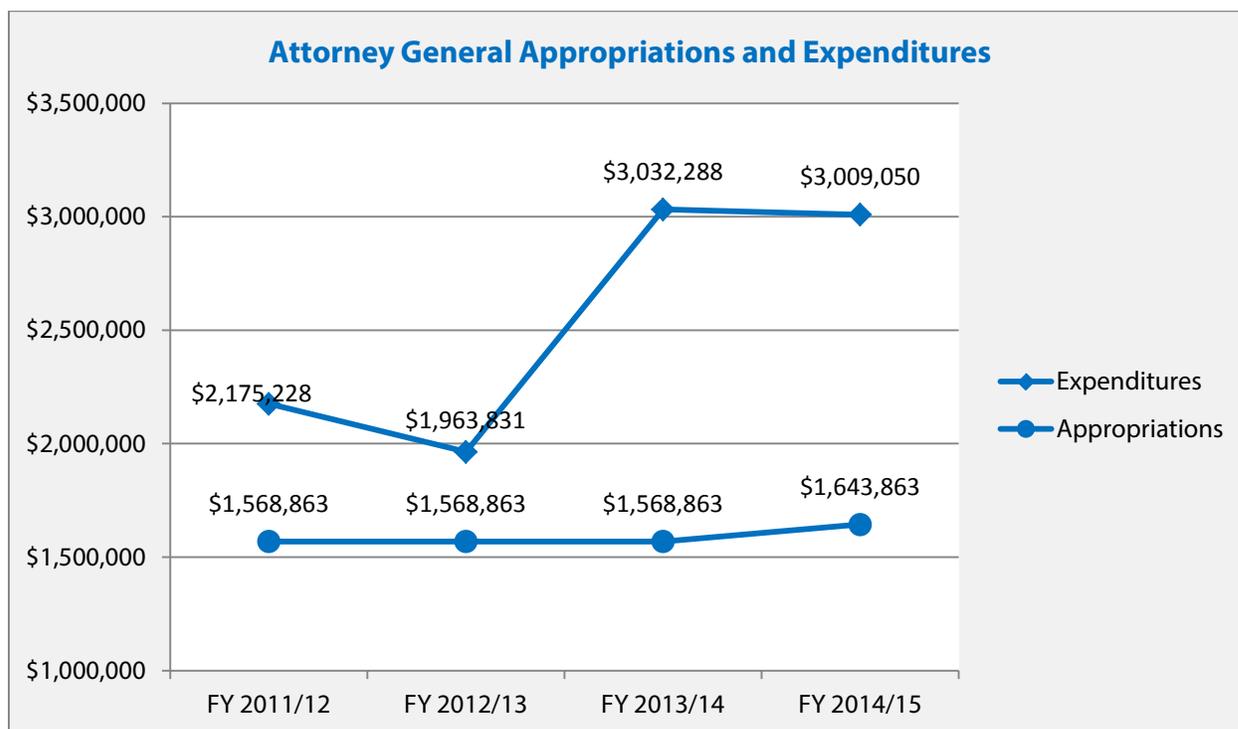
Issue 2 - Budgetary Problems

During the last Sunset Review, it was noted that the board consistently overspends on its AG budget. The committee questioned if the board had the resources and revenue needed to conduct its business and meet its statutory mandates.

Sunset Review Committee Recommendation: The committee asked the board to outline its plans to address budgetary challenges.

Action Taken by the Board: Effective July 2014, the board increased its fees to the statutory maximum levels to address an ongoing structural imbalance in the board's budget where expenditures exceeded annual revenue.

Recommendation for the Future: The board continues to closely monitor its budget. With the significant growth that has occurred in board operations and authorized expenditures, the board's revenues are not always sufficient to offset costs. Further, the board's budget authorization specifically for the Office of the Attorney General and other enforcement-related costs has been significantly less than the actual annual expenditures for all four fiscal years covered in this reporting period.



The board has redirected funding from other line items when possible and for the past few years has used budget bill language that allows for a midyear augment of the board's budget to cover enforcement-related costs. The board recognizes that this is a temporary solution, but has used it nonetheless to ensure the continuation of enforcement-related activities until a permanent solution is achieved.

In 2013/14 the board received its loan repayment from the general fund (\$1,000,000). This fulfilled all loan repayments due to the board.

The board is working with the Department of Consumer Affairs to perform an analysis of the board's fee structure and intends to pursue legislation in 2016 to correct the ongoing structural imbalance in the board's budget. Once this is addressed the board should be well positioned to achieve a permanent solution to the AG funding issue.

Issue 3 - Need for Statutory Reporting Requirements

During the last Sunset Review, the committee asked if the board is receiving important information about its licensee population.

Sunset Review Committee Recommendation: The committee asked the board to provide an update on its receipt of reports about its licensees and how an influx of “Section 800” reports would be absorbed by its enforcement staff.

Action Taken by the Board: The board believes the Section 800 reporting is important to its public protection mandate. These reporting requirements are more fully described in the Enforcement Program section of this report. The board periodically reminds its licensee population about these mandatory reporting requirements. As a result of its efforts, the board has experienced an increase in the number of such reports received and investigations have been completed on such reports. The chart below details the outcomes of investigations for each of the fiscal years.

Section 800 Cases Close, By Outcome				
	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Insufficient Evidence	1	7	23	16
No Jurisdiction	0	1	0	1
No Violations	0	2	2	2
Closed No Further Action	0	2	6	5
Closed Other (Consolidated into Existing Case)	0	3	13	11
Subject Educated	0	0	1	1
Letter of Admonishment	0	2	11	1
Citation (with or without fine)	12	84	239	131
Referral to Attorney General’s Office	0	1	1	4
Total	13	102	296	172
Grand Total				583

Overall the board took action in 83 percent of the incidents provided in these reports. (In some cases the board could not take action because evidence no longer existed to substantiate a violation because of the time that had elapsed since the incident occurred.) Specifically, the board issued 14 letter of admonishment, 466 citations, including citations with fines, as well as referred six cases to the Office of the Attorney General for administrative action.

In addition to receiving notification of settlement agreements, the board also has requirements for the mandatory reporting of drug losses as well as mandatory reporting of employee impairment or termination for theft, diversion or self-use of dangerous drugs. As the data below reflects, 188 citations, including citations with fines, and 207

respondents were referred to the Office of the Attorney General for disciplinary action based on investigations initiated by such reports.

Mandatory Reports of Drug Losses and Employee Impairment Investigations By Outcome				
	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Insufficient Evidence	4	7	8	10
No Jurisdiction	2	0	0	0
No Violations	1	1	3	5
Closed No Further Action	34	54	70	13
Closed Other (Consolidated into Existing Case)	1	5	5	9
Referral to PRP	0	0	0	1
Subject Educated	0	1	3	0
Letter of Admonishment	13	20	29	8
Citation (with or without fine)	33	40	78	32
Referral to Attorney General's Office	27	51	91	38
Total	115	179	287	116
Grand Total				697

Recommendation for the Future: Addressing these matters is an important part of the board's public protection mandate. The board continues to remind licensees of their obligation to report settlements under the provisions of Section 800. The board continues to evaluate and identify barriers to enforcement and the board's ability to meet its consumer protection mandate. At its core, the board needs to have access to and the ability to consider all relevant information about its licensees.

Issue 4 - Proof of Intern Hours Earned

During its last review the committee inquired if it would be more efficient for the board to receive out-of-state intern hour verifications directly from the state license board, rather than rely on board staff to verify hours.

Sunset Review Committee Recommendation: The committee asked the board to explain how other states verify intern hours for out-of-state licensees. The committee considered if it should grant the board the statutory authority to accept transfer of intern hours if they have been verified by another state, directly from a state board of pharmacy.

Action Taken by the Board: In 2012 the board sponsored legislation to amend Business and Professions Code section 4209 to allow the board to accept intern hours transferred by another state board of pharmacy. This change was included in SB 1575 (Senate Business, Professions and Economic Development Committee, Chapter 799, Statutes of 2012). More recently, in 2015, the board sponsored legislation that allows the board to accept graduation from recognized schools of pharmacy on or after January 1, 2016, as proof of intern experience. This change was in recognition that US accredited school of pharmacy programs require a minimum of 1740 hours of intern experience as part of the educational requirements for graduation. These provisions were included in SB 590 (Stone, Chapter 147, Statutes of 2015). The board will be working to implement these additional changes that take effect January 1, 2016.

Recommendation for the Future: The board does not have any additional recommendation on this issue.

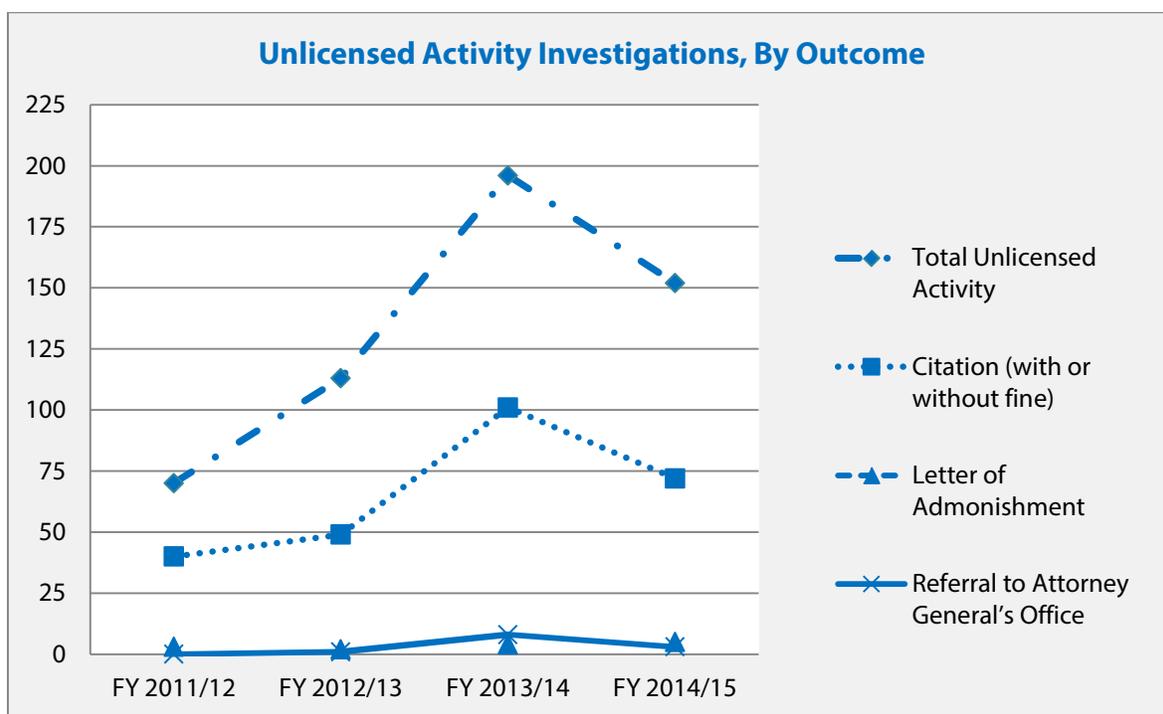
Issue 5 - Unlicensed Activity and the Underground Economy

During its last review the committee asked what the board could do to curb unlicensed activity and ensure the quality of prescription drugs received by California patients. The committee also sought information on the impact drug shortages have on such behavior.

Sunset Review Committee Recommendation: The committee asked the board to describe its public education and enforcement efforts to combat unlicensed activity and other challenges. Further the committee asked the board to address how unlicensed activity is impacting enforcement workload.

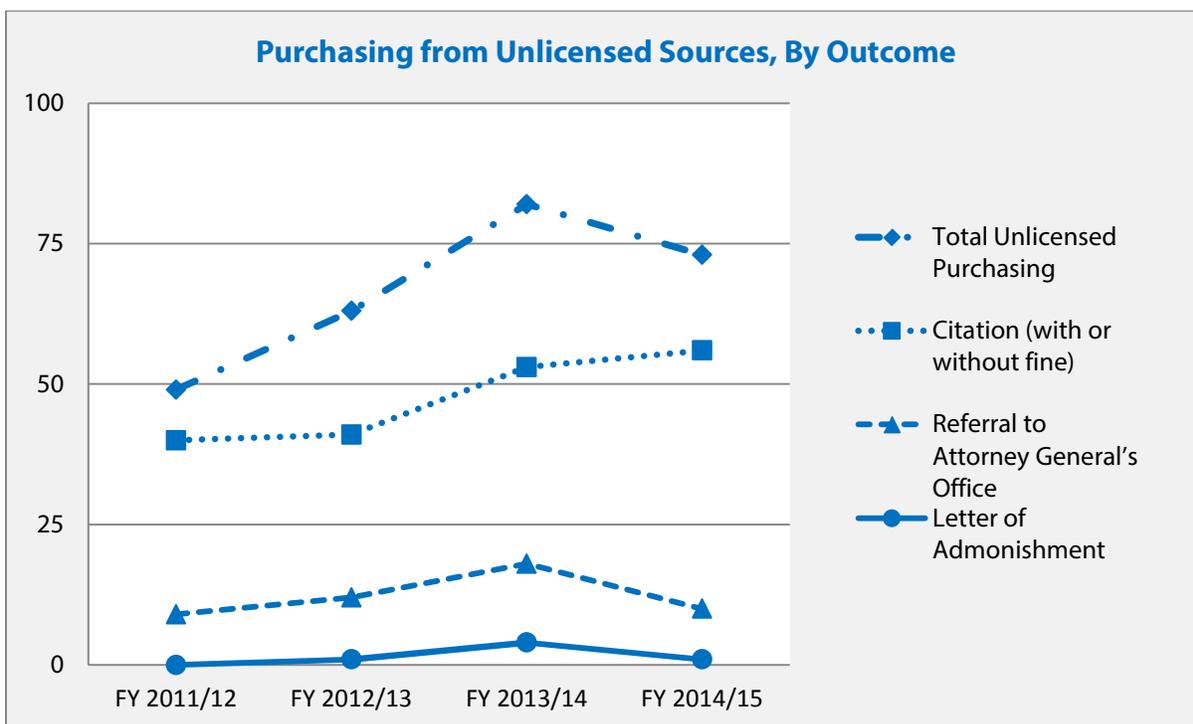
Action Taken by the Board: The board continues to aggressively investigate unlicensed activity as well as investigate unprofessional conduct that results from drug shortages. The table below details investigations involving allegations of unlicensed activity. As the result of the investigations, the board took action in 53 percent of the cases, including issuing 12 letters of admonishment, 262 citations, including citations and fines, and referring 12 cases to the Office of the Attorney General for administrative action.

Unlicensed Activity Investigations, By Outcome				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Insufficient Evidence	5	34	26	30
No Jurisdiction	6	5	6	0
No Violations	8	14	24	29
Closed No Further Action	5	4	21	5
Closed Other (Consolidated into Existing Case)	3	3	3	4
Subject Educated	0	1	3	4
Letter of Admonishment	3	2	4	5
Citation (with or without fine)	40	49	101	72
Referral to Attorney General's Office	0	1	8	3
Total	70	113	196	152
Grand Total	531			



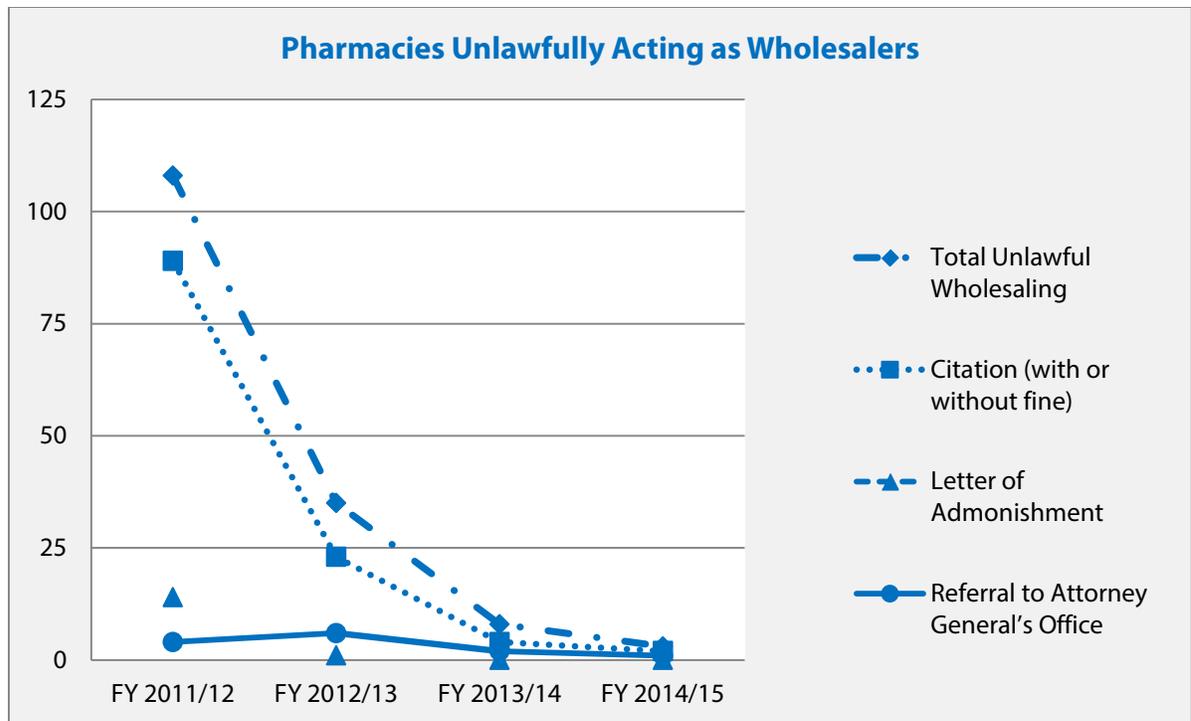
In addition to traditional unlicensed activity, where either an individual or business sells or performs duties without appropriate licensure, the board also investigates the purchasing of drugs from unlicensed entities, a violation of Business and Professions Code section 4169. Over the past four years, the board has issued 150 citations, including citations with fines, referred 49 cases to the Office of the Attorney General for administrative action, and issued 5 letters of admonishment for such violations.

Purchasing from Unlicensed Sources, By Outcome				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Insufficient Evidence	0	7	5	5
No Jurisdiction	0	0	0	0
No Violations	0	0	1	1
Closed No Further Action	0	2	1	0
Closed Other (Consolidated into Existing Case)	0	0	0	0
Subject Educated	0	0	0	0
Letter of Admonishment	0	1	4	1
Citation (with or without fine)	40	41	53	56
Referral to Attorney General's Office	9	12	18	10
Total	49	63	82	73
Grand Total	267			



The board also investigates allegations of unauthorized activity by pharmacies and wholesalers. The board has been recognized for its leadership in enforcement actions taken in 2012 in addressing exorbitant prices being charged to hospitals for sales of drugs in short supply by unethical drug secondary wholesalers who had enticed community pharmacies to order these drugs for the secondary wholesalers. This permitted the secondary wholesalers to secure larger supplies of these medications than they could directly obtain on their own because of quota systems set up to prevent market manipulation such as this. Without this action by the board, hospitals and patients would have had a harder time obtaining drugs in short supply and when they did receive the medication, they would have paid substantially more (up to 6,000 percent increases were charged by these secondary wholesalers). As the table below demonstrates, the board issued 118 citations, including citations with fines, referred 13 cases to the Office of the Attorney General and issued 8 letters of admonishment for such violations.

Pharmacies Unlawfully Acting as Wholesalers, Investigations By Outcome				
	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Insufficient Evidence	1	4	2	0
No Jurisdiction	0	0	0	0
No Violations	0	1	0	0
Closed No Further Action	0	0	0	0
Closed Other (Consolidated into Existing Case)	0	0	0	0
Subject Educated	0	0	0	0
Letter of Admonishment	14	1	0	0
Citation (with or without fine)	89	23	4	2
Referral to Attorney General's Office	4	6	2	1
Total	108	35	8	3
Grand Total				155

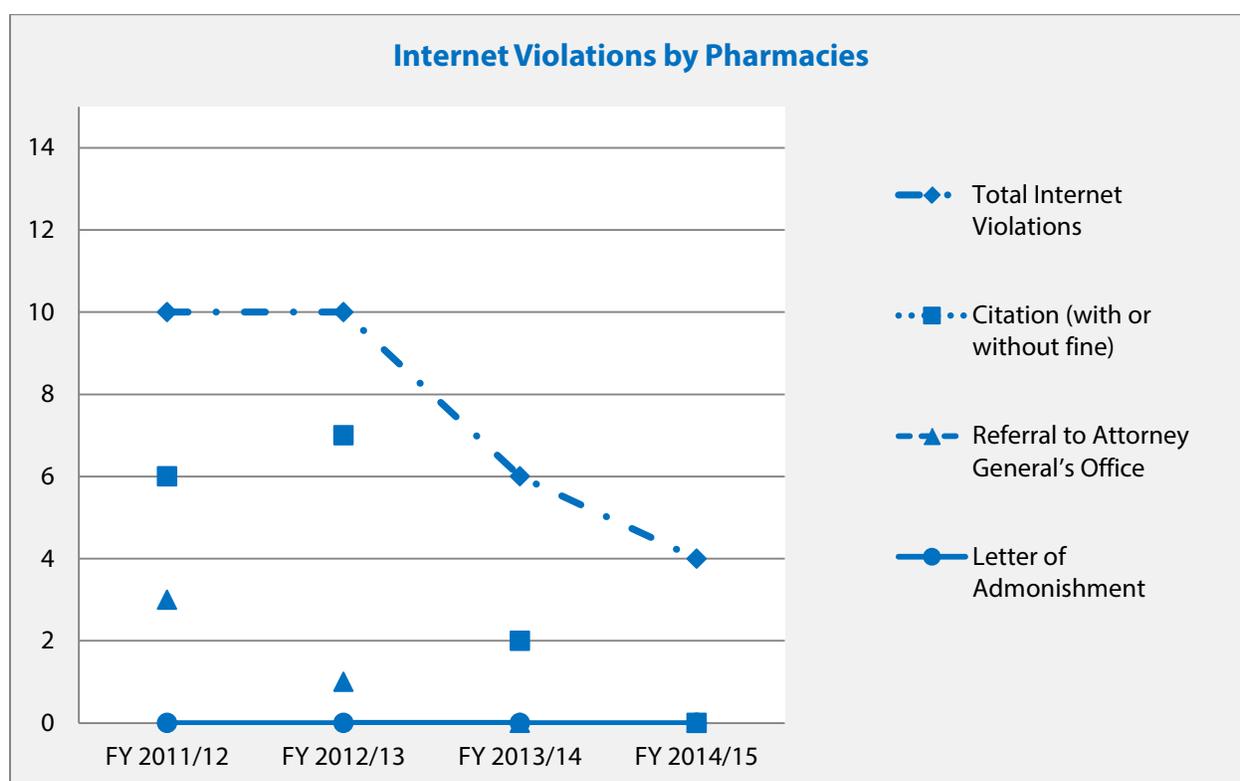


In subsequent years the board suspects that its efforts in this area served as deterrents to stop future activity.

Further, the board has taken steps to educate consumers about the dangers of purchasing drugs from the internet and is currently working with the National Association of Boards of Pharmacy to implement a .pharmacy domain that consumers can use to purchase medications online in a safe manner. This is discussed in greater detail in Section 7 of this report.

Provided on the following page is data on investigations related to internet allegations. As a result of the board's efforts in this area the board has issued 15 citations, including citations and fines, and referred four cases to the Office of the Attorney General for administrative action.

Internet Violations by Pharmacies, Investigations By Outcome				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Insufficient Evidence	0	2	3	2
No Jurisdiction	1	0	0	0
No Violations	0	0	0	1
Closed No Further Action	0	0	1	1
Closed Other (Consolidated into Existing Case)	0	0	0	0
Subject Educated	0	0	0	0
Letter of Admonishment	0	0	0	0
Citation (with or without fine)	6	7	2	0
Referral to Attorney General's Office	3	1	0	0
Total	10	10	6	4
Grand Total				30



Recommendation for the Future: The board does not currently have the authority to issue a cease and desist order to businesses involved in unlicensed activity. A statutory change to allow for this would greatly benefit the board in protecting consumers. Simply citing and fining an unlicensed business is often an insufficient consequence to stop unlicensed activity because frequently the business continues to do the act.

Issue 6 - Effectiveness of the Board's Substance Abuse Recovery Program

During its last review the committee inquired about the effectiveness of the board's "Pharmacist Recovery Program" (PRP) and whether the "Uniform Standards" had been adopted. The committee asked if the PRP should be audited as well as if the board should continue to maintain and operate its own diversion program.

Sunset Review Committee Recommendation: The committee requested the board to provide justification for continuing to provide the PRP noting a low completion rate for the program and the increased cost of providing the program. The committee requested an audit be performed of the PRP and requested an update on implementation of the "Uniform Substance Abuse Standards."

Action Taken by the Board: During the prior Sunset Review, the board provided considerable information about the importance of the PRP as an enforcement tool. Pharmacists and pharmacist interns work in pharmacies and direct the activities in those pharmacies placing all drugs in a pharmacy within reach. This environment is a "candy store" to a substance abuser who can readily divert drugs some times for considerable periods without detection. As such professionals identified with substance abuse problems need to be closely monitored for sobriety or prevented from exercising the privileges of a Board of Pharmacy license.

The board is one of few agencies that has a mandatory requirement that pharmacies report:

- any admission of chemical, mental or physical impairment affecting an individual's ability to practice safely,
- any admission or evidence demonstrating such conditions, and
- any termination of a licensee based on theft, diversion or self-use.

The board also requires pharmacies to provide documentary evidence of these acts. Additionally, California law requires pharmacies to report any controlled substances losses to the board within 30 days. Such reporting requirements help ensure that the board is advised about drug diversion and substance abuse involving board licensees.

A significant benefit of the PRP program is early monitoring for those under investigation by the board while the board is still conducting the investigation, and well before discipline has been secured. This monitoring continues throughout the investigation and prosecution phases. When a licensee is subsequently placed on probation, PRP participation becomes a mandated component and completion of the PRP satisfactorily becomes a required element of probation. This is significant consumer protection and unachievable without a pre-discipline monitoring program. During this four-year

reporting period, 84 participants entered the program, 37 participants successfully completed the program and 21 participants were terminated and 32 were terminated and deemed a risk to the public. During this reporting period there were 11,569 drug tests ordered. Overall participation in the program averaged 66 participants at any given time.

It is important to note that under the contract with the PRP, participants are subject to all Uniform Standards. Also, DCA at the request of the board has initiated an audit of the PRP contracted vendor as required by the standards.

Recommendation for the Future: The board believes that the PRP program should continue.

Issue 7 - Drug Diversion and Prescription Drug Monitoring Program

Prescription drug abuse is a rising national problem, with pharmacies on the front line of access to drugs. What role does the board play in addressing this issue? How do board enforcement priorities attempt to combat this problem? What is the status of the CURES program?

Sunset Review Committee Recommendation: The board should discuss its drug diversion enforcement efforts and the role of CURES. The board should provide recommendations for future success and viability of this program, including efforts to increase utilization and suggestions for stable funding and location.

Action Taken by the Board: Since the last Sunset Review, the board has been heavily involved in the area of addressing prescription drug abuse. In 2011/12, four federal agencies -- Drug Enforcement Administration, Food and Drug Administration, Centers of Disease Control and the Office of National Drug Control Policy declared prescription drug abuse to be an epidemic in the US. This was the initiation of a widespread effort to reduce the seemingly indiscriminate prescribing of controlled substances for patients. Among other projects the board:

- Co-sponsored with the Medical Board of California in February 2012 a two-day conference for prescribers and dispensers on Appropriate Prescribing and Dispensing, in an effort get physicians and pharmacists to work together about this topic, for physicians to understand pharmacist corresponding responsibility and to educate these health care providers about prescription drug abuse. National policy experts spoke at this well-attended conference.
- Formed a subcommittee on Prescription Drug Abuse that met seven times between October 2013 and March 2015. Work products of this committee

- included creation of a board webpage listing resources on prescription drug abuse prevention, promotion of CURES, development of two public service announcements on teen drug abuse by accessing medication supplies in the home, and educational topics from individuals and agencies knowledgeable about this topic.
- Declared as a precedential decision and promoted a board disciplinary decision revoking licenses of both a pharmacy and pharmacist for failure to exercise corresponding responsibility when dispensing controlled drugs. The board developed a brochure on red flags for pharmacists on this topic, and placed a red flags video online as educational resources.
 - Educated board licensees and others about prescription drug abuse, the use of CURES and a pharmacist's corresponding responsibility by providing 10 joint Board of Pharmacy/Drug Enforcement Agency seminars throughout California on prescription drug abuse, a pharmacist's corresponding responsibility and prescription drug abuse for which six hours of continuing education credit is provided to attendees.
 - Provided 15 presentations to community groups on a pharmacist's corresponding responsibility.
 - Participated and spoke at numerous forums on prescription drug abuse and use of CURES to educate licensees and others about this topic. This has also recently included a state policy-setting committee formed by the director of the California Department of Public Health.
 - Implemented a state protocol for pharmacists to provide naloxone to patients without a prescription (naloxone blocks and reverses overdoses caused by opioids) as authorized by AB 1525 (Bloom, Chapter 326, Statutes of 2014).
 - Facilitated registration of hundreds of pharmacists to access CURES at meetings, presentations and at the board's office.
 - Initiated a rulemaking to require focused on more frequent inventory tracking requirements of controlled drugs by all pharmacies to identify internal drug diversion in a more timely manner.

Regarding California's prescription drug monitoring program -- CURES, the board continues to support, use as a disciplinary tool, and advocate for pharmacists to use the data of this program. The board supported the development and funding of CURES 2.0, which was achieved through SB 809 (DeSaulnier, Chapter 400, Statutes of 2013) and trailer bills to the 2013/14 budget, and has worked to ensure that the new system will continue meet the needs of the state's pharmacists.

Finally, in order to better respond to prescription drug abuse issues, the board received a budget augmentation for limited-term inspector staff to initiate and investigate matters in this area, in part by using CURES data. The board's proactive research and monitoring activities (via data mining) have resulted in the opening of 47 investigations of suspect licensees in the six months following implementation. Based on the information obtained, the board investigators have also identified trends which will guide more thorough investigations. Out of 90 inspections conducted by the RX Drug Abuse team, 62 sites had a total of 201 violations of law which resulted in 25 violation notices and 62 corrections ordered.

Prescription drug abuse is a continuing problem. The board is currently working on regulations to permit pharmacies to take back prescription medications, to get unwanted medications out of homes. It is also worked on a regulation to require better auditing and periodic inventory counts of controlled substances in pharmacies. This was in response to increasing losses of controlled substances by pharmacies. In FY 2014/15 the board received reports of over 1 million dosage units of controlled substances lost by pharmacies.

Recommendation for the Future: This issue area is integral to the board's jurisdiction and the board needs to continue its efforts in this area.

Issue 8 - Workforce Development Efforts

Is California facing a pharmacist shortage? What is the impact of the federal Patient Protection and Affordable Care Act on pharmacist workforce and health care delivery? How have delays in licensing process times impacted the pharmacy workforce in California?

Sunset Review Committee Recommendation: The board should explain its rationale in determining that California does not have a pharmacist shortage. The board should outline efforts it has undertaken to ensure greater utilization of the profession in the midst of new demand for health care professionals

Action Taken by the Board: At the time of the last Sunset Review, the board did not believe there was a pharmacist shortage, and because of the increase in the number of schools of pharmacy in California from eight to 12 and with several additional schools in the planning phases, the board believes that there was considerable ability to increase California's production of pharmacists.

The enactment of SB 493 (Hernandez, Chapter 469) in 2013 created new opportunities for pharmacists to provide direct consumer services they have been trained to perform, but

for which prior law offered limited opportunity. According to recent studies, there has been a shift in the type of duties pharmacists perform. A review of a 2014 workforce study identified the following:

- Pharmacists are performing more patient care activities in a variety of healthcare settings, and spending less time in the traditional dispensing role.
- 60 percent of pharmacists provided medication therapy management and 53 percent performed immunizations in 2014, compared to only 13 and 15 percent, respectively, in 2004.
- The percentage of time that full-time pharmacists spent on services associated with medication dispensing decreased from 55 percent in 2009 to 49 percent in 2014.
- Recent pharmacy graduates can expect more career opportunities in the future as the older pharmacist workforce continues to enter retirement age.

Using another survey: the aggregate demand index for pharmacists in California dropped to 3.25 in July 2015 (the scale is that 4 indicates moderate demand: some difficulty filling open positions, and 3 indicates demand in balance with supply). The experts who develop and create these indices state there is little indication of difficulty in filling pharmacist positions in California currently.

According to the American Society of Health System Pharmacists, pharmacists are no longer among the health care professions where a shortage of workers is projected between 2010 and 2020 based on aging workforce data projections.

However, the board has spent most of the last two years implementing the multiple components authorizing additional activities for pharmacists to perform under provisions in SB 493 and the naloxone protocol provisions contained in AB 1535 (Bloom, Chapter 326, Statutes of 2014). The board will closely monitor the impact of pharmacists providing these additional services under the auspices of the Licensing Committee.

Recommendation for the Future: The board needs to complete its efforts to implement the provisions in SB 493 and monitor the implementation of these new duties for pharmacist and the impact they have on patient care and on workforce availability. The board supports possible additional state protocols that would permit pharmacists to provide additional services to the public because of their accessible position in the community. For example, the ability to provide epinephrine self-injectors (EpiPens) may be implemented pursuant to a state protocol.

Issue 9 - Implementation of California's electronic pedigree law

Will the board meet the deadline for implementation? What challenges does the board face in implementing the law? What has been the response to implementation?

Sunset Review Committee Recommendation: The board should provide the committee with an update on the status of e-pedigree implementation, including timelines. Board activity, potential impediments and manufacturer and industry efforts and response.

Action Taken by the Board: In November 2013 federal legislation was enacted to preempt California's e-pedigree law. This federal legislation was in part propelled by the sterile compounding failure and patient harm caused by the New England Compounding Center's contaminated medication in 2012 as well as the pharmaceutical supply chain's concern with its ability to meet the January 2015 implementation date of e-pedigree requirements in California. As a result, federal legislation was enacted. Following this federal action, California legislation was enacted in 2014 (Lieu, Chapter 492) to repeal from the Business and Professions Code the provisions of the preempted e-pedigree law.

At the time of the enactment of the federal provisions, the board had begun to promulgate the regulations needed to implement California's provisions. These rulemakings were suspended or withdrawn.

Recommendation for the Future: Because pharmacy and wholesalers often operate across state lines, work to ensure full implementation of federal regulations at the state level and continue ongoing proactive work to identify breaches in the supply chain. Regulate compounding by pharmacies and by outsourcing facilities.

Issue 10 - Implementation of a Prescription Label Standard

What has the board done to implement California's label standard for prescription containers? What public outreach efforts did the board take to ensure robust participation in the regulatory process? What additional changes to the law or issues does the board anticipate?

Sunset Review Committee Recommendation: The board should provide a status update on the creation of a patient-centered label for all prescriptions dispensed in California. The board should describe what additional public outreach it will undertake to ensure compliance. The board should explain impediments in compliance, industry feedback or pushback, if any and anticipated changes that may be made to the law or regulations.

Action Taken by the Board: The board completed its initial work on the first iteration of the patient-centered prescription container labels in June 2010, and the regulation took effect in January 2011 as required by statute. However, there were several contentious issues that arose during the development of these requirements, and the board agreed to establish a review date for the requirements by December 2013. This regulation review did take place and the board addressed one of the most contentious components -- the size of the typeface -- to require an increase to 12-point font for all elements in the patient-centered portion of the label (from the initial "10-point sans serif typeface or, if requested by the consumer, at least a 12-point typeface"). This change took effect in January 2015.

JOHNSON, JUDITH		Rx# 06197 1234567
VERAPAMIL ER 240 MG tablet		DATE FILLED: 08/31/2010
Manufacturer: Ivax Pharmaceutical		ORIG RX DATE: 02/24/2010
Take 1 tablet in the morning, and take 1 tablet in the evening		RPH: KPT
Treats high blood pressure		Store DEA# BT5555555
Prescriber: Roger Brown MD		Judith Johnson
Quantity: 60		5873 EVERGREEN AVE
Oblong ivory tablet 73 00 logo		DAVIS, CA 95615
Refills remaining: 3	Expires: 05/30/2011	(555) 555-7889
		CAUTION: Federal law PROHIBITS the transfer of this drug to any person other than the patient for whom it was prescribed.
		
		1625 N. Market Blvd., Sacramento, CA 95834
		(555) 555-9810

The board also proposed changes to the regulations that are currently being pursued in a rulemaking:

- To remove the manufacturer's name from the patient-centered area of the label to area outside this designated space, and
- To require that when a generic drug is dispensed, to also place on label in the patient-centered area the phrase "generic for ___" and insert the brand name so that patients do not mistakenly concurrently take both a brand name and the same generic-named drug.

As part of the initial regulation, the board required that all pharmacies be able to provide oral interpretation services in 12 languages in pharmacies. In 2015, the board sponsored legislation to promote the use of translated standardized directions for use that had been vetted in five non-English speaking communities that were made available on the board's website (Ting, AB 1073, Chapter 784). This law ensures that the written translations also help address the needs of limited-English speaking patients.

Meanwhile, since 2011, the patient-centered requirements developed by the board have been picked up as standards for prescription container labels by the US Pharmacopeia,

the Institute for Safe Medication Practices, and the National Association of Boards of Pharmacy.

Recommendation for the Future: The board should monitor implementation and the benefits to patients of these changes.

Issue 11 - Implementation of Drug Take-Back and Reuse Programs

Is it clear what role the board has in the implementation of drug take back programs and redistribution and reuse programs?

Sunset Review Committee Recommendation: The board should explain the status of implementation of drug take-back programs in California and what barriers exist to successful implementation of these programs. What role does the board play in establishing safe, secure methods for consumers to properly dispose of medication? What steps has the board taken to promote and create take-back programs? What should be the role, if any of board-licensed reverse distributors in the drug take-back process? What role does the board play in drug redistribution and reuse programs, whereby unused medication that has not been dispensed can be donated to community clinics and organizations that can in turn provide medication to vulnerable populations? What are the barriers to successful redistribution and reuse programs?

Action Taken by the Board: In September 2014, the Drug Enforcement Administration produced its final rules for the take-back of controlled substances by pharmacies to aid the public in the disposing of unwanted dispensed medication. It is important to note that patients do not always know whether any of their prescription medication are controlled substances; accordingly, the board's focus has been for pharmacies that desire to establish take back programs do so without the pharmacist sorting the medication, and treat all unwanted drugs as controlled substances. Pharmacies that mishandle controlled substances can be disciplined by the DEA for such failure, which could result in the removal of a pharmacy's controlled substances permit or substantial fines.

Since January 2015, board has been developing its proposed drug-take back requirements for pharmacies that voluntarily desire to provide drug-take back services. The core of the board's requirements comes from the DEA's requirements. At the October 2015 Board Meeting, the board moved the proposed regulations to initiate the 45-day public comment period. The board hopes to finalize these requirements as soon as possible. Under the regulation's requirements, reverse distributors, licensed as either wholesalers or third-party logistics providers, that become registered with the DEA may under specified conditions receive drugs collected in take back services for destruction.

In 2014, California enacted SB 467 (Stone, Chapter 10) which establishes a specialized licensing program – surplus medication collection and distribution intermediary -- to perform drug redistribution and reuse program services, whereby unused medication that has been dispensed can be donated to community clinics and organizations, that can in turn provide medication to medically indigent patients.

Recommendation for the Future: The board should implement its drug take-back requirements and educate pharmacists and consumers concerning their options.

Issue 12 - Continued Regulation by Board of Pharmacy

Should the licensing and regulation of pharmacies and pharmacists be continued and be regulated by the current board membership?

Sunset Review Committee Recommendation: Recommend that the pharmacist profession and pharmacies continue to be regulated by the current board membership in order to protect the interests of the public and be reviewed once again in four years.

Action Taken by the Board: The board has continued to operate with principally the same membership as in 2011/12 when the board last underwent Sunset Review. We are grateful for the support of our activities and efforts to protect public health and safety with respect to pharmaceutical care and provision of medication therapy services to consumers and practitioners.

Recommendation for the Future: The board recommends continuation of the board in its current composition.

Section 11

New Issues Identified by the Board

- Issue 1 - Statutory Fee Increase
- Issue 2 - Regulation of Outsourcing Facilities
- Issue 3 - Registration of Automated Delivery Devices



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Issue 1: Statutory Fee Increase

Outcome Desired

Legislative changes to establish new fee schedules for the board to correct a structural imbalance in board's budget which has resulted in expenditures exceed revenue for the last several years.

Background and Justification for Change

As our fund condition reflects, at current expenditure the board will need to pursue a fee increase to sustain future operations.

Fiscal Year	Fund Amount	Months in Reserve
2014/15	\$11,741,000	7.1 (actual)
2015/16	\$8,227,000	4.9 (projected)
2016/17	\$4,412,000	3.0 (projected)
2017/18*	\$183,000	0.1 (projected)

*This assumes the ongoing funding of the limited-term positions.

At the request of the board, DCA's budget office completed an independent assessment of the board's fees including the cost to provide services. As part of their assessment, DCA's budget office concluded that a fee increase is necessary.

Included in Section 3 of this report is additional information surrounding the need for this change as well as the justification for the realignment of fees. Further, the supplemental Fee Background Information Questionnaire which is provided as a supplement to this report.

Issue 2: Regulation of Outsourcing Facilities

Outcome Desired

Pursue legislative change to establish licensing programs for outsourcing facilities located within and outside of California.

Background

In 2012, medication contaminated by fungal material that was compounded by a Massachusetts pharmacy killed 65 and injured approximately 700 individuals in various states. In response, the California Board of Pharmacy initiated a review of its then sterile

injectable compounding requirements that had been enacted in 2001. Among other actions, the board sponsored legislation in 2013 to increase licensure requirements for sterile compounding pharmacies (SB 294, Chapter 565, Emmerson). The legislation expanded the definition of sterile compounding to include injectable medications, inhalation products and medication applied in the eyes. The law also eliminated accreditation by outside agencies as an alternative to licensure with annual board inspections, and the board began a massive upgrading of its sterile compounding regulations, a process that is nearing completion in late 2015.

The November 2013 enactment of the federal Drug Quality and Security Act responded to the 2012 compounding tragedy in a new way: this legislation created a new type of entity authorized to compound medications – the outsourcing facility. These generally large-scale production facilities are authorized to compound large quantities of medications for use by other entities, whereas a pharmacy generally compounds pursuant to a patient-specific prescription. Medications prepared by outsourcing facilities must be done under current good manufacturing practices (or cGMPs), which are more stringent than compounding requirements for sterile compounding pharmacies, since many patients in multiple locations can receive these medications that are not usually linked to patient-specific prescriptions.

Currently California is licensing as sterile compounding pharmacies federally licensed outsourcing facilities located within or shipping medication into California. This is increasingly losing its viability as a regulatory solution. First, it does not recognize the federal outsourcing requirements that permit large scale compounding. Second multiple states are moving to establish regulatory frameworks to license outsourcing facilities as separate entities, and some bar licensure of these facilities in their home states as sterile compounding pharmacies. This is currently an issue in Mississippi, will and be an issue in July in New Jersey. Several other states have pending legislation in this area as well.

In 2015, the board sponsored legislation (SB 619, Morrell) to license outsourcing facilities as separate entities both within and outside California to ship into the state. This bill was held in suspense by the Senate Appropriations Committee. In 2016, the board seeks to resume pursuing regulation of outsourcing facilities as separate entities.

Justification For Change

California's regulatory scheme should be compatible with federal requirements as this practice occurs across state lines. Enactment of this proposal would result in the recognition of three levels of entities to produce medication for the public:

1. Manufacturers who are regulated by the FDA, and for facilities located in a specific state, often by a unit of the state's Department of Health (as occurs in CA). Drug manufacturers are required to perform extensive drug testing trials before receiving authorization to market any drug. Their physical plants are inspected by the FDA and their facilities must comply with rigorous cGMPs.
2. Outsourcing facilities are regulated more like drug manufacturers and are regulated under cGMPs, but outsourcing facilities are exempted from performing drug approval testing like manufacturers must do for their products. In the future, the FDA has stated it plans on developing specific cGMP requirements for outsourcing facilities, but these specialized requirements are not yet available. Unless a medication is in short supply, outsourcing facilities are not authorized to duplicate a commercially available medication.
3. Pharmacies, which are authorized to compound pursuant to a patient-specific prescription, are regulated by state boards of pharmacy. Pharmacists are authorized to compound medication pursuant to a patient-specific prescription without performing new drug testing as is required of manufacturers. Because pharmacies generally do not compound drugs in quantities the size of those produced by outsourcing facilities or manufacturers, pharmacies are regulated under lesser standards. Sterile compounding pharmacies, however, are generally regulated at a level closer to that of manufacturers and outsourcers because of heightened concerns about sterility, integrity, potency and quality of the compounded medication.

California law authorizes limited anticipatory pharmacy compounding for prescriber office use or to meet customary demand for a compounded medication. For a number of years, the board and other federal and state regulatory agencies have grappled with the issue of at what point does a pharmacy compounding medications in large quantities in anticipation of receiving a prescription actually become a manufacturer. Similar discussions have gone on in other states and federally.

With the licensing of outsourcing facilities, the issue is simplified:

1. An outsourcing facility (aka a 503B facility -- referencing the federal code section where these provisions reside) is licensed at the federal level by the FDA, functions under the supervision of a pharmacist and operates according to cGMPs, to

produce compounded drug products for multiple entities without a prescription. Each state is addressing its own way to regulate these entities.

2. A pharmacy (aka a 503A facility, again referencing the federal code section) may compound a medication pursuant to patient-specific prescription order or in very limited quantities based on normal dispensing patterns in anticipation of a prescription, and dispenses pursuant to a patient-specific prescription.
3. A specially licensed sterile compounding pharmacy may compound a sterile medication pursuant to a patient-specific prescription or in limited quantities based on normal dispensing patterns in anticipation of a patient-specific prescription, but dispense pursuant to a patient-specific prescription.
4. A pharmacy may compound medication or sterile medication for administration in a physician's office (but after implementation of California's new compounding requirements, not for dispensing to patient in 72-hour quantities).

The board's addition of a regulatory program to license outsourcing facilities both within and outside California would ensure the state's hospitals and practitioners have access to high quality, carefully compounded sterile medication obtained from these specialized facilities.

Issue 3: Registration of Automated Delivery Devices

Outcome Desired

Pursue legislation to establish a registration requirement to link automated delivery device systems to the pharmacy that owns and is responsible for the medications stored and released from the delivery device. As part of the registration, the board needs to be provided with the policies and procedures that demonstrate appropriate security of the device, how patient consultation is being provided. Further, a reporting requirement is needed to ensure reporting of drug losses from these delivery devices.

Background

Pharmacies are able to operate automated delivery devices in various settings away from a licensed pharmacy or within a licensed facility. This includes in:

- Skilled nursing homes and other specified health care facilities licensed under Health and Safety Code section 1250 (c), (d) or (k).
- Clinics licensed under section 4180 of the Business and Professions Code.
- Hospitals for drug storage and access outside of the pharmacy.

California law currently permits use of automated delivery devices which are mechanical systems controlled by a pharmacist or other specified health care providers to provide storage, dispensing and distribution of dangerous drugs and devices. Use of these delivery devices promotes control and the ability to maintain all transaction information, to accurately track the movement of drugs into and out of the device, for security, accuracy and accountability while providing for quality, potency and purity of the medications. Under some provisions the pharmacist must authorize the release of medication.

The board has no idea how many of these delivery devices are in use, where they are in use, or which pharmacy is responsible for specific delivery devices.

The demand for additional use of these delivery devices is growing. A pilot study is currently underway that if proven valuable, would allow patients to pick up medication from a delivery device that is not specifically located in a pharmacy so long as patient consultation is first provided.

A registration is sought for pharmacies that operate each of these delivery devices that identify their locations. This would be a beneficial step in board oversight and enforcement. The list could be updated as needed via form submission to the board by a pharmacy adding, moving or removing a machine. This registration could operate much like the off-site storage waivers for records waivers. Then at annual renewal of the pharmacy, the pharmacy could update or confirm the list of machines it operates and where each is located.

Appendices

- Appendix 1- Table 1a Attendance
- Appendix 2 - Table 1b Board Committee Roster
- Appendix 3 - All Meetings
- Appendix 4 - Enforcement Performance Measures
- Appendix 5 - Board Consumer Satisfaction
- Appendix 6 - Table 2 Fund Condition
- Appendix 7 - Table 3 Expenditures By Program
- Appendix 8 - Table 4 Fee Schedule and Revenue
- Appendix 9 - Table 5 Budget Change Proposals
- Appendix 10 -Table 6 Licensee Population
- Appendix 11 - Table 7a Licensee Data by Type
- Appendix 12 - Table 7b Total Licensing Data
- Appendix 13 - Examination Data Detail
- Appendix 14 - Table 9a, 9b, 9c Enforcement Statistics
- Appendix 15 - Table 10 Enforcement Aging
- Appendix 16 - Table 11 Cost Recovery
- Appendix 17 - Table 12 Restitution



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Table 1a. Attendance**Badlani, Anil Hiro - Date Appointed: 12/20/2010****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	7/20/2011	Sacramento	No
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Compounding Regulation Subcommittee	8/22/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Compounding Regulation Subcommittee	1/4/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Enforcement and Compounding Committee	3/21/2012	Burlingame	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Enforcement and Compounding Committee	6/12/2012	San Diego	Yes
FY 2011-12 Attendance Percentage			93%

Table 1a. Attendance**Badlani, Anil Hiro - Date Appointed: 12/20/2010****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance

Brooks, Ryan - Date Appointed: 10/28/2008; 6/6/2012			
FY 2011-12 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Licensing Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	No
Public Board Meeting (Day 2)	10/19/2011	San Diego	No
Licensing Committee	12/4/2011	Sacramento	No
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Communication and Public Education Committee	1/19/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	Yes
Licensing Committee	4/17/2012	Sacramento	No
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	No
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	No
FY 2011-12 Attendance Percentage			63%

Table 1a. Attendance

Brooks, Ryan - Date Appointed: 10/28/2008; 6/6/2012			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Communication and Public Education Committee	8/29/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	No
Public Board Meeting (Day 1)	2/5/2013	Sacramento	No
Public Board Meeting (Day 2)	2/6/2013	Sacramento	No
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			67%

Table 1a. Attendance			
Brooks, Ryan - Date Appointed: 10/28/2008; 6/6/2012			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/16/2013	Sacramento	Yes
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	No
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	No
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	No
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	No
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	No
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	No
FY 2013-14 Attendance Percentage			53%

Table 1a. Attendance			
Brooks, Ryan - Date Appointed: 10/28/2008; 6/6/2012			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	No
Public Board Meeting (Day 2)	7/31/2014	Sacramento	No
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	No
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			56%

Table 1a. Attendance			
Butler, Lavanza - Date Appointed: 2/1/2013; 7/2/2013			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Licensing Committee	5/28/2013	Sacramento	No
FY 2012-13 Attendance Percentage			80%

Table 1a. Attendance			
Butler, Lavanza - Date Appointed: 2/1/2013; 7/2/2013			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/16/2013	Sacramento	Yes
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Licensing Committee	12/11/2013	Sacramento	Yes
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Licensing Committee	3/19/2014	Sacramento	Yes
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Licensing Committee	6/18/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			100%

Table 1a. Attendance

Butler, Lavanza - Date Appointed: 2/1/2013; 7/2/2013			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	8/26/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Prescription Medication Abuse Subcommittee	11/12/2014	Oakland	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Prescription Medication Abuse Subcommittee	3/19/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			93%

Table 1a. Attendance

Castellblanch, Ramón - Date Appointed: 4/22/2009; 6/1/2012			
FY 2011-12 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	No
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	No
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	No
Communication and Public Education Committee	1/19/2012	Sacramento	No
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	Yes
Legislation and Regulation Committee	4/24/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	No
Legislation and Regulation Committee	6/25/2012	Sacramento	Yes
FY 2011-12 Attendance Percentage			67%

Table 1a. Attendance

Castellblanch, Ramón - Date Appointed: 4/22/2009; 6/1/2012			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	No
Public Board Meeting (Day 2)	10/26/2012	Sacramento	No
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
FY 2013-14 Attendance Percentage			83%

Table 1a. Attendance

Castellblanch, Ramón - Date Appointed: 4/22/2009; 6/1/2012			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/16/2013	Sacramento	Yes
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	12/4/2013	Los Angeles	Yes
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Legislation and Regulation Committee	1/29/2014	Sacramento	No
Public Board Meeting (Day 1)	1/29/2014	Sacramento	No
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	2/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	No

Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	5/28/2014	San Diego	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			76%

Table 1a. Attendance

Castellblanch, Ramón - Date Appointed: 4/22/2009; 6/1/2012			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	8/26/2014	Sacramento	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	No
Public Board Meeting (Day 2)	10/29/2014	Anaheim	No
Prescription Medication Abuse Subcommittee	11/12/2014	Oakland	Yes
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	No
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Prescription Medication Abuse Subcommittee	3/19/2015	Sacramento	Yes
Communication and Public Education Committee	3/23/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	No
Public Board Meeting (Day 1)	6/3/2015	Irvine	No
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			67%

Table 1a. Attendance

Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Compounding Subcommittee	3/19/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			93%

Table 1a. Attendance

Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	No
Prescription Medication Abuse Subcommittee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	12/4/2013	Los Angeles	Yes
Enforcement and Compounding Committee	1/10/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	2/18/2014	Sacramento	Yes

Table 1a. Attendance**Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Enforcement and Compounding Committee	3/27/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	5/28/2014	San Diego	Yes
SB 493 Implementation Committee	6/4/2014	Downey	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			86%

Table 1a. Attendance**Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
SB 493 Implementation Committee	8/6/2014	Los Angeles	Yes
Enforcement and Compounding Committee	9/16/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
SB 493 Implementation Committee	11/5/2014	Sacramento	Yes
SB 493 Implementation Committee	12/16/2014	Los Angeles	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
SB 493 Implementation Committee	2/25/2015	Los Angeles	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Enforcement and Compounding Committee	3/26/2015	Sacramento	Yes
SB 493 Implementation Committee	4/13/2015	Irvine	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
SB 1441 Uniform Standards Implementation Committee	6/19/2015	Irvine	Yes

Table 1a. Attendance**Gutierrez, Amarylis - Date Appointed: 6/12/2012; 6/1/2014****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			100%

Table 1a. Attendance

Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012			
FY 2011-12 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	No
Public Board Meeting (Day 2)	7/27/2011	Sacramento	No
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	No
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Licensing Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	No
Licensing Committee	12/4/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Communication and Public Education Committee	1/19/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	Yes
Licensing Committee	4/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
FY 2011-12 Attendance Percentage			75%

Table 1a. Attendance

Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	No
Public Board Meeting (Day 2)	10/26/2012	Sacramento	No
Enforcement and Compounding Committee	12/4/2012	Los Angeles	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	No
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Communication and Public Education Committee	4/12/2013	Sacramento	Yes

Table 1a. Attendance**Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			81%

Table 1a. Attendance**Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	No
Public Board Meeting (Day 2)	7/31/2013	Sacramento	No
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	No
Prescription Medication Abuse Subcommittee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	12/4/2013	Los Angeles	No
Enforcement and Compounding Committee	1/10/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	No
Public Board Meeting (Day 2)	1/30/2014	Sacramento	No
Prescription Medication Abuse Subcommittee	2/18/2014	Sacramento	No
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Enforcement and Compounding Committee	3/27/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	5/28/2014	San Diego	No
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			57%

Table 1a. Attendance**Hackworth, Rosalyn - Date Appointed: 7/15/2009; 6/2/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	8/26/2014	Sacramento	No
Enforcement and Compounding Committee	9/16/2014	Sacramento	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	No
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Prescription Medication Abuse Subcommittee	11/12/2014	Oakland	No
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	No
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Prescription Medication Abuse Subcommittee	3/19/2015	Sacramento	Yes
Communication and Public Education Committee	3/23/2015	Sacramento	No
Enforcement and Compounding Committee	3/26/2015	Sacramento	No
Public Board Meeting (Day 1)	4/21/2015	Sacramento	No
Public Board Meeting (Day 2)	4/22/2015	Sacramento	No
Public Board Meeting (Day 1)	6/3/2015	Irvine	No
Public Board Meeting (Day 2)	6/4/2015	Irvine	No
Enforcement and Compounding Committee	6/24/2015	Sacramento	No
FY 2014-15			45%

Table 1a. Attendance			
Kajioka, Randy - Date Appointed: 12/17/2008; 12/22/2011			
FY 2011-12 Meetings			
Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	7/20/2011	Sacramento	Yes
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Compounding Regulation Subcommittee	8/22/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Compounding Regulation Subcommittee	1/4/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Enforcement and Compounding Committee	3/21/2012	Burlingame	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Enforcement and Compounding Committee	6/12/2012	San Diego	Yes
FY 2011-12 Attendance Percentage			100%

Table 1a. Attendance			
Kajioka, Randy - Date Appointed: 12/17/2008; 12/22/2011			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Enforcement and Compounding Committee	12/4/2012	Los Angeles	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Compounding Subcommittee	3/19/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes

Table 1a. Attendance**Kajioka, Randy - Date Appointed: 12/17/2008; 12/22/2011****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance**Kajioka, Randy - Date Appointed: 12/17/2008; 12/22/2011****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	No
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	No
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	No
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
FY 2013-14 Attendance Percentage			57%

Table 1a. Attendance			
Law, Victor - Date Appointed: 8/29/2012			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Licensing Committee	5/28/2013	Sacramento	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance			
Law, Victor - Date Appointed: 8/29/2012			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Licensing Committee	12/11/2013	Sacramento	Yes
Enforcement and Compounding Committee	1/10/2014	Sacramento	No
Legislation and Regulation Committee	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Licensing Committee	3/19/2014	Sacramento	Yes
Enforcement and Compounding Committee	3/27/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes

Table 1a. Attendance

Law, Victor - Date Appointed: 8/29/2012			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
SB 493 Implementation Committee	6/4/2014	Downey	No
Licensing Committee	6/18/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			90%

Table 1a. Attendance

Law, Victor - Date Appointed: 8/29/2012			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
SB 493 Implementation Committee	8/6/2014	Los Angeles	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
SB 493 Implementation Committee	11/5/2014	Sacramento	Yes
SB 493 Implementation Committee	12/16/2014	Los Angeles	No
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
SB 493 Implementation Committee	2/25/2015	Los Angeles	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
SB 493 Implementation Committee	4/13/2015	Irvine	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
SB 1441 Uniform Standards Implementation Committee	6/19/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			94%

Table 1a. Attendance

Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012			
FY 2011-12 Meetings			
Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	7/20/2011	Sacramento	Yes
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Licensing Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Licensing Committee	12/4/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Enforcement and Compounding Committee	3/21/2012	Burlingame	Yes
Licensing Committee	4/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	No
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	No
Enforcement and Compounding Committee	6/12/2012	San Diego	Yes
FY 2011-12 Attendance Percentage			88%

Table 1a. Attendance

Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance**Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Enforcement and Compounding Committee	9/10/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Enforcement and Compounding Committee	1/10/2014	Sacramento	Yes
Legislation and Regulation Committee	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Enforcement and Compounding Committee	3/27/2014	Sacramento	No
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			94%

Table 1a. Attendance**Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Enforcement and Compounding Committee	9/16/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Enforcement and Compounding Committee	3/26/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes

Table 1a. Attendance**Lippe, Gregory - Date Appointed: 2/26/2009; 6/6/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			100%

Table 1a. Attendance			
Murphy, Gregory - Date Appointed: 12/3/2013			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Licensing Committee	3/19/2014	Sacramento	No
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			67%

Table 1a. Attendance			
Murphy, Gregory - Date Appointed: 12/3/2013			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	8/26/2014	Sacramento	No
Enforcement and Compounding Committee	9/16/2014	Sacramento	No
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Prescription Medication Abuse Subcommittee	11/12/2014	Oakland	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	No
Public Board Meeting (Day 2)	1/28/2015	Sacramento	No
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Prescription Medication Abuse Subcommittee	3/19/2015	Sacramento	No
Enforcement and Compounding Committee	3/26/2015	Sacramento	No
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	No
Public Board Meeting (Day 2)	6/4/2015	Irvine	No
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			56%

Table 1a. Attendance

Sanchez, Ricardo - Date Appointed: 11/12/2014			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
SB 1441 Uniform Standards Implementation Committee	6/19/2015	Irvine	No
FY 2014-15 Attendance Percentage			89%

Table 1a. Attendance

Schaad, Allen - Date Appointed: 1/8/2014			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Enforcement and Compounding Committee	3/27/2014	Sacramento	Yes
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			100%

Table 1a. Attendance

Schaad, Allen - Date Appointed: 1/8/2014			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Enforcement and Compounding Committee	9/16/2014	Sacramento	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
Enforcement and Compounding Committee	12/17/2014	Sacramento	Yes
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Communication and Public Education Committee	3/23/2015	Sacramento	Yes
Enforcement and Compounding Committee	3/26/2015	Sacramento	No
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	No
Public Board Meeting (Day 2)	6/4/2015	Irvine	No

Table 1a. Attendance**Schaad, Allen - Date Appointed: 1/8/2014****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			84%

Table 1a. Attendance

Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013			
FY 2011-12 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Licensing Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Licensing Committee	12/4/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Communication and Public Education Committee	1/19/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	Yes
Licensing Committee	4/17/2012	Sacramento	Yes
Legislation and Regulation Committee	4/24/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Legislation and Regulation Committee	6/25/2012	Sacramento	Yes
FY 2011-12 Attendance Percentage			100%

Table 1a. Attendance

Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Communication and Public Education Committee	8/29/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Communication and Public Education Committee	4/12/2013	Sacramento	Yes

Table 1a. Attendance			
Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Licensing Committee	5/28/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			93%

Table 1a. Attendance			
Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Licensing Committee	12/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Licensing Committee	3/19/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
SB 493 Implementation Committee	6/4/2014	Downey	Yes
Licensing Committee	6/18/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	No
FY 2013-14 Attendance Percentage			94%

Table 1a. Attendance**Veale, Deborah - Date Appointed: 1/12/2010; 6/21/2013****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
SB 493 Implementation Committee	8/6/2014	Los Angeles	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
SB 493 Implementation Committee	11/5/2014	Sacramento	No
SB 493 Implementation Committee	12/16/2014	Los Angeles	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
SB 493 Implementation Committee	2/25/2015	Los Angeles	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Licensing Committee	4/7/2015	Sacramento	Yes
SB 493 Implementation Committee	4/13/2015	Irvine	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			88%

Table 1a. Attendance			
Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012			
FY 2011-12 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Compounding Regulation Subcommittee	8/22/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
FY 2011-12 Attendance Percentage			100%

Table 1a. Attendance			
Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012			
FY 2012-13 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Communication and Public Education Committee	8/29/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
E-Pedigree Committee	6/24/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			100%

Table 1a. Attendance			
Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Prescription Medication Abuse Subcommittee	12/4/2013	Los Angeles	Yes
Licensing Committee	12/11/2013	Sacramento	Yes
Enforcement and Compounding Committee	1/10/2014	Sacramento	Yes
Legislation and Regulation Committee	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Prescription Medication Abuse Subcommittee	5/28/2014	San Diego	Yes
SB 493 Implementation Committee	6/4/2014	Downey	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			100%

Table 1a. Attendance			
Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
SB 493 Implementation Committee	8/6/2014	Los Angeles	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
SB 493 Implementation Committee	11/5/2014	Sacramento	Yes
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
SB 493 Implementation Committee	12/16/2014	Los Angeles	Yes

Table 1a. Attendance**Weisser, Stanley - Date Appointed: 11/1/2007; 12/22/2012****FY 2014-15 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
SB 493 Implementation Committee	2/25/2015	Los Angeles	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
SB 493 Implementation Committee	4/13/2015	Irvine	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	Yes
Public Board Meeting (Day 2)	4/22/2015	Sacramento	Yes
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
SB 1441 Uniform Standards Implementation Committee	6/19/2015	Irvine	Yes
Enforcement and Compounding Committee	6/24/2015	Sacramento	Yes
FY 2014-15 Attendance Percentage			100%

Table 1a. Attendance**Wheat, Shirley - Date Appointed: 1/14/2007; 12/20/2014****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Communication and Public Education Committee	9/26/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	No
Public Board Meeting (Day 2)	10/19/2011	San Diego	No
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	No
Communication and Public Education Committee	1/19/2012	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	Yes
Public Board Meeting (Day 2)	2/1/2012	Burlingame	Yes
Communication and Public Education Committee	3/27/2012	Sacramento	No
Legislation and Regulation Committee	4/24/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Legislation and Regulation Committee	6/25/2012	Sacramento	Yes
FY 2011-12 Attendance Percentage			73%

Table 1a. Attendance**Wheat, Shirley - Date Appointed: 1/14/2007; 12/20/2014****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Enforcement and Compounding Committee	12/4/2012	Los Angeles	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	No

Table 1a. Attendance**Wheat, Shirley - Date Appointed: 1/14/2007; 12/20/2014****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 2)	4/26/2013	San Diego	No
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			80%

Table 1a. Attendance**Wheat, Shirley - Date Appointed: 1/14/2007; 12/20/2014****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	No
Public Board Meeting (Day 2)	7/31/2013	Sacramento	No
E-Pedigree Committee	9/26/2013	El Segundo	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	No
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	No
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	No
Public Board Meeting (Day 2)	1/30/2014	Sacramento	No
Public Board Meeting (Day 1)	3/17/2014	Sacramento	No
Public Board Meeting (Day 2)	3/18/2014	Sacramento	No
Communication and Public Education Committee	4/1/2014	Sacramento	No
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			40%

Table 1a. Attendance**Wong, Albert - Date Appointed: 6/12/2012****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Communication and Public Education Committee	8/29/2012	Sacramento	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	Yes
Public Board Meeting (Day 2)	10/26/2012	Sacramento	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	No
Public Board Meeting (Day 2)	2/6/2013	Sacramento	No
Communication and Public Education Committee	4/12/2013	Sacramento	Yes
Licensing Committee	4/12/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes
Licensing Committee	5/28/2013	Sacramento	Yes
FY 2012-13 Attendance Percentage			85%

Table 1a. Attendance**Wong, Albert - Date Appointed: 6/12/2012****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Communication and Public Education Committee	10/7/2013	Sacramento	Yes
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	Yes
Licensing Committee	12/11/2013	Sacramento	No
Communication and Public Education Committee	1/6/2014	Sacramento	Yes
Legislation and Regulation Committee	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 1)	1/29/2014	Sacramento	Yes
Public Board Meeting (Day 2)	1/30/2014	Sacramento	Yes
Licensing Committee	2/12/2014	Sacramento	Yes
Public Board Meeting (Day 1)	3/17/2014	Sacramento	Yes
Public Board Meeting (Day 2)	3/18/2014	Sacramento	Yes
Licensing Committee	3/19/2014	Sacramento	Yes

Table 1a. Attendance

Wong, Albert - Date Appointed: 6/12/2012			
FY 2013-14 Meetings			
Meeting Type	Date	Location	Attended?
Communication and Public Education Committee	4/1/2014	Sacramento	Yes
Public Board Meeting (Day 1)	4/23/2014	Sacramento	Yes
Public Board Meeting (Day 2)	4/24/2014	Sacramento	Yes
Licensing Committee	6/18/2014	Sacramento	Yes
Public Board Meeting (1 Day Only)	6/24/2014	Sacramento	Yes
FY 2013-14 Attendance Percentage			95%

Table 1a. Attendance

Wong, Albert - Date Appointed: 6/12/2012			
FY 2014-15 Meetings			
Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2014	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2014	Sacramento	Yes
Communication and Public Education Committee	9/18/2014	Sacramento	Yes
Public Board Meeting (Day 1)	10/28/2014	Anaheim	Yes
Public Board Meeting (Day 2)	10/29/2014	Anaheim	Yes
Communication and Public Education Committee	12/10/2014	Sacramento	Yes
Communication and Public Education Committee	1/13/2015	Sacramento	Yes
Public Board Meeting (Day 1)	1/27/2015	Sacramento	Yes
Public Board Meeting (Day 2)	1/28/2015	Sacramento	Yes
Public Board Meeting (1 Day Only)	3/9/2015	Sacramento	No
Communication and Public Education Committee	3/23/2015	Sacramento	Yes
Licensing Committee	4/7/2015	Sacramento	Yes
Public Board Meeting (Day 1)	4/21/2015	Sacramento	No
Public Board Meeting (Day 2)	4/22/2015	Sacramento	No
Public Board Meeting (Day 1)	6/3/2015	Irvine	Yes
Public Board Meeting (Day 2)	6/4/2015	Irvine	Yes
FY 2014-15 Attendance Percentage			81%

Table 1a. Attendance**Zee, Tappan - Date Appointed: 1/13/2010****FY 2011-12 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	7/20/2011	Sacramento	Yes
Public Board Meeting (Day 1)	7/26/2011	Sacramento	Yes
Public Board Meeting (Day 2)	7/27/2011	Sacramento	Yes
Public Board Meeting (1 Day Only)	9/7/2011	Sacramento	Yes
Public Board Meeting (Day 1)	10/18/2011	San Diego	Yes
Public Board Meeting (Day 2)	10/19/2011	San Diego	Yes
Public Board Meeting (1 Day Only)	12/6/2011	Sacramento	Yes
Public Board Meeting (Day 1)	1/31/2012	Burlingame	No
Public Board Meeting (Day 2)	2/1/2012	Burlingame	No
Enforcement and Compounding Committee	3/21/2012	Burlingame	Yes
Legislation and Regulation Committee	4/24/2012	Sacramento	Yes
Public Board Meeting (Day 1)	5/1/2012	Loma Linda	Yes
Public Board Meeting (Day 2)	5/2/2012	Loma Linda	Yes
Enforcement and Compounding Committee	6/12/2012	San Diego	Yes
Legislation and Regulation Committee	6/25/2012	Sacramento	No
FY 2011-12 Attendance Percentage			80%

Table 1a. Attendance**Zee, Tappan - Date Appointed: 1/13/2010****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/17/2012	Sacramento	Yes
Public Board Meeting (Day 2)	7/18/2012	Sacramento	Yes
Enforcement and Compounding Committee	9/11/2012	Burlingame	Yes
Public Board Meeting (Day 1)	10/25/2012	Sacramento	No
Public Board Meeting (Day 2)	10/26/2012	Sacramento	No
Enforcement and Compounding Committee	12/4/2012	Los Angeles	Yes
Public Board Meeting (1 Day Only)	12/13/2012	Sacramento	Yes
Public Board Meeting (Day 1)	2/5/2013	Sacramento	Yes
Public Board Meeting (Day 2)	2/6/2013	Sacramento	Yes
Enforcement and Compounding Committee	3/14/2013	Garden Grove	Yes
Legislation and Regulation Committee	4/11/2013	Sacramento	Yes
Public Board Meeting (Day 1)	4/25/2013	San Diego	Yes
Public Board Meeting (Day 2)	4/26/2013	San Diego	Yes

Table 1a. Attendance**Zee, Tappan - Date Appointed: 1/13/2010****FY 2012-13 Meetings**

Meeting Type	Date	Location	Attended?
Enforcement and Compounding Committee	6/4/2013	Sacramento	Yes
E-Pedigree Committee	6/24/2013	Sacramento	No
FY 2012-13 Attendance Percentage			80%

Table 1a. Attendance**Zee, Tappan - Date Appointed: 1/13/2010****FY 2013-14 Meetings**

Meeting Type	Date	Location	Attended?
Public Board Meeting (Day 1)	7/30/2013	Sacramento	Yes
Public Board Meeting (Day 2)	7/31/2013	Sacramento	Yes
Enforcement and Compounding Committee	9/10/2013	Sacramento	No
Public Board Meeting (Day 1)	10/29/2013	Garden Grove	Yes
Public Board Meeting (Day 2)	10/30/2013	Garden Grove	Yes
Public Board Meeting (1 Day Only)	11/14/2013	Sacramento	No
FY 2013-14 Attendance Percentage			67%

Table 1b. Board/Committee Member Roster

<i>Member Name (Include Vacancies)</i>	<i>Date First Appointed</i>	<i>Date Re-appointed</i>	<i>Date Term Expires</i>	<i>Grace Period</i>	<i>Appointing Authority</i>	<i>Type (public or professional)</i>
Registered Pharmacist 1						
Kajioka, Randy	12/17/2008	12/22/2011	1/2/2014		Governor	Professional
Schaad, Allen	1/8/2014		6/1/2015		Governor	Professional
Registered Pharmacist 2						
Weisser, Stanley	11/1/2007	12/22/2012	6/1/2015		Governor	Professional
Registered Pharmacist Labor Union						
Vacant						
Butler, Lavanza	2/1/2013	7/2/2013	6/1/2017		Governor	Professional
Registered Pharmacist Long-Term Care/Skilled Nursing						
Vacant						
Wong, Albert	6/12/2012		6/1/2016		Governor	Professional
Registered Pharmacist Chain Community Pharmacy						
Veale, Deborah	1/12/2010	6/21/2013	6/1/2017		Governor	Professional
Registered Pharmacist Independent Community Pharmacy						
Badlani, Anil Hiro	12/20/2010		6/1/2012		Governor	Professional
Law, Victor	8/29/2012		6/1/2016		Governor	Professional
Registered Pharmacist Acute Care						
Vacant						
Gutierrez, Amarylis	6/12/2012	6/1/2014	6/1/2018		Governor	Professional
Public Member 1						
Zee, Tappan	1/13/2010		6/1/2013	6/1/2014	Governor	Public
Murphy, Gregory	12/3/2013		6/1/2017		Governor	Public
Public Member 2						
Lippe, Gregory	2/26/2009	6/6/2012	6/1/2016		Governor	Public
Public Member 3						
Brooks, Ryan	10/28/2008	6/6/2012	6/1/2016		Governor	Public
Public Member 4						
Wheat, Shirley	1/14/2007	12/20/2010	6/1/2014		Governor	Public
Sanchez, Ricardo	11/12/2014		6/1/2018		Governor	Public
Public Member 5						
Castellblanch, Ramón	4/22/2009	6/1/2012	6/1/2016		Senate Rules	Public
Public Member 6						
Hackworth, Rosalyn	7/15/2009	6/2/2012	6/1/2016		Speaker of Assembly	Public

Meeting Type	Location	Date
Public Board Meeting	Sacramento	July 26-27, 2011
Public Board Meeting	Los Angeles	September 7, 2011
Public Board Meeting	San Diego	October 18-19, 2011
Public Board Meeting	Sacramento	December 6, 2011
Public Board Meeting	Burlingame	January 31-February 1, 2012
Public Board Meeting	Loma Linda	May 1-2, 2012
Public Board Meeting	Sacramento	July 17-18, 2012
Public Board Meeting	Sacramento	October 24-26, 2012
Public Board Meeting	Sacramento	December 13, 2013
Public Board Meeting	Sacramento	February 5-6, 2013
Public Board Meeting	San Diego	April 24-25, 2013
Public Board Meeting	Sacramento	July 30-31, 2013
Public Board Meeting	Garden Grove	October 29-30, 2013
Public Board Meeting	Sacramento	November 14, 2013
Public Board Meeting	Sacramento	January 29-30, 2014
Public Board Meeting	Sacramento	March 17-18, 2014
Public Board Meeting	Sacramento	April 23-24, 2014
Public Board Meeting	Sacramento	June 26, 2014
Public Board Meeting	Sacramento	July 30-31, 2014
Public Board Meeting	Anaheim	October 28-29, 2014
Public Board Meeting	Sacramento	December 17, 2014
Public Board Meeting	Sacramento	January 27-29, 2015
Public Board Meeting	Sacramento	March 9, 2015
Public Board Meeting	Sacramento	April 21-22, 2015
Public Board Meeting	Irvine	June 3-4, 2015

Meeting Type	Location	Date
Enforcement and Compounding Committee	Sacramento	July 25, 2011
Enforcement and Compounding Committee	Burlingame	March 21, 2012
Enforcement and Compounding Committee	San Diego	June 12, 2012
Enforcement and Compounding Committee	Burlingame	September 11, 2012
Enforcement and Compounding Committee	Los Angeles	December 4, 2012
Enforcement and Compounding Committee	Garden Grove	March 14, 2013
Enforcement and Compounding Committee	Sacramento	June 4, 2013
Enforcement and Compounding Committee	Sacramento	September 10, 2013
Enforcement and Compounding Committee	Sacramento	January 10, 2014
Enforcement and Compounding Committee	Sacramento	March 27, 2014
Enforcement and Compounding Committee	Sacramento	September 16, 2014
Enforcement and Compounding Committee	Sacramento	December 14, 2014
Enforcement and Compounding Committee	Sacramento	March 26, 2015
Enforcement and Compounding Committee	Sacramento	June 24, 2015

Meeting Type	Location	Date
Licensing Committee	Sacramento	September 26, 2011
Licensing Committee	Sacramento	December 14, 2011
Licensing Committee	Sacramento	January 4, 2012
Licensing Committee	Sacramento	April 17, 2012
Licensing Committee	Sacramento	April 12, 2013
Licensing Committee	Sacramento	May 28, 2013
Licensing Committee	Sacramento	December 11, 2013
Licensing Committee	Sacramento	February 12, 2014
Licensing Committee	Sacramento	March 19, 2014
Licensing Committee	Sacramento	June 18, 2014
Licensing Committee	Sacramento	April 7, 2015

Meeting Type	Location	Date
Legislation/Regulation Committee	Sacramento	April 24, 2012
Legislation/Regulation Committee	Sacramento	June 25, 2012
Legislation/Regulation Committee	Sacramento	April 11, 2013
Legislation/Regulation Committee	Sacramento	July 30, 2013
Legislation/Regulation Committee	Sacramento	January 29, 2014
Legislation/Regulation Committee	Sacramento	April 23, 2014
Legislation/Regulation Committee	Sacramento	April 21, 2015

Meeting Type	Location	Date
Communication and Public Education Committee	Sacramento	September 26, 2011
Communication and Public Education Committee	Sacramento	January 19, 2012
Communication and Public Education Committee	Sacramento	March 27, 2012
Communication and Public Education Committee	Sacramento	July 17, 2012
Communication and Public Education Committee	Sacramento	August 29, 2012
Communication and Public Education Committee	Sacramento	April 12, 2013
Communication and Public Education Committee	Sacramento	July 16, 2013
Communication and Public Education Committee	Sacramento	October 7, 2013
Communication and Public Education Committee	Sacramento	January 6, 2014
Communication and Public Education Committee	Sacramento	April 1, 2014
Communication and Public Education Committee	Sacramento	September 18, 2014
Communication and Public Education Committee	Sacramento	December 10, 2014
Communication and Public Education Committee	Sacramento	January 13, 2015
Communication and Public Education Committee	Sacramento	March 23, 2015

Meeting Type	Location	Date
SB 493 Implementation Committee	Downey	June 4, 2014
SB 493 Implementation Committee	Los Angeles	August 6, 2014
SB 493 Implementation Committee	Sacramento	November 5, 2014
SB 493 Implementation Committee	Los Angeles	December 16, 2014
SB 493 Implementation Committee	Los Angeles	February 25, 2015
SB 493 Implementation Committee	Irvine	April 13, 2015

Meeting Type	Location	Date
SB 1441 Uniform Standards Implementation Committee	Irvine	June 19, 2015

Meeting Type	Location	Date
Compounding Subcommittee	Sacramento	March 19, 2013

Meeting Type	Location	Date
E-Pedigree Committee	Sacramento	June 24, 2013
E-Pedigree Committee	El Segundo	September 26, 2013

Meeting Type	Location	Date
Prescription Drug Abuse Subcommittee	Sacramento	October 7, 2013
Prescription Drug Abuse Subcommittee	Los Angeles	December 4, 2013
Prescription Drug Abuse Subcommittee	Sacramento	February 18, 2014
Prescription Drug Abuse Subcommittee	San Diego	May 28, 2014
Prescription Drug Abuse Subcommittee	Sacramento	August 26, 2014
Prescription Drug Abuse Subcommittee	Oakland	November 12, 2014
Prescription Drug Abuse Subcommittee	Sacramento	March 19, 2015

Department of Consumer
Affairs
California State
Board of Pharmacy

Performance Measures

Annual Report (2011 – 2012 Fiscal Year)

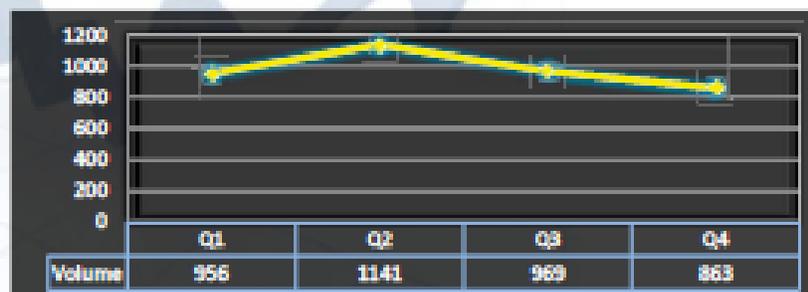
To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

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

Volume

Number of complaints and convictions received.

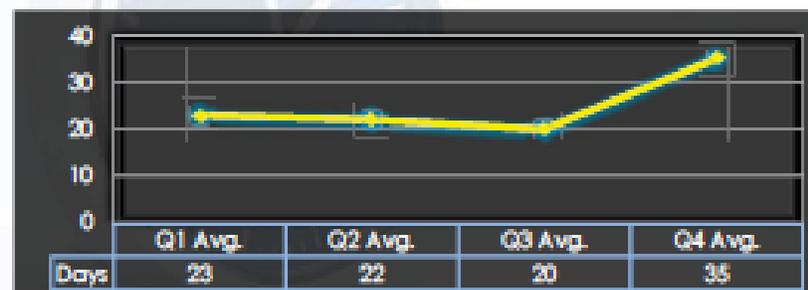
The Board had an annual total of 3,929 this fiscal year.



Intake

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

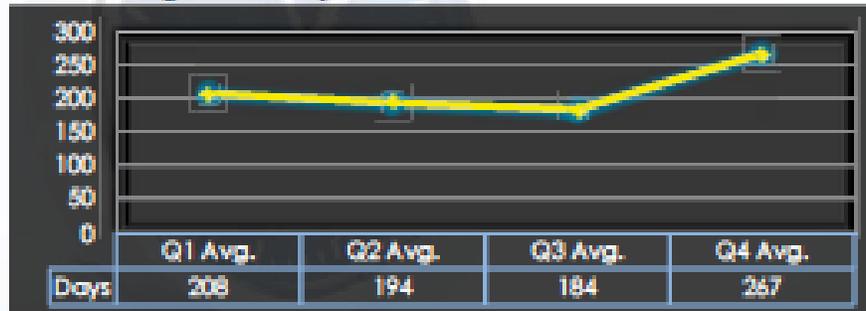
The Board has set a target of 20 days for this measure.



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.

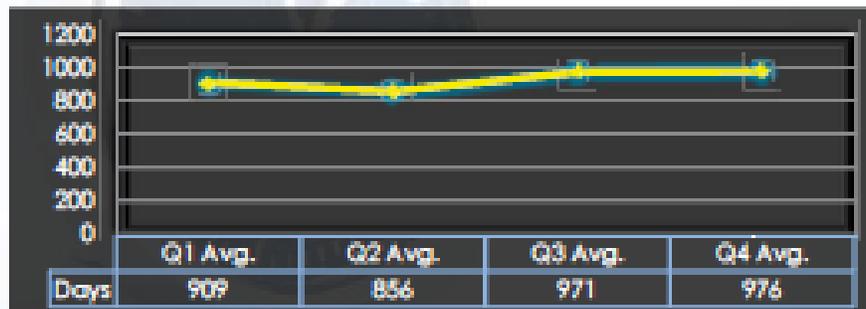
The Board has set a target of 210 days for this measure.



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)

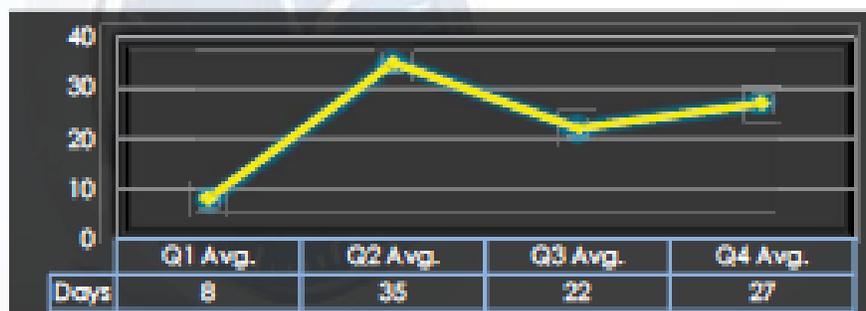
The Board has set a target of 540 days for this measure.



Probation Intake

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

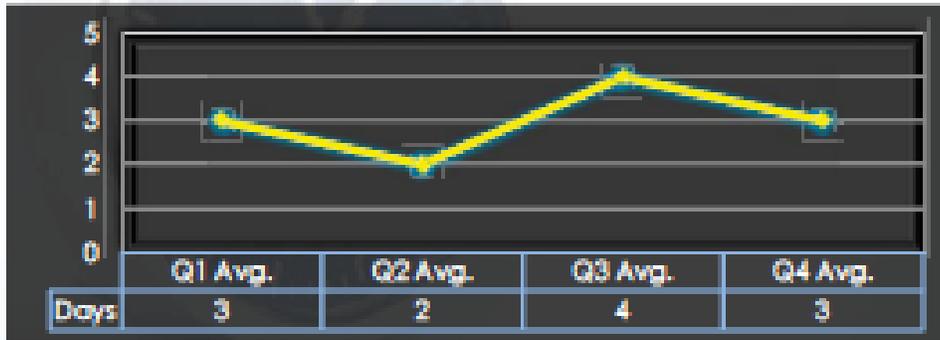
The Board has set a target of 30 days for this measure.



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.

The Board has set a target of 7 days for this measure.



Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q1 Report (July - September 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.

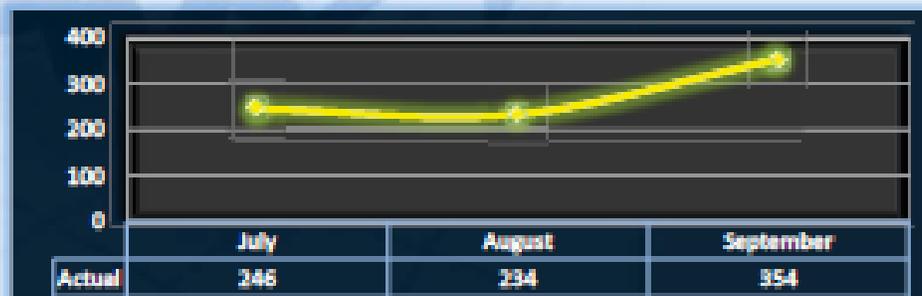
Volume

Number of complaints and convictions received.

Q1 Total: 834

Complaints: 397 Convictions: 437

Q1 Monthly Average: 278

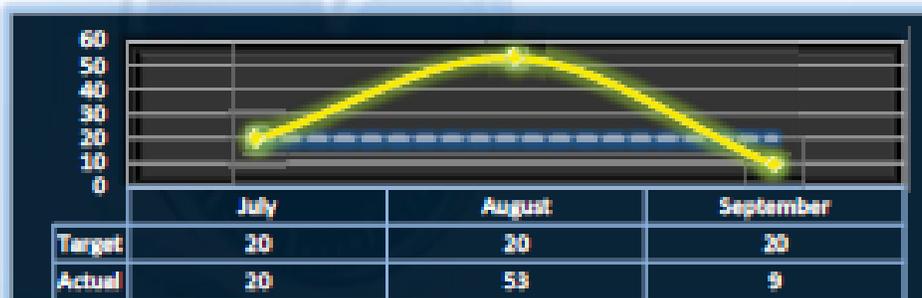


Intake

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

Target: 20 Days

Q1 Average: 24 Days

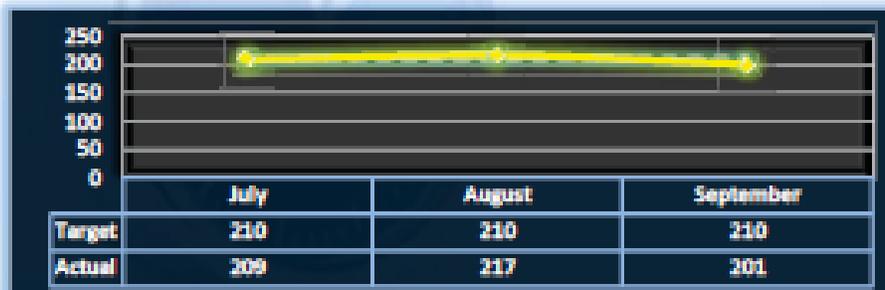


Intake & Investigation

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: 216 Days

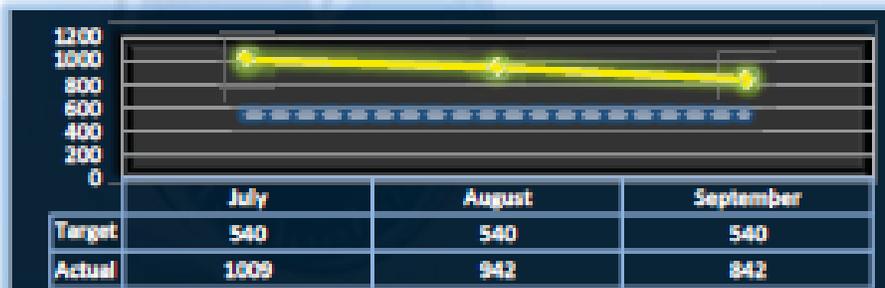


Formal Discipline

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

Q1 Average: 909 Days

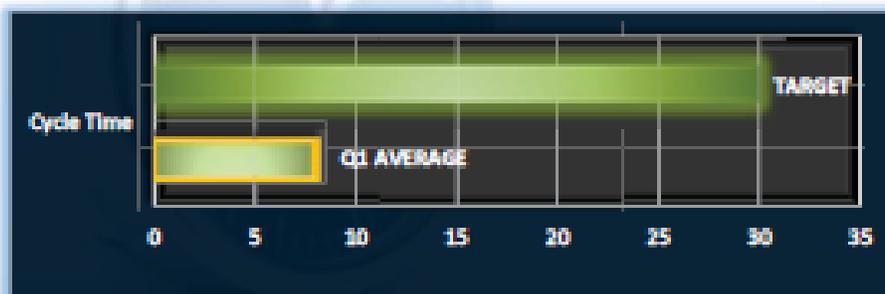


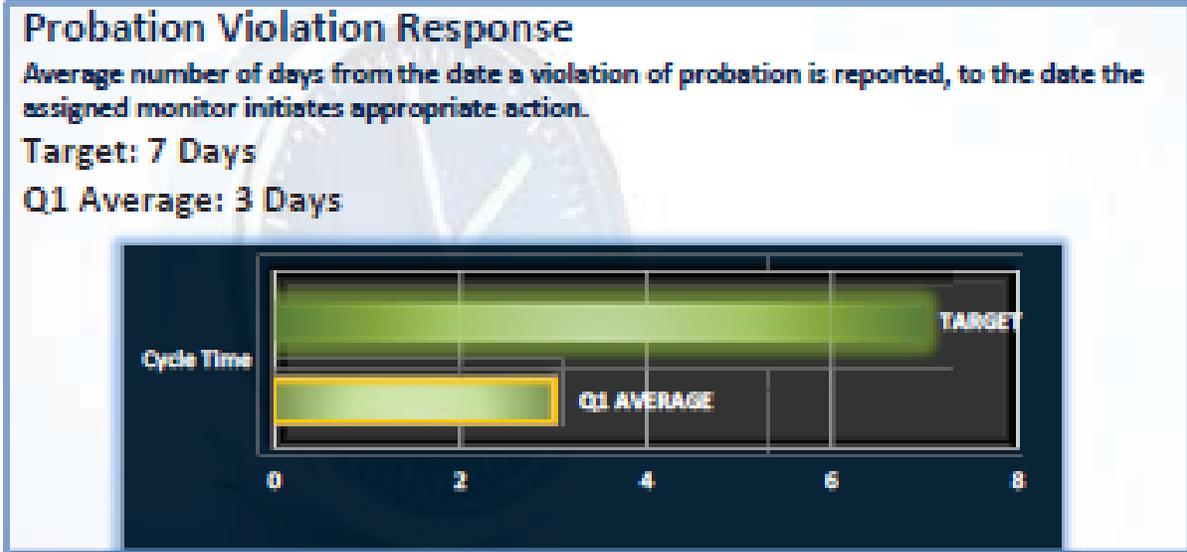
Probation Intake

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

Target: 30 Days

Q1 Average: 8 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

Q2 Report (October - December 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.

Volume

Number of complaints and convictions received.

Q2 Total: 988

Complaints: 393 Convictions: 595

Q2 Monthly Average: 329

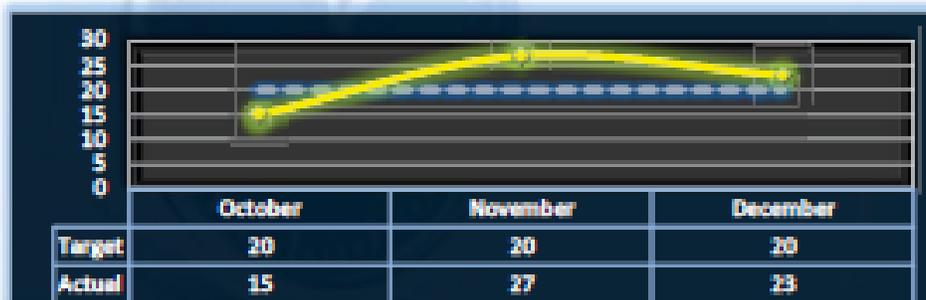


Intake

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

Target: 20 Days

Q2 Average: 22 Days

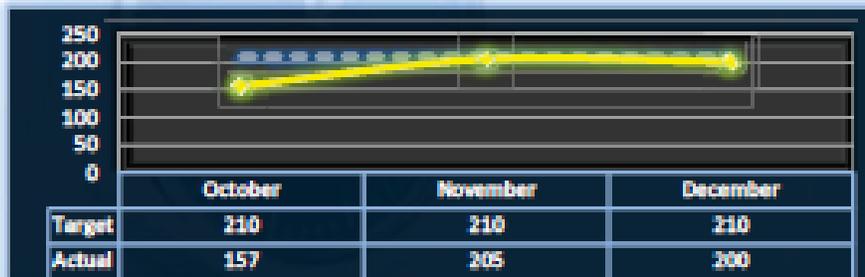


Intake & Investigation

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

Q2 Average: 192 Days

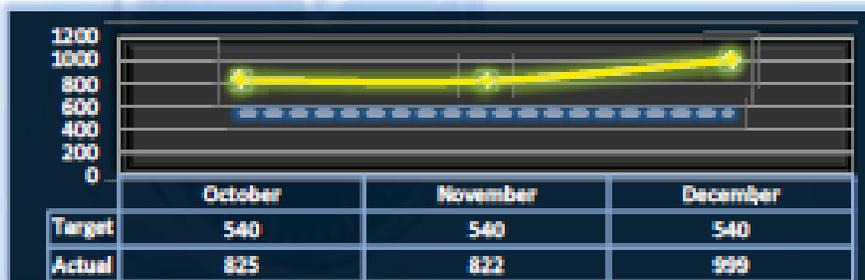


Formal Discipline

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: 862 Days

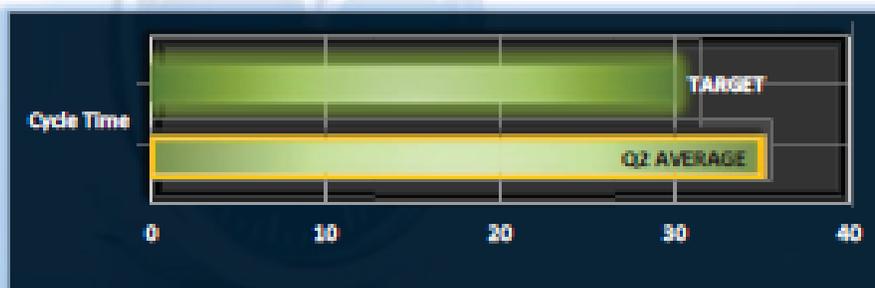


Probation Intake

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

Target: 30 Days

Q2 Average: 35 Days

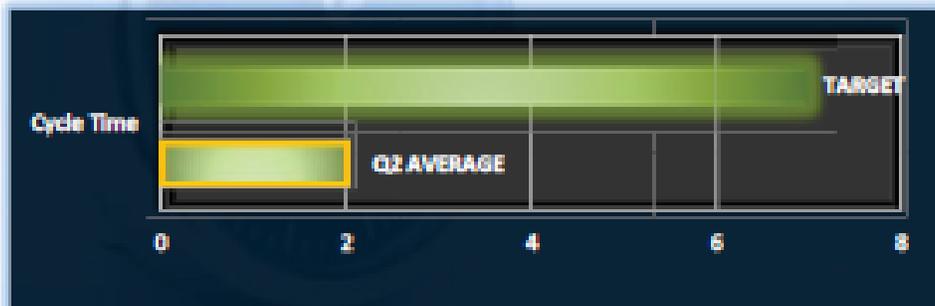


Probation Violation Response

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

Q2 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

Q3 Report (January - March 2012)

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.

Volume

Number of complaints and convictions received.

Q3 Total: 921

Complaints: 379 Convictions: 542

Q3 Monthly Average: 307

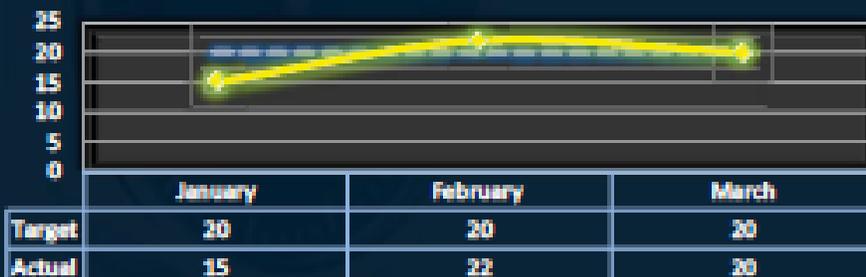


Intake

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

Target: 20 Days

Q3 Average: 20 Days

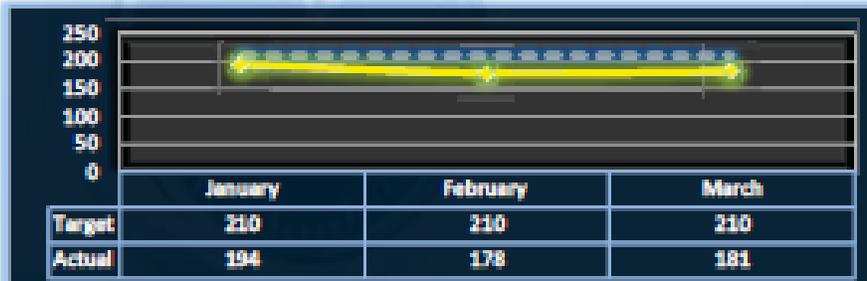


Intake & Investigation

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: 184 Days

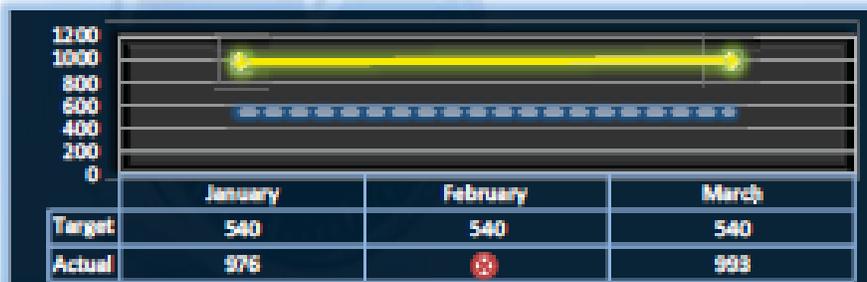


Formal Discipline

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: 862 Days

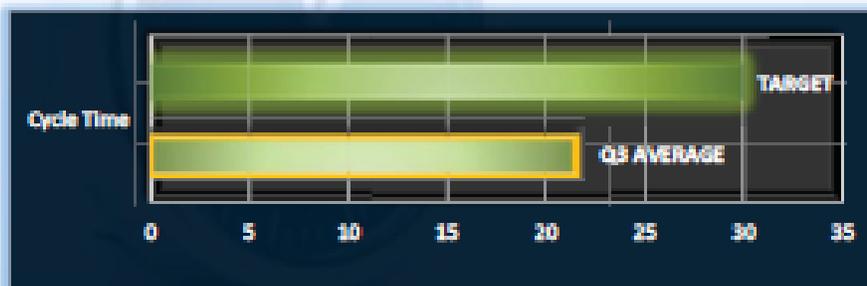


Probation Intake

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

Target: 30 Days

Q3 Average: 22 Days

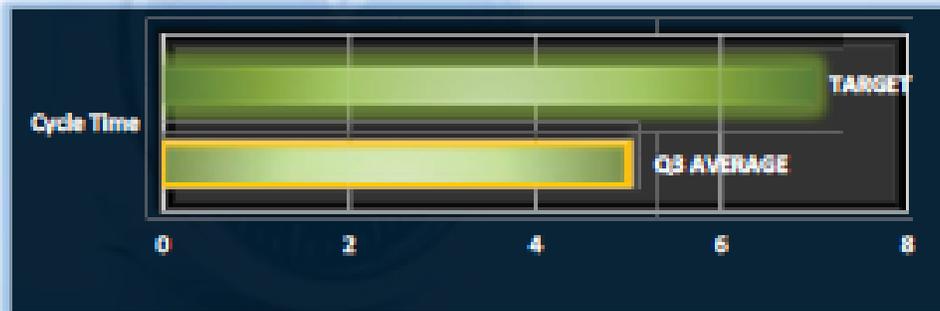


Probation Violation Response

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: 4 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 2012)

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.

Volume

Number of complaints and convictions received.

Q4 Total: 863

Complaints: 416 Convictions: 447

Q4 Monthly Average: 288

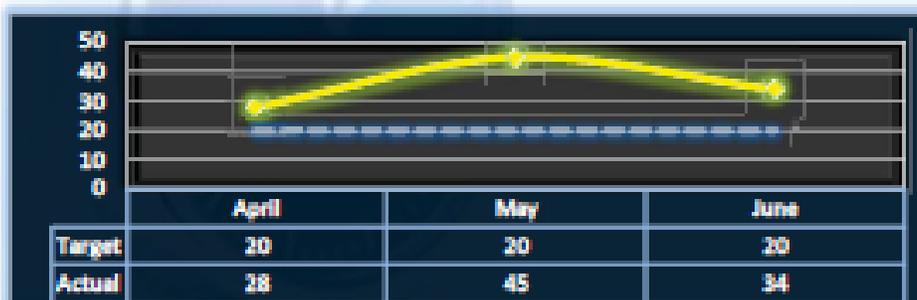


Intake

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

Target: 20 Days

Q4 Average: 35 Days

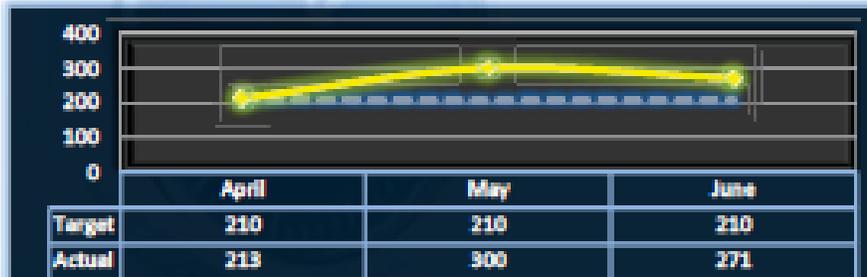


Intake & Investigation

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: 267 Days

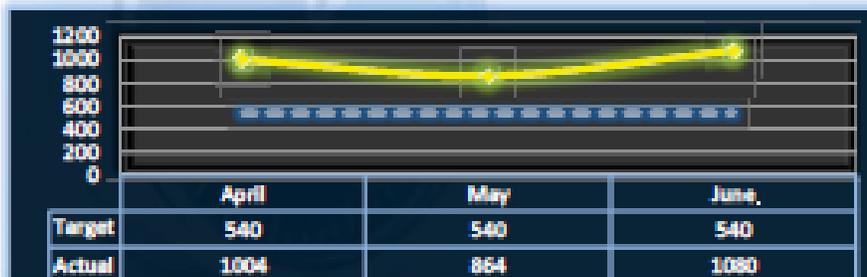


Formal Discipline

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: 976 Days

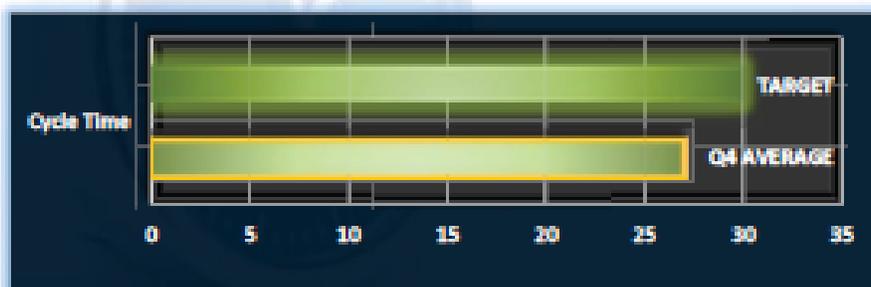


Probation Intake

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

Target: 30 Days

Q4 Average: 27 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

Q4 Average: 3 Days



Department of Consumer
Affairs

California State Board of Pharmacy

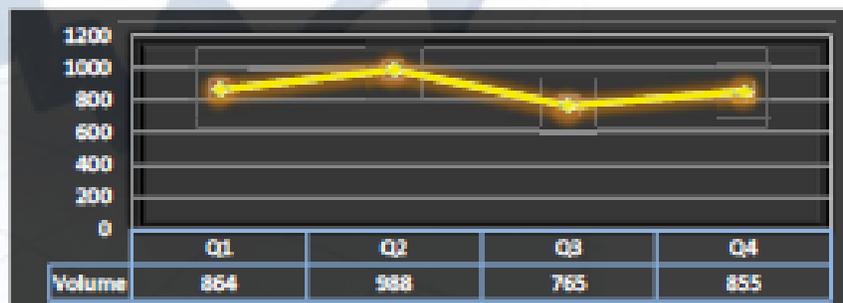
Performance Measures Annual Report (2012 – 2013 Fiscal Year)

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.

Volume

Number of complaints and convictions received.

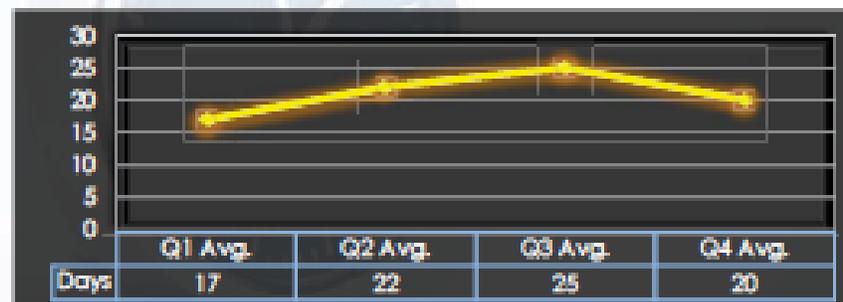
The Board had an annual total of 3,472 this fiscal year.



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.

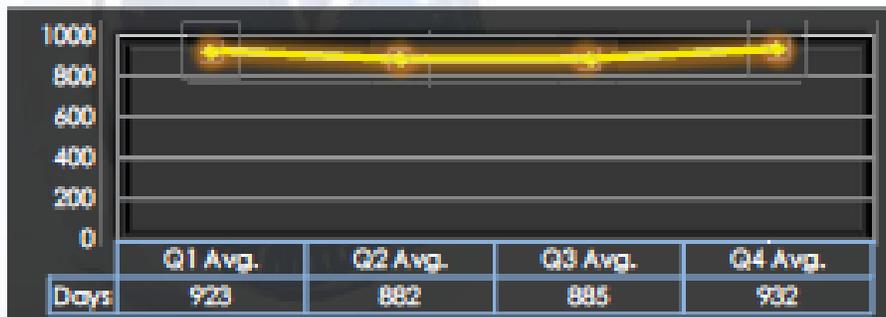
The Board has set a target of 210 days for this measure.



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)

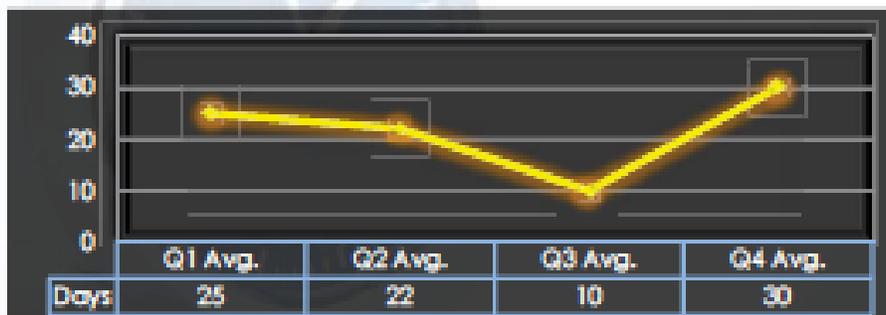
The Board has set a target of 540 days for this measure.



Probation Intake

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

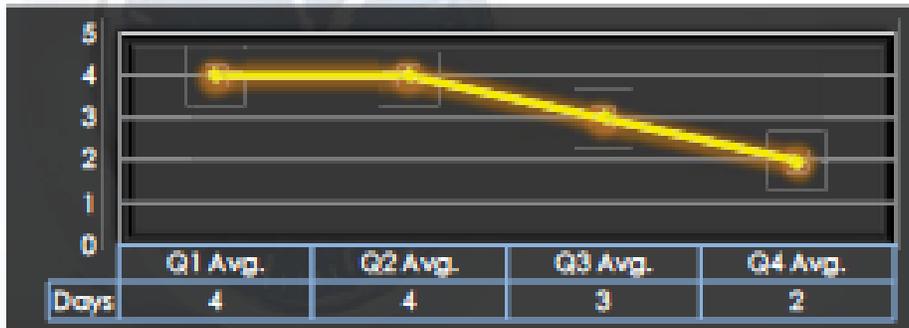
The Board has set a target of 30 days for this measure.



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.

The Board has set a target of 7 days for this measure.



Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q1 Report (July - September 2012)

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.

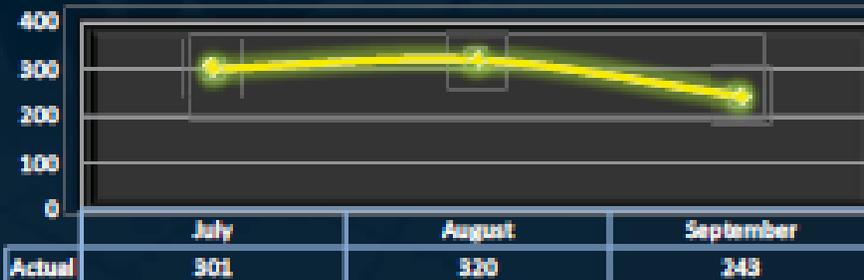
Volume

Number of complaints and convictions received.

Q1 Total: 864

Complaints: 411 Convictions: 453

Q1 Monthly Average: 288

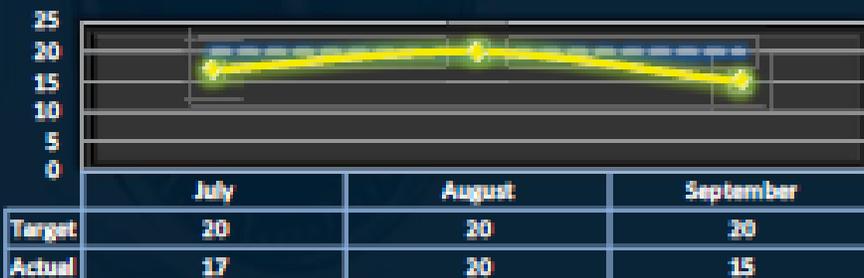


Intake

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

Target: 20 Days

Q1 Average: 17 Days

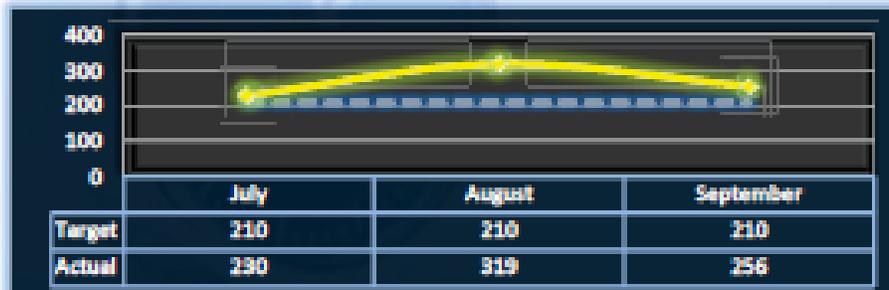


Intake & Investigation

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: 269 Days

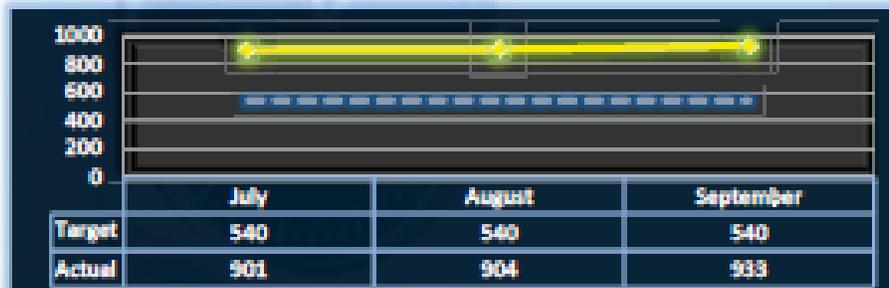


Formal Discipline

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

Q1 Average: 923 Days

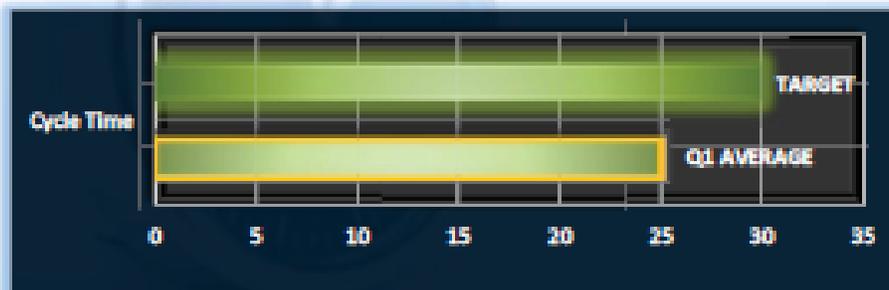


Probation Intake

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

Target: 30 Days

Q1 Average: 25 Days

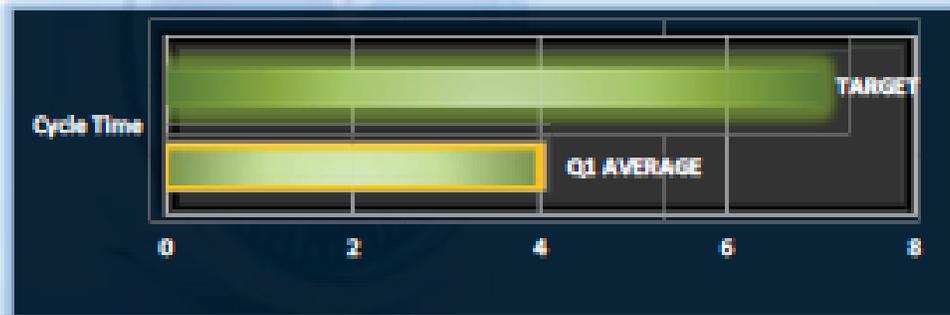


Probation Violation Response

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: 4 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

Q2 Report (October - December 2012)

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.

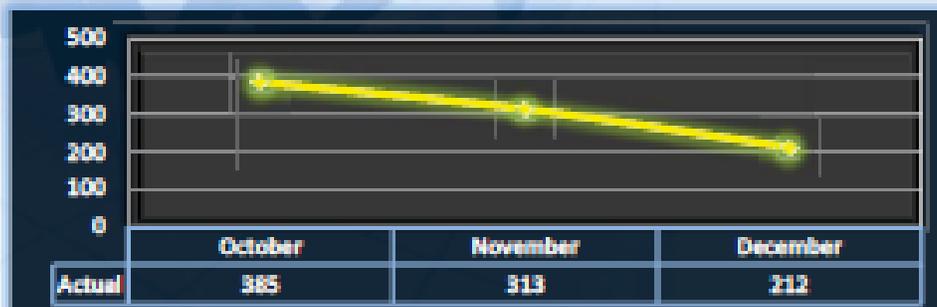
Volume

Number of complaints and convictions received.

Q2 Total: 988

Complaints: 487 Convictions: 423

Q2 Monthly Average: 303

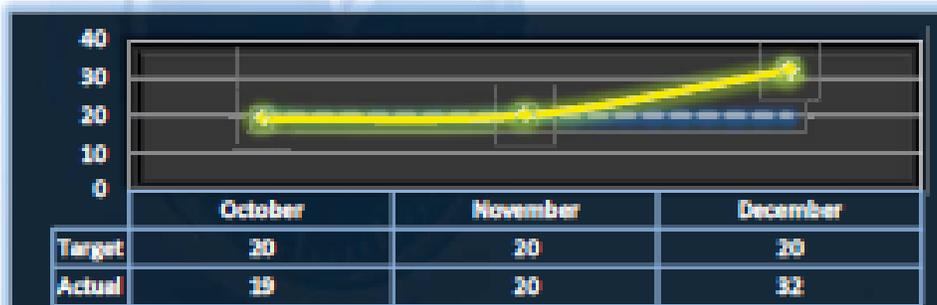


Intake

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

Target: 20 Days

Q2 Average: 22 Days

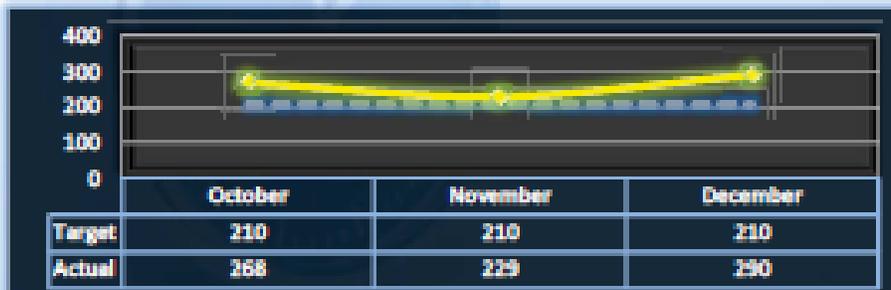


Intake & Investigation

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

Q2 Average: 270 Days

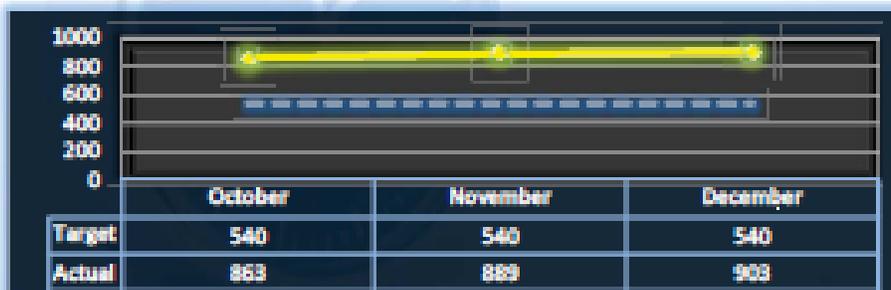


Formal Discipline

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: 882 Days

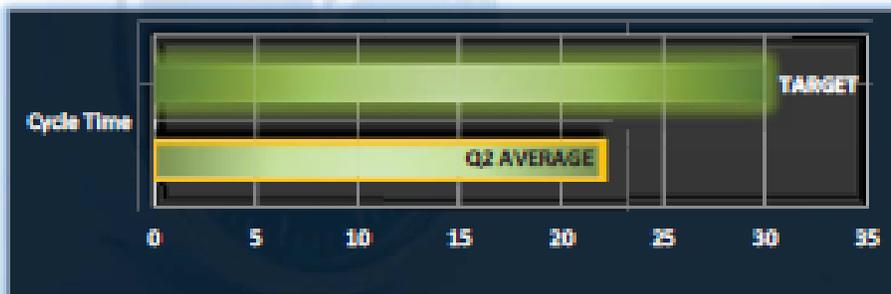


Probation Intake

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

Target: 30 Days

Q2 Average: 22 Days

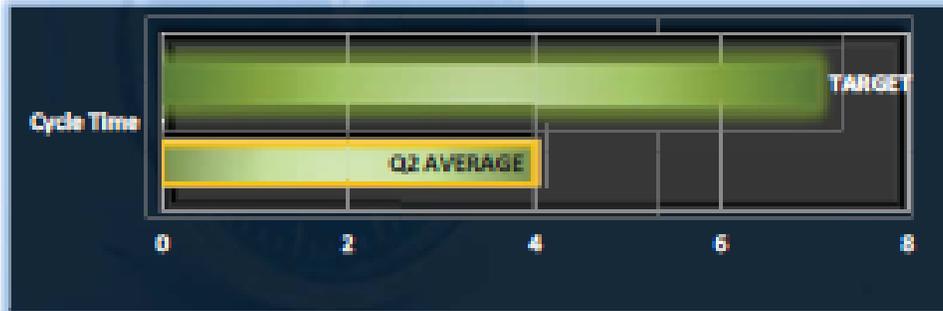


Probation Violation Response

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

Q2 Average: 4 Days



Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q3 Report (January - March 2013)

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.

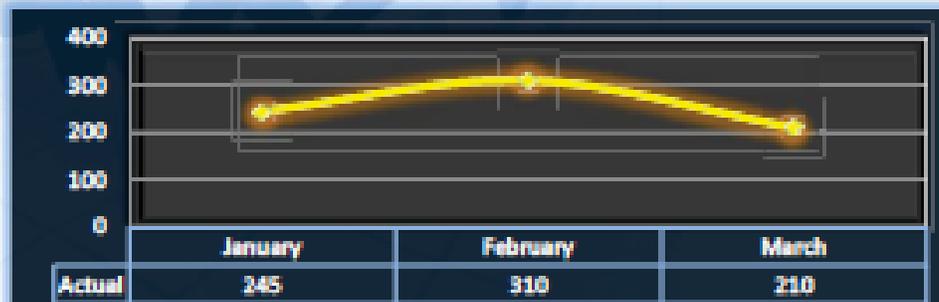
Volume

Number of complaints and convictions received.

Q3 Total: 765

Complaints: 372 Convictions: 393

Q3 Monthly Average: 255

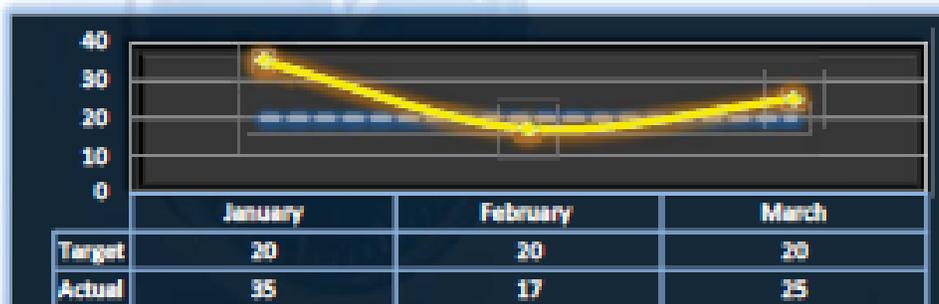


Intake

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

Target: 20 Days

Q3 Average: 25 Days

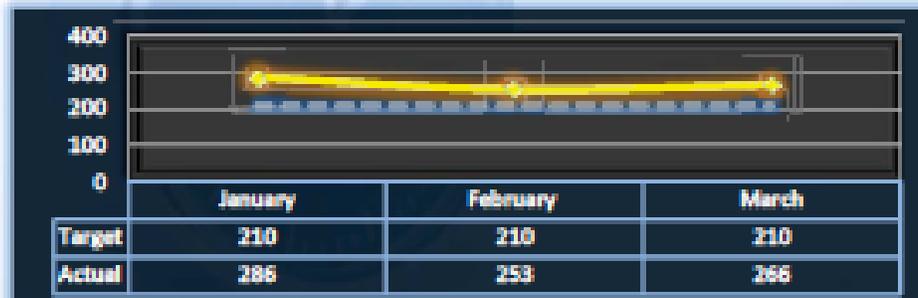


Intake & Investigation

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: 271 Days

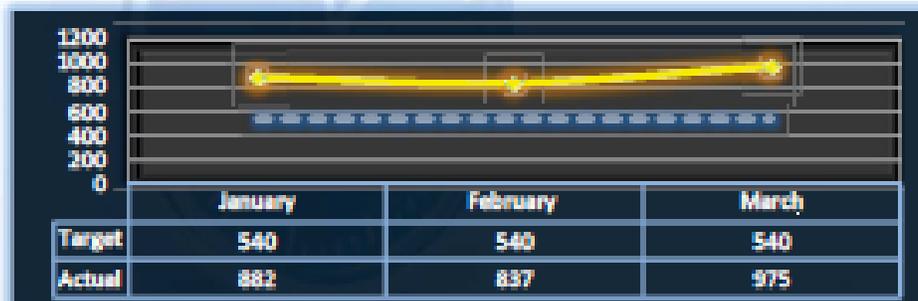


Formal Discipline

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: 885 Days

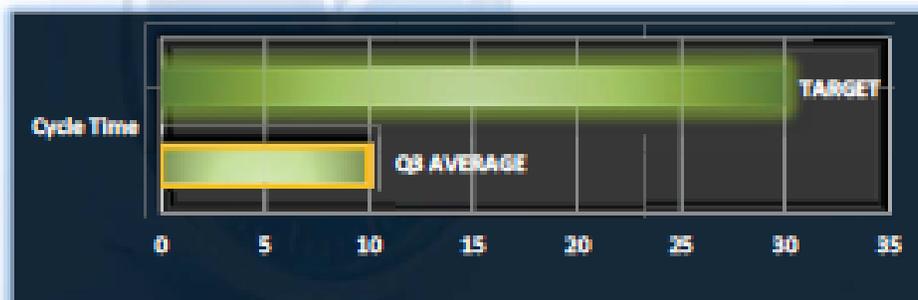


Probation Intake

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

Target: 30 Days

Q3 Average: 10 Days

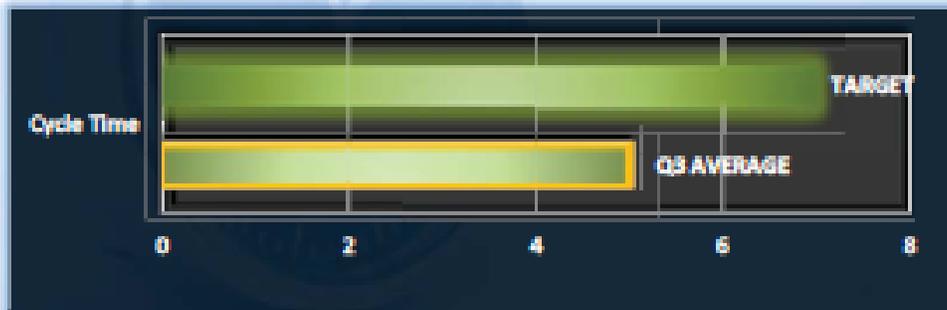


Probation Violation Response

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: 3 Days



Department of Consumer Affairs

California State Board of Pharmacy

Performance Measures

Q4 Report (April - June 2013)

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.

Volume

Number of complaints and convictions received.

Q4 Total: 855

Complaints: 474 Convictions: 381

Q4 Monthly Average: 285

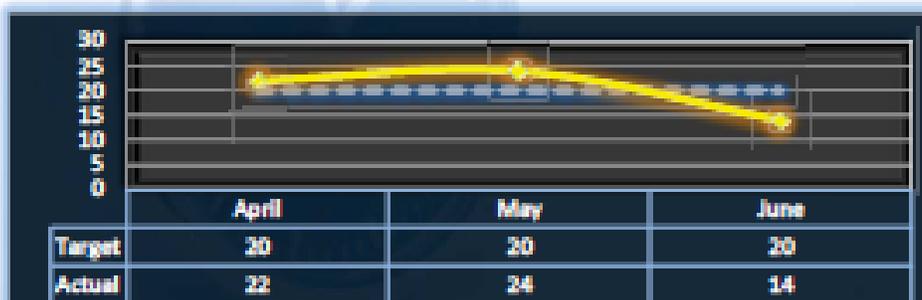


Intake

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

Target: 20 Days

Q4 Average: 20 Days

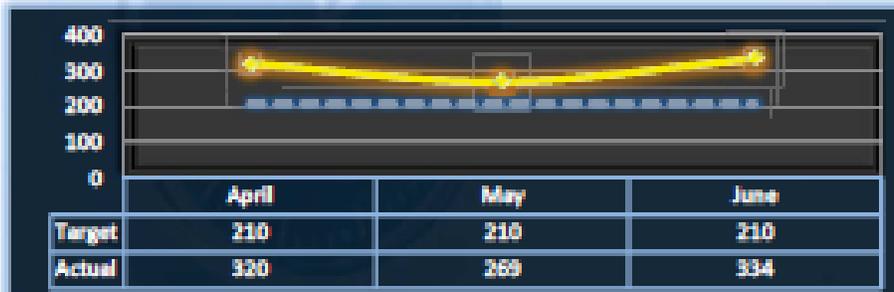


Intake & Investigation

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: 306 Days

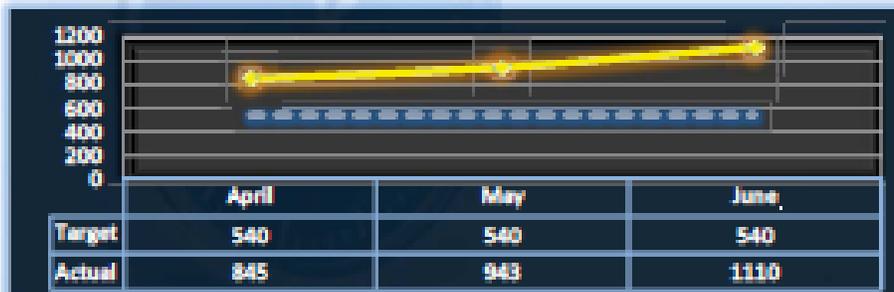


Formal Discipline

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: 932 Days

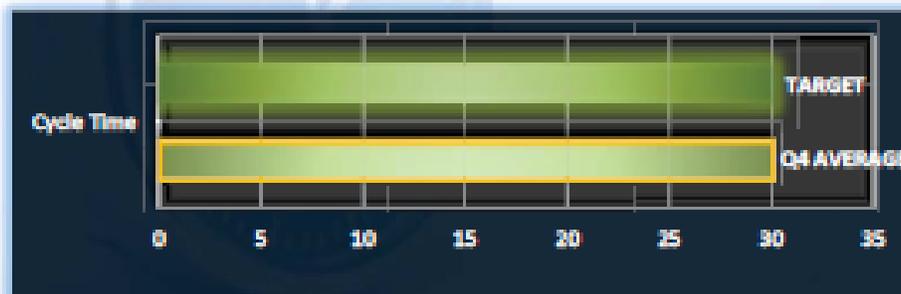


Probation Intake

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

Target: 30 Days

Q4 Average: 30 Days

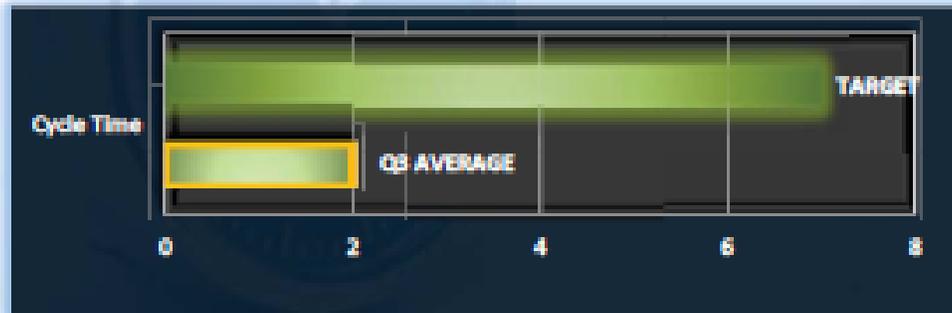


Probation Violation Response

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

Q4 Average: 2 Days



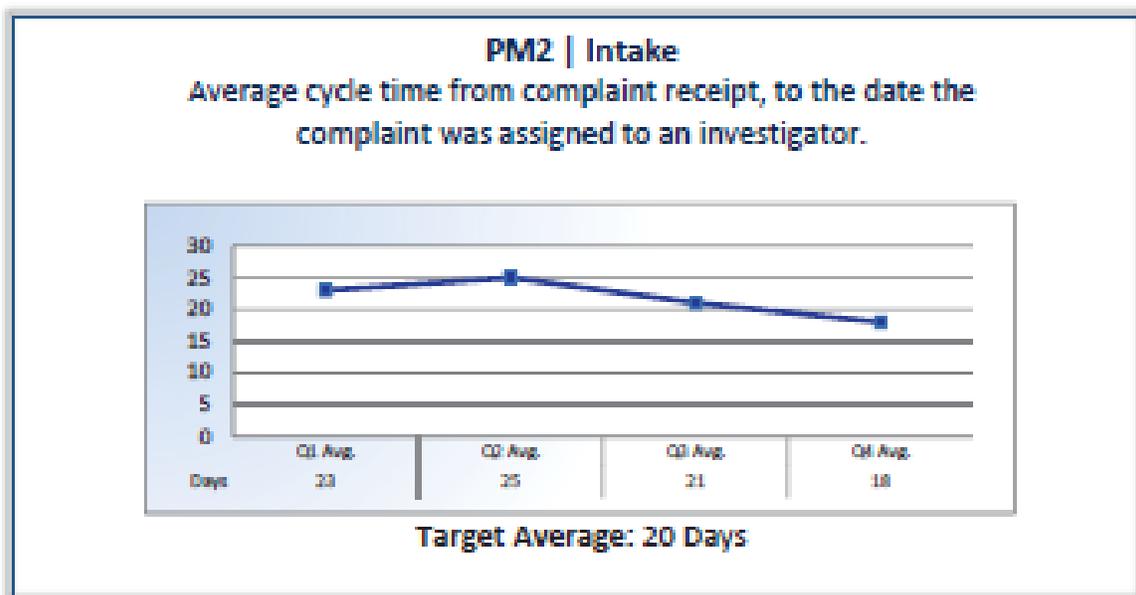
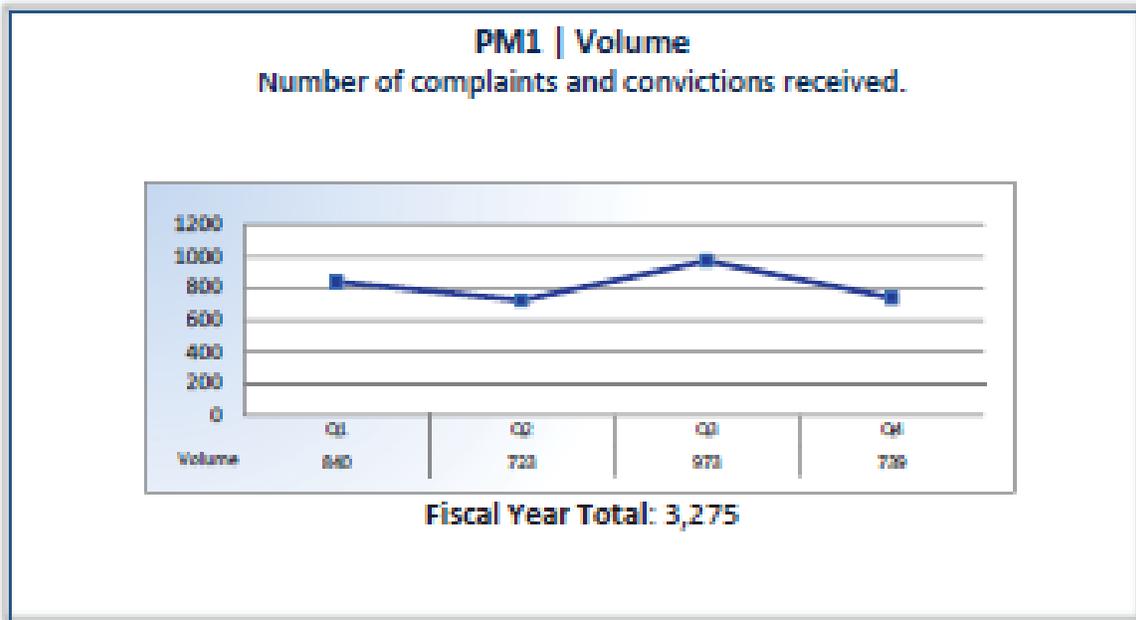
Department of Consumer Affairs

California Board of Pharmacy

Performance Measures

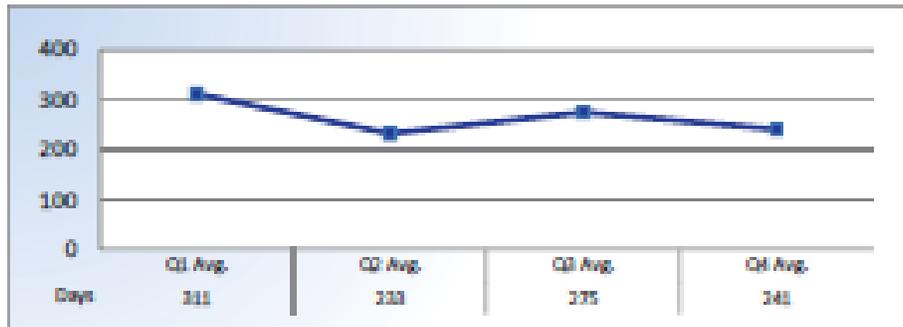
Annual Report (2013 – 2014 Fiscal Year)

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 and annual basis.



PM3 | Intake & Investigation

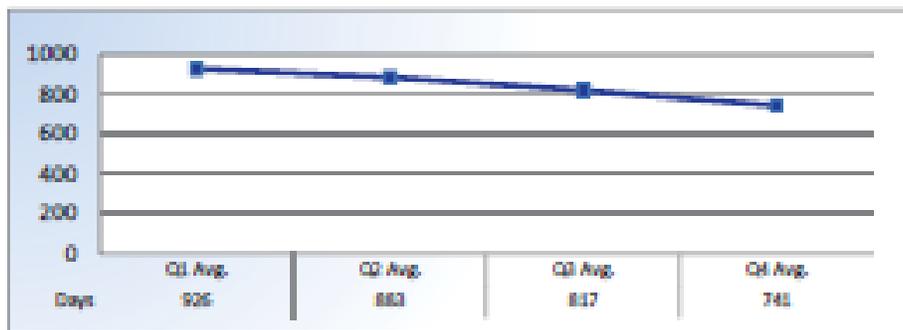
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



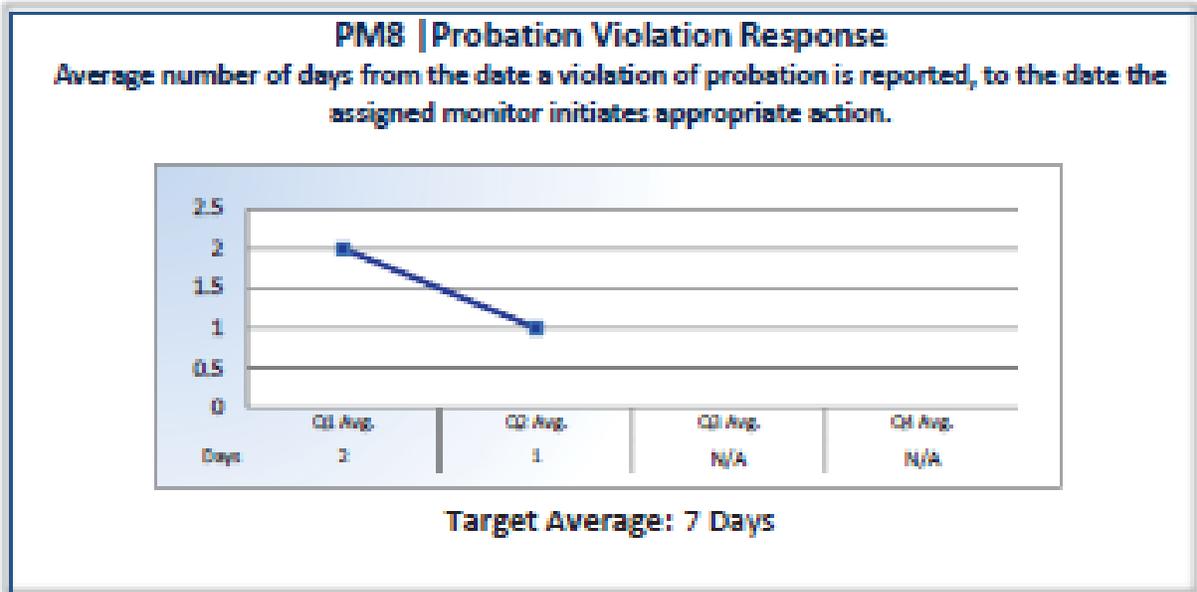
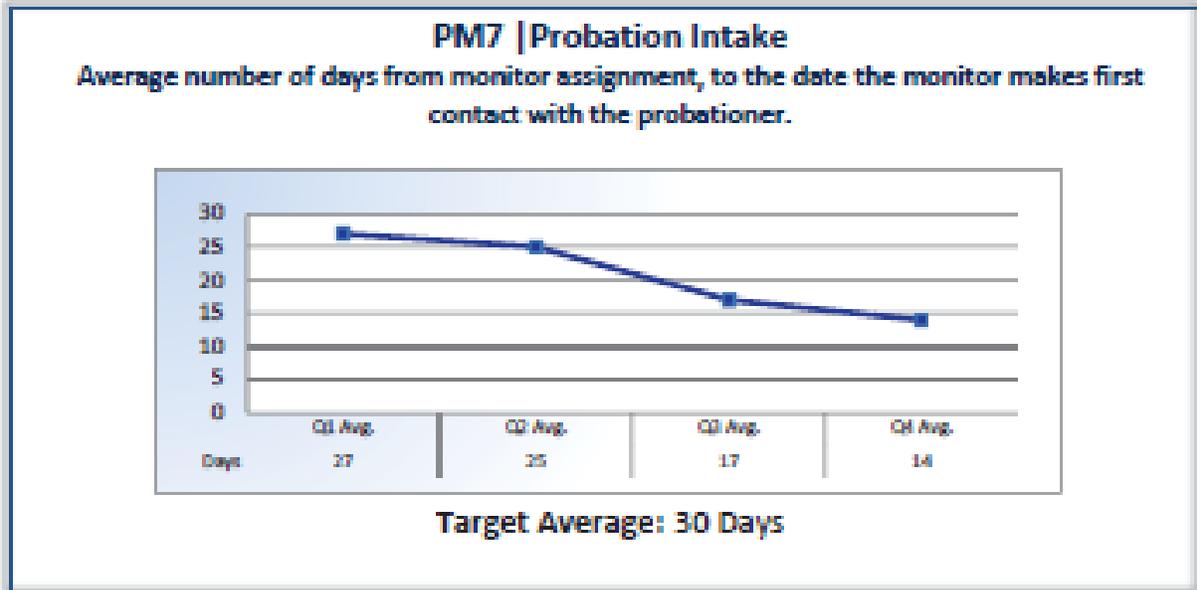
Target Average: 210 Days

PM4 | 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 Average: 540 Days

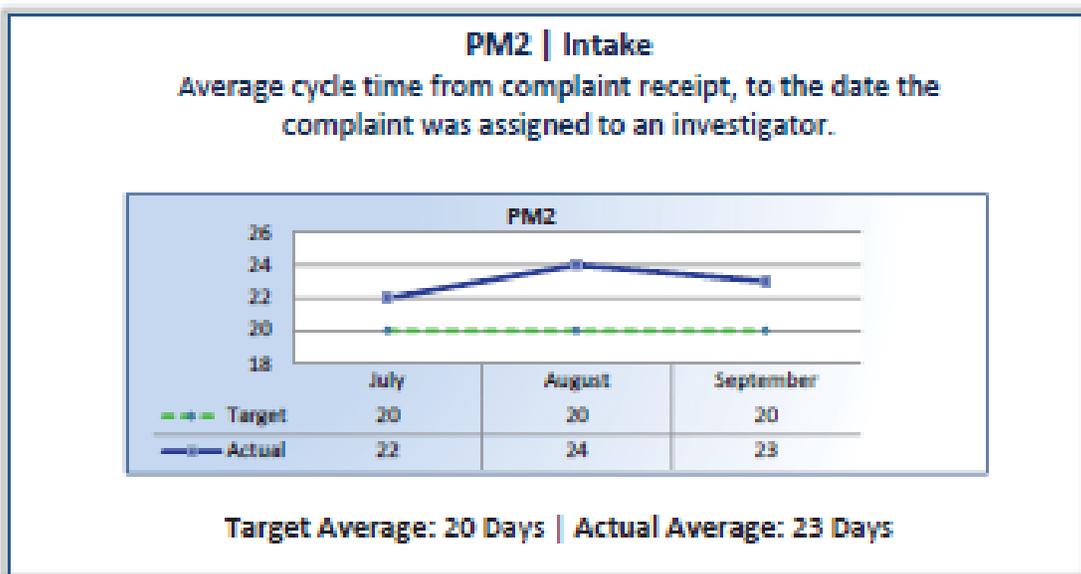
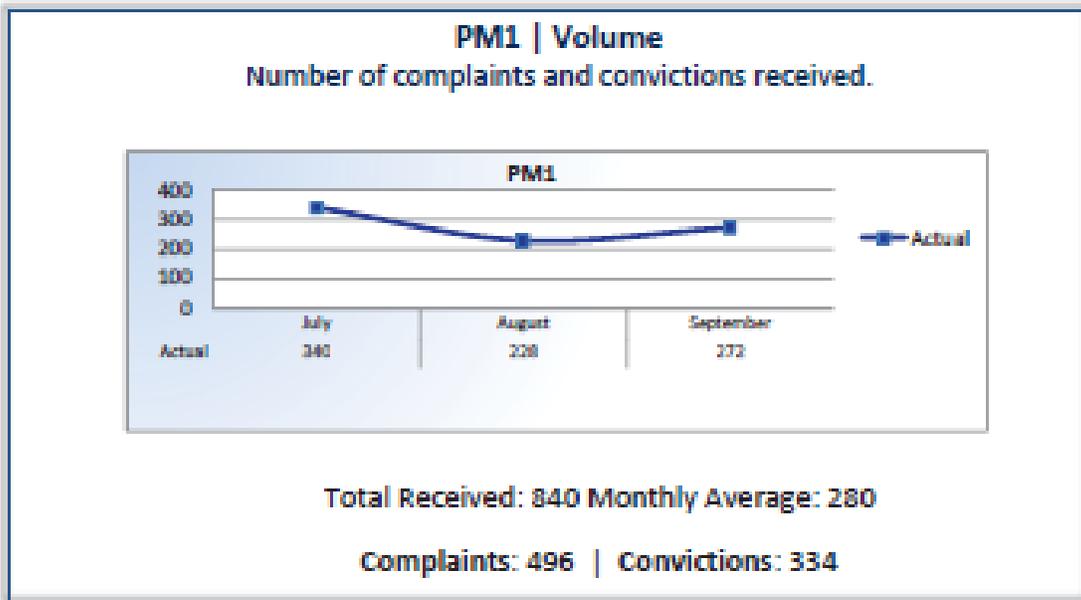


Department of Consumer Affairs
**California State Board
of Pharmacy**

Performance Measures

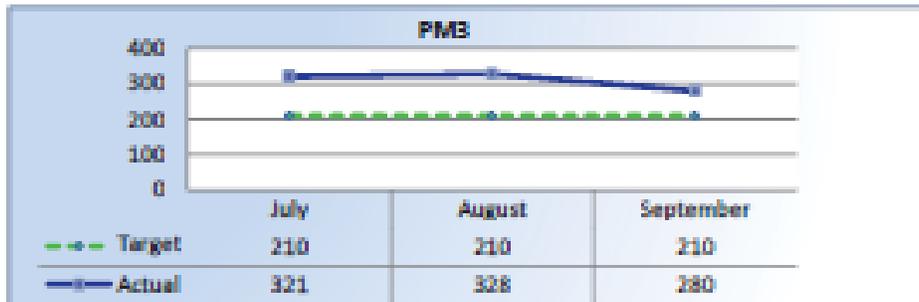
Q1 Report (July - September 2013)

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.



PM3 | Intake & Investigation

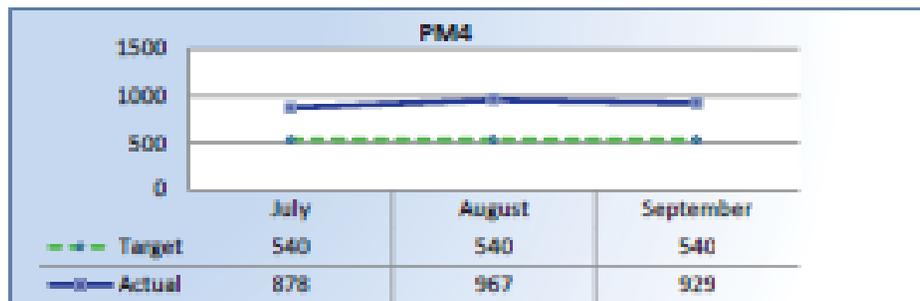
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



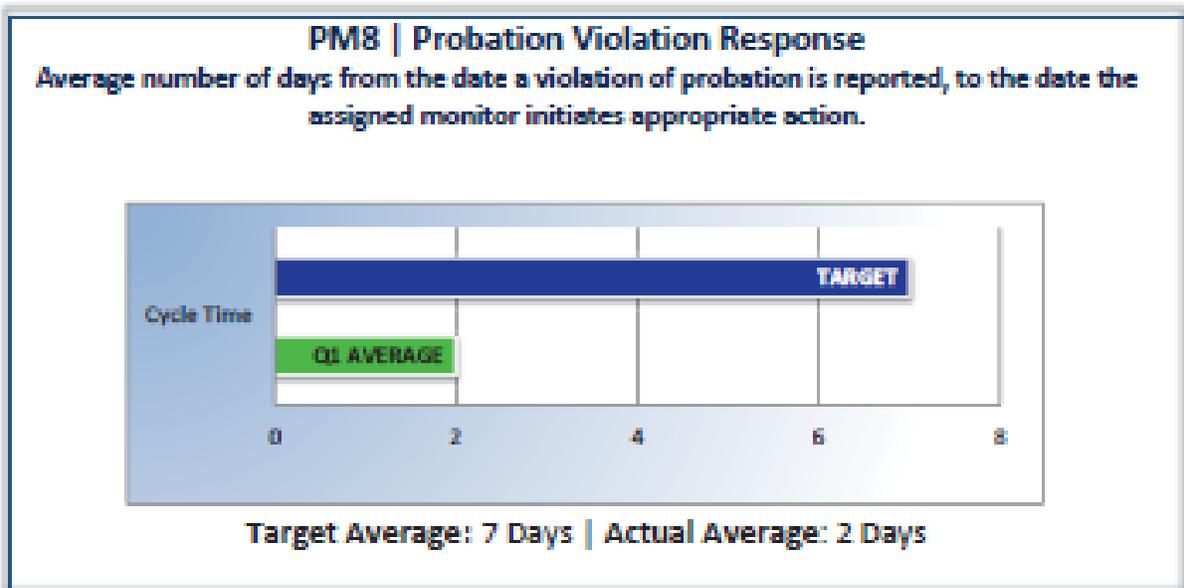
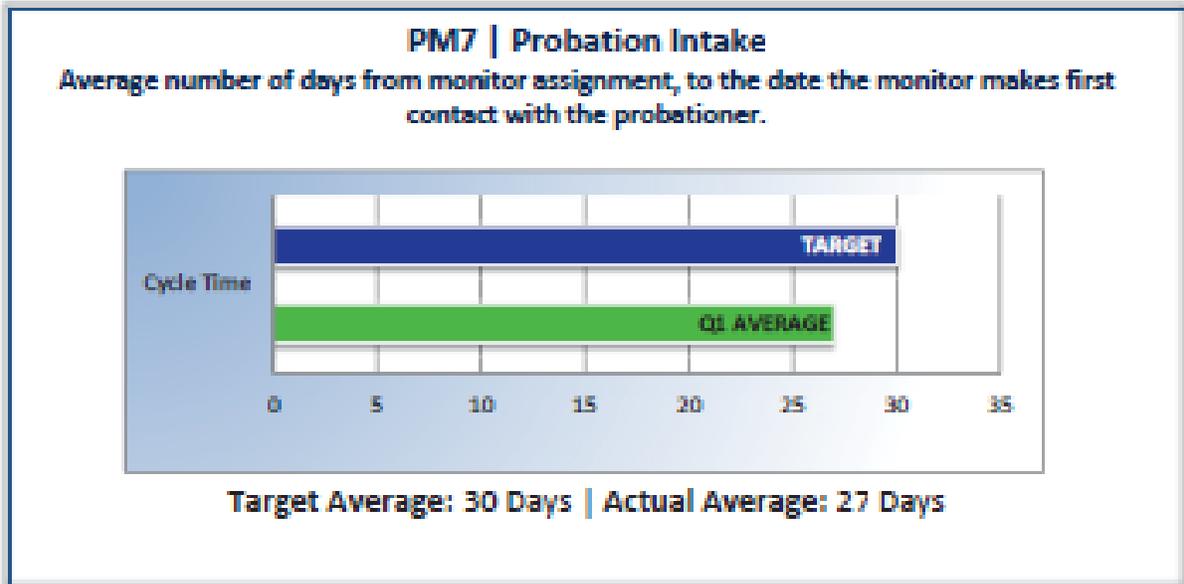
Target Average: 210 Days | Actual Average: 311 Days

PM4 | 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 Average: 540 Days | Actual Average: 926 Days

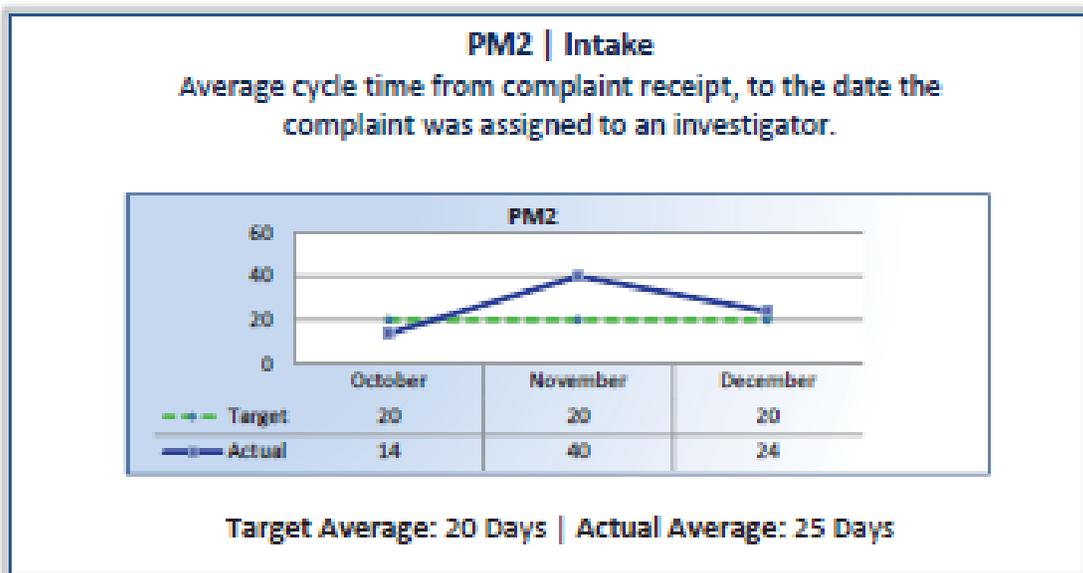
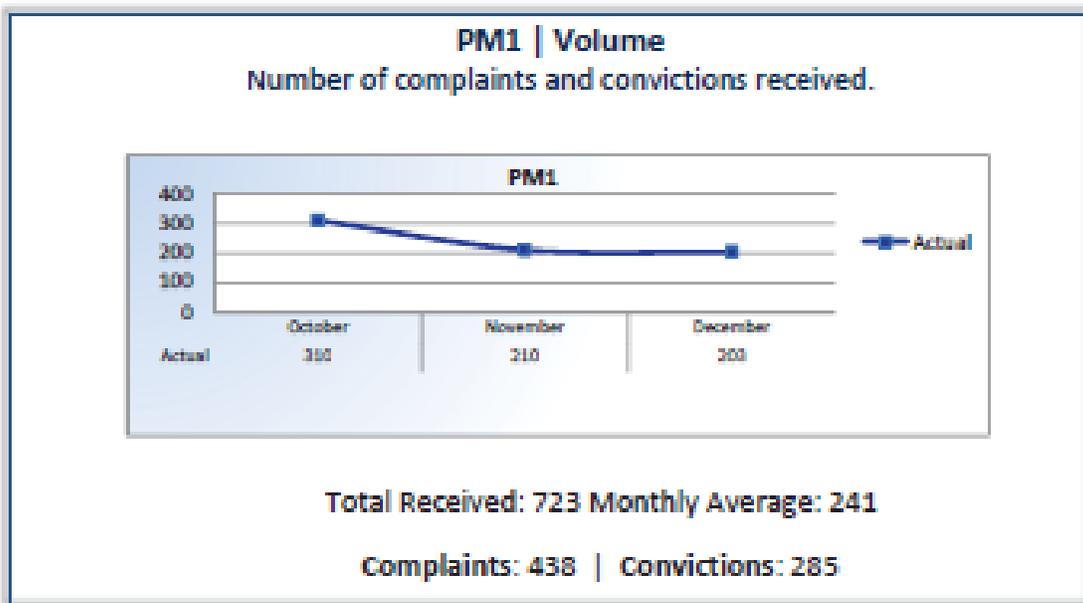


Department of Consumer Affairs
**California State Board
of Pharmacy**

Performance Measures

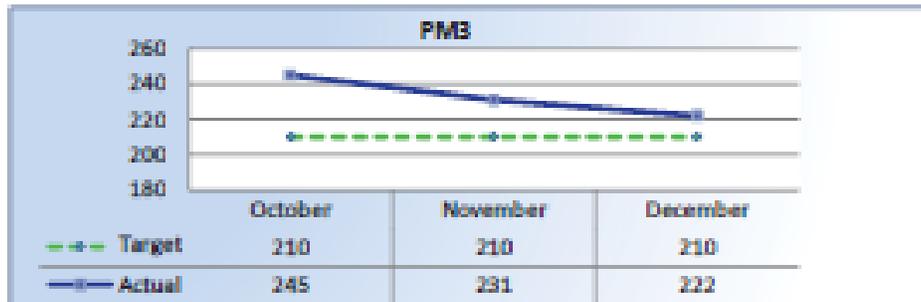
Q2 Report (October - December 2013)

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.



PM3 | Intake & Investigation

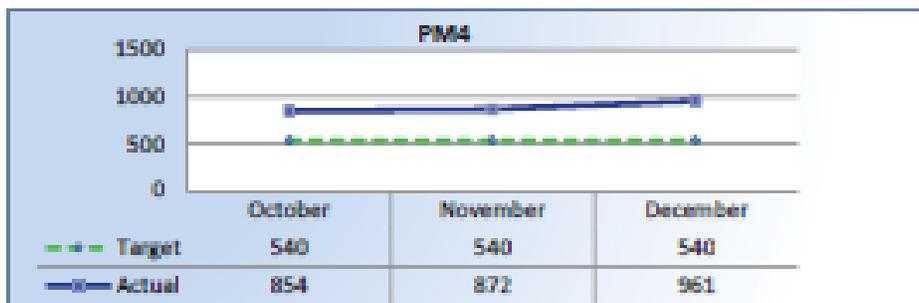
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



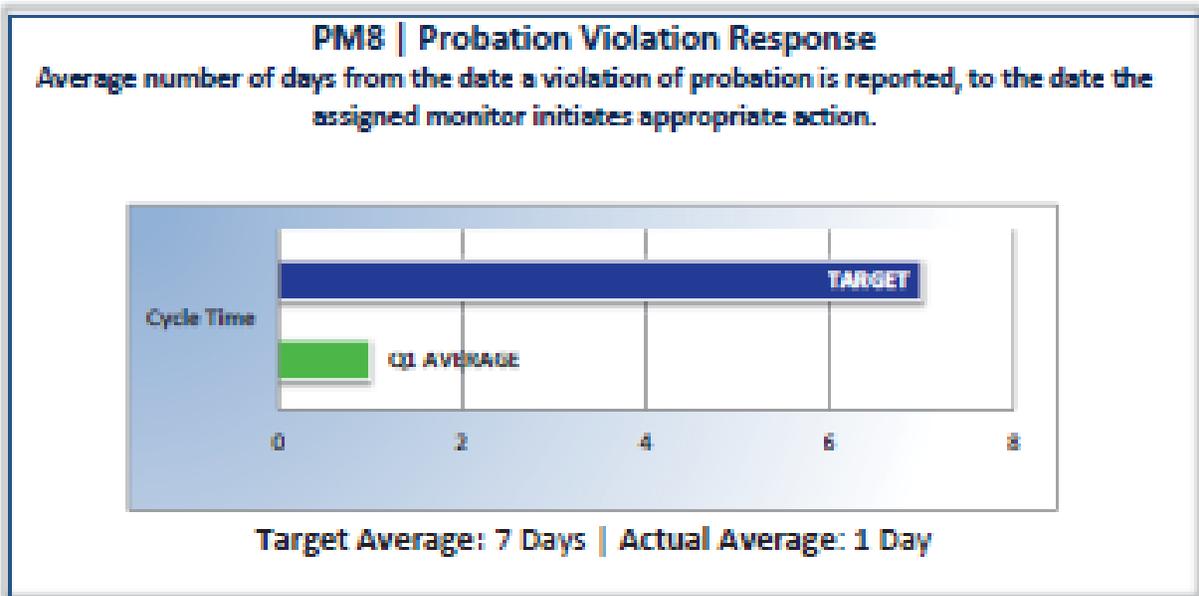
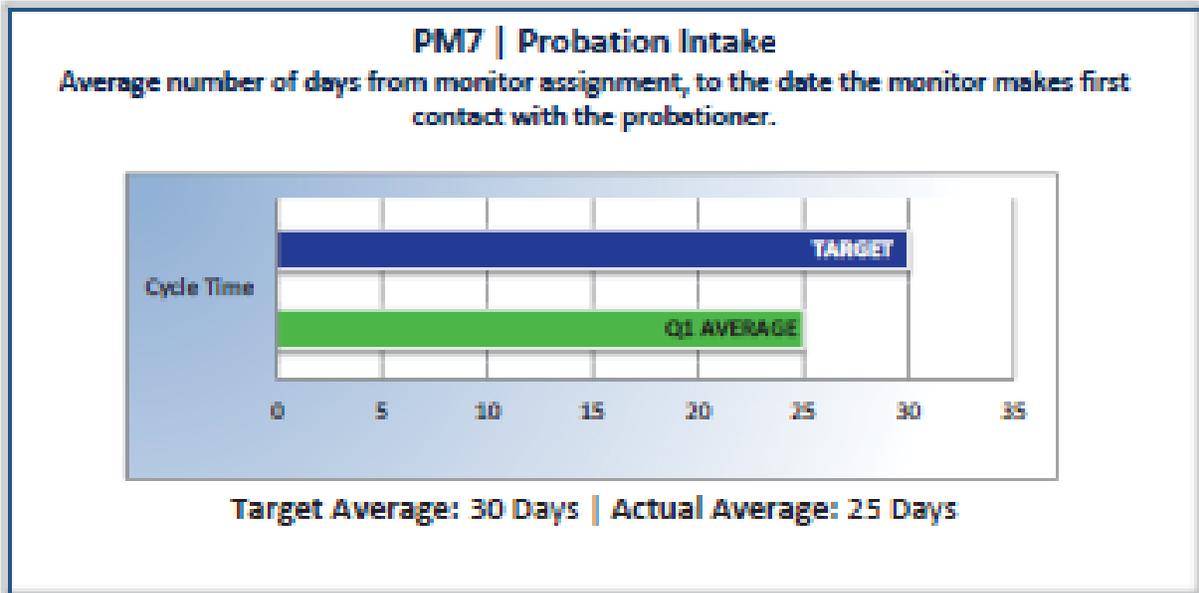
Target Average: 210 Days | Actual Average: 233 Days

PM4 | 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 Average: 540 Days | Actual Average: 883 Days

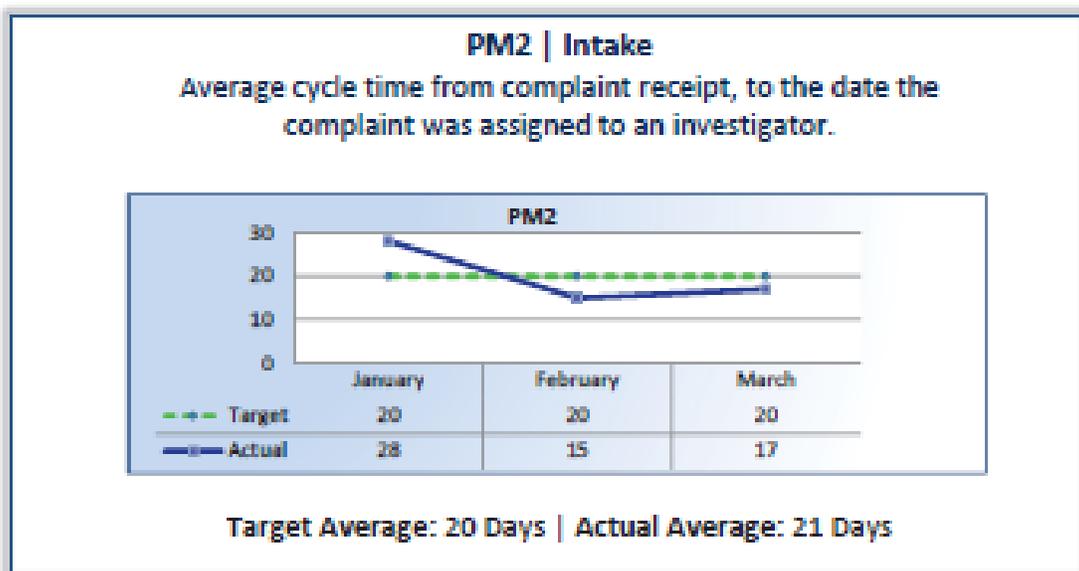
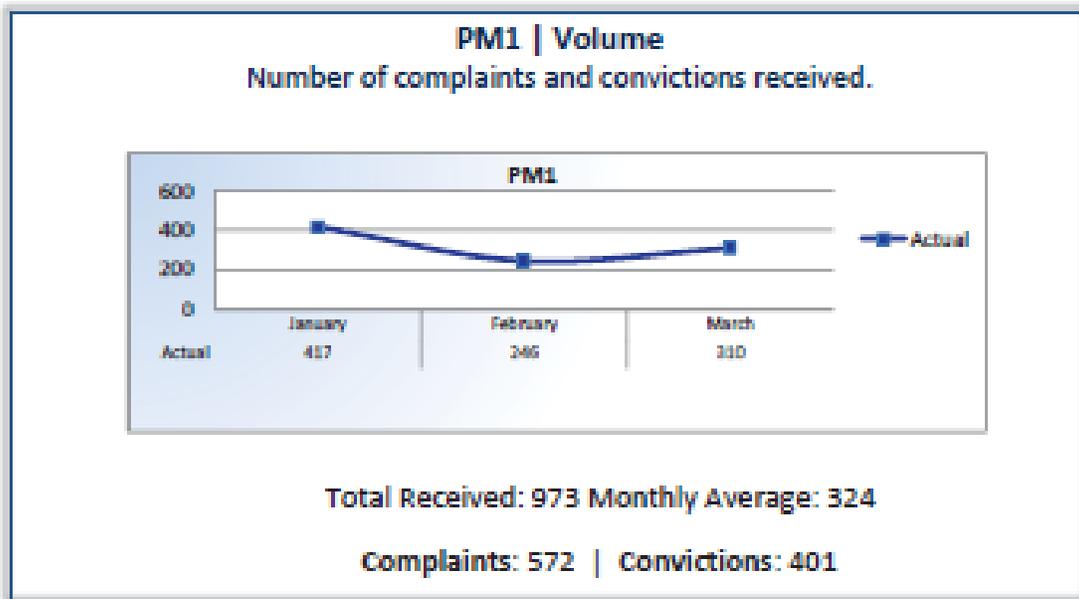


Department of Consumer Affairs
**California State Board
of Pharmacy**

Performance Measures

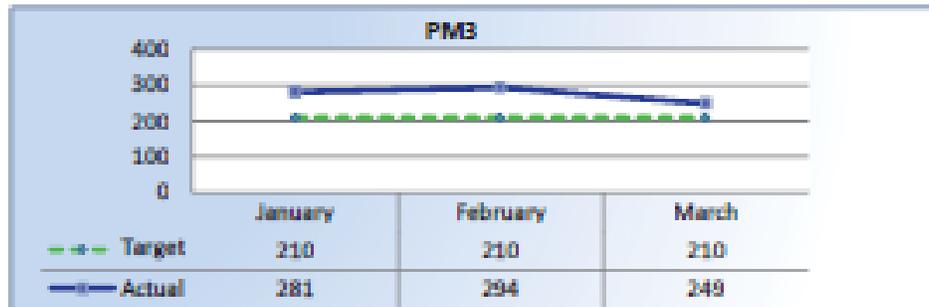
Q3 Report (January - March 2014)

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.



PM3 | Intake & Investigation

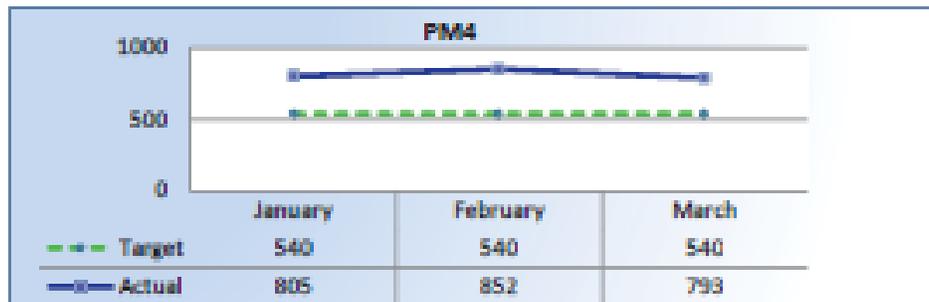
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



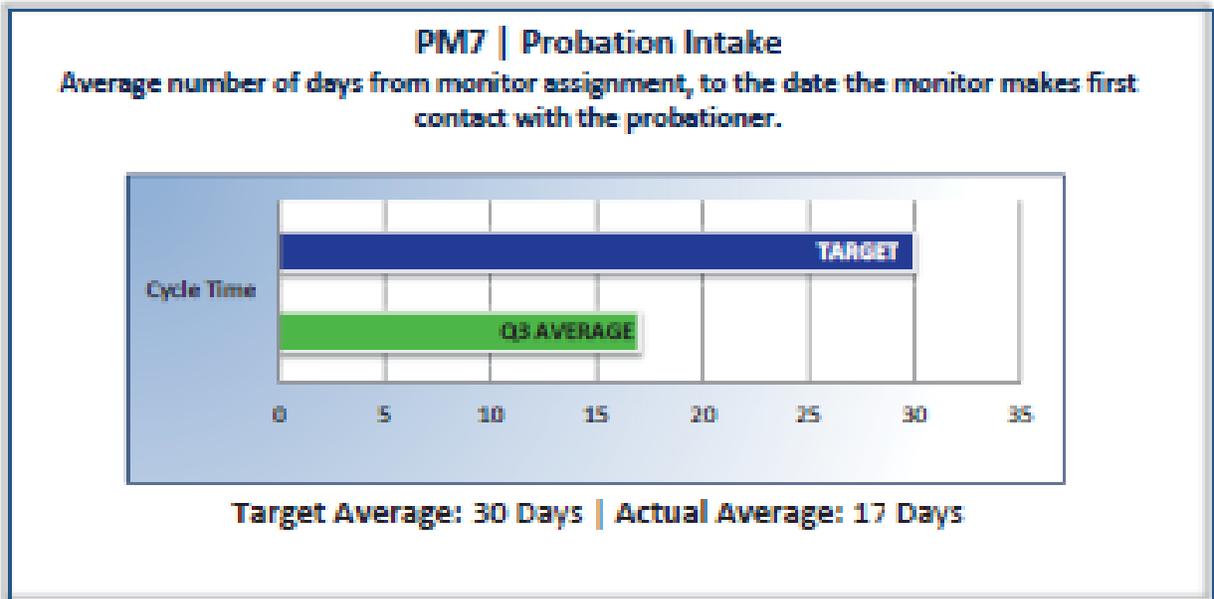
Target Average: 210 Days | Actual Average: 275 Days

PM4 | 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 Average: 540 Days | Actual Average: 871 Days



PM8 | 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.

The Board did not report any probation violations this quarter.

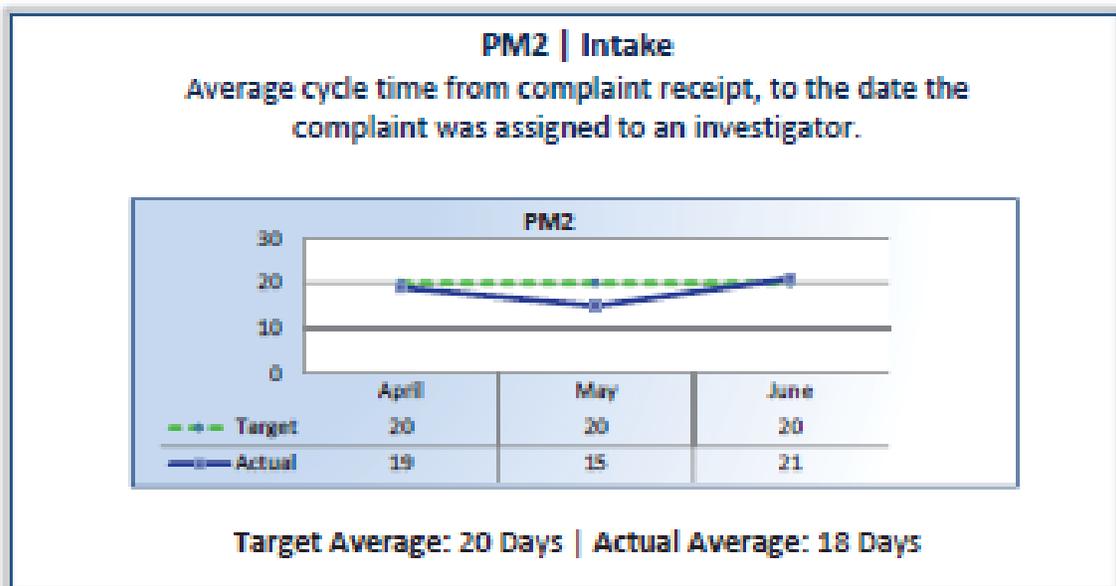
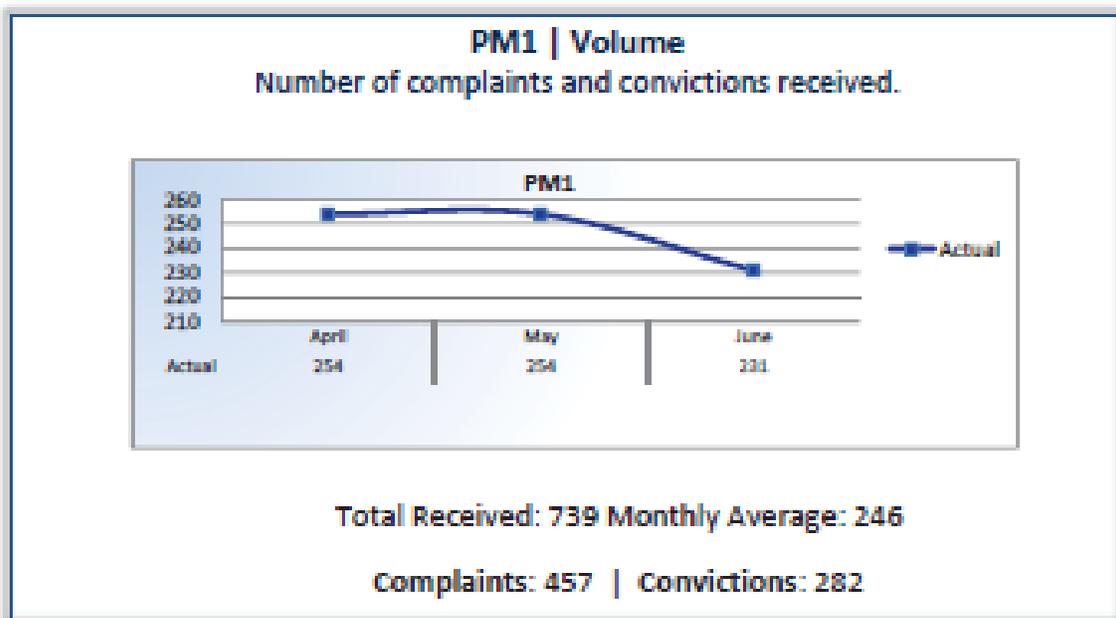
Target Average: 7 Days | Actual Average: N/A

Department of Consumer Affairs
**California State Board
of Pharmacy**

Performance Measures

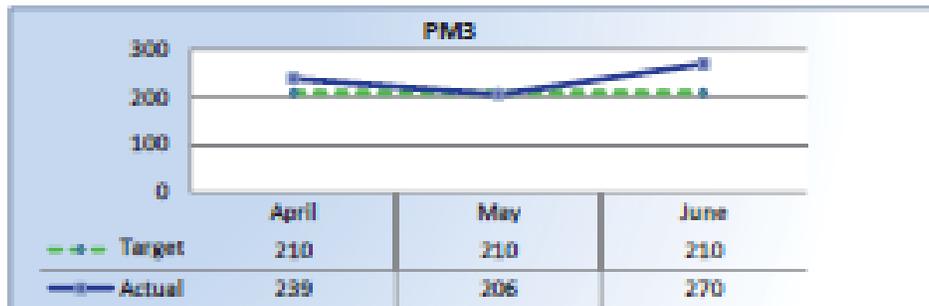
Q4 Report (April - June 2014)

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.



PM3 | Intake & Investigation

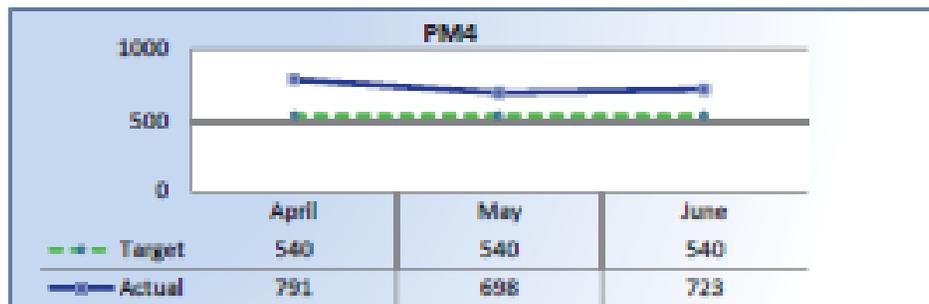
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



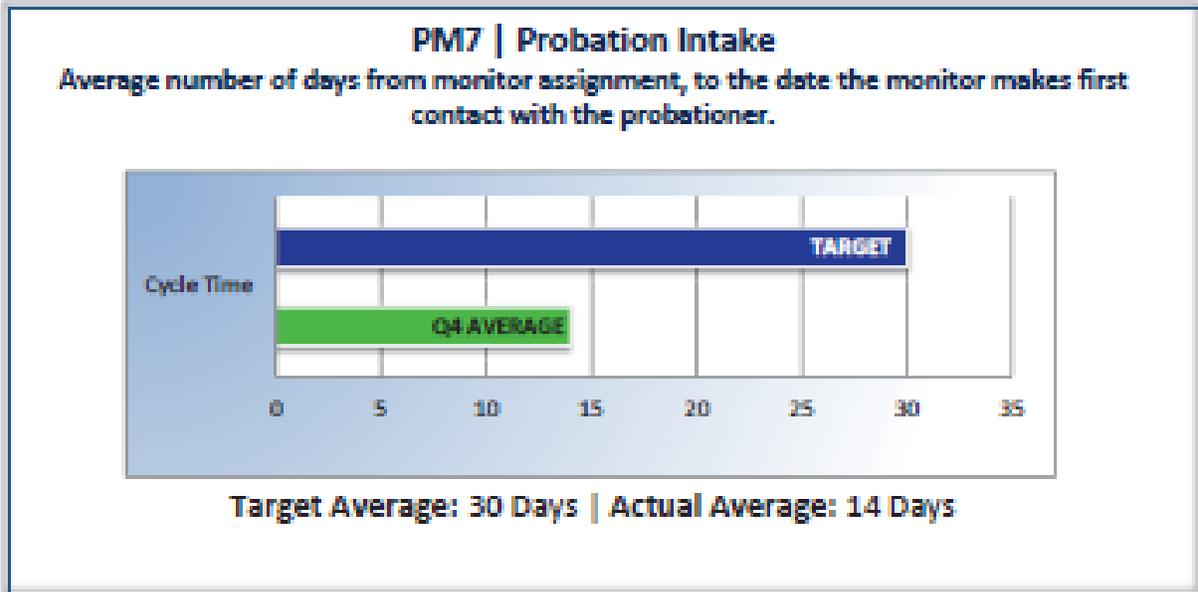
Target Average: 210 Days | Actual Average: 241 Days

PM4 | 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 Average: 540 Days | Actual Average: 741 Days



PM8 | 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.

The Board did not report any probation violations this quarter.

Target Average: 7 Days | Actual Average: N/A

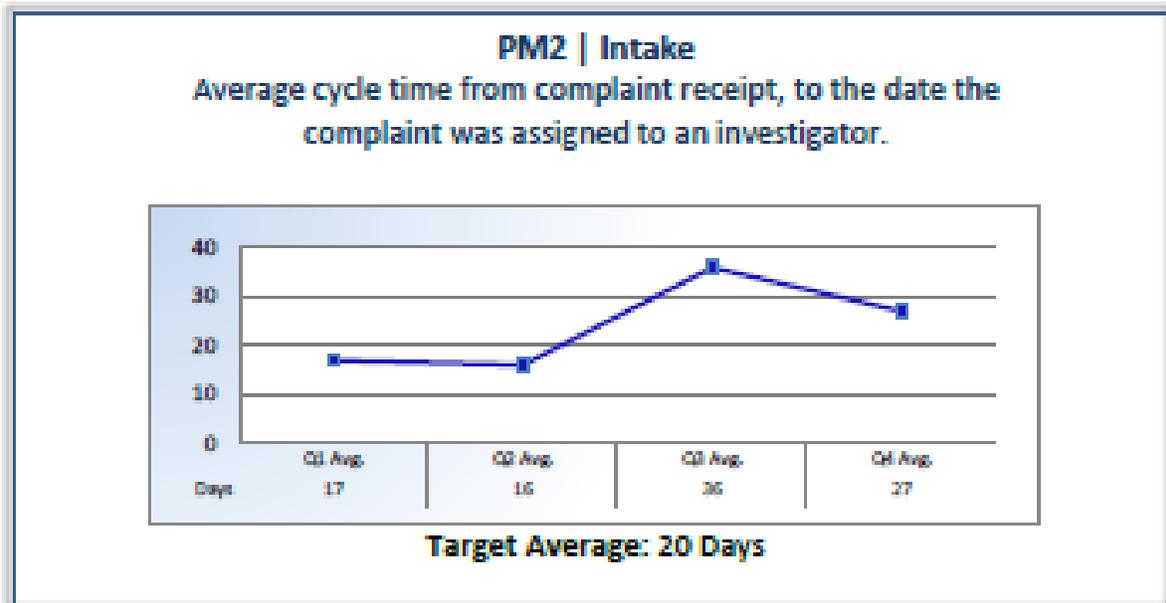
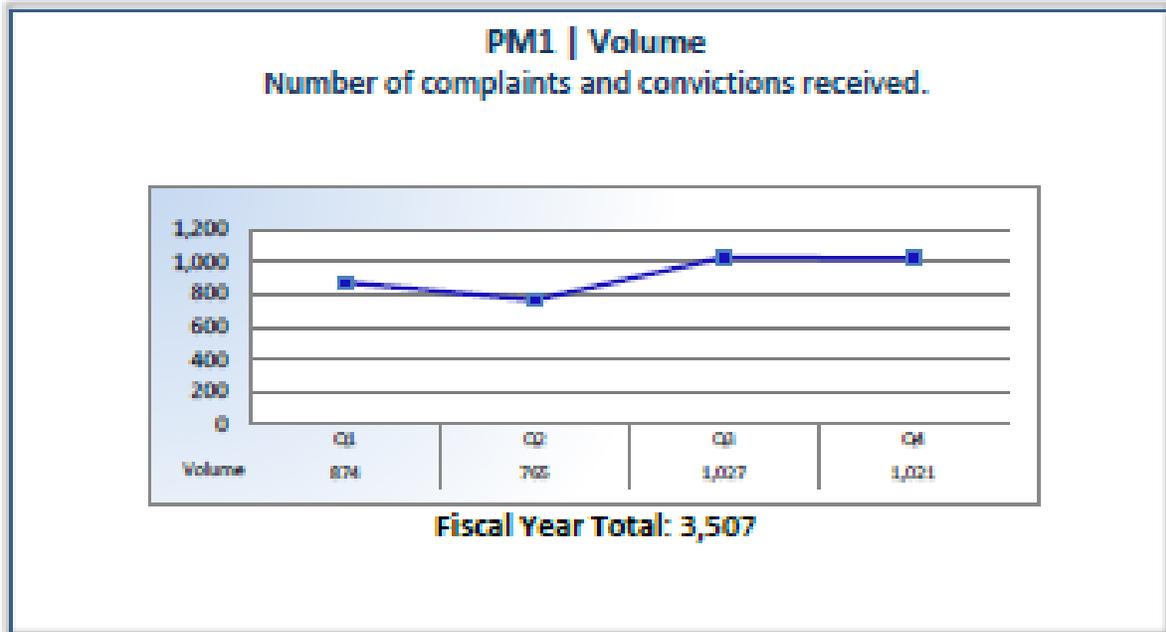
Department of Consumer Affairs

California Board of Pharmacy

Performance Measures

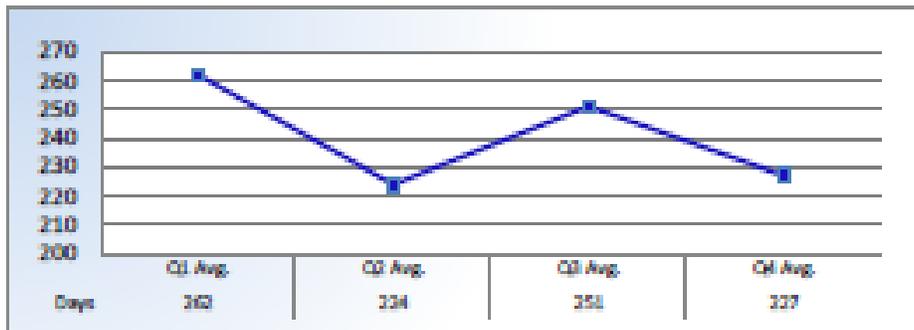
Annual Report (2014 – 2015 Fiscal Year)

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 and annual basis.



PM3 | Intake & Investigation

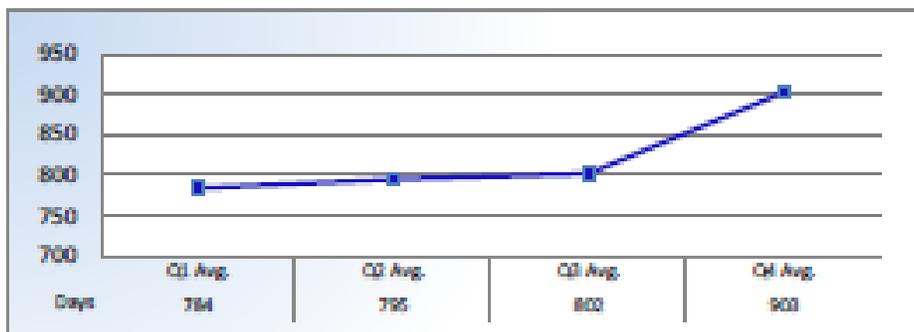
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



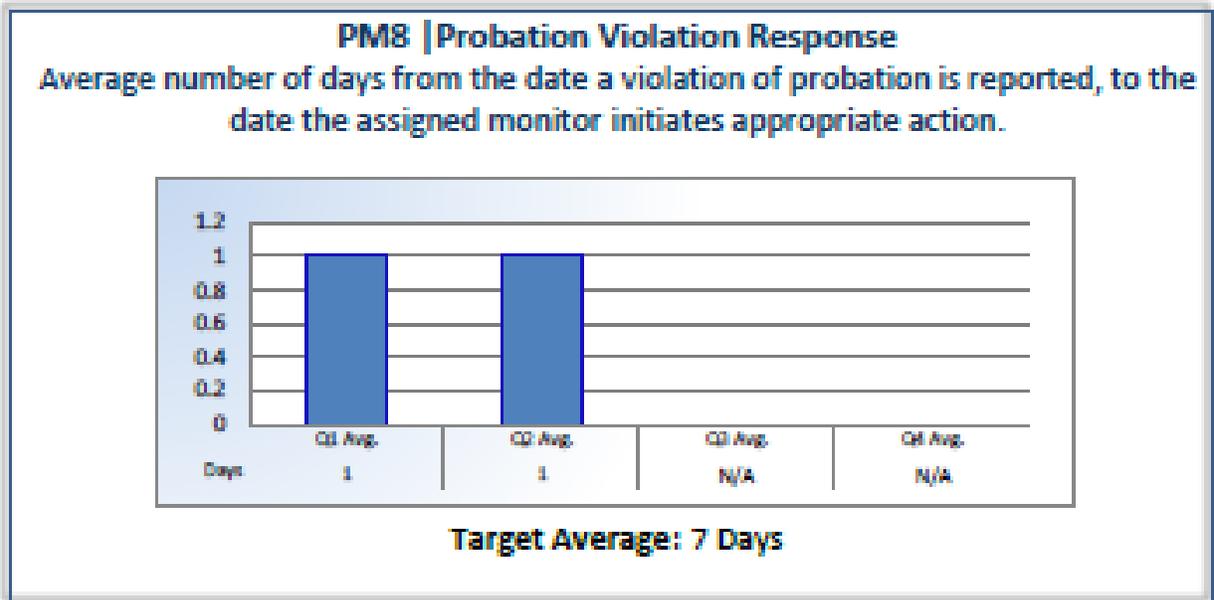
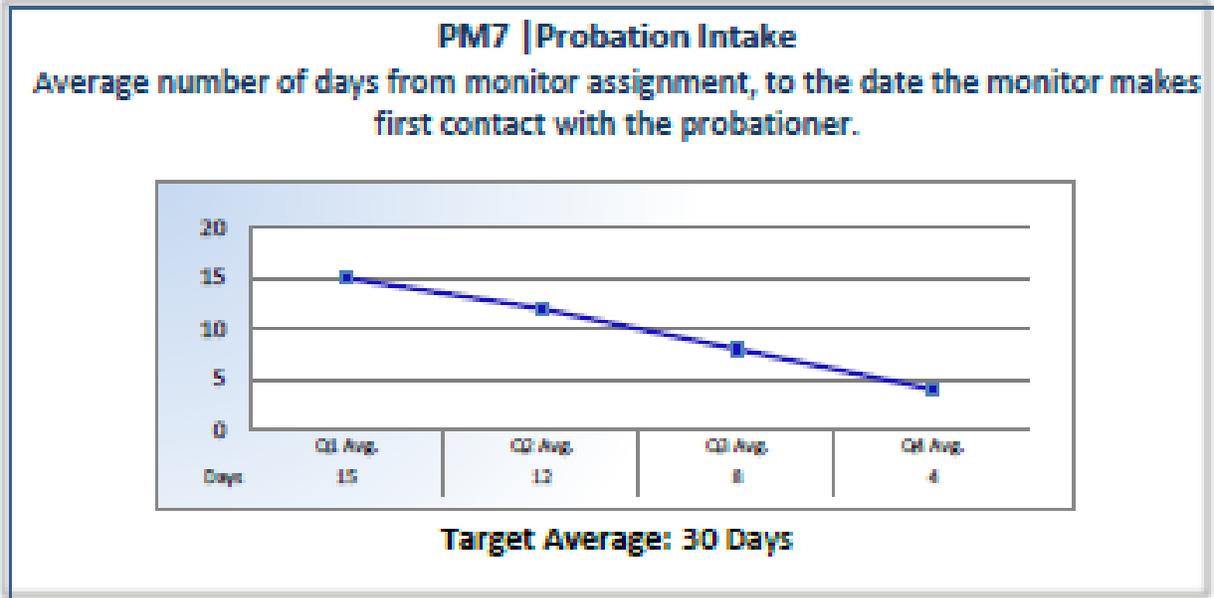
Target Average: 210 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days

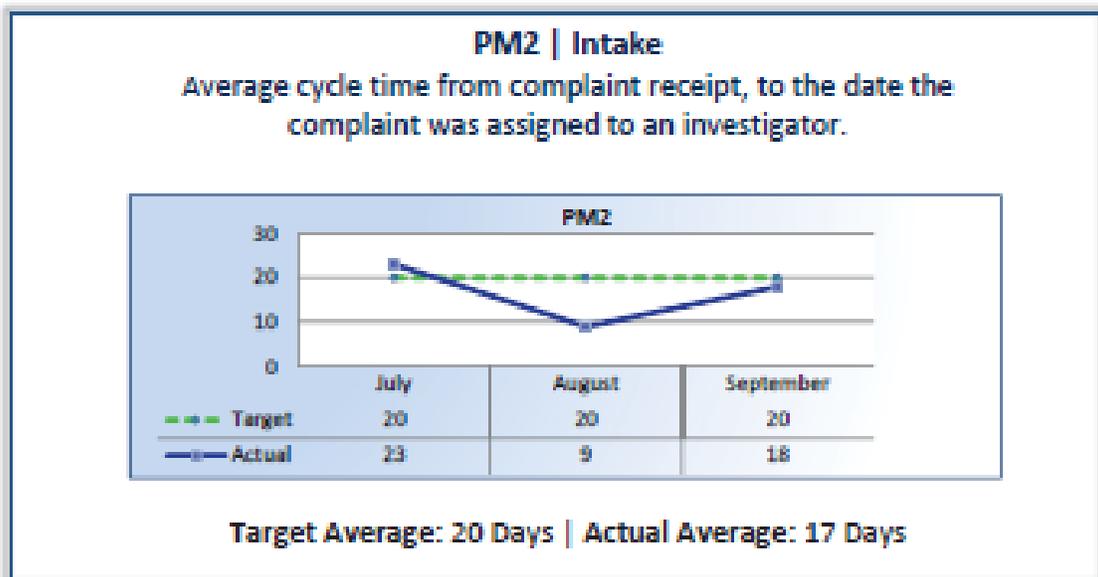
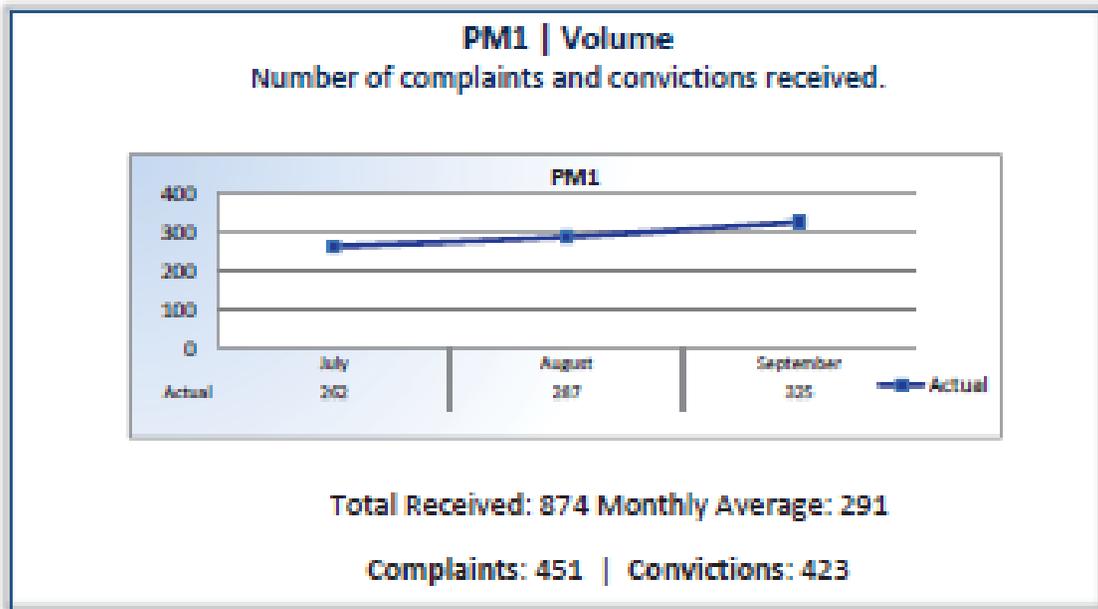


Department of Consumer Affairs
**California State Board
of Pharmacy**

Performance Measures

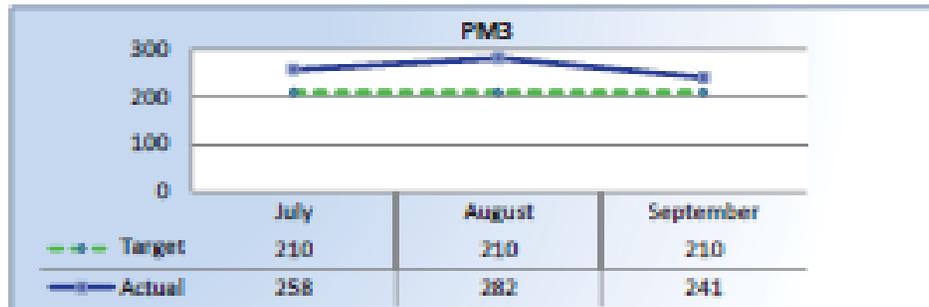
Q1 Report (July - September 2014)

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.



PM3 | Intake & Investigation

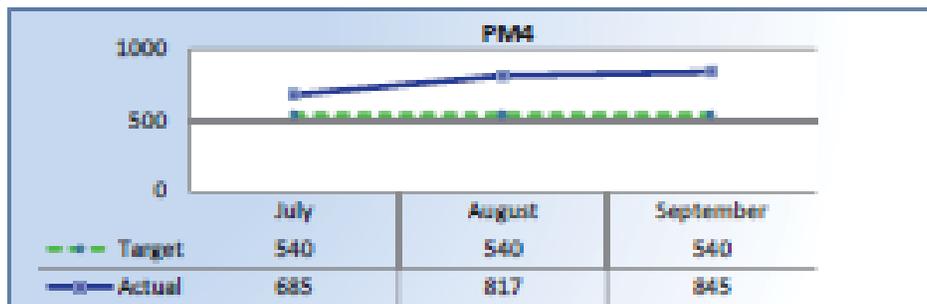
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



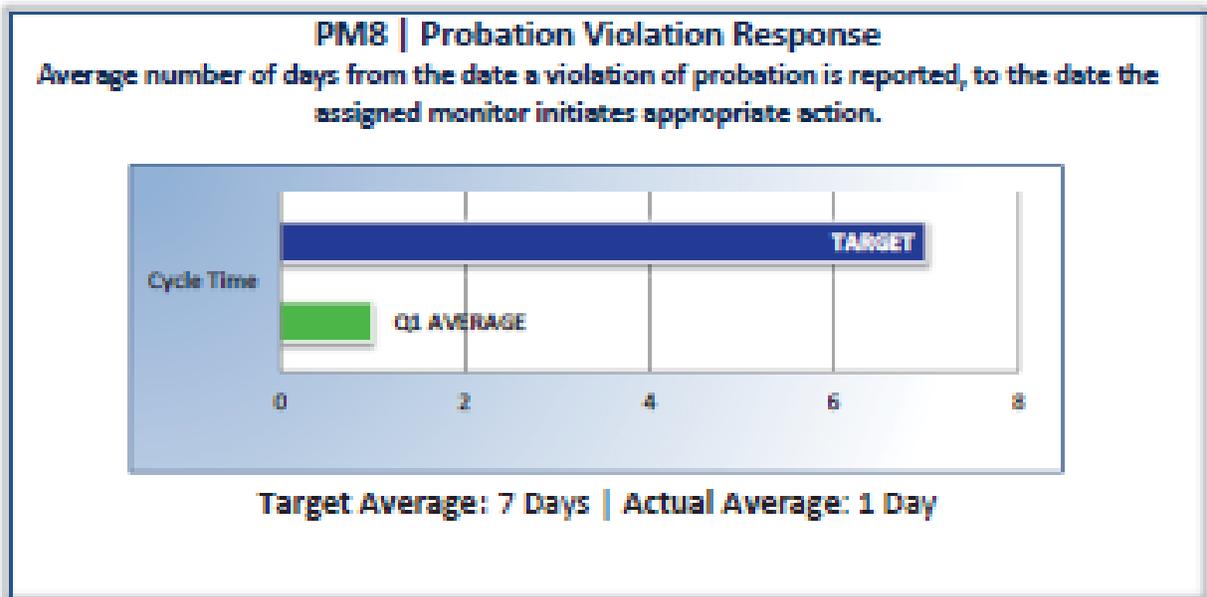
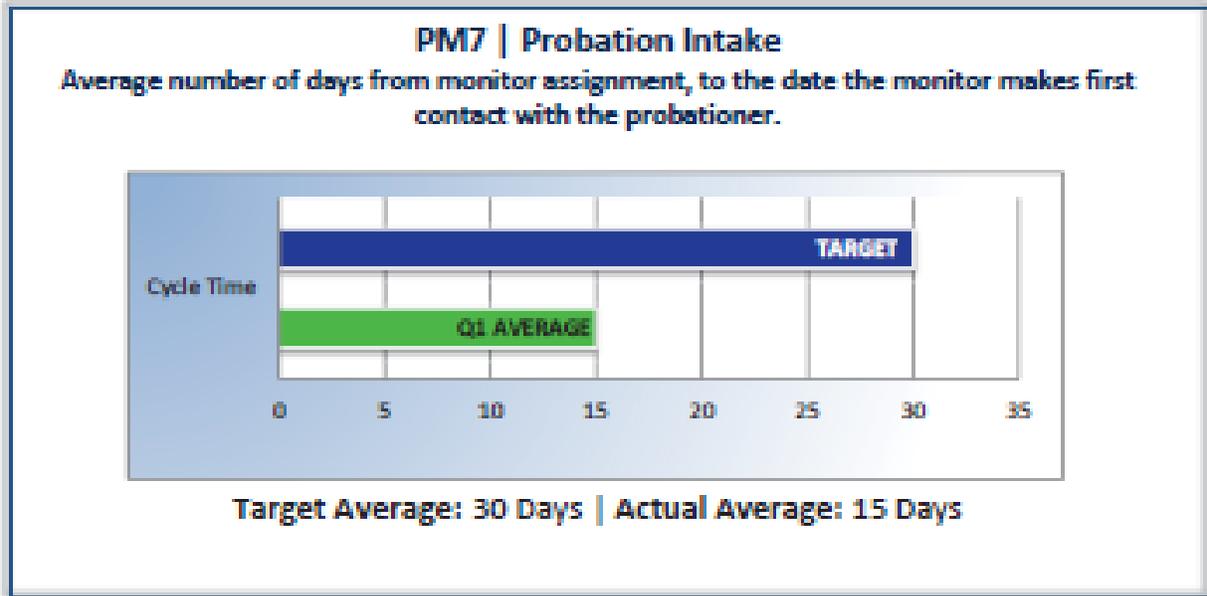
Target Average: 210 Days | Actual Average: 262 Days

PM4 | 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 Average: 540 Days | Actual Average: 784 Days

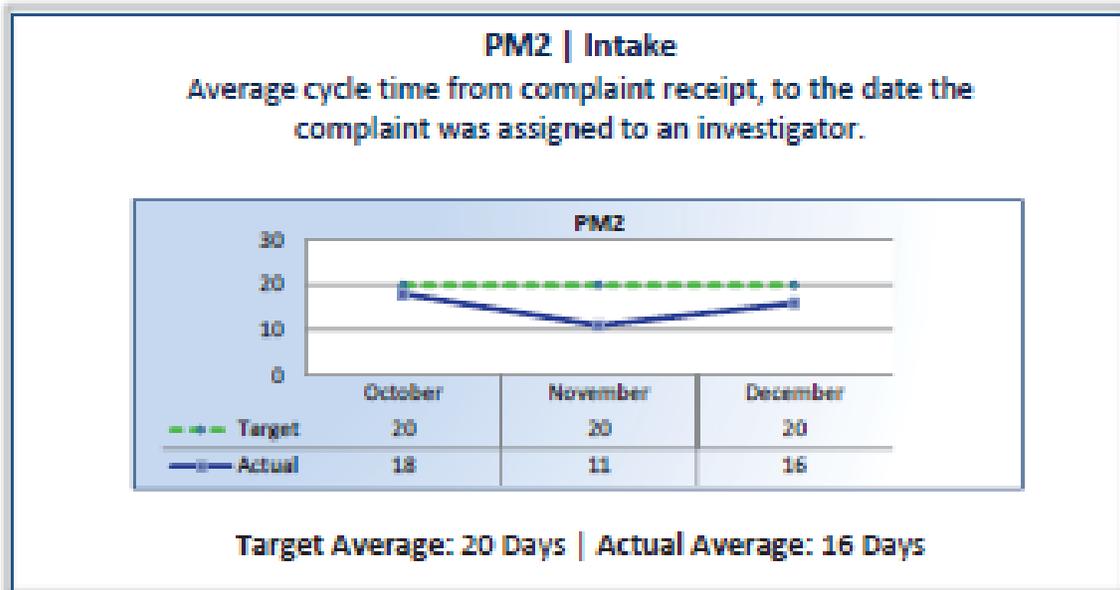
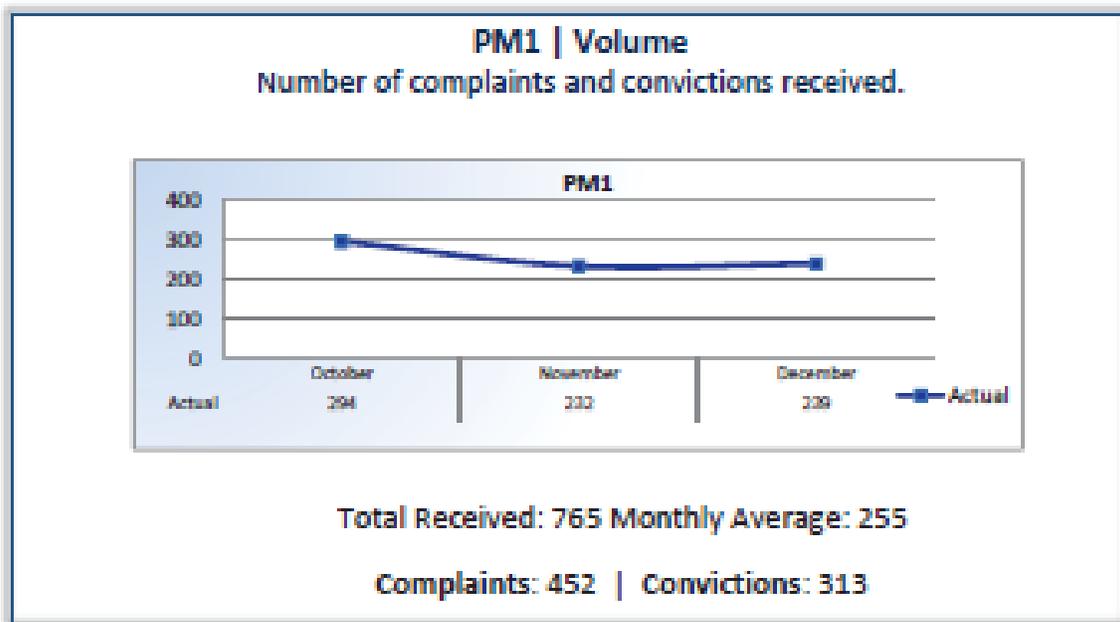


Department of Consumer Affairs
**California State Board
of Pharmacy**

Performance Measures

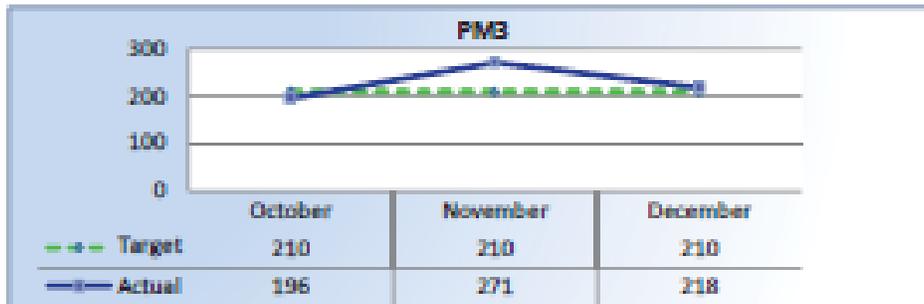
Q2 Report (October - December 2014)

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.



PM3 | Intake & Investigation

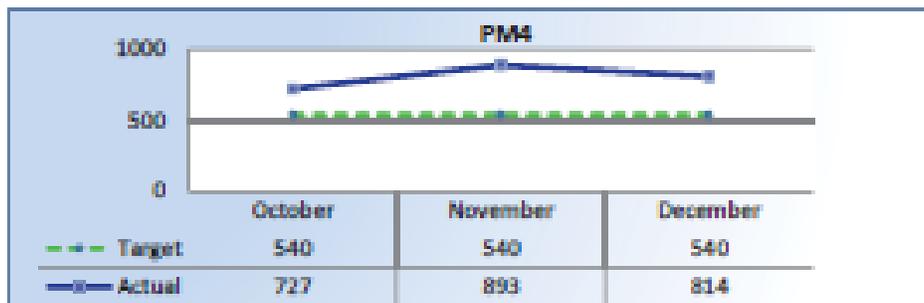
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



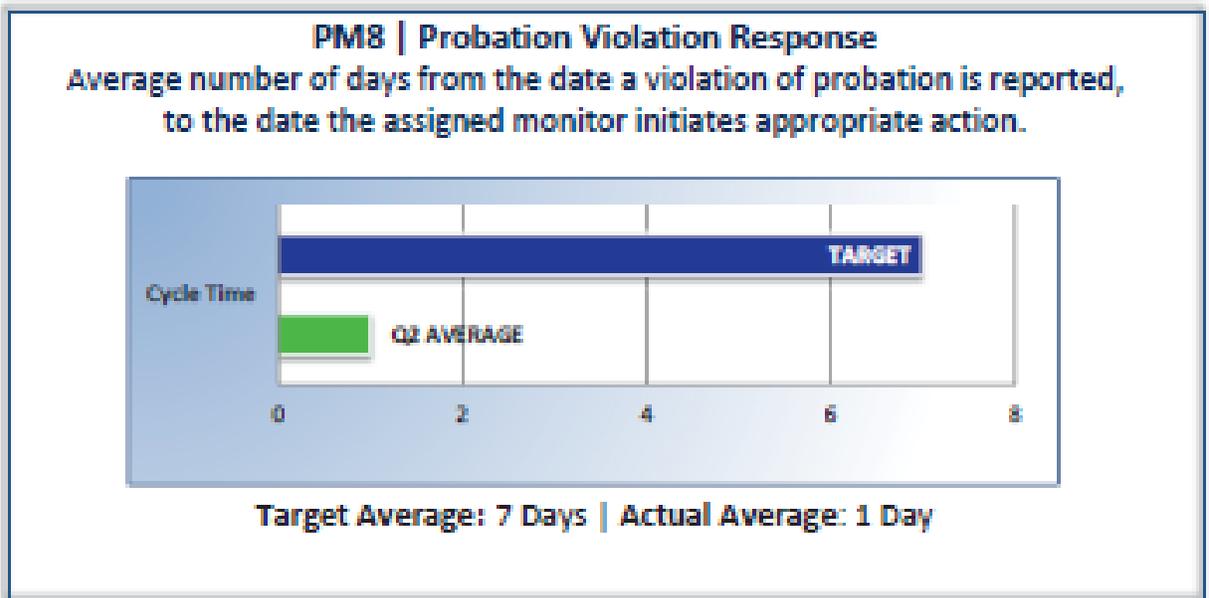
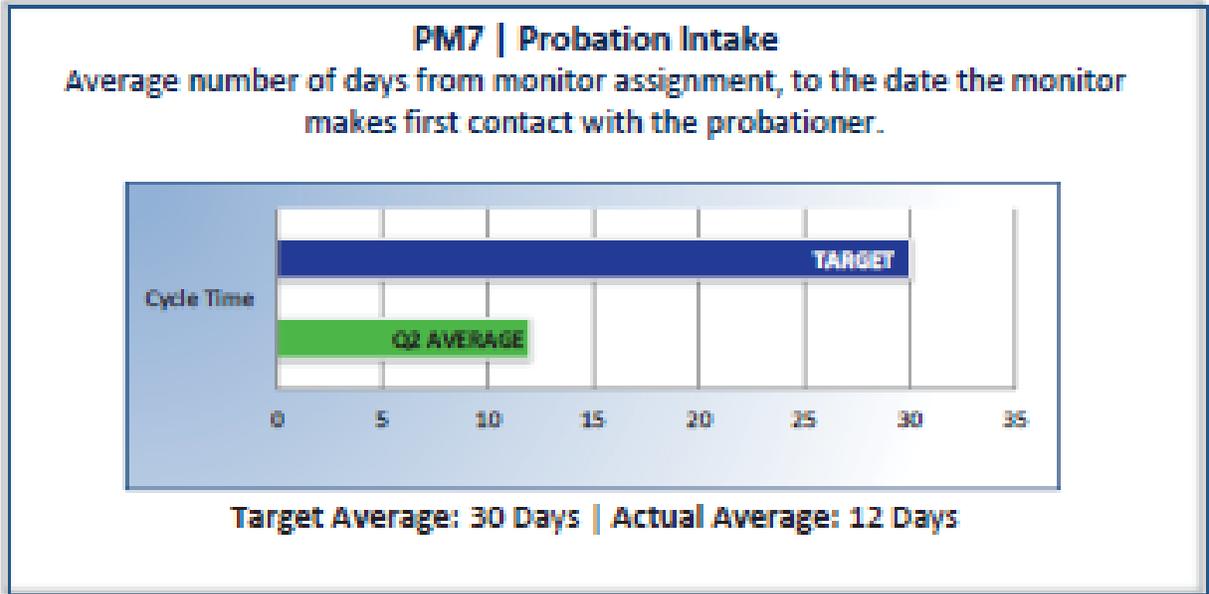
Target Average: 210 Days | Actual Average: 224 Days

PM4 | 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 Average: 540 Days | Actual Average: 795 Days

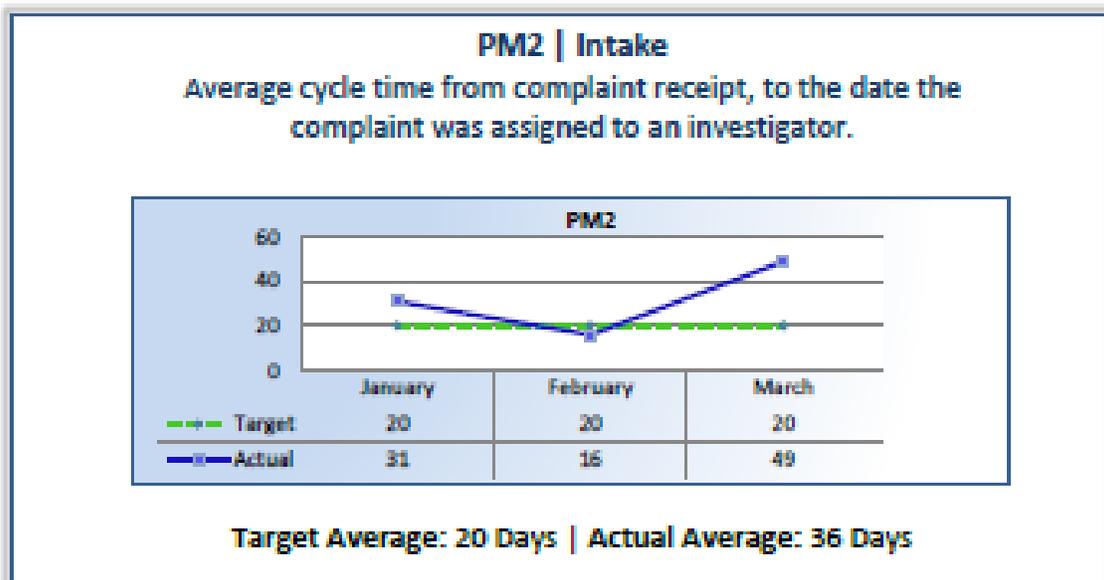
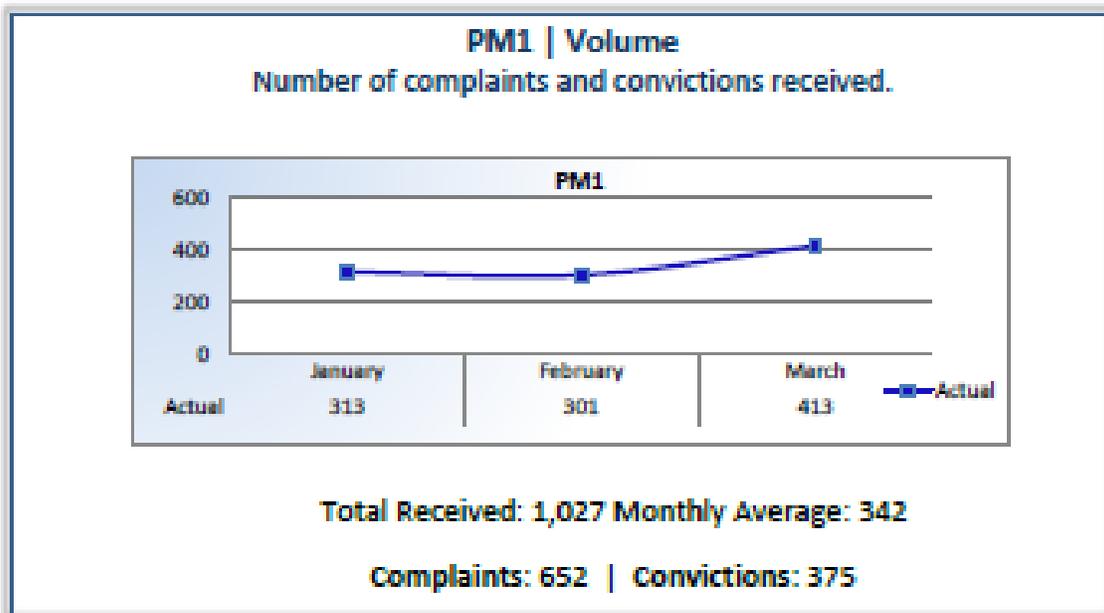


Department of Consumer Affairs
**California State Board
of Pharmacy**

Performance Measures

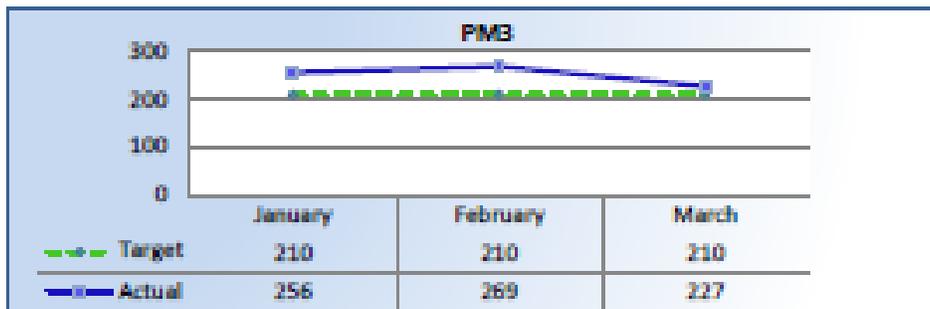
Q3 Report (January - March 2015)

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.



PM3 | Intake & Investigation

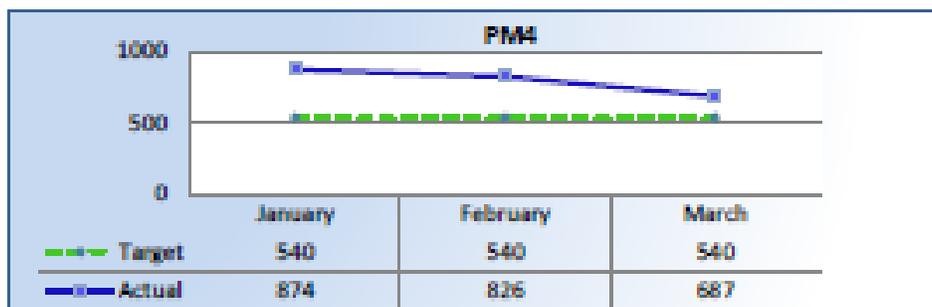
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 210 Days | Actual Average: 251 Days

PM4 | Formal Discipline

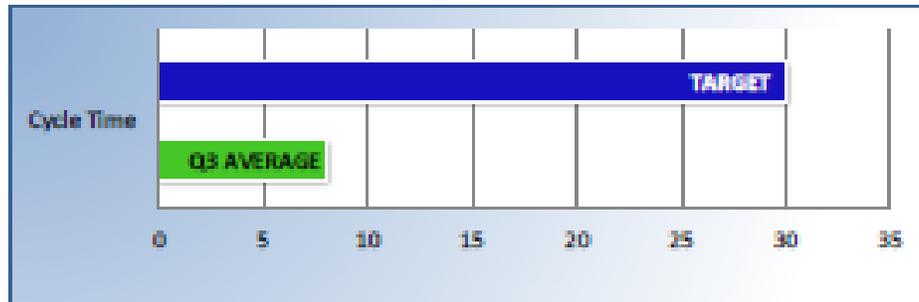
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 802 Days

PM7 | Probation Intake

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



Target Average: 30 Days | Actual Average: 8 Days

PM8 | 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.

The Board did not have any new probation violations this quarter.

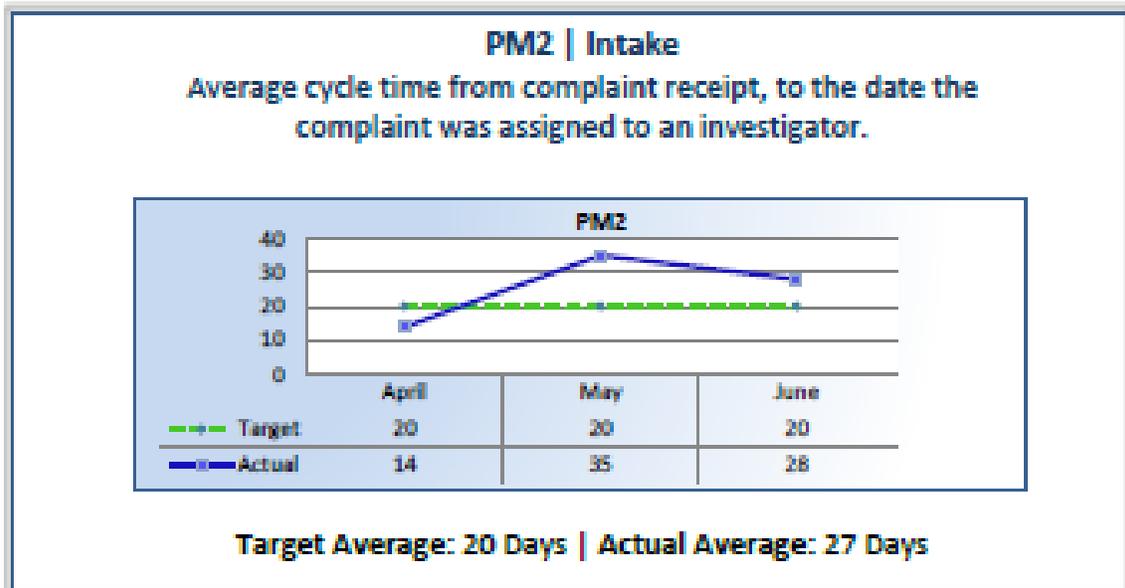
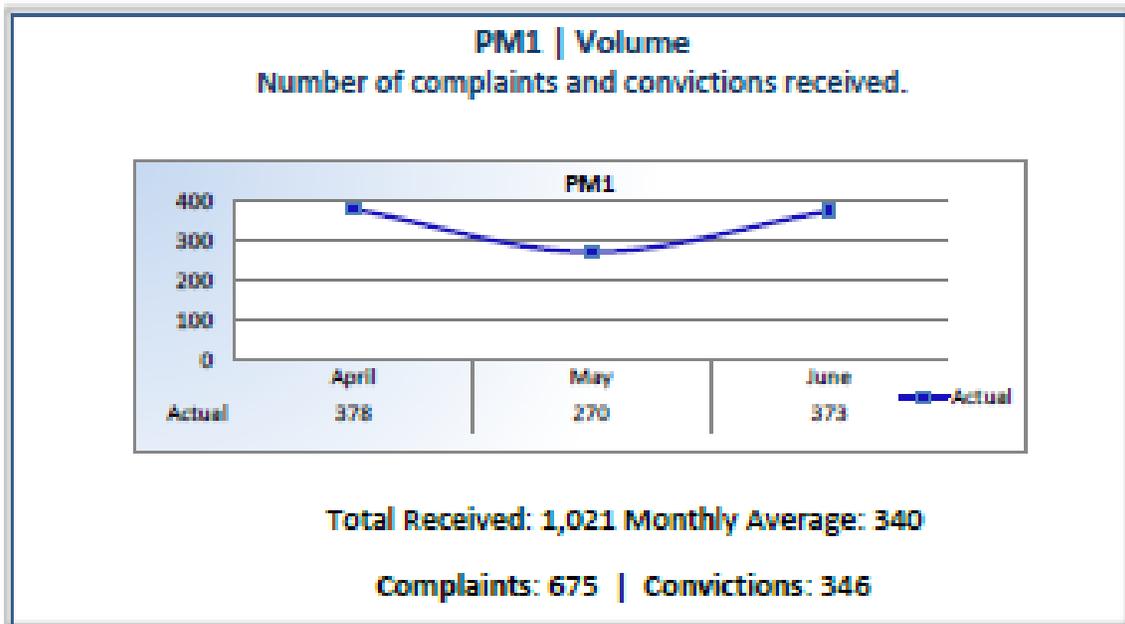
Target Average: 7 Days | Actual Average: N/A

Department of Consumer Affairs
**California State Board
of Pharmacy**

Performance Measures

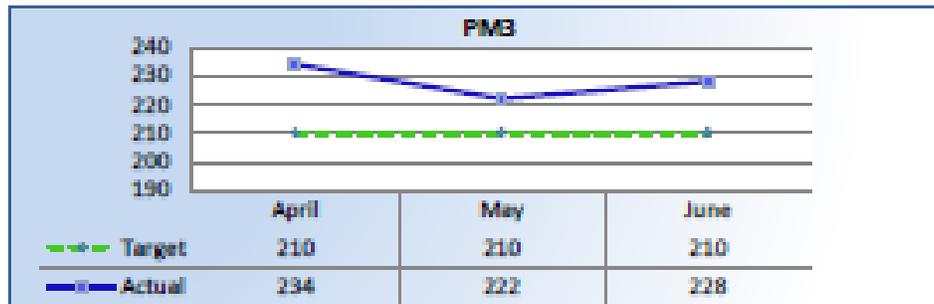
Q4 Report (April - June 2015)

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.



PM3 | Intake & Investigation

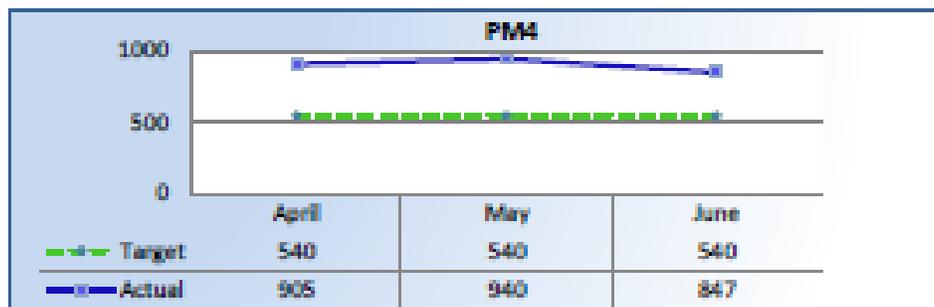
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 210 Days | Actual Average: 227 Days

PM4 | Formal Discipline

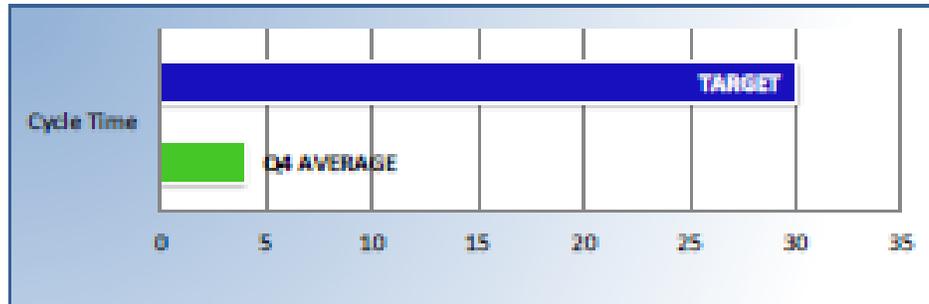
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | Actual Average: 903 Days

PM7 | Probation Intake

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



Target Average: 30 Days | Actual Average: 4 Days

PM8 | 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.

The Board did not have any new probation violations this quarter.

Target Average: 7 Days | Actual Average: N/A

Board's Consumer Satisfaction Survey				
1. How did you contact our Board/Bureau?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
In Person	14	19	10	0
E-mail	5	7	8	1
Phone	10	11	11	4
Regular mail	3	5	13	4
Website			6	4
No response			8	2
Total	32	42	56	15
2. How satisfied were you with the format and navigation of our website?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Very dissatisfied	0	0	0	
Somewhat dissatisfied	0	0	0	
Neither satisfied nor dissatisfied	2	0	0	
Somewhat satisfied	2	0	0	
Very satisfied	1	2	2	
Total	5	2	2	
3. How satisfied were you with information pertaining to your complaint available on our website?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Very dissatisfied	2	0	0	
Somewhat dissatisfied	1	0	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	2	0	2	
Very satisfied	0	2	0	
Total	5	2	2	
4. How satisfied were you with the time it took to respond to your initial correspondence?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Very dissatisfied	0	0	0	
Somewhat dissatisfied	0	1	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	0	0	0	
Very satisfied	1	1	1	
Total	1	2	1	

Board's Consumer Satisfaction Survey				
5. How satisfied were you with our response to your initial correspondence?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Very dissatisfied	0	1	0	
Somewhat dissatisfied	0	0	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	1	0	0	
Very satisfied	1	1	1	
Total	2	2	1	
6. How satisfied were you with the time it took to speak to a representative of our Board/Bureau?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Very dissatisfied	0	0	0	
Somewhat dissatisfied	0	0	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	0	0	0	
Very satisfied	1	0	0	
Total	1	0	0	
7. How satisfied were you with our representative's ability to address your complaint?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Very dissatisfied	0	0	0	
Somewhat dissatisfied	0	0	0	
Neither satisfied nor dissatisfied	0	0	0	
Somewhat satisfied	0	0	0	
Very satisfied	1	0	0	
Total	1	0	0	
8. How satisfied were you with the time it took for us to resolve your complaint?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Very dissatisfied	5	11	6	2
Somewhat dissatisfied	9	8	12	1
Neither satisfied nor dissatisfied	4	7	11	4
Somewhat satisfied	3	5	10	5
Very satisfied	9	14	17	2
Total	30	45	56	14

Board's Consumer Satisfaction Survey				
9. How satisfied were you with the explanation you were provided regarding the outcome of your complaint?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Very dissatisfied	6	13	4	0
Somewhat dissatisfied	3	5	2	1
Neither satisfied nor dissatisfied	4	4	5	0
Somewhat satisfied	7	5	3	4
Very satisfied	10	19	41	9
Total	30	46	55	14
10. Overall, how satisfied were you with the way in which we handled your complaint?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Very dissatisfied	8	12	5	2
Somewhat dissatisfied	2	4	3	1
Neither satisfied nor dissatisfied	5	1	3	0
Somewhat satisfied	4	5	10	5
Very satisfied	11	24	35	6
Total	30	46	56	14
11. Would you contact us again for a similar situation?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Absolutely Not	1	9	3	0
Probably Not	4	5	0	1
Maybe	4	2	3	0
Probably	5	3	6	0
Definitely	16	27	44	13
Total	30	46	56	14
12. Would you recommend us to a friend or family member experiencing a similar situation?	<i>FY</i> 2011/12	<i>FY</i> 2012/13	<i>FY</i> 2013/14	<i>FY</i> 2014/15
Absolutely Not	4	10	3	0
Probably Not	3	4	0	1
Maybe	5	2	4	0
Probably	2	4	2	0
Definitely	16	26	47	13
Total	30	46	56	14

Table 2. Fund Condition						
<i>(Dollars in Thousands)</i>	<i>FY</i>	<i>FY</i>	<i>FY</i>	<i>FY</i>	<i>FY</i>	<i>FY</i>
	2011/12	2012/13	2013/14	2014/15	2015/16 ¹	2016/17 ²
Beginning Balance	\$13,825	\$13,597	\$13,885	\$12,878	\$11,741	\$8,227
Revenues and Transfers ³	\$12,703	\$13,933	\$14,522	\$18,227	\$16,291	\$16,279
Total Revenue	\$26,528	\$27,530	\$28,407	\$31,105	\$28,032	\$24,506
Budget Authority	\$14,270	\$14,806	\$17,904	\$20,599	\$19,770	\$20,094
Expenditures ⁴	\$12,971	\$13,935	\$16,789	\$19,364	\$19,805	\$20,094
Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$152	\$0	\$0	\$0
Loans Repaid From General Fund	\$0	\$0	\$1,000	\$0	\$0	\$0
Fund Balance	\$13,557	\$13,595	\$12,770	\$11,741	\$8,227	\$4,412
Months in Reserve	11.7	9.7	7.9	7.1	4.9	3.0

¹ FY 2015/16 Expenditures and Revenue are Estimated

² FY 2016/17 Expenditures and Revenue are Estimated

³ Includes Prior Year Adjustments

⁴ Includes Direct Draws from Fi\$cal

Table 3. Expenditures by Program Component
(list dollars in thousands)

	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Personnel Services	OE&E						
Enforcement	4,582	2,527	6,177	2,281	6,244	3,348	7,891	3,677
Examination	106	186	106	207	106	206	106	183
Licensing	1,630	1,058	824	901	1,192	939	1,544	987
Administration ¹	719	498	990	530	1,357	939	1,710	987
DCA Pro Rata		1,881		2,179		2,693		2,619
Diversion	150	274	150	267	150	294	150	314
TOTALS	\$7,187	\$6,424	\$8,247	\$6,365	\$9,049	\$8,419	\$11,401	\$8,767

¹ Administration includes costs for executive staff, board, administrative support, and fiscal services.

Table 4. Fee Schedule and Revenue revenue listed in thousands

Fee	**Fee Amount	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	Fee Increase Effective 7/2014 Fee Amount**	FY 2014/15 Revenue	% of Total Revenue*
Centralized Hospital Packaging	n/a	n/a	n/a	4	\$800	3	0.02%
Clinic Permit	\$400	23	40	28	\$520	48	0.29%
Designated Representative Certificate -	\$255	126	125	135	\$330	141	0.86%
Designated Representative Certificate - Veterinary Food-Animal Drug Retailers	\$255	2	3	1	\$330	3	0.02%
Designated Representative Certificate - Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$330	28	0.17%
Hypodermic Needle and Syringe	\$125	2	3	2	\$165	5	0.03%
Intern Pharmacist	\$90	178	178	197	\$115	268	1.63%
Non-Resident Pharmacy	\$400	46	40	58	\$520	76	0.46%
Non-Resident Sterile Compounding	\$600	8	11	10	\$780	14	0.09%
Non-Resident Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$780	43	0.26%
Non-Resident Wholesaler	\$600	68	65	53	\$780	73	0.45%
Pharmacist Initial License Fee	\$150	242	270	267	\$195	404	2.47%
Pharmacist Licensure Exam	\$200	491	491	548	\$260	770	4.71%
Pharmacy	\$400	123	194	166	\$520	770	4.71%
Pharmacy Technician	\$80	742	695	675	\$105	713	4.36%
Sterile Compounding	\$600	32	35	375	\$780	108	0.66%
Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$780	9	0.06%
Veterinary Food-Animal Drug Retailer	\$405	3	\$0.00	trace	\$425	trace	0%
Wholesale Drug	\$600	64	50	55	\$780	67	0.41%

Table 4. Fee Schedule and Revenue revenue listed in thousands

Fee	**Fee Amount	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	Fee Increase Effective 7/2014 Fee Amount**	FY 2014/15 Revenue	% of Total Revenue*
Centralized Hospital Packaging Renewal	n/a	n/a	n/a	0	\$800	1	0.01%
Clinic Renewal	\$250	230	233	235	\$325*	310	1.89%
Designated Representative – Veterinary Food-Animal Drug Retailers Renewal	\$150	9	9	8	\$195	11	0.07%
Designated Representative – Wholesalers Renewal	\$150	382	396	390	\$195	509	3.10%
Designated Representative Certificate – Third Party Logistics Provider Renewal	n/a	n/a	n/a	n/a	\$195	0	0%
Hypodermic Needle and Syringe Renewal	\$125	31	31	32	\$165	42	0.26%
Non-Resident Pharmacy Renewal	\$250	83	80	92	\$325	128	0.78%
Non-Resident Sterile Compounding Renewal	\$600	45	45	43	\$780	59	0.36%
Non-Resident Third Party Logistics Provider Renewal	n/a	n/a	n/a	n/a	\$780	0	0%
Non-Resident Wholesaler Renewal	\$600	329	347	376	\$780	532	3.24%
Pharmacist Renewal	\$150	2,685	2,698	2,859	\$195**	3,608	22.01%
Pharmacy Renewal	\$250	1,589	1,564	1,617	\$325*	1,809	11.03%
Pharmacy Technician Renewal	\$100	2,861	2,929	3,079	\$130	3,839	23.42%
Sterile Compounding Renewal	\$600	136	134	137	\$780	548	3.34%
Third Party Logistics Provider Renewal	n/a	n/a	n/a	n/a	\$780	\$0.00	0%
Veterinary Food-Animal Drug Retailer Renewal	\$250	6	4	10	\$325	8	0.05%
Wholesale Drug Renewal	\$600	274	271	283	\$780*	369	2.25%

Table 4. Fee Schedule and Revenue revenue listed in thousands									
Fee	**Fee Amount	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	Fee Increase Effective 7/2014 Fee Amount**	FY 2014/15 Revenue	% of Total Revenue*		
Centralized Hospital Packaging Delinquent Fee	n/a	n/a	n/a	0	\$150	0	0%		
Clinic Delinquent Fee	\$125	6	8	6	\$150	9	0.05%		
Designated Representative – 3PL Delinquent	n/a	n/a	n/a	n/a	\$97.50	0	0%		
Designated Representative – Wholesalers Delinquent Fee	\$75	11	10	11	\$97.50	17	0.10%		
Designated Representative -Veterinary Food-Animal Drug Retailers Delinquent	\$75	trace	trace	trace	\$125	trace	0%		
Hypodermic Needle and Syringe Delinquent Fee	\$62.50	1	1	1	\$82.50	2	0.01%		
Non-Resident Pharmacy Delinquent Fee	\$125	1	2	1	\$150	2	0.01%		
Non-Resident Sterile Compounding Delinquent Fee	\$150	0	1	0	\$150	trace	0%		
Non-Resident Third Party Logistics Provider Delinquent Fee	n/a	n/a	n/a	n/a	\$150	0	0%		
Non-Resident Wholesaler Delinquent Fee	\$150	0	5	4	\$150	4	0.02%		
Pharmacist Delinquent Fee	\$75	22	20	24	\$97.50	27	0.16%		
Pharmacy Delinquent Fee	\$125	3	3	2	\$150	3	0.02%		
Pharmacy Technician Delinquent Fee	\$50	95	98	99	\$65	116	0.71%		
Sterile Compounding Delinquent Fee	\$150	trace	trace	trace	\$150	0	0%		
Third Party Logistics Provider Delinquent Fee	n/a	n/a	n/a	n/a	\$150	0	0%		
Veterinary Food-Animal Drug Retailer Delinquent Fee	\$125	Trace	0	0	\$125	0	0%		
Wholesale Drug Delinquent Fee	\$150	2	3	2	\$150	3	0.02%		

Table 4. Fee Schedule and Revenue revenue listed in thousands							
Fee	**Fee Amount	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	Fee Increase Effective 7/2014 Fee Amount**	FY 2014/15 Revenue	% of Total Revenue*
Change of Designated Representative in Charge	\$100	13	18	16	\$100	14	0.09%
Change of Permit	\$100	75	89	93	\$100	130	0.79%
Change of Permit - Tradestyle/Address	\$35	7	3	3	\$35	4	0.02%
Change of Pharmacist in Charge	\$100	150	158	172	\$100	192	1.17%
Change of Responsible Manager	n/a	n/a	n/a	n/a	\$130	trace	0%
Duplicate/Replacement License	\$35	36	43	42	\$35	44	0.27%
Evaluation of Continuing Education	\$40	trace	trace	0	\$40 per hour	trace	0%
Regrade of Pharmacist Licensure Exam	\$90	1	1	1	\$115	1	0.01%
Retired Pharmacist	\$35	2	2	2	\$45	5	0.03%
Temporary Non-Resident Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$715	0	0%
Temporary Permit No - ident Wholesaler	\$550	7	0	7	\$550	5	0.03%
Temporary Permit No - ident Pharmacy	\$250	13	5	7	\$325	9	0.05%
Temporary Permit Non-Resident Sterile Compounding	\$550	3	1	1	\$550.00	2	0.01%
Temporary Permit Sterile Compounding	\$550	7	6	5	\$550	28	0.17%
Temporary Pharmacy Permit	\$250	26	57	35	\$325	368	2.24%
Temporary Third Party Logistics Provider	n/a	n/a	n/a	n/a	\$715	0	0%
Temporary Veterinary Food-Animal Drug Retailer	\$250	0	0	0	\$250	0	0%
Temporary Wholesale Permit	\$550	17	15	7	\$550	4	0.02%
Transfer of Intern Hours/License Verification	\$25	26	25	39	\$30	41	0.25%

*Calculated based on FY 2014/15 revenue.

**All fees are at the statutory limit.

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
1110-04L	13/14	Position authority and funding for one inspector to inspect licensed clinics (prior to licensure and each subsequent year) pursuant to the provisions in SB 1095.	Inspector: 1	Inspector: 1	\$156,000	\$156,000	\$8,000	\$8,000
1110-27	14/15	Funding and position authority to create a Prescription Drug Abuse Unit.	<u>3-year limited term</u> Supervising Inspectors: 1 Inspectors: 5 Research Specialist: 1 Associate Governmental Program Analyst: 1	<u>3-year limited term</u> Supervising Inspector: 1 Inspectors: 5 Research Specialist: 1 Associate Governmental Program Analyst: 1	\$1,168,000	\$1,168,000	Initial: \$132,000 Ongoing: \$93,000	Initial: \$132,000 Ongoing: \$93,000
1110-28	14/15	Funding and position authority to create expand the Enforcement Unit in response to program growth.	Associate Governmental Program Analyst: 1 Staff Services Analyst: 1	Associate Governmental Program Analyst: 1 Staff Services Analyst: 1	\$159,000	\$159,000	Initial: \$26,000 Ongoing: \$10,000	Initial: \$26,000 Ongoing: \$10,000
1110-04L	14/15	Funding and position authority to complete the licensing and enforcement workload associated with the provisions of SB 493.	<u>3-year limited term</u> Inspector: 1 Associate Governmental Program Analyst: 1 Staff Services Analyst: 0.5 Office Technician: 0.5	<u>3-year limited term</u> Inspector: 1 Associate Governmental Program Analyst: 1 Staff Services Analyst: 0.5 Office Technician: 0.5	\$320,000	\$320,000	Initial: \$70,000 Ongoing: \$18,000	Initial: \$70,000 Ongoing: \$18,000
1110-07L	14/15	Funding and position authority to complete the licensing and enforcement workload associated with the provisions of SB 294.	<u>3-year limited term</u> Inspector: 4 Associate Governmental Program Analyst: 1 Staff Services Analyst: 1 Office Technician: 1	<u>3-year limited term</u> Inspector: 4 Associate Governmental Program Analyst: 1 Staff Services Analyst: 1 Office Technician: 1	\$883,000	\$883,000	Initial: \$381,000 Ongoing: \$325,000	Initial: \$381,000 Ongoing: \$325,000

Table 6. Licensee Population

<i>License Type</i>	<i>Status</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Clinic	Active	1,179	1,238	1,219	1,229
	Delinquent	118	133	167	173
Centralized Hospital Packaging	Active	n/a	n/a	1	3
	Delinquent	n/a	n/a	0	0
Drug Room	Active	44	43	37	37
	Delinquent	0	0	2	1
Designated Representative – Third Party Logistics Provider	Active	n/a	n/a	n/a	11
	Delinquent	n/a	n/a	n/a	0
Designated Representative – Veterinary Food-Animal Drug Retailer	Active	66	64	70	67
	Delinquent	26	18	8	2
Designated Representative - Wholesaler	Active	3,047	2,998	2,979	2,896
	Delinquent	1,434	922	519	154
Hospital	Active	484	488	488	480
	Delinquent	5	5	6	5
Hypodermic Needle and Syringe	Active	274	273	261	270
	Delinquent	67	75	82	9
Intern Pharmacist	Active	5,926	5,926	6,012	6,354
	Delinquent	n/a	n/a	n/a	n/a
Correctional Pharmacy	Active	51	53	53	53
	Delinquent	0	0	0	0
Pharmacist	Active	37,163	38,242	39,386	40,587
	Delinquent	1,363	1,550	1,790	1,934
	Inactive	2,537	2,725	2,858	2,981
Pharmacy	Active	6,182	6,279	6,376	6,477
	Delinquent	92	112	106	95
Pharmacy - Nonresident	Active	372	410	423	440
	Delinquent	84	82	94	13
Pharmacy Technician	Active	70,426	72,208	71,716	72,702
	Delinquent	1,912	1,786	1,842	1,884
Sterile Compounding Pharmacy	Active	276	263	899	935
	Delinquent	2	4	2	1
Sterile Compounding Pharmacy - Nonresident	Active	86	89	86	88
	Delinquent	7	5	2	3
Third Party Logistics Provider	Active	n/a	n/a	n/a	0
	Delinquent	n/a	n/a	n/a	0

Table 6. Licensee Population

<i>License Type</i>	<i>Status</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Third Party Logistics Provider – Non Resident	Active	n/a	n/a	n/a	2
	Delinquent	n/a	n/a	n/a	0
Veterinary Food-Animal Drug Retailer	Active	25	23	23	21
	Delinquent	3	4	2	3
Wholesaler	Active	535	546	530	536
	Delinquent	67	84	95	103
Wholesaler - Nonresident	Active	645	704	705	702
	Delinquent	102	105	118	122

Tables 7a. Application Processing FY 2011/2012

Application Type	Received	Closed	Issued/ Approved	Pending Applications	*Cycle Times	
					Incomplete Applications	Complete Applications
Clinic (License)	70	13	48	26	84	27
Clinic (Renewals)	n/a	n/a	1,076	n/a	n/a	n/a
Correctional Pharmacy (License)	0	0	1	0	85	n/a
Correctional Pharmacy (Renewals)	n/a	n/a	50	n/a	n/a	n/a
Designated Representative - Veterinary Food-Animal Drug Retailer License)	7	3	6	4	129	26
Designated Representative - Veterinary Food-Animal Drug Retailer (Renewals)	n/a	n/a	63	n/a	n/a	n/a
Designated Representative - Wholesaler (License)	501	63	494	162	124	57
Designated Representative - Wholesaler (Renewals)	n/a	n/a	2,559	n/a	n/a	n/a
Drug Room (License)	1	0	2	1	84	59
Drug Room (Renewals)	n/a	n/a	40	n/a	n/a	n/a
Hospital (License)	8	0	5	5	121	11
Hospital (Renewals)	n/a	n/a	474	n/a	n/a	n/a
Hypodermic Needle and Syringe Permit (License)	20	2	13	16	67	43
Hypodermic Needle and Syringe Permit (Renewals)	n/a	n/a	249	n/a	n/a	n/a
Intern Pharmacist (License)	1,997	35	1,904	97	64	14
Intern Pharmacist (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacist (Exam)	2,467	305	2,920	n/a	58	22
Pharmacist (License)	1,611	n/a	1,609	1,609	36	9
Pharmacist License (Renewals)	n/a	n/a	18,205	18,205	n/a	n/a
Pharmacy (License)	333	36	239	239	122	56
Pharmacy (Renewals)	n/a	n/a	5,982	5,982	n/a	n/a
Pharmacy – Non Resident (License)	120	11	47	47	223	117
Pharmacy - Non Resident (Renewals)	n/a	n/a	323	323	n/a	n/a

Tables 7a. Application Processing FY 2011/2012

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Pharmacy Technicians (License)	9,491	840	10,120	10,120	145	76
Pharmacy Technician (Renewals)	n/a	n/a	28,635	28,635	n/a	n/a
Sterile Compounding Pharmacy (License)	55	7	32	32	88	99
Sterile Compounding Pharmacy (Renewals)	n/a	n/a	243	243	n/a	n/a
Sterile Compounding Pharmacy -Non Resident (License)	13	2	15	15	268	221
Sterile Compounding Pharmacy -Non Resident (Renewals)	n/a	n/a	73	73	n/a	n/a
Veterinary Food-Animal Drug Retailer (License)	8	0	2	2	120	49
Veterinary Food-Animal Drug Retailer (Renewals)	n/a	n/a	23	23	n/a	n/a
Wholesaler (License)	112	21	70	70	282	54
Wholesaler (Renewals)	n/a	n/a	444	444	n/a	n/a
Wholesaler – Non Resident (License)	119	22	78	78	212	115
Wholesaler Non Resident (Renewals)	n/a	n/a	534	534	n/a	n/a

* Cycle times are based on calendar days

Tables 7a. Application Processing FY 2012/2013

Application Type	Received	Closed	Issued/ Approved	Pending Applications	*Cycle Times	
					Incomplete Applications	Complete Applications
Centralized Hospital Packaging (License)	5	0	0	5	n/a	n/a
Centralized Hospital Packaging (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Clinic (License)	134	1	99	57	89	38
Clinic (Renewals)	n/a	n/a	1,104	n/a	n/a	n/a
Correctional Pharmacy (License)	2	0	2	0	16	1
Correctional Pharmacy (Renewals)	n/a	n/a	50	n/a	n/a	n/a
Designated Representative - Veterinary Food-Animal Drug Retailer (License)	10	2	3	9	34	20
Designated Representative - Veterinary Food-Animal Drug Retailer (Renewals)	n/a	n/a	55	n/a	n/a	n/a
Designated Representative - Wholesaler (License)	487	97	376	172	94	40
Designated Representative - Wholesaler (Renewals)	n/a	n/a	2,622	n/a	n/a	n/a
Drug Room (License)	2	0	3	0	693	21
Drug Room (Renewals)	n/a	n/a	37	n/a	n/a	n/a
Hospital (License)	26	0	17	11	120	15
Hospital (Renewals)	n/a	n/a	478	n/a	n/a	n/a
Hypodermic Needle and Syringe Permit (License)	21	2	16	19	49	19
Hypodermic Needle and Syringe Permit (Renewals)	n/a	n/a	252	n/a	n/a	n/a
Intern Pharmacist (License)	2,004	40	1,772	204	62	15
Intern Pharmacist (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacist (Exam)	2,487	126	2,285	748	56	14
Pharmacist (License)	1,805	n/a	1,733	n/a	23	8
Pharmacist License (Renewals)	n/a	n/a	17,545	n/a	n/a	n/a
Pharmacy (License)	505	28	445	167	152	51
Pharmacy (Renewals)	n/a	n/a	5,945	n/a	n/a	n/a

Tables 7a. Application Processing FY 2012/2013

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Pharmacy – Non Resident (License)	100	7	113	96	202	223
Pharmacy - Non Resident (Renewals)	n/a	n/a	345	n/a	n/a	n/a
Pharmacy Technicians (License)	8,741	506	8,241	2,395	99	45
Pharmacy Technician (Renewals)	n/a	n/a	29,062	n/a	n/a	n/a
Sterile Compounding Pharmacy (License)	63	3	38	31	237	114
Sterile Compounding Pharmacy (Renewals)	n/a	n/a	238	n/a	n/a	n/a
Sterile Compounding Pharmacy -Non Resident (License)	19	2	17	21	228	143
Sterile Compounding Pharmacy -Non Resident (Renewals)	n/a	n/a	63	n/a	n/a	n/a
Veterinary Food-Animal Drug Retailer (License)	0	0	6	2	n/a	3
Veterinary Food-Animal Drug Retailer (Renewals)	n/a	n/a	15	n/a	n/a	n/a
Wholesaler (License)	88	14	81	81	197	118
Wholesaler (Renewals)	n/a	n/a	449	n/a	n/a	n/a

* Cycle times are based on calendar days

Tables 7a. Application Processing FY 2013/2014

Application Type	Received	Closed	Issued/ Approved	Pending Applications	*Cycle Times	
					Incomplete Applications	Complete Applications
Centralized Hospital Packaging (License)	9	0	1	13	380	n/a
Centralized Hospital Packaging (Renewals)	1	n/a	1	n/a	n/a	n/a
Clinic (License)	115	9	90	76	113	66
Clinic (Renewals)	1,114	n/a	1,123	n/a	n/a	n/a
Correctional Pharmacy (License)	1	0	1	0	n/a	42
Correctional Pharmacy (Renewals)	51	n/a	51	n/a	n/a	n/a
Designated Representative - Veterinary Food-Animal Drug Retailer (License)	5	0	13	0	93	43
Designated Representative - Veterinary Food-Animal Drug Retailer (Renewals)	61	n/a	69	n/a	n/a	n/a
Designated Representative - Wholesaler (License)	532	63	387	213	86	41
Designated Representative - Wholesaler (Renewals)	2,572	n/a	2,595	n/a	n/a	n/a
Drug Room (License)	2	0	1	1	41	n/a
Drug Room (Renewals)	36	n/a	33	n/a	n/a	n/a
Hospital (License)	30	0	24	7	170	81
Hospital (Renewals)	42	n/a	41	n/a	n/a	n/a
Hypodermic Needle and Syringe Permit (License)	15	8	11	10	94	32
Hypodermic Needle and Syringe Permit (Renewals)	245	n/a	244	n/a	n/a	n/a
Intern Pharmacist (License)	2,187	34	1,913	307	59	11
Intern Pharmacist (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacist (Exam)	2,682	235	2,355	697	61	24
Pharmacist (License)	1,789	n/a	1,838	n/a	45	8
Pharmacist License (Renewals)	19,122	n/a	19,044	n/a	n/a	n/a
Pharmacy (License)	421	30	350	197	138	80
Pharmacy (Renewals)	6,132	n/a	6,169	n/a	n/a	n/a

Tables 7a. Application Processing FY 2013/2014

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Pharmacy – Non Resident (License)	150	12	87	141	203	115
Pharmacy - Non Resident (Renewals)	347	n/a	341	n/a	n/a	n/a
Pharmacy Technicians (License)	8,211	828	6,818	2,512	115	54
Pharmacy Technician (Renewals)	30,831	n/a	30,561	n/a	n/a	n/a
Sterile Compounding Pharmacy (License)	771	6	664	61	159	41
Sterile Compounding Pharmacy (Renewals)	262	n/a	260	n/a	n/a	n/a
Sterile Compounding Pharmacy -Non Resident (License)	16	1	16	30	385	143
Sterile Compounding Pharmacy -Non Resident (Renewals)	68	n/a	71	n/a	n/a	n/a
Veterinary Food-Animal Drug Retailer (License)	1	1	0	2	n/a	n/a
Veterinary Food-Animal Drug Retailer (Renewals)	20	n/a	21	n/a	n/a	n/a
Wholesaler (License)	92	39	45	77	204	128
Wholesaler (Renewals)	476	n/a	482	n/a	n/a	n/a

* Cycle times are based on calendar days

Tables 7a. Application Processing FY 2014/2015

Application Type	Received	Closed	Issued/ Approved	Pending Applications	*Cycle Times	
					Incomplete Applications	Complete Applications
Centralized Hospital Packaging (License)	5	1	2	16	382	n/a
Centralized Hospital Packaging (Renewals)	1	n/a	1	n/a	n/a	n/a
Clinic (License)	117	36	75	78	234	122
Clinic (Renewals)	1,137	n/a	1,186	n/a	n/a	n/a
Correctional Pharmacy (License)	0	0	0	0	0	0
Correctional Pharmacy (Renewals)	52	n/a	52	n/a	n/a	n/a
Designated Representative - Third Party Logistics Provider	85	0	11	140	n/a	50
Designated Representative - Third Party Logistics Provider Renewals	n/a	n/a	n/a	n/a	n/a	n/a
Designated Representative - Veterinary Food-Animal Drug Retailer	9	0	5	3	67	69
Designated Representative - Veterinary Food-Animal Drug Retailer Renewals	53	n/a	54	n/a	n/a	n/a
Designated Representative - Wholesaler	446	99	301	226	140	85
Designated Representative - Wholesaler Renewals	2,539	n/a	2,645	n/a	n/a	n/a
Drug Room (License)	1	0	2	2	n/a	33
Drug Room (Renewals)	23	n/a	22	n/a	n/a	n/a
Hospital (License)	39	7	16	28	126	92
Hospital (Renewals)	471	n/a	474	n/a	n/a	n/a
Hypodermic Needle and Syringe Permit (License)	32	1	18	17	167	117
Hypodermic Needle and Syringe Permit (Renewals)	250	n/a	260	n/a	n/a	n/a
Intern Pharmacist (License)	2,329	11	2,389	161	60	19
Intern Pharmacist (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Pharmacist (Exam)	3,122	72	3,251	1,046	66	32

Tables 7a. Application Processing FY 2014/2015

Application Type	Received	Closed	Issued/ Approved	Pending Applications	*Cycle Times	
					Incomplete Applications	Complete Applications
Pharmacist (License)	2,093	n/a	2,021	n/a	23	6
Pharmacist License (Renewals)	18,512	n/a	19,103	n/a	n/a	n/a
Pharmacy (License)	1,541	65	1,438	231	195	54
Pharmacy (Renewals)	5,261	n/a	5,331	n/a	n/a	n/a
Pharmacy – Non Resident (License)	146	3	68	219	295	86
Pharmacy - Non Resident (Renewals)	381	n/a	398	n/a	n/a	n/a
Pharmacy Technicians (License)	7,151	429	8,028	1,467	127	58
Pharmacy Technician (Renewals)	30,170	n/a	30,718	n/a	n/a	n/a
Sterile Compounding Pharmacy (License)	167	22	116	49	139	85
Sterile Compounding Pharmacy (Renewals)	872	n/a	824	n/a	n/a	n/a
Sterile Compounding Pharmacy -Non Resident (License)	22	2	15	37	62	167
Sterile Compounding Pharmacy -Non Resident (Renewals)	78	n/a	79	n/a	n/a	n/a
Third Party Logistics Provider (License)	11	1	0	13	n/a	n/a
Third Party Logistics Provider (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Third Party Logistics Provider - Nonresident (License)	57	0	2	57	34	n/a
Third Party Logistics Provider - Nonresident (Renewals)	n/a	n/a	n/a	n/a	n/a	n/a
Veterinary Food-Animal Drug Retailer (License)	1	0	0	1	n/a	n/a
Veterinary Food-Animal Drug Retailer (Renewals)	19	n/a	18	n/a	n/a	n/a
Wholesaler (License)	86	30	53	53	267	130
Wholesaler (Renewals)	465	n/a	497	n/a	n/a	n/a

Tables 7a. Application Processing FY 2014/2015

<i>Application Type</i>	<i>Received</i>	<i>Closed</i>	<i>Issued/ Approved</i>	<i>Pending Applications</i>	<i>*Cycle Times</i>	
					<i>Incomplete Applications</i>	<i>Complete Applications</i>
Wholesaler – Non Resident (License)	112	43	39	73	190	192
Wholesaler Non Resident (Renewals)	646	n/a	666	n/a	n/a	n/a

* Cycle times are based on calendar days

Table 7b. Licensing Summary

<i>Initial Licensing Data:</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Initial License/Initial Exam Applications Received	16,933	16,608	78,498	77,856
Initial License/Initial Exam Applications Approved *add exam approved	2,920	2,285	2,355	3,251
Initial License/Initial Exam Applications Closed/Withdrawn	1,360	858	1,305	822
License Issued	73,124	71,334	73,446	76,261
<i>Initial License/Initial Exam Pending Application Data:</i>				
Pending Applications (total at close of FY)	3,989	4,111	4,418	3,917
Pending Applications (outside of board control)*	n/a	n/a	n/a	358
Pending Applications (within the board control)*	n/a	n/a	n/a	242
<i>Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):</i>				
Average Days to Application Approval (All - Complete/Incomplete)	101	91	110	115
Average Days to Application Approval (incomplete applications)*	128	150	147	143
Average Days to Application Approval (complete applications)*	62	55	66	78

Table 7b. Licensing Summary

<i>License Renewal Data:</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Clinics	1,076	1,104	1,123	1,186
Centralized Hospital Packaging	n/a	n/a	1	1
Correctional Pharmacy	50	50	51	52
Designated Representatives - Veterinary Food-Animal Drug Retailer	63	55	69	54
Designated Representatives - Wholesalers	2,559	2,622	2,595	2,645
Drug Rooms	40	37	33	22
Hospital	474	478	481	474
Hypodermic Needle and Syringe Permits	249	252	244	260
Pharmacies	5,982	5,945	6,169	5,331
Pharmacies – Non Resident	323	345	341	398
Pharmacists	18,205	17,545	19,044	19,103
Pharmacy Technicians	26,635	29,062	30,561	30,718
Sterile Compounding	243	238	260	824
Sterile Compounding -Non Resident	73	63	71	79
Veterinary Food-Animal Drug Retailers	23	15	21	18
Wholesalers	444	449	482	497
Wholesalers – Non Resident	534	578	621	666
Total Licenses Renewed	56,973	58,838	62,167	62,328

Keeping Licensing Information Current - Applications Processed

Change of Pharmacist-in-Charge	1,567	1,462	1,501	1,963
Change of Designated Representative-in-Charge	126	181	161	142
Change of Permit	823	861	905	922
Change of Name/Address	n/a	12,072	11,395	12,249
Discontinuance of Business	188	242	259	294
Change of Responsible Managing Employee	n/a	n/a	n/a	n/a

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

Includes Any NAPLEX Scores Associated with Candidates Taking the CPJE

Overall Pass/Fail Results – All Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	408	19.6
Pass	1677	80.4
Total	2085	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	56	2.7
Pass	1983	97.3
Total	2039	100.0

Overall Pass/Fail Results – First Time Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	211	12.8
Pass	1443	87.2
Total	1654	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	40	2.5
Pass	1584	97.5
Total	1624	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12**Overall Pass/Fail Results – Repeat Candidates**

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	197	45.7
Pass	234	54.3
Total	431	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	16	3.9
Pass	399	96.1
Total	415	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by School Classification				
		<i>Fail</i>	<i>Pass</i>	Total
California	Count	88	893	981
	% within school	9.0%	91.0%	100.0%
Other US	Count	223	632	855
	% within school	26.1%	73.9%	100.0%
Foreign	Count	97	151	248
	% within school	39.1%	60.9%	100.0%
Unclassified	Count	0	1	1
	% within school	0.0%	100.0%	100.0%
Total	Count	408	1677	2085
	% within school	19.6%	80.4%	100.0%

NAPLEX Pass/Fail Results by School Classification				
		<i>Fail</i>	<i>Pass</i>	Total
California	Count	7	969	976
	% within school	0.7%	99.3%	100.0%
Other US	Count	17	803	820
	% within school	2.1%	97.9%	100.0%
Foreign	Count	32	210	242
	% within school	13.2%	86.8%	100.0%
Unclassified	Count	0	1	1
	% within school	0.0%	100.0%	100.0%
Total	Count	56	1983	2039
	% within school	2.7%	97.3%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by Gender				
		<i>Fail</i>	<i>Pass</i>	Total
Female	Count	252	1133	1385
	% within gender	18.2%	81.8%	100.0%
Male	Count	156	544	700
	% within gender	22.3%	77.7%	100.0%
Total	Count	408	1677	2085
	% within gender	19.6%	80.4%	100.0%

NAPLEX Pass/Fail Results by Gender				
		<i>Fail</i>	<i>Pass</i>	Total
Female	Count	43	1314	1357
	% within gender	3.2%	96.8%	100.0%
Male	Count	13	669	682
	% within gender	1.9%	98.1%	100.0%
Total	Count	56	1983	2039
	% within gender	2.7%	97.3%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by CA School				
		<i>Fail</i>	<i>Pass</i>	Total
UCSF	Count	18	134	152
	% within school	11.8%	88.2%	100.0%
UOP	Count	31	227	258
	% within school	12.0%	88.0%	100.0%
USC	Count	9	182	191
	% within school	4.7%	95.3%	100.0%
Western	Count	12	139	151
	% within school	7.9%	92.1%	100.0%
Loma Linda	Count	10	56	66
	% within school	15.2%	84.8%	100.0%
UCSD	Count	1	59	60
	% within school	1.7%	98.3%	100.0%
Touro U	Count	7	91	98
	% within school	7.1%	92.9%	100.0%
Cal Northstate	Count	0	5	5
	% within school	0.0%	100.0%	100.0%
Total	Count	88	893	981
	% within school	9.0%	91.0%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

NAPLEX Pass/Fail Results by CA School				
		<i>Fail</i>	<i>Pass</i>	Total
UCSF	Count	1	149	150
	% within school	0.7%	99.3%	100.0%
UOP	Count	2	254	256
	% within school	0.8%	99.2%	100.0%
USC	Count	1	190	191
	% within school	0.5%	99.5%	100.0%
Western	Count	2	148	150
	% within school	1.3%	98.7%	100.0%
Loma Linda	Count	0	66	66
	% within school	0.0%	100.0%	100.0%
UCSD	Count	0	60	60
	% within school	0.0%	100.0%	100.0%
Touro U	Count	1	97	98
	% within school	1.0%	99.0%	100.0%
Cal Northstate	Count	0	5	5
	% within school	0.0%	100.0%	100.0%
Total	Count	7	969	976
	% within school	0.7%	99.3%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by School			
	<i>Fail</i>	<i>Pass</i>	Total
Auburn	0	1	1
Samford	3	2	5
U of AZ	5	9	14
U of AR	1	2	3
UCSF	18	134	152
U of Pacific	31	227	258
USC	9	182	191
U of CO	4	18	22
U of Conn	3	6	9
Howard DC	7	6	13
FL A&M	0	1	1
U of FL	1	9	10
Mercer	1	0	1
U of GA	1	3	4
Idaho SU	1	1	2
U of IL Chi	10	19	29
Butler U	0	2	2
Purdue	3	11	14
Drake	3	4	7
U of IA	1	2	3
U of KS	1	7	8
U of KY	0	4	4
NE LA U	2	1	3
Xavier	3	1	4
U of MD	7	14	21
MA Col Pharm	15	30	45
NE-MA	6	15	21
Ferris	3	3	6
U of MI	1	14	15
Wayne SU	4	6	10
U of MN	0	4	4
St. Louis Col of PH	2	8	10
UMKC	2	1	3
U of MT	3	3	6
Creighton	5	10	15
U of NE	2	3	5
Rutgers	5	7	12

CPJE Pass/Fail Results by School			
	<i>Fail</i>	<i>Pass</i>	Total
U of NM	2	7	9
Western	12	139	151
Midwestern U Chicago	6	12	18
A&M Schwartz	4	5	9
St. Johns	9	7	16
SUNY-Buff	5	5	10
Union U	4	16	20
UNC	1	3	4
ND SU	0	4	4
OH Nrthrn U	3	2	5
OH State U	1	5	6
U of Cinn	2	6	8
U of Toledo	2	4	6
SW OK State	0	3	3
U of OK	2	5	7
OR State U	6	8	14
Duquesne	0	5	5
PhI C of Pharm	4	9	13
Temple	6	6	12
U of RI	4	2	6
Med U of SC	0	3	3
U of SC	2	3	5
U of TN	1	2	3
TX SO U	2	1	3
U of Hous	1	5	6
U of TX	2	5	7
U of UT	0	7	7
Med C of VA	1	2	3
U of WA	1	13	14
WA State U	3	10	13
WV U	0	1	1
U of WI-Mad	0	2	2
U of WY	2	6	8
Campbell U	0	2	2
Nova Southeastern	2	15	17
Wilkes University	0	5	5
Texas Tech	0	1	1
Bernard J Dunn	0	9	9
Midwestern AZ	9	45	54

CPJE Pass/Fail Results by School			
	<i>Fail</i>	<i>Pass</i>	Total
Nevada College of Pharm	8	71	79
Loma Linda U	10	56	66
UCSD	1	59	60
MA School of Pharm - Worcester	0	7	7
Palm Beach Atlantic University	6	4	10
Lake Erie Col	5	8	13
Touro U	7	91	98
U of Charleston	3	5	8
U of Appalachia	0	2	2
South U School of Pharm	0	1	1
Hampton U (VA)	1	2	3
Pac U of Or	1	15	16
Wingate U	0	4	4
U of Incarnate Word	2	2	4
Sullivan U	2	13	15
Cal Northstate	0	5	5
Unclassified	0	1	1
Other/FG	97	151	248
U of HI - Hilo	1	12	13
NE Ohio Universities	1	3	4
Thomas Jefferson U	0	1	1
Appalachian College of Pharm	1	2	3
Chicago St U	0	1	1
Regis University	0	1	1
Total	408	1677	2085

CPJE/NAPLEX Examination Statistics: Fiscal Year 2011-12

CPJE Pass/Fail Results by Country			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Armenia	1	1	2
Argentina	0	1	1
Brazil	2	0	2
Canada	1	5	6
China	1	1	2
Columbia	1	0	1
E&W Germany	3	1	4
Egypt	19	33	52
Ethiopia	0	1	1
United Kingdom	1	5	6
Guatemala	0	1	1
Honduras	0	1	1
Hungary	1	1	2
India	24	26	50
Iraq	0	5	5
Iran	0	5	5
Japan	0	1	1
Jordan	6	2	8
N. Korea	1	0	1
S. Korea	0	5	5
Lebanon	0	1	1
Nigeria/New Guinea	3	10	13
Netherlands	0	1	1
Nepal	0	1	1
Peru	1	1	2
Philippines	29	27	56
Pakistan	0	1	1
Sweden	0	2	2
Senegal	0	1	1
Serbia	1	1	2
Syria	0	1	1
Thailand	0	1	1
Turkey	0	1	1
Taiwan	0	3	3
Ukrainian	1	0	1
USA	311	1525	1836
South Africa	1	5	6
Total	408	1677	2085

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13

Includes Any NAPLEX Scores Associated with Candidates Taking the CPJE

Overall Pass/Fail Results – All Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	466	21.5
Pass	1702	78.5
Total	2168	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	78	3.8
Pass	1988	96.2
Total	2066	100.0

Overall Pass/Fail Results – FT Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	269	15.0
Pass	1521	85.0
Total	1790	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	58	3.4
Pass	1649	96.6
Total	1707	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13**Overall Pass/Fail Results – Repeat Candidates**

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	197	52.1
Pass	181	47.9
Total	378	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	20	5.6
Pass	339	94.4
Total	359	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13

Pass/Fail Results by School Classification

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
California	Count	74	865	939
	% within school	7.9%	92.1%	100.0%
Other US	Count	284	701	985
	% within school	28.8%	71.2%	100.0%
Foreign	Count	107	136	243
	% within school	44.0%	56.0%	100.0%
Unclassified	Count	1	0	1
	% within school	100.0%	0.0%	100.0%
Total	Count	466	1702	2168
	% within school	21.5%	78.5%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
California	Count	13	917	930
	% within school	1.4%	98.6%	100.0%
Other US	Count	33	875	908
	% within school	3.6%	96.4%	100.0%
Foreign	Count	32	195	227
	% within school	14.1%	85.9%	100.0%
Unclassified	Count	0	1	1
	% within school	0.0%	100.0%	100.0%
Total	Count	78	1988	2066
	% within school	3.8%	96.2%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13

Pass/Fail Results by Gender

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
Female	Count	270	1106	1376
	% within gender	19.6%	80.4%	100.0%
Male	Count	196	596	792
	% within gender	24.7%	75.3%	100.0%
Total	Count	466	1702	2168
	% within gender	21.5%	78.5%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
Female	Count	45	1267	1312
	% within gender	3.4%	96.6%	100.0%
Male	Count	33	721	754
	% within gender	4.4%	95.6%	100.0%
Total	Count	78	1988	2066
	% within gender	3.8%	96.2%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13

Pass/Fail Results by CA School

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
UCSF	Count	9	103	112
	% within school	8.0%	92.0%	100.0%
UOP	Count	24	164	188
	% within school	12.8%	87.2%	100.0%
USC	Count	4	175	179
	% within school	2.2%	97.8%	100.0%
Western	Count	7	127	134
	% within school	5.2%	94.8%	100.0%
Loma Linda	Count	14	69	83
	% within school	16.9%	83.1%	100.0%
UCSD	Count	3	58	61
	% within school	4.9%	95.1%	100.0%
Touro U	Count	8	97	105
	% within school	7.6%	92.4%	100.0%
Cal Northstate	Count	5	72	77
	% within school	6.5%	93.5%	100.0%
Total	Count	74	865	939
	% within school	7.9%	92.1%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13

Pass/Fail Results by CA School (continued)

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
UCSF	Count	0	111	111
	% within school	0.0%	100.0%	100.0%
UOP	Count	4	181	185
	% within school	2.2%	97.8%	100.0%
USC	Count	1	176	177
	% within school	0.6%	99.4%	100.0%
Western	Count	3	130	133
	% within school	2.3%	97.7%	100.0%
Loma Linda	Count	2	81	83
	% within school	2.4%	97.6%	100.0%
UCSD	Count	0	61	61
	% within school	0.0%	100.0%	100.0%
Touro U	Count	2	101	103
	% within school	1.9%	98.1%	100.0%
Cal Northstate	Count	1	76	77
	% within school	1.3%	98.7%	100.0%
Total	Count	13	917	930
	% within school	1.4%	98.6%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13

CPJE Pass/Fail Results by School

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Auburn	0	7	7
Samford	2	1	3
U of AZ	3	6	9
U of AR	2	3	5
UCSF	9	103	112
U of Pacific	24	164	188
USC	4	175	179
U of CO	5	21	26
U of Conn	0	3	3
Howard DC	3	9	12
U of FL	6	5	11
Mercer	5	5	10
U of GA	1	3	4
Idaho SU	1	7	8
U of IL Chi	3	13	16
Butler U	0	2	2
Purdue	4	10	14
Drake	1	5	6
U of IA	6	8	14
U of KS	1	1	2
U of KY	0	4	4
NE LA U	1	1	2
Xavier	2	3	5
U of MD	10	25	35
MA Col Pharm	14	56	70
NE-MA	5	11	16
Ferris	4	4	8
U of MI	5	8	13
Wayne SU	3	2	5
U of MN	3	6	9
U of MS	1	0	1
St. Louis Col of PH	3	4	7
UMKC	0	1	1

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
U of MT	0	4	4
Creighton	3	9	12
U of NE	1	2	3
Rutgers	4	9	13
U of NM	4	6	10
Western	7	127	134
Midwestern U Chicago	1	24	25
A&M Schwartz	7	7	14
St. Johns	2	7	9
SUNY-Buff	0	8	8
Union U	2	4	6
UNC	1	2	3
OH Nrthrn U	4	5	9
OH State U	2	8	10
U of Cinn	2	4	6
U of Toledo	0	4	4
SW OK State	2	1	3
U of OK	1	11	12
OR State U	1	9	10
Duquesne	5	8	13
Phl C of Pharm	6	5	11
Temple	6	13	19
U of Pitt	1	1	2
U of RI	0	5	5
Med U of SC	0	1	1
U of SC	2	3	5
U of TN	7	1	8
TX SO U	2	2	4
U of Hous	0	1	1
U of TX	2	8	10
U of UT	3	1	4
Med C of VA	3	6	9
U of WA	6	11	17
WA State U	6	18	24
WV U	2	3	5
U of WI-Mad	0	4	4

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
U of WY	0	5	5
Nova Southeastern	9	10	19
Wilkes University	2	2	4
Texas Tech	3	5	8
Bernard J Dunn	3	12	15
Midwestern AZ	15	28	43
Nevada College of Pharm	14	58	72
Loma Linda U	14	69	83
UCSD	3	58	61
MA School of Pharm - Worcester	0	5	5
Palm Beach Atlantic University	0	5	5
Lake Erie Col	1	14	15
Touro U	8	97	105
U of Charleston	3	4	7
U of Appalachia	1	1	2
South U School of Pharm	4	2	6
Hampton U (VA)	0	1	1
Pac U of Or	6	29	35
Wingate U	1	2	3
U of Findlay	4	2	6
U of Incarnate Word	1	5	6
Sullivan U	11	11	22
Cal Northstate	5	72	77
Unclassified	1	0	1
Other/FG	107	136	243
U of HI - Hilo	14	28	42
NE Ohio Universities	3	0	3
Texas A&M	2	1	3
Thomas Jefferson U	1	15	16
Harding U	1	1	2
Appalachian College of Pharm	1	1	2
Lipscomb U	0	1	1
Chicago St U	2	2	4
East Tennessee State U	0	1	1
St. John Fisher	0	1	1
Total	466	1702	2168

CPJE/NAPLEX Examination Statistics: Fiscal Year 2012/13**CPJE Pass/Fail Results by Country**

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Armenia	2	2	4
Australia/Ashmore/Coral Sea Is/Cartier Is	1	1	2
Brazil	1	2	3
Bahamas	1	0	1
Byelorussian SSR	1	0	1
Canada	4	2	6
Switzerland	1	1	2
China	1	0	1
Columbia	0	1	1
E&W Germany	1	4	5
Egypt	18	25	43
Ethiopia	0	1	1
France	0	3	3
United Kingdom	3	6	9
India	24	27	51
Iraq	0	3	3
Iran	2	6	8
Italy	2	1	3
Japan	0	1	1
Jordan	6	5	11
Kenya	0	1	1
S. Korea	1	2	3
Lebanon	1	0	1
Nigeria/New Guinea	1	3	4
Peru	1	1	2
Philippines	30	28	58
Pakistan	1	0	1
Romania	0	1	1
Russia	0	2	2
Sweden	2	0	2
Serbia	1	0	1
Syria	0	2	2
Thailand	0	1	1

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Taiwan	1	1	2
Ukraine	0	1	1
USA	358	1566	1924
South Africa	1	2	3
Total	466	1702	2168

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14

Includes Any NAPLEX Scores Associated with Candidates Taking the CPJE

Overall Pass/Fail Results – All Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	434	19.1
Pass	1842	80.9
Total	2276	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	79	3.6
Pass	2102	96.4
Total	2181	100.0

Overall Pass/Fail Results – First Time Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	231	12.6
Pass	1609	87.4
Total	1840	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	54	3.0
Pass	1719	97.0
Total	1773	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14**Overall Pass/Fail Results – Repeat Candidates**

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	203	46.6
Pass	233	53.4
Total	436	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	25	6.1
Pass	383	93.9

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14

Pass/Fail Results by School Classification

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
California	Count	111	923	1034
	% within school	10.7%	89.3%	100.0%
Other US	Count	248	791	1039
	% within school	23.9%	76.1%	100.0%
Foreign	Count	73	128	201
	% within school	36.3%	63.7%	100.0%
Unclassified	Count	2	0	2
	% within school	100.0%	0.0%	100.0%
Total	Count	434	1842	2276
	% within school	19.1%	80.9%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
California	Count	21	1008	1029
	% within school	2.0%	98.0%	100.0%
Other US	Count	14	941	955
	% within school	1.5%	98.5%	100.0%
Foreign	Count	44	151	195
	% within school	22.6%	77.4%	100.0%
Unclassified	Count	0	2	2
	% within school	0.0%	100.0%	100.0%
Total	Count	79	2102	2181
	% within school	3.6%	96.4%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14

Pass/Fail Results by Gender

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	233	1176	1409
	% within gender	16.5%	83.5%	100.0%
Male	Count	201	666	867
	% within gender	23.2%	76.8%	100.0%
Total	Count	434	1842	2276
	% within gender	19.1%	80.9%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	47	1295	1342
	% within gender	3.5%	96.5%	100.0%
Male	Count	32	807	839
	% within gender	3.8%	96.2%	100.0%
Total	Count	79	2102	2181
	% within gender	3.6%	96.4%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14

Pass/Fail Results by CA School

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
UCSF	Count	4	95	99
	% within school	4.0%	96.0%	100.0%
UOP	Count	38	208	246
	% within school	15.4%	84.6%	100.0%
USC	Count	13	176	189
	% within school	6.9%	93.1%	100.0%
Western	Count	9	132	141
	% within school	6.4%	93.6%	100.0%
Loma Linda	Count	18	63	81
	% within school	22.2%	77.8%	100.0%
UCSD	Count	6	51	57
	% within school	10.5%	89.5%	100.0%
Touro U	Count	7	109	116
	% within school	6.0%	94.0%	100.0%
Cal Northstate	Count	16	89	105
	% within school	15.2%	84.8%	100.0%
Total	Count	111	923	1034
	% within school	10.7%	89.3%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14

Pass/Fail Results by CA School (continued)

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
UCSF	Count	1	97	98
	% within school	1.0%	99.0%	100.0%
UOP	Count	8	238	246
	% within school	3.3%	96.7%	100.0%
USC	Count	1	188	189
	% within school	0.5%	99.5%	100.0%
Western	Count	1	140	141
	% within school	0.7%	99.3%	100.0%
Loma Linda	Count	3	76	79
	% within school	3.8%	96.2%	100.0%
UCSD	Count	0	57	57
	% within school	0.0%	100.0%	100.0%
Touro U	Count	1	115	116
	% within school	0.9%	99.1%	100.0%
Cal Northstate	Count	6	97	103
	% within school	5.8%	94.2%	100.0%
Total	Count	21	1008	1029
	% within school	2.0%	98.0%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14

CPJE Pass/Fail Results by School

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Auburn	0	2	2
Samford	0	4	4
U of AZ	1	15	16
U of AR	1	2	3
UCSF	4	95	99
U of Pacific	38	208	246
USC	13	176	189
U of CO	4	31	35
U of Conn	1	2	3
Howard DC	2	2	4
FL A&M	2	1	3
U of FL	1	8	9
Mercer	3	5	8
U of GA	0	1	1
Idaho SU	3	6	9
U of IL Chi	3	4	7
Butler U	0	6	6
Purdue	1	9	10
Drake	1	7	8
U of IA	1	5	6
U of KS	1	6	7
U of KY	0	5	5
NE LA U	0	2	2
Xavier	1	6	7
U of MD	9	16	25
MA Col Pharm	14	38	52
NE-MA	4	16	20
Ferris	3	4	7
U of MI	3	14	17
Wayne SU	1	3	4
U of MN	4	10	14
U of MS	2	1	3
St. Louis Col of PH	3	6	9
UMKC	1	7	8
U of MT	1	3	4
Creighton	6	15	21

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Rutgers	7	14	21
U of NM	1	5	6
Western	9	132	141
Midwestern U Chicago	10	32	42
A&M Schwartz	2	8	10
St. Johns	5	11	16
SUNY-Buff	3	15	18
Union U	5	12	17
UNC	1	8	9
ND SU	0	2	2
OH Nrthrn U	0	8	8
OH State U	2	11	13
U of Cinn	2	3	5
U of Toledo	1	5	6
SW OK State	3	0	3
U of OK	7	4	11
OR State U	4	12	16
Duquesne	1	3	4
Phl C of Pharm	2	6	8
Temple	6	12	18
U of Pitt	1	4	5
U of RI	0	1	1
Med U of SC	4	4	8
U of SC	3	4	7
U of TN	0	2	2
TX SO U	1	3	4
U of Hous	2	5	7
U of TX	2	11	13
U of UT	1	4	5
Med C of VA	4	7	11
U of WA	3	16	19
WA State U	1	22	23
U of WI-Mad	0	5	5
U of WY	1	1	2
Campbell U	1	6	7
Nova Southeastern	4	12	16
Texas Tech	4	7	11
Bernard J Dunn	4	3	7
Midwestern AZ	15	39	54

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Nevada College of Pharm	9	45	54
Loma Linda U	18	63	81
UCSD	6	51	57
MA School of Pharm - Worcester	6	27	33
Palm Beach Atlantic University	1	5	6
Lake Erie Col	1	10	11
Touro U	7	109	116
U of Charleston	1	3	4
South U School of Pharm	1	4	5
Hampton U (VA)	1	1	2
Pac U of Or	9	20	29
Wingate U	2	2	4
U of Incarnate Word	3	4	7
Sullivan U	5	10	15
Cal Northstate	16	89	105
Unclassified	2	0	2
Other/FG	73	128	201
U of HI - Hilo	8	21	29
Texas A&M	0	2	2
Thomas Jefferson U	0	15	15
Belmont U	0	1	1
Harding U	4	4	8
Husson U	0	2	2
Appalachian College of Pharm	1	5	6
Chicago St U	1	0	1
U of New England	1	6	7
Regis University	2	4	6
Notre Dame of MD	0	2	2
Union U	1	0	1
St. John Fisher	0	1	1
Touro New York	1	7	8
SIUE	0	1	1
Total	434	1842	2276

CPJE/NAPLEX Examination Statistics: Fiscal Year 2013/14**CPJE Pass/Fail Results by Country**

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Armenia	0	2	2
Brazil	2	2	4
Bahamas	0	1	1
Canada	0	2	2
Switzerland	1	0	1
Chile	0	1	1
China	0	3	3
Columbia	1	0	1
Czech	0	1	1
Egypt	17	30	47
Ethiopia	0	1	1
United Kingdom	0	5	5
India	9	27	36
Iraq	0	4	4
Iran	0	5	5
Italy	0	2	2
Japan	0	1	1
Jordan	6	7	13
Kenya	2	0	2
N. Korea	0	1	1
S. Korea	1	1	2
Lebanon	4	1	5
Nigeria/New Guinea	4	3	7
New Zealand	0	1	1
Philippines	22	17	39
Pakistan	1	0	1
Romania	1	0	1
Russia	0	1	1
Sweden	0	3	3
Serbia	1	0	1
Syria	3	1	4
Thailand	0	1	1

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
USA	359	1714	2073
Vietnam	0	1	1
South Africa	0	3	3
Total	434	1842	2276

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

Includes Any NAPLEX Scores Associated with Candidates Taking the CPJE

Overall Pass/Fail Results – All Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	549	21.2
Pass	2041	78.8
Total	2590	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	101	4.1
Pass	2376	95.9
Total	2477	100.0

Overall Pass/Fail Results – First Time Candidates

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	370	17.4
Pass	1755	82.6
Total	2125	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	72	3.6
Pass	1949	96.4
Total	2021	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15**Overall Pass/Fail Results – Repeat Candidates**

CPJE Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	179	38.5
Pass	286	61.5
Total	465	100.0

NAPLEX Pass/Fail		
	<i>Frequency</i>	<i>Percent</i>
Fail	29	6.4
Pass	427	93.6
Total	456	100.0

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

Pass/Fail Results by School Classification

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
California	Count	128	951	1079
	% within school	11.9%	88.1%	100.0%
Other US	Count	351	948	1299
	% within school	27.0%	73.0%	100.0%
Foreign	Count	70	136	206
	% within school	34.0%	66.0%	100.0%
Unclassified	Count	0	6	6
	% within school	0.0%	100.0%	100.0%
Total	Count	549	2041	2590
	% within school	21.2%	78.8%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
California	Count	31	1032	1063
	% within school	2.9%	97.1%	100.0%
Other US	Count	30	1179	1209
	% within school	2.5%	97.5%	100.0%
Foreign	Count	40	159	199
	% within school	20.1%	79.9%	100.0%
Unclassified	Count	0	6	6
	% within school	0.0%	100.0%	100.0%
Total	Count	101	2376	2477
	% within school	4.1%	95.9%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

Pass/Fail Results by Gender

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	336	1288	1624
	% within gender	20.7%	79.3%	100.0%
Male	Count	213	753	966
	% within gender	22.0%	78.0%	100.0%
Total	Count	549	2041	2590
	% within gender	21.2%	78.8%	100.0%

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Female	Count	57	1498	1555
	% within gender	3.7%	96.3%	100.0%
Male	Count	44	878	922
	% within gender	4.8%	95.2%	100.0%
Total	Count	101	2376	2477
	% within gender	4.1%	95.9%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

Pass/Fail Results by CA School

CPJE Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	Total
UCSF	Count	16	123	139
	% within school	11.5%	88.5%	100.0%
UOP	Count	35	203	238
	% within school	14.7%	85.3%	100.0%
USC	Count	14	172	186
	% within school	7.5%	92.5%	100.0%
Western	Count	17	128	145
	% within school	11.7%	88.3%	100.0%
Loma Linda	Count	15	81	96
	% within school	15.6%	84.4%	100.0%
UCSD	Count	2	65	67
	% within school	3.0%	97.0%	100.0%
Touro U	Count	17	97	114
	% within school	14.9%	85.1%	100.0%
Cal Northstate	Count	12	82	94
	% within school	12.8%	87.2%	100.0%
Total	Count	128	951	1079
	% within school	11.9%	88.1%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

Pass/Fail Results by CA School (continued)

NAPLEX Pass/Fail				
		<i>Fail</i>	<i>Pass</i>	<i>Total</i>
UCSF	Count	0	137	137
	% within school	0.0%	100.0%	100.0%
UOP	Count	5	232	237
	% within school	2.1%	97.9%	100.0%
USC	Count	2	184	186
	% within school	1.1%	98.9%	100.0%
Western	Count	7	133	140
	% within school	5.0%	95.0%	100.0%
Loma Linda	Count	1	93	94
	% within school	1.1%	98.9%	100.0%
UCSD	Count	1	65	66
	% within school	1.5%	98.5%	100.0%
Touro U	Count	4	108	112
	% within school	3.6%	96.4%	100.0%
Cal Northstate	Count	11	80	91
	% within school	12.1%	87.9%	100.0%
Total	Count	31	1032	1063
	% within school	2.9%	97.1%	100.0%

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

CPJE Pass/Fail Results by School

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Auburn	1	3	4
Samford	0	3	3
U of AZ	2	14	16
U of AR	0	4	4
UCSF	16	123	139
U of Pacific	35	203	238
USC	14	172	186
U of CO	13	34	47
U of Conn	1	3	4
Howard DC	9	8	17
FL A&M	2	2	4
U of FL	3	15	18
Mercer	3	5	8
U of GA	1	5	6
Idaho SU	3	3	6
U of IL Chi	8	19	27
Butler U	0	5	5
Purdue	5	10	15
Drake	0	2	2
U of IA	2	9	11
U of KS	0	6	6
U of KY	0	1	1
NE LA U	3	2	5
Xavier	1	3	4
U of MD	14	23	37
MA Col Pharm	21	49	70
NE-MA	6	20	26
Ferris	2	2	4
U of MI	8	18	26
Wayne SU	0	2	2
U of MN	2	12	14
U of MS	1	1	2

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
St. Louis Col of PH	6	11	17
UMKC	3	2	5
U of MT	1	1	2
Creighton	6	27	33
U of NE	0	2	2
Rutgers	7	12	19
U of NM	6	7	13
Western	17	128	145
Midwestern U Chicago	11	28	39
A&M Schwartz	2	5	7
St. Johns	4	10	14
SUNY-Buff	1	8	9
Union U	4	17	21
UNC	1	3	4
ND SU	0	2	2
OH Nrthrn U	0	5	5
OH State U	0	18	18
U of Cinn	2	4	6
U of Toledo	2	2	4
SW OK State	2	1	3
U of OK	3	4	7
OR State U	4	6	10
Duquesne	0	7	7
Phl C of Pharm	11	11	22
Temple	3	16	19
U of Pitt	2	4	6
U of PR	0	1	1
U of RI	0	3	3
Med U of SC	1	3	4
U of SC	1	5	6
SD SU	1	1	2
U of TN	3	4	7
TX SO U	4	0	4
U of Hous	2	8	10
U of TX	0	6	6
U of UT	3	6	9

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Med C of VA	2	3	5
U of WA	1	15	16
WA State U	4	22	26
WV U	2	2	4
U of WI-Mad	3	4	7
U of WY	0	3	3
Campbell U	1	4	5
Nova Southeastern	5	11	16
Wilkes University	1	3	4
Texas Tech	1	1	2
Bernard J Dunn	3	8	11
Midwestern AZ	16	58	74
Nevada College of Pharm	28	68	96
Loma Linda U	15	81	96
UCSD	2	65	67
MA School of Pharm - Worcester	11	17	28
Palm Beach Atlantic University	3	2	5
Lake Erie Col	4	18	22
Touro U	17	97	114
U of Charleston	0	1	1
U of Appalachia	0	1	1
South U School of Pharm	2	5	7
Hampton U (VA)	1	2	3
Pac U of Or	8	30	38
Wingate U	1	1	2
U of Findlay	0	2	2
U of Incarnate Word	0	3	3
Sullivan U	4	9	13
Cal Northstate	12	82	94
Unclassified	0	6	6
Other/FG	70	136	206
U of HI - Hilo	13	21	34
NE Ohio Universities	2	3	5
Texas A&M	0	2	2
Thomas Jefferson U	3	19	22
Belmont U	3	1	4

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	<i>Total</i>
Harding U	6	8	14
Husson U	0	5	5
Appalachian College of Pharm	0	4	4
Lipscomb U	0	2	2
Chicago St U	2	7	9
U of New England	3	6	9
Regis University	4	13	17
Notre Dame of MD	0	8	8
Union U	1	2	3
Rosalind Franklin U	0	1	1
U of Saint Joseph	2	7	9
Roosevelt U	0	1	1
D'Youville	0	3	3
Touro New York	3	8	11
SIUE	0	1	1
U of the Sciences	1	0	1
Total	549	2041	2590

CPJE/NAPLEX Examination Statistics: Fiscal Year 2014-15

CPJE Pass/Fail Results by Country

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Argentina	0	1	1
Belgium	0	1	1
Brazil	0	1	1
Byelorussian SSR	0	1	1
Canada	1	3	4
China	1	1	2
Columbia	1	0	1
Egypt	17	52	69
Fiji	0	1	1
France	1	0	1
United Kingdom	0	1	1
India	16	13	29
Iraq	2	1	3
Iran	1	9	10
Iceland	0	1	1
Jordan	4	13	17
Kenya	0	1	1
N. Korea	2	0	2
S. Korea	0	1	1
Lebanon	0	7	7
Nigeria/New Guinea	1	3	4
Philippines	16	21	37
Russia	2	0	2
Saudi Arabia	1	0	1
Sweden	1	2	3
Serbia	1	1	2
Suriname	1	0	1
Syria	0	1	1
Thailand	0	1	1
Ukraine	0	1	1
UK	0	2	2
USA	479	1899	2378

CPJE Pass/Fail			
	<i>Fail</i>	<i>Pass</i>	Total
Uzbekistan	1	0	1
South Africa	0	1	1
Zimbabwe	0	1	1
Total	549	2041	2590

Table 9a., 9b., 9c. Enforcement Statistics

<i>COMPLAINT</i>	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
INTAKE				
Received	1,649	1,920	1,924	2,029
Closed Without Investigation/ Non-Jurisdictional *	196	300	459	403
Referred for Investigation *	1,357	1,575	1,578	1,631
Average Time to Close/Refer	54	66	42	43
Pending Review (<i>close of Fiscal Year</i>)	124	227	206	311
SOURCE OF COMPLAINT				
Public	725	933	899	1,025
Licensee/Professional Groups	150	191	226	230
Governmental Agencies **	701	712	718	695
Other	73	84	81	79
CONVICTION / ARREST				
Conviction/Arrest Received	2,077	1,707	1,337	1,482
Conviction Arrest Closed Without Investigation *	92	82	71	95
Conviction/Arrest Referred for Investigation *	1,935	1,732	1,282	1,470
Average Time to Close/Refer	40	44	33	32
Conviction/Arrest Pending Review (<i>close of Fiscal Year</i>)	22	1	39	13

* Referred for Investigation and Closed Without Investigation may include cases received in a previous fiscal year but were referred or closed in the applicable fiscal year shown.

** Government Agencies includes internally initiated complaints.

Table 9a., 9b., 9c. Enforcement Statistics

LICENSE DENIAL	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
License Applications Denied	16	24	32	23
Statement of Issues Filed	62	59	59	33
Statement of Issues Withdrawn	13	12	21	11
Statement of Issues Dismissed	0	0	0	0
Statement of Issues Declined	0	0	0	0
Average Days Statement of Issues	431	389	370	339
ACCUSATIONS				
Accusations Filed	162	159	415	229
Accusations Withdrawn	23	13	16	10
Accusations Dismissed	1	0	4	0
Accusations Declined	0	0	1	0
Average Days Accusations	625	599	579	603
DISCIPLINARY ACTIONS				
Proposed/Default Decisions	118	97	237	208
Stipulations	112	65	108	120
Average Days to Complete	932	885	828	817
Attorney General Cases Initiated	246	494	378	272
Attorney General Cases Pending (close of Fiscal Year)	380	637	625	501
DISCIPLINARY OUTCOMES				
Revocation	115	103	195	199
Voluntary Surrender	49	39	58	73
Suspension	0	0	0	0
Probation with Suspension	20	9	16	21
Probation	60	27	52	69
Probationary License Issued	8	20	14	19
Other	0	0	1	3

Table 9a., 9b., 9c. Enforcement Statistics

ALL INVESTIGATIONS	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
First Assigned	3,258	3,243	2,812	3,101
Closed	2,759	3,435	3,243	2,525
Average Days to Close	206	254	240	205
Pending (<i>Close of Fiscal Year</i>)	2,132	1,966	1,614	1,916
DESK INVESTIGATIONS				
Closed	1,851	2,160	1,481	1,375
Average Days to Close	162	189	138	129
Pending (<i>close of Fiscal Year</i>)	1,007	607	518	702
NON-SWORN INVESTIGATIONS				
Closed	908	1,274	1,762	1,146
Average Days to Close	295	364	326	296
Pending (<i>close of Fiscal Year</i>)	1,122	1,357	1,094	1,210
SWORN INVESTIGATORS				
Closed	2	1	3	4
Average Days to Close	41	501	869	741
Pending (<i>close of Fiscal Year</i>)	3	2	1	4
COMPLIANCE ACTION				
Interim Suspension Order & Temporary Restraining Orders Issued	3	0	5	7
Penal Code 23 Orders Requested	0	12	17	14
Suspensions per Business & Professions Code section 4311	9	3	5	5
Public Letter of Reprimand	2	1	11	9
Cease & Desist/Warning	2	6	2	1
Referred for Diversion	2	0	0	2
Compel Examination	0	0	2	3
CITATION AND FINE				
Citations Issued	998	1,486	1,985	1,180
Average Days	306	379	347	325
Amount of Fines Assessed	\$116,424,525	\$16,043,600	\$13,011,000	\$1,694,080
Amount Reduced, Withdrawn, Dismissed	\$277,475,780	\$328,558,150	\$124,200,800	\$11,730,150
Amount Collected	\$1,269,242	\$2,303,599	\$2,270,229	\$1,643,107
CRIMINAL ACTION				
Referred for Criminal Prosecution	n/a	n/a	n/a	n/a

Table 10. Enforcement Aging

<i>Attorney General Cases (Average %)</i>						
<i>Closed Within:</i>	<i>FY</i> <i>2011/12</i>	<i>FY</i> <i>2012/13</i>	<i>FY</i> <i>2013/14</i>	<i>FY</i> <i>2014/15</i>	<i>Total</i> <i>Closed</i>	<i>Average %</i>
1 Year	91	77	165	117	450	33.9%
2 Years	159	112	157	211	639	48.1%
3 Years	44	35	43	53	175	13.2%
4 Years	5	11	19	13	48	3.6%
Over 4 Years	4	2	8	2	16	1.2%
Total Cases Closed	303	237	392	396	1,328	
<i>Investigations (Average %)</i>						
90 Days	684	766	784	657	2,891	24.2%
180 Days	868	740	703	721	3,032	25.3%
1 Year	802	1,108	1,149	785	3,844	32.1%
2 Years	377	723	481	322	1,903	15.9%
3 Years	19	85	111	34	249	2.1%
Over 3 Years	9	13	15	6	43	0.4%
Total Cases Closed	2,759	3,435	3,243	2,525	11,962	

Table 11. Cost Recovery				
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Total Enforcement Expenditures	\$2,280,696	\$2,527,288	\$3,347,738	\$3,676,595
Potential Cases for Recovery *	64	48	61	81
Cases Recovery Ordered	137	82	122	167
Amount of Cost Recovery Ordered	\$1,340,648	\$792,062	\$1,038,042	\$1,031,627
Amount Collected	\$399,201	\$632,975	\$525,437	\$420,375

* *"Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.*

The board has no legal authority to order restitution.

Table 12. Restitution				
	<i>FY 2011/12</i>	<i>FY 2012/13</i>	<i>FY 2013/14</i>	<i>FY 2014/15</i>
Amount Ordered				
Amount Collected				