Agenda Item B

Consumer Fact Sheet Series with UCSF Interns

State of California | Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee** **Date: June 22, 2006**

From: **Board of Pharmacy – Virginia Herold**

Subject: **Development of Fact Sheet Series for Consumers**

Two years ago, the board approved a proposal to integrate pharmacy students into public outreach activities. The project chosen was the development of a consumer fact sheet series by student interns. This project is being coordinated by the UCSF Center for Consumer Self Care.

Nine fact sheets have been developed and are being distributed by the board at public outreach events and via our Web site. In the next few months, these fact sheets will be translated into Spanish, Vietnamese and Mandarin.

The fact sheets that have been developed are:

- Generic Drugs – High Quality, Low Cost
- Lower Your Drug Costs
- Is Your Medicine in the News?
- Did You Know? Good Oral Health Means Good Overall Health
- Have You Ever Missed a Dose of Medication?
- What's the Deal with Double Dosing? Too Much Acetaminophen, That's What
- Don't Flush Your Medication Down the Toilet!
- Thinking of Herbals?
- Diabetes – Engage Your Health Care Team

Dr. Soller of the UCSF Center for Consumer Self Care will attend this meeting to discuss the forthcoming fact sheets.

This is an important project that we hope will become a strong component in the board's public education program.

Agenda Item C

Activities of the California Health Communication Partnership

State of California | Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee** **Date: June 22, 2006**

From: **Board of Pharmacy – Virginia Herold**

Subject: **California Health Communication Partnership Meeting Update**

The board is a founding member of California Health Communication Partnership. This group is spearheaded by the UCSF's Center for Consumer Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion.

The function of the group is to develop or disseminate integrated public information campaigns on priority health topics identified by the partnership members. Other active members of the group are the Medical Board of California, the Food and Drug Administration, CPhA and California Retailers Association.

There have been no meetings or conference calls of this group since December. However, Dr. Soller, the director of the Center for Consumer Self Care, will attend this meeting of the Communication and Public Education Committee, where he will be able to update us about forthcoming projects.

The partnership has received funding for an "It's Your Life" 2006 cancer awareness campaign, a repeat of the highly successful 2005 campaign for cancer screenings for breast and prostate cancer. A project plan is provided as part of this tab section.

It's Your Life (2006 Cancer Awareness Campaign)
California Health Communication Partnership
June 2006

Based on the very significant success in achieving widespread national reach in its 2005 Cancer Screening Awareness using the services of the North American Precise syndicate, CHCP received funding for a 2006 campaign with broader reach under the *It's Your Life* banner. Using similar outreach strategies for print and radio releases and similar outcome measures as we used in 2005, the campaign will be extend in English and Spanish language releases, and to use additional targeted distribution to African-American media.

The theme for the 2006 campaign would build on the 2005 *It's Your Life* campaign with an emphasis on urging readers and listeners to not put off screening. The proposed 2006 campaign title is: *It's Your Life ~ Do It Today*.

A. Objective:

The primary objective is a two-month Fall 2006 cancer awareness campaign by the California Health Communication Partnership through the UCSF Center for Consumer Self Care.

The consumer component of the campaign is entitled, *It's Your Life – Do It Today*, and would be aimed mainly to women and men 50-75 years of age.

The health professional component of the campaign will complement the consumer component, with reminder messages asking them to check whether their patients are up-to-date on their screening for breast and prostate cancer.

B. Population to be Served by the National Campaign

The population to be served includes adults 50-70 years of age who may not be undertaking regular check-ups to screen for breast and prostate cancer.

C. Implementation of the National Campaign, *It's Your Life – Do It Today*

Specific Objectives:

- Combined national reach to hundreds of millions of consumers, alerting them to the need for breast and prostate cancer screening, through radio and newspapers
- Combined statewide reach to all Californian physicians, nurse practitioners, and pharmacists about the public education campaign on cancer screening awareness campaign
- Additive statewide reach to health professionals, estimated at 25% or more of all states.

Overall Strategy: Based on the 2005 campaign, in which campaign materials for breast and prostate cancer screening awareness were sent in the same mailing to newspaper editors and radio station managers, we will use separate mailings of these companion campaigns using the same theme, ***partners-helping-partners get screening for breast and prostate cancer.***

Our reason is as follows. For the 2005 campaign, prostate cancer and breast cancer materials were included in the same mailing, with instructions to release prostate materials in

September and breast cancer materials in October during their respective national awareness months. It appears that most of the radio releases for both prostate cancer and breast cancer were made by October 17, 2005. The Newspaper campaign on breast cancer (i.e., not prostate cancer) was fielded in October, as requested in instructions to editors. Hence, we conclude radio managers chose to field the prostate and breast cancer awareness radio releases at the same time, mainly in September. Thus, in an effort to extend our campaign into October, we believe separate mailings on breast cancer and prostate cancer will permit us to better refine the timing of the radio releases.

Tactical Approach: The following activities are proposed:

1. Creation of 30-second Radio News Releases for breast cancer and prostate cancer, both in English and Spanish. Draft scripts of what we are thinking for the radio PSAs are:

   - **Radio Feature Release on Breast Cancer Awareness**
     It's Your Life. Do It Today.
     W: [*urgently*] There's so much going on…
     M: [*with a slight chuckle*] Yeah, me too…[*more serious*] but I did do it today.
     W: [*with insistence*] But, with the house, my parents, the kids, I just can't…
     M: [*interrupts, gently firm*] Honey, it's your life, but remember… we're a part of it too. Do it today.
     Announcer: It's your life. If you're over 50, ask your doctor today about getting screened for breast cancer.
     Voice: An educational message from the California Health Communication Partnership, supported by an unrestricted grant from the Oliver and Jennie Donaldson Charitable Trust.

   - **Radio Feature Release on Prostate Awareness**
     It's Your Life. Do It Today.
     W: [*with a sigh*] You forgot?
     M: Hey..like…it's not something I think about.
     W: [*gently firm*] Well, maybe you think it's your life, but remember, we're a part of it too.
     M: Okay…so…maybe tomorrow.
     W: No, surprise me…do it today.
     Announcer: It ***is*** your life. If you're over 50, ask your doctor today about getting screened for prostate cancer.
     Voice: An educational message from the California Health Communication Partnership, supported by an unrestricted grant from the Oliver and Jennie Donaldson Charitable Trust.

2. Creation of two 200-word awareness news articles (i.e., one a breast cancer survivor's story and the other a prostate cancer survivor's story) to be placed by North America Précis Syndicate in national newspapers, authored by the Center for Consumer Self Care, with attribution of support by The Oliver and Jennie Donaldson Charitable Trust. These would be prepared in English and Spanish. The article would mention a link to NIH's toll free number (1-800-4-Cancer) for more information.

3. Dissemination of the awareness news article in monthly newsletters and other communications by California consumer groups. An email list of all California

Consumer Groups will be generated, with an e-mailing of written campaign materials for publication in their newsletters.

4. Dissemination of half or full page informational message to 120,000 physicians, 2,500 nurse practitioners and over 25,000 pharmacists in California, through their respective state boards, using the boards' quarterly communication briefs. The message would be a reminder to check on patient's screening history to offer professional recommendations as needed. An offer of accredited Continuing Education (CE) will be included in the informational message to health professionals. The information piece would mention patients can get more information by calling NIH's toll free number (1-800-4-Cancer).

   - **Draft Informational Piece for Medical/Pharmacy/Nursing Board Newsletters**

     "What do people often put off?
     "Answer: Breast cancer and prostate cancer screening.
     "A few reminders…
     - "Breast and prostate cancer are the most common non-skin cancers among U.S. women and men respectively.
     - "Medicare provides coverage for:
       - "An annual Prostate Specific Antigen (PSA) test for men 50 and over.
       - "Most of the cost of an annual screening mammogram every for women 40 and over
       - "A diagnostic mammogram at any time, if needed.
       - "Health professionals need screening as well as their patients.
       - "Early screening, and monitoring those at risk, saves lives.

     "This September and October during national prostate cancer and breast cancer awareness months, ____[insert name of organization____] has joined with the California Health Communication Partnership under the campaign *It's Your Life*, to raise awareness among all Californians about the value of early detection through regular screening and monitoring."
     "***For more information, your patients may call*** 1-800-4-CANCER.
     "***Accredited continuing education*** related to current concepts in cancer therapy can be accessed at ____insert web url (to be determined)___."

5. A letter with campaign materials will be sent to every state medical and pharmacy board, asking that they join in the national campaign by also issuing a half-to-full page information message (see above) to their target audiences.

6. Posting of campaign elements on web sites of other partners (e.g., California Association of Health Plans, California Pharmacist Association, California Foundation of Pharmacists, UCSF Center for Consumer Self Care).

D. Anticipated Length of the Project

Planning for the Fall 2006 project has begun, and will proceed into Summer 2006. The campaign itself will be managed to achieve placements in September and October, coinciding with national awareness months for prostate and breast cancer, respectively. Typically the placement of the Radio Feature Release and news articles extends up to several months beyond the targeted period.

Activities

In Partnership with the North American Precise Syndicate

Radio Feature Releases

English Language Prostate Print Release (1-column)
English Language Breast Cancer Print Release (1-column)
English Language **African-American** Audience Prostate Print Release
English Language **African-American** Audience Breast Cancer Print Release
Spanish Language Prostate Cancer **Print** Release
Spanish Language Breast Cancer **Print** Release

Newspaper Article Releases

English Language Breast Cancer 30sec;Prostate 30sec **Radio** Broadcast
English & Spanish Language **Radio** Broadcasts **to African-American** & **Hispanic** Audiences

Contribution of California Health Communication Partnership

Print outreach to 120,000 physicians licensed in California
Print outreach to 25,626 pharmacists licensed in California
Print outreach to 2,550 nurse practitioners in California

Agenda Item D

Update of the Committee's Strategic Plan

June 22, 2006

To: Communication and Public Education Committee

From: Virginia Herold

Subject: Strategic Planning

At the April Board Meeting, the board updated its strategic plan. However, several key tasks remain to finalize the new plan, which should be reviewed by the board at the July Board Meeting.

Each of the board's strategic committees is being asked to review and update the respective committee's segment of the strategic plan. To do this there are three documents being provided to the committee for its use, approval and/or modification:

- The Communication and Public Education Committee's goal ("Provide relevant information to consumers and licensees") and three strategic objectives. In several instances (Objectives 4.2 and 4.3) some activities are listed that will achieve the respective objective.
- The board's 12 strategic issues are listed with certain the corresponding committee's objectives listed by the issue area.
- A goal-alignment matrix that compares the strategic issues by each of the board five goal areas.

Review Requested:

1. Each of the 12 strategic issues needs to be reviewed for content and relevancy. Components may be added or deleted to each of these issue areas.
2. Next, each objective of the Communication and Public Education Committee needs to be reviewed for relevancy under each strategic issue. In some cases, there may be zero overlap between a strategic issue and the objectives of the committee; in other cases all five objectives may appear below a strategic issue. Executive Officer Harris and I have made an initial attempt at assigning objectives for the Communication and Public Education Committee to each of the 12 issue areas.
3. Committee members are asked to consider and recommend strategic activities or initiatives they believe would secure the objectives in an issue area. It may be that no activities are suggested at the time of this review. Opportunities to add such activities could well appear at a future time during the three to five year life projected for this strategic plan. (Executive Harris and I have listed few activities into this framework at this time.)
4. A goal alignment matrix is provided for your reference -- to identify what the board suggested at the April Board Meeting for assignment of issues to each committee's goal area – Goal 4 is the Communication and Public Education Committee's goal.

Communication and Public Education Committee

Goal: 4:	**Provide relevant information to consumers and licensees.**
Outcome:	**Improved consumer awareness and licensee knowledge.**

Objective 4.1:	**Develop 10 communication venues to the public by June 30, 2011.**
Measure:	**Number of communication venues developed to the public**
Tasks:	

Objective 4.2:	**Develop 10 communication venues to licensees by June 30, 2011.**
Measure:	**Number of communication venues developed to licensees**
Tasks:	1. Publish *The Script* two times annually. 2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California. 3. Maintain important and timely licensee information on Web site.
Objective 4.3:	**Participate in 12 forums, conferences and public education events annually**
Measure:	**Number of forums participated**
Tasks:	1. Participate in forums, conferences and educational fairs.

STRATEGIC ISSUES TO BE ADDRESSED

1. Cost of medical/pharmaceutical care

Providing necessary medication for all Californians is a concern; there is an increasing demand for affordable health care services. Also, spiraling medical care and prescription drug costs may influence people to take short cuts on their drug therapy or to seek medications from nontraditional pharmacy sources. Tiered pricing is a global reality. Due to global communication, patients can access drugs at different prices, worldwide. Patients seek lower cost medications from these sources because patients assume that prescription drugs are of the same quality as they are accustomed to obtaining from their neighborhood pharmacies. However, the cost of drugs drives unscrupulous individuals (such as counterfeiters and diverters) as well as conscientious health care providers to operate in this marketplace, the former endanger public health and confidence in the prescription drugs patients take.

Objectives:

4.1 Develop 10 communication venues to the public by June 30, 2011

4.3 Participate in 12 forums, conferences and public education events annually

2. Aging population

There are increasingly more senior citizens, and that population is living longer. Aging consumers often have decreased cognitive skills, eyesight and mobility. Consequently as the senior population increases so will the volume of prescriptions and the impact on pharmacists and pharmacy personnel to meet the demand.

Many senior citizens, who previously may not have had prescription drug insurance coverage, will benefit from the new prescription drug benefit of Medicare that started in January 2006. However, this new benefit has been implemented with significant problems for some seniors, and as a complicated new program, will require public education and perhaps statutory modification.

Objectives:

4.1 Develop 10 communication venues to the public by June 30, 2011

4.3 Participate in 12 forums, conferences and public education events annually

3. Pharmacists' ability to provide care

The ability of pharmacy to provide optimal care for patients with chronic conditions is being challenged. Drugs are becoming more powerful and it is anticipated that more intervention by pharmacists will be required. The challenge is even greater when consumers fill multiple prescriptions at different pharmacies. The pharmacist shortage, increased consumer demand for prescription drugs, patient compliance in taking medications and polypharmacy are issues which will impact pharmacists' ability to provide care.

4. Changing demographics of California patients

The diversity of California's population is growing with respect to race, ethnicity and linguistic skills, as is the segment that seeks drugs and products from foreign countries. This requires greater knowledge, understanding and skills from health care practitioners. The increasing diversity of patients is coupled with culturally-based beliefs that undervalue the need for licensed pharmacists and pharmacies, and instead encourage purchase of prescription drugs from nontraditional locations and providers.

There also is widespread belief that there must be a medication solution for every condition or disease state.

Objectives:

4.1 Develop 10 communication venues to the public by June 30, 2011

4.3 Participate in 12 forums, conferences and public education events annually

5. Laws governing pharmacists

New laws enhancing pharmacists' roles as health care providers are needed. The laws must address several key issues including: expansion of the scope of pharmacy practice, the ratio of personnel overseen by pharmacists, delineation of the role of pharmacists relative to selling versus nonselling duties of personnel, and the responsibility for legal and regulatory compliance of the pharmacist-in-charge.

Objectives:

4.2 Develop 10 communication venues to licensees by June 30, 2011

4.3 Participate in 12 forums, conferences and public education events annually

6. Integrity of the drug delivery system

Implementation of the e-pedigree for prescription drugs will reduce the growing incidence of counterfeit medications in California's pharmacies. Additionally the federal government has demonstrated an increasing interest in regulating health care to safeguard consumer interests. New legislation and regulation may be created in response to emergency preparedness, disaster response and pandemics. Changes in the prescription drug benefits provided to Medicare beneficiaries will continue to command attention.

Objectives:

4.1 Develop 10 communication venues to the public by June 30, 2011
4.2 Develop 10 communication venues to licensees by June 30, 2011
4.3 Participate in 12 forums, conferences and public education events annually

7. Technology Adaptation

Technology will greatly impact the processing and dispensing of medication. Electronic prescribing and 'channeling' to locations other than a traditional pharmacy may become the business model. Automated pharmacy systems and electronic prescribing will impact pharmacy. New methods of dispensing medications raise additional liability issues. New medication, perhaps engineered for specific patients, will become available at high costs and require special patient monitoring systems.

Objectives:

4.1 Develop 10 communication venues to the public by June 30, 2011
4.2 Develop 10 communication venues to licensees by June 30, 2011
4.3 Participate in 12 forums, conferences and public education events annually

8. Internet issues

The availability of prescription drugs over the Internet is on the rise. Multiple and easy access of drugs without pharmacist participation is dangerous. Entities promoting illegal drug distribution schemes have taken advantage of the Internet. Monitoring and protecting the public from improper drug distribution from these Internet pharmacies is severely impaired with continued resource constraints by both the federal and state agencies with jurisdiction.

Objectives:

4.1 Develop 10 communication venues to the public by June 30, 2011
4.2 Develop 10 communication venues to licensees by June 30, 2011

4.3 Participate in 12 forums, conferences and public education events annually

9. Disaster planning and response

Pharmacists need to be ready to be positioned to provide emergency care and medication in response to natural disasters and terrorism. This requires specialized knowledge, advance planning and integration of local, state and federal resources that can be quickly mobilized.

Additionally, regulatory adjustments to the September 11 terrorism may affect persons' rights to privacy.

Objectives:

4.1 Develop 10 communication venues to the public by June 30, 2011
4.2 Develop 10 communication venues to licensees by June 30, 2011
4.3 Participate in 12 forums, conferences and public education events annually

10. Qualified staff

The state's fiscal crisis has affected the board's ability to investigate customer complaints or hire staff. The board lost 20 percent of its staff during the prior four years due to the state's hiring freezes. Loss of these staff has altered the provision of services by the board. The salary disparity between the private and public sectors in compensation for pharmacists will make it difficult to recruit and retain pharmacist inspectors. Moreover, for all staff, if wages remain essentially frozen, the retention of current employees could be impacted.

Objectives:

4.1 Develop 10 communication venues to the public by June 30, 2011
4.2 Develop 10 communication venues to licensees by June 30, 2011
4.3 Participate in 12 forums, conferences and public education events annually

11. Pharmacy/health care in the 21st century

The state's health care practitioners (pharmacists, physicians, nurses) are being influenced by a variety of internal and external factors that affect and will continue to effect health care provided to patients. Improved patient care will result from improved integration among these professions. Also, a renewed emphasis on patient consultation will benefit patient knowledge about their drug therapy and thus improve their care.

Objectives:

4.2 Develop 10 communication venues to licensees by June 30, 2011

4.3 Participate in 12 forums, conferences and public education events annually

12. Information Management

Creation, maintenance and transfer of electronic patient records and prescription orders will be the norm in the future. Patient records need to remain confidential and secured from authorized access. Pharmacies and wholesalers need to ensure the availability of an e-pedigree for drugs obtained, transferred and dispensed. It is likely that all controlled drugs dispensed in California will be tracked electronically by the CURES system.

Goal Alignment Matrix – Strategic Issues

	Goal 1: Exercise oversight on all pharmacy activities	**Goal 2: Ensure the qualifications of licensees.**	**Goal 3: Advocate legislation and promulgate regulations that advance the Vision and Mission of BOP.**	**Goal 4: Provide relevant information to consumers and licensees.**	**Goal 5: Achieve the Board's Mission and Goals.**
Strategic Issues					
1. Cost of medical/pharm-aceutical care	X		X	X	X
2. Aging population	X	X		X	X
3. Pharmacists' ability to provide care	X	X	X		X
4. Changing demographics of CA patients	X	X		X	X
5. Laws governing pharmacists	X	X	X	X	
6. Integrity of the drug delivery system	X	X	X		
7. Technology adaptation	X		X	X	X
8. Internet Issues	X			X	X
9. Disaster planning and Response	X	X	X	X	X
10. Qualified staff	X	X			X
11. Pharmacy/ Healthcare Integration in the 21st century	X	X	X	X	X
12. Information Management	X	X	X	X	X

Agenda Item E

Update on <u>The Script</u>

State of California

Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: June 22, 2006

From: Virginia Herold

Subject: Update on *The Script*

The next issue of the newsletter is being developed for publication in August 2006.

In response to comments made by the Communication and Public Education Committee and at the February Board Meeting, the board will resume listing disciplinary actions taken. The name of the licensee will be listed along with the disciplinary action.

Also there will be an overview of prescription errors investigated by the board since 1999.

Currently the Pharmacy Foundation of California is looking for a sponsor to fund the printing and mailing of this issue.

Agenda Item F

Development of New Materials for Consumers

State of California | Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee**

Date: June 23, 2006

From: **Board of Pharmacy – Virginia Herold**

Subject: **Development of New Consumer Brochures and Materials**

The new state budget will restore 0.5 portions of a public education analyst position for the board that was lost due to hiring freezes in 2001. This restored position will be filled as a full (1.0) position. We intend to invigorate our public information and outreach with this position, which we will begin recruitment for before July 1. We will also seek restoration in a future budget of the newsletter editor position we also lost in 2001.

1. Consumer Materials

Prescription Drug Discount Program for Medicare Recipients

The board has started revision of the "Prescription Drug Discount Program for Medicare Recipients" brochure that was developed in response to SB 393 (Speier, Chapter 946, Statutes of 1999). This state program allows Medicare recipients to obtain medications at the MediCal price if the patients pay out of pocket for the medication. The brochure needs to be meshed with the Medicare Part D Plan benefits available to beneficiaries in 2006. A copy of the current brochure and some of the proposed new text is provided in this tab section.

Earlier this year the board developed a short fact sheet on selecting a Medicare Part D plan that we have been distributing this year. A copy of this brochure is also provided.

Under development are:

- The Beers list of medications that should not be provided to elderly patients
- Update of Facts About Older Adults and Medicines (revision)

A list of consumer materials available from the board's Web site is enclosed.

2. Web Site Modification

The board is finalizing a new Web design for our Web site. A copy of the new design is attached.

There are three ink color choices for the icons on the middle of the page. We would like the committee to select the preferred one we will use.

I am also providing what some of the links will look like when after someone selects "Information for Licensees," "Apply for a License," or "Information for Consumers."

We hope to have the new Web page in place by August 1.

3. AB 2583's Requirements to Add to the "Notice to Consumers"

Assembly Bill 2583 (Nation) is currently pending in the California Legislature. This bill would require the board to add to the Notice to Consumers a statement that describes a patient's right to obtain medication from a pharmacy:

1. even if a pharmacist has ethical, moral or religious grounds against dispensing a particular drug, in which case protocols for getting the patient the medication is required.
2. unless based upon the pharmacist's professional training and judgment that dispensing a drug is contrary to law or the drug would cause a harmful drug interaction or otherwise adversely affect the patient's medical condition.
3. unless the medication is out of stock or not available from the pharmacy.
4. unless the patient cannot pay for the medication or pay any required copayment.

The addition of this material to the Notice to Consumers will be a challenge because the current poster is very full of text already. The exact text required by AB 1583 will need to eventually be promulgated in a regulation.

At this meeting the committee needs to strategize what options it can suggest to the board to accommodate modifications to the Notice to Consumers and yet explain the relatively complex requirements that entitle patients to receive medication from a pharmacy.

I am attaching a copy of the current version of AB 2583 and an 8.5" X 11" Notice to Consumers. A first-cut draft (very broad and perhaps too brief) to encompass the required text and yet adequately inform patients about their rights is:

> California law requires a pharmacist to dispense mediation that has been legally prescribed for a patient, except in specified circumstances. If you are unable to obtain your medicine from the pharmacy, ask the pharmacy why. A pharmacy is not required to provide medicine without reimbursement.

I will bring some additional text to the meeting for discussion.

The committee may want to consider other options for the poster:

1. Eliminating some material currently required on the Notice to Consumers

2. Increasing the size of the poster
3. Graphically redesigning the poster
4. Creating a second required poster

Q. How much will I save?

A. Again, that will depend on the medication, as well as the quantity ordered and the drug *manufacturer.* The same drug may be manufactured by several companies, with each charging a different price.

Q. How do I know I'm being charged the right amount?

A. Ask the pharmacist for a printout of the Medi-Cal information obtained through the pharmacy's computer. Be sure to make this request when you hand your prescription to the pharmacy staff or when the doctor's office calls in the prescription.

Q. I have called four different pharmacies and have received four different prices. Why is that?

A. Prescription pricing can differ from pharmacy to pharmacy under this program. Most of the time this will occur because different drug manufacturers charge Medi-Cal different prices for the same drug.

Q. I just refilled my prescription, and it cost more than last time, why?

A. Prescription drug manufacturers change their prices periodically. Price increases occur throughout the year, and for some drugs, many times during the year. Medi-Cal updates the prices it pays for drugs in its computer every month. If your prescription price *does* increase, you can ask your pharmacist if the manufacturer has increased the price.

Q. If I already have prescription coverage, will this program affect me?

A. The program covers Medicare patients who ***themselves*** pay the full drug price. If you have prescription drug coverage through an insurance plan, your pharmacy is ***not*** required to charge the insurance company the Medi-Cal price, even if you are a Medicare patient. However, even if you have prescription coverage, it might be advantageous to use the program if:

- You have reached your yearly or monthly prescription limitation under your insurance program and now have to pay for your prescriptions.
- Your prescription insurance coverage doesn't cover a certain prescription drug prescribed for you.
- You have a deductible to meet before your coverage begins.

Q. Will this program affect my Medicare coverage?

A. No, this program does not affect your coverage under the Medicare program.

Q. Can I receive the Medi-Cal price from my mail order pharmacy?

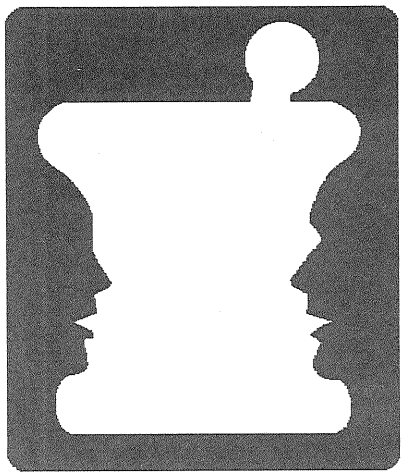
A. Yes, *if* that pharmacy is a Medi-Cal provider.

Q. Who do I call if I believe the pharmacy is not charging me the right price, and I haven't been able to work it out with the pharmacy?

A. You can contact the California State Board of Pharmacy, Monday through Friday between the hours of 8 a.m. and 5 p.m. at (916) 445-5014, extension 4010.

OSP 00 38651

BE AWARE & TAKE CARE:
Talk to your pharmacist!



CALIFORNIA
Board of Pharmacy

PRESCRIPTION DRUG DISCOUNT PROGRAM FOR MEDICARE RECIPIENTS

Beginning February 1, 2000, Medicare recipients may be able to pay less for their prescription drugs, as a result of legislation—Senate Bill 393 (Speier) Chapter 946, Statutes of 1999— signed into law last year by Governor Gray Davis. This new law enables Medicare recipients to obtain their prescription drugs at a cost no higher than the Medi-Cal price for those drugs.

Here's how it works:

1. You must have a Medicare card, and show it to the pharmacy staff.

2. Give your prescription to the pharmacy staff, ask for the Medi-Cal prescription price, and ask if that is the lowest price the pharmacy will accept for the drug.

3. If the Medi-Cal price is the lowest, you can pay that price, plus a small processing fee of $0.15, for the prescribed drug.

4. You must pay for the prescription in full at the pharmacy. If you have prescription drug coverage, your insurance company is **not** eligible to receive the Medi-Cal price.

5. **Only Medi-Cal provider pharmacies** are required by law to offer and accept the Medi-Cal price as payment for prescription medication for Medicare recipients. However, non-Medi-Cal pharmacies may also offer the Medi-Cal price if they choose.

Please note that obtaining prices from several pharmacies ***may*** help you find the lowest cost, but **it's best to get all your prescriptions from the same pharmacy**. This way the pharmacist can record ***all*** the medications you are taking and what you are taking them for, and your pharmacist can tell you what to do if you have a bad reaction to a drug or find that a drug isn't working. Also, the pharmacist can check your new prescription to make sure it won't react badly with medicine you're ***already*** taking. Proper pharmaceutical care can protect your health—***or even save your life!***

Frequently Asked Questions

Q. What is the "Prescription Drug Discount Program for Medicare Recipients," and when did it begin?

A. It is a program that requires Medi-Cal provider pharmacies to charge Medicare recipients no more than the Medi-Cal price for their prescription drugs, plus a small processing fee. Specific Medi-Cal price rates can be obtained by the pharmacy via an online computer system. The program began February 1, 2000.

Q. What is the "small processing fee," and what is it for?

A. The processing fee is $0.15 per prescription and is intended to reimburse the pharmacy for electronically checking Medi-Cal for prescription pricing information.

Q. Who is eligible?

A. Anyone who has a Medicare card is eligible. That includes seniors over age 65 and those under age 65 who are disabled and have a Medicare card. You do not have to be on Medi-Cal.

Q. Is Medi-Cal paying for my prescription medication?

A. No, Medi-Cal is not paying for the prescription. You, the Medicare recipient, are still responsible for paying for the prescription medication and the processing fee.

Q. Do I have to fill out any forms to take advantage of the program?

A. No. All you need is your Medicare card.

Q. How exactly does the program work?

A. When you give your prescription to the pharmacist, show the pharmacy staff your Medicare card, and request the Medi-Cal price rate. The pharmacist will electronically check Medi-Cal for the price of the prescribed drug, and you will be eligible to buy the drug at that price, plus the $0.15 fee.

Q. How does the discount program work with telephoned prescriptions?

A. Ask the doctor's office to advise the pharmacy that you are a Medicare patient when phoning in your prescription. Then show your card when you pick up your prescription. For future prescriptions, it is also a good idea to ask your regular pharmacy to note on your patient profile that you are a Medicare recipient.

Q. What drugs are covered?

A. Virtually every prescription medication is covered; however, over-the-counter drugs and drugs that the pharmacist has to compound are not covered under this program.

Q. Can I go to any pharmacy I want to get the Medi-Cal price?

A. Only Medi-Cal pharmacy providers are ***required*** to charge a Medicare recipient no more than the Medi-Cal prescription price; however, most pharmacies in California do participate in the Medi-Cal program. Ask your pharmacy if it is a Medi-Cal provider. Some non-Medi-Cal pharmacies may be willing to charge a similar prescription price.

Q. How much money will I have to pay?

A. That will depend on the medication, but it will not exceed the amount Medi-Cal pays the pharmacy for the medication, plus the $0.15 processing fee.

- Tips that may allow you to reduce your drug expenses:

    1. Talk to your health care provider or pharmacist, and ask if generic medicines could save you money. Generic medicines are the same medicines as their brand name counterparts, but are available at lower cost.

    2. Ask your provider or pharmacist if another, less costly, medicine could provide a similar therapeutic treatment for you.

    3. Ask your provider or pharmacist to review all the medicines you are taking to see if you still need to take all of them. Sometimes, patients remain on a medicine when they no longer need to be, or one medicine may duplicate the treatment of another medicine you are also taking. **Do not discontinue any medicine without your health care provider's permission.**

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916-574-7900
www.pharmacy.ca.gov
06_019 (04/06)

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

Medicare Part D

Selecting a Prescription Drug Plan

Beginning January 1, 2006, Medicare recipients became eligible for membership in an insurance plan to help pay for their prescription drugs.

How to find a plan:

- Make a list of all prescription medicines you take. Write down the name and strength of each medicine: e.g., Verapamil, 240 mg.
- Locate your Medicare card. You will need this information when selecting your plan.
- Go online to the government's Web site, *www.medicare.gov*, or ask someone you trust to protect your privacy to help you access the site.

If you do not have access to the Internet, contact the Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222.

HICAP provides free, impartial help in dealing with Medicare and long-term care insurance issues. Because of the high volume of HICAP calls, you will be asked to leave a message for a return call. California's HICAP Web site is sponsored by the California Health Advocates and is located at *www.calhealthadvocates.org*.

Some pharmacists and other health care providers may be available to assist you. Ask for assistance if you need it.

Note: If you already have prescription drug coverage from another health plan, be sure to check with your current plan or with HICAP before selecting any prescription drug plan. In some cases, selecting a prescription drug plan could terminate other health coverage you currently have.

- Compare the different plans—look at the amount you will have to pay each month as a monthly enrollment charge and the amount you will have to pay as a co-payment for each medicine.

Continued…

If you are a Medicare cardholder, you may be able to buy prescription drugs at a lower price than is available to other patients. There are multiple programs available to Medicare recipients that allow them to purchase prescription drugs for less:

1. Medicare Part D Prescription Drug plans – which require you to select a prescription drug plan that fits your needs. For information contact 1-800-Medicare, or go to their Web site: www.medicare.gov. Alternatively you can contact HICAP for assistance (see contact information in this brochure).
2. California's program for Medicare eligibles – the program described in this brochure – that allows prescription drugs to be purchased by patients for the Medi-Cal price, which is usually a very low price. *Note: this program may be of special benefit to you even if you are covered by a Medicare prescription drug plan (described in #1 above) if you have high drug expenses (in the range of the "donut hole" where there is no prescription coverage for $2,250 –$5,100 in drug costs) or if you must pay out-of-pocket for medication or take prescription drugs that are not covered by your prescription drug plan.*
3. The federal Social Security Administration has a special assistance program to help pay for prescription drugs for patients that meet the income criteria. To learn more about this program, contact Social Security at 1-800-772-1213 and ask about the "Application for Help with Medicare Prescription Drug Plan Costs."

Consumer Brochures and Where to Find Them

Public education is an essential element of the Board's mission to protect California consumers. To that end, the Board's Communication and Public Education Committee's public outreach program is dedicated to providing educational material in several languages directly to the public and to pharmacies for dissemination to their customers.

Download and Reprint

The following consumer brochures are available online and may be downloaded at *www.pharmacy.ca.gov/consumerss/index.htm* and reprinted for inclusion with pharmacy purchases:

Language Available	Brochure Title
English Spanish Chinese Vietnamese	• *Tips to Save You Money When Buying Prescription Drugs* • *Buying Drugs From Foreign Countries or Over the Internet*
English Spanish Cambodian Chinese Farsi Hmong Korean Russian Tagalog Vietnamese Armenian	• Key Facts About Emergency Contraception
English	• *Generic Drugs—High Quality, Low Cost* • *Lower Your Drug Costs* • *Is Your Medicine in the News?* • *Did You Know? Good Oral Health Means Good Overall Health* • *Have Your Ever Missed a Dose of Medication?* • *What's the Deal with Double Dosing? Too Much Acetaminophen, That's What* • *Don't Flush Your Medication Down the Toilet!*

	• *Thinking of Herbals?* • *Preserve a Treasure* • *New Drug Facts Label* • *Background Information on New Drug Facts Label*

Order Online

The following brochures may be ordered online:

Language Available	Brochure Title
English	• *Prescription Drug Discount Program for Medicare Recipients*

Language Available	Brochure Title
English Spanish Chinese Korean Vietnamese	• *If You Don't Know, Ask!*

Language Available	Brochure Title
English Spanish	• *14 Reasons to Talk to Your Pharmacist* • *Reasons to Talk to Your Pharmacist About Your Child's Medication* • *Facts About Older Adults and Medicines* • *How Alcohol Can React with Medications Commonly Used by Older People* • *Medicines and Alcohol: Safety Tips for Seniors* • *How to Take Your Pain Medications Effectively and Safely* • *Personal Medical Information*

Everyone is urged to visit the Board's Web site, *www.pharmacy.ca.gov,* click on Consumer Services, then on Education Materials to familiarize yourself with the many brochures available.

- About the Board
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- FAQs for Applicants
- FAQs for Controlled Substances
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- Enforcement Actions and Policies
- Forms and Publications
- Decisions Pending and Opportunities for Public Participation
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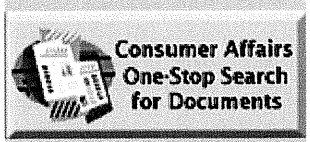

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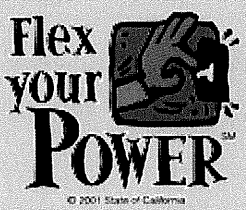
- Join Our E-mail List
- Newsletter - The Script
- Medicare Part D Info



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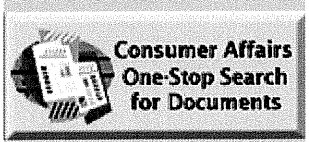

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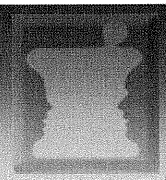

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Sterile Compounding Self-Assessment Form
Surety Bond Information
Surety Bond - Questions and Answers

PHARMACIST LICENSE RENEWAL

Approximately six weeks before the expiration date of your license, a renewal application will be mailed to your last known address of record. Licensees are responsible for renewing their licenses even if they do not receive a renewal notice. The board does not send duplicate renewal applications. **If you have not received the renewal notice within 4 weeks of expiration of the license**, you may renew your license by submitting a Request for Renewal of California Pharmacist License. Click here for the form.

Failure to receive a renewal notice does not relieve you of the responsibility of renewing your license prior to the expiration date. It is unlicensed activity to practice without an active license for which you can be fined up to $5,000.

A delinquent fee is added to the renewal fee when the renewal notice and fee are not postmarked before midnight of the expiration date.

The renewal license will not be issued if the renewal fee is not paid. *In addition, your pharmacist license will be changed to an inactive status if your CE hours are not entered or if the CE certification is not signed and dated by the expiration date.* You are not required to enclose copies of CE completion certificates unless returning the license to active from inactive status. To reactivate your pharmacist license a written request must be submitted to the board along with copies of your CE earned for the past two years as well as $115.00. Recent graduates and those recently licensed should refer to the **EXCEPTIONS TO THE CONTINUING EDUCATION REQUIREMENTS** section below.

If you are not currently working as a pharmacist in California and want your license to be placed on inactive status, there is a checkbox on the renewal form to request a change of status. See **INACTIVE STATUS** for more information.

If you have changed your name or address, please refer to the **CHANGE OF NAME AND/OR ADDRESS** section below.

The renewal form and fee must be submitted to the board's office allowing 4 to 6 weeks for processing.

CANCELLATION OF PHARMACIST LICENSE

If a pharmacist license is not renewed within three years from the expiration date, the license will be canceled (pursuant to section 4402 of the Business and Professions Code). Any pharmacist who wishes to resume practice in California after having his or her license cancelled for non-payment of the renewal fees will be required to take and pass the licensure examination.

CONTINUING EDUCATION REQUIREMENTS

To renew your pharmacist license in California, you must complete 30 hours (1.25 hours per month) of continuing pharmacy education (CE) every two years. The law regarding CE can be found in section 4231 of the Business and Professions Code and in section 1732 of the California Code of Regulations.

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Apply for a License

Please select the license name below to download the application and instuctions.

Clinic (definition)
Designated Representative (Exemptee) - Wholesaler/Non-Resident Wholesaler (definition)
Designated Representative (Exemptee) - Vet Food-Animal Drug Retailer (definition)
Foreign Graduate *(PDF)*
Hypodermic Needle and Syringe *(definition)*
Intern Pharmacist *(definition)*
Non Resident Wholesaler (Out of State Distributor) *(definition)*
Offsite Storage Waiver
Pharmacist *(definition)*
Pharmacy Permits
- Community Pharmacy (definition)
- Hospital Pharmacy (definition)
- Non Resident Pharmacy (definition)
- Sterile Injectable Compounding Pharmacy License (definition)
- Nonresident Sterile Injectable Compounding Pharmacy License

Pharmacy Technician (definition)
Veterinary Food Animal Drug Retailer (definition)
Wholesaler (definition)

Clinic

A clinic must first be licensed with the State Department of Health Services to qualify for a permit with the board. The dispensing of drugs in a clinic can only be performed by a physician, pharmacist or other person lawfully authorized to dispense drugs. Such clinics are required to retain a consulting pharmacist to approve policies and procedures related to the drug distribution service so that inventories, security procedures, training, protocol development, record keeping, packaging, labeling, dispensing, and patient consultation occur in a manner that is consistent with the promotion and protection of the health and safety of the public.

Community Pharmacy

The licensure of a pharmacy is a critical process. No examination is required of the owners, and the owners can be non-pharmacists. However, the premise is highly regulated.

The board performs a thorough investigation of the application for a pharmacy permit, which includes criminal background checks, completion of rules of professional conduct and financial reporting for all owners. The pharmacy is also required to meet security, sanitation and record keeping requirements and must have an area for confidential patient consultation.

Every pharmacy must have a pharmacist-in-charge who is responsible for the day to day operations (Business and Professions Code section 4054).

The Pharmacy License application forms may be obtained by download only. Click here for forms.

Please follow the application instructions completely. Failure to submit the necessary items will delay the processing of your application. You will be notified in writing of any deficiencies in your application. Any forms that were previously submitted with another application will not be pulled from the file. You must complete and submit all of the requested information.

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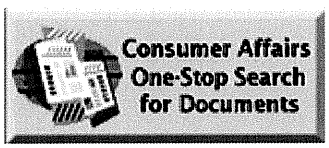

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- Medicare Part D Information *(PDF)*
- More Written Information and Research Tools
- NCPIE - Background Information on New Drug Facts Label *(PDF)*
- NCPIE - New Drug Facts Label
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- Public Disclosure Policy
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- Verify a License
- What is the Board of Pharmacy?

Buying Drugs from Foreign Countries or Over the Internet *(PDF)*

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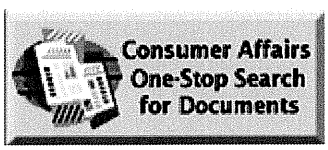

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- Strategic Plan *(PDF)*

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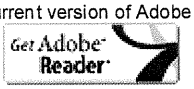

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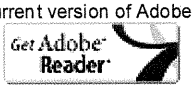

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Notice to Consumers

Before taking any prescription medicine, talk to your pharmacist; be sure you know:

1. What is the name of the medicine and what does it do?
2. How and when do I take it – and for how long? What if I miss a dose?
3. What are the possible side effects and what should I do if they occur?
4. Will the new medicine work safely with other medicines and herbal supplements I am taking?
5. What foods, drinks or activities should I avoid while taking this medicine?

Ask your pharmacist if you have additional questions.

At your request, this pharmacy will provide its current retail price of any prescription without obligation. You may request price information in person or by telephone. Ask your pharmacist if a lower cost generic drug is available to fill your prescription. Prescription prices for the same drug vary from pharmacy to pharmacy. One reason for differences in price is differences in services provided.

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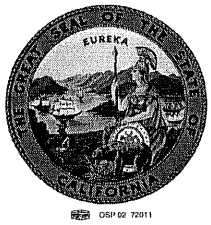

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AMENDED IN ASSEMBLY APRIL 27, 2006

AMENDED IN ASSEMBLY MARCH 27, 2006

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL No. 2583

Introduced by Assembly Member Nation

February 24, 2006

An act to amend ~~Section 733~~ *Sections 733 and 4122* of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2583, as amended, Nation. Dispensing prescription drugs and devices: refusal to dispense.

Existing law prohibits a health care licentiate from obstructing a patient in obtaining a prescription drug or device, and requires the licentiate to dispense drugs and devices pursuant to a lawful prescription or order, except in specified circumstances, including on ethical, moral, or religious grounds asserted by the licentiate if certain requirements are met. Existing law authorizes the California State Board of Pharmacy to issue a citation for a violation of these provisions and authorizes its executive officer to issue a letter of admonishment for their violation. *Existing law requires every pharmacy to prominently post a notice to consumers provided by the board concerning the availability of prescription price information, the possibility of generic drug product selection, and the types of services provided by pharmacies. A violation of this requirement and other provisions of the Pharmacy Law is a crime.*

This bill would require the ~~board to create and provide a sign informing a patient of his or her right to timely access to a prescribed~~

~~drug or device that a licentiate has refused to dispense based on ethical, moral, or religious grounds and informing a patient of how to file a complaint with the board. The bill would require licentiates authorized to make such a refusal, or their employers, to visibly place the sign at or near the entrance of the business~~ *consumer notice posted in pharmacies to also contain a statement describing patients' rights relative to access to prescription drugs or devices. By changing the definition of a crime, this bill would impose a state-mandated local program.*

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: ~~no~~ *yes*.

The people of the State of California do enact as follows:

1 SECTION 1. Section 733 of the Business and Professions
2 Code is amended to read:
3 733. (a) No licentiate shall obstruct a patient in obtaining a
4 prescription drug or device that has been legally prescribed or
5 ordered for that patient. A violation of this section constitutes
6 unprofessional conduct by the licentiate and shall subject the
7 licentiate to disciplinary or administrative action by his or her
8 licensing agency.
9 (b) Notwithstanding any other provision of law, a licentiate
10 shall dispense drugs and devices, as described in subdivision (a)
11 of Section 4024, pursuant to a lawful order or prescription unless
12 one of the following circumstances exists:
13 (1) Based solely on the licentiate's professional training and
14 judgment, dispensing pursuant to the order or the prescription is
15 contrary to law, or the licentiate determines that the prescribed
16 drug or device would cause a harmful drug interaction or would
17 otherwise adversely affect the patient's medical condition.
18 (2) The prescription drug or device is not in stock. If an order,
19 other than an order described in Section 4019, or prescription

cannot be dispensed because the drug or device is not in stock, the licentiate shall take one of the following actions:

(A) Immediately notify the patient and arrange for the drug or device to be delivered to the site or directly to the patient in a timely manner.

(B) Promptly transfer the prescription to another pharmacy known to stock the prescription drug or device that is near enough to the site from which the prescription or order is transferred, to ensure the patient has timely access to the drug or device.

(C) Return the prescription to the patient and refer the patient . The licentiate shall make a reasonable effort to refer the patient to a pharmacy that stocks the prescription drug or device that is near enough to the referring site to ensure that the patient has timely access to the drug or device.

(3) The licentiate refuses on ethical, moral, or religious grounds to dispense a drug or device pursuant to an order or ~~prescription.~~

~~(A) A~~ *prescription. A* licentiate may decline to dispense a prescription drug or device on this basis only if the licentiate has previously notified his or her employer, in writing, of the drug or class of drugs to which he or she objects, and the licentiate's employer can, without creating undue hardship, provide a reasonable accommodation of the licentiate's objection. The licentiate's employer shall establish protocols that ensure that the patient has timely access to the prescribed drug or device despite the licentiate's refusal to dispense the prescription or order. For purposes of this section, "reasonable accommodation" and "undue hardship" shall have the same meaning as applied to those terms pursuant to subdivision (*l*) of Section 12940 of the Government Code.

~~(B) The California State Board of Pharmacy shall create and provide to licentiates or licentiate's employers a sign informing patients of the following:~~

~~(i) If a licentiate refuses to dispense a prescription drug or device based on ethical, moral, or religious grounds, the patient has a right to timely access to the prescribed drug or device.~~

~~(ii) How a patient may file a complaint with the board, including providing contact information for the board.~~

~~(C) If a licentiate is authorized, pursuant to subparagraph (A), to decline to dispense a prescription drug or device, the licentiate or licentiate's employer shall place the sign described in subparagraph (B) in a location that is visible to patients and that is at or near the entrance of the business.~~

(c) For the purposes of this section, "prescription drug or device" has the same meaning as the definition in Section 4022.

(d) The provisions of this section shall apply to the drug therapy described in paragraph (8) of subdivision (a) of Section 4052.

(e) This section imposes no duty on a licentiate to dispense a drug or device pursuant to a prescription or order without payment for the drug or device, including payment directly by the patient or through a third-party payer accepted by the licentiate or payment of any required copayment by the patient.

(f) The notice to consumers required by Section 4122 shall include a statement that describes patients' rights relative to the requirements of this section.

SEC. 2. Section 4122 of the Business and Professions Code is amended to read:

4122. (a) In every pharmacy there shall be prominently posted in a place conspicuous to and readable by prescription drug consumers a notice provided by the board concerning the availability of prescription price information, the possibility of generic drug product selection, ~~and~~ the type of services provided by pharmacies, *and a statement describing patients' rights relative to the requirements imposed on pharmacists pursuant to Section 733*. The format and wording of the notice shall be adopted by the board by regulation. A written receipt that contains the required information on the notice may be provided to consumers as an alternative to posting the notice in the pharmacy.

(b) A pharmacist, or a pharmacist's employee, shall give the current retail price for any drug sold at the pharmacy upon request from a consumer, however that request is communicated to the pharmacist or employee.

(c) If a requester requests price information on more than five prescription drugs and does not have valid prescriptions for all of the drugs for which price information is requested, a pharmacist

may require the requester to meet any or all of the following requirements:

(1) The request shall be in writing.

(2) The pharmacist shall respond to the written request within a reasonable period of time. A reasonable period of time is deemed to be 10 days, or the time period stated in the written request, whichever is later.

(3) A pharmacy may charge a reasonable fee for each price quotation, as long as the requester is informed that there will be a fee charged.

(4) No pharmacy shall be required to respond to more than three requests as described in this subdivision from any one person or entity in a six-month period.

(d) This section shall not apply to a pharmacy that is located in a licensed hospital and that is accessible only to hospital medical staff and personnel.

(e) Notwithstanding any other provision of this section, no pharmacy shall be required to do any of the following:

(1) Provide the price of any controlled substance in response to a telephone request.

(2) Respond to a request from a competitor.

(3) Respond to a request from an out-of-state requester.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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Agenda Item G

Miscellaneous Articles in the Media

State of California

Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: June 22, 2006

From: Virginia Herold

Subject: Miscellaneous Consumer Issues and Articles in the News

I am also adding to this packet several articles of consumer interest that are not under review by one of the board's other strategic committees. During this meeting, the committee can review and discuss these items in the event it wishes to propose future action at the next committee meeting.

Also, please feel free to submit items to me that you wish to have included in future Communication and Public Education Committee packets.

Kaiser Daily Health Policy Report

Friday, June 23, 2006

Prescription Drugs

Minnesota Leaders Announce Campaign To Promote Drug Comparison Web Site

Minnesota officials on Thursday announced a new marketing campaign to promote a Web site that offers free prescription drug comparisons and helps consumers find the "best buy" drugs based on cost, safety and effectiveness, the *St. Paul Pioneer Press* reports (Olson, *St. Paul Pioneer Press*, 6/23). The Web site, crbestbuydrugs.com, is produced by Consumers Union. It offers recommendations on 13 categories of drugs, including medications for pain relief, heartburn, allergies and depression. Recommendations on effectiveness and safety are based on studies conducted by researchers at the Oregon Health & Science University. Funding efforts for the promotional campaign will be led by the Minnesota Senior Federation. Trade groups for doctors, insurers and pharmacists also will participate in the campaign. According to the *Pioneer Press*, Consumers Union has offered online drug recommendations for two years, but public interest has remained low. Gail Shearer, director of health policy analysis for Consumers Union, said 100,000 individuals download information from the site every month. Officials hope the new marketing campaign will raise the site's profile. MSF also plans to circulate paper copies of the recommendations in an effort to make them available to the uninsured and to those who do not have access to the Internet (Olson, *St. Paul Pioneer Press*, 6/22). Gov. Tim Pawlenty (R), who also announced the launch of a state Web site that gives pricing information for more than 1,000 pharmacies in Minnesota, said the state "leads the nation in finding innovative and creative ways to add affordability to prescription medicines" (*St. Paul Pioneer Press*, 6/23).

Daily Health Policy Report

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Prescription Drugs | *Washington Times* Examines Problems With Medications for Elderly Patients
[Jun 14, 2006]

The *Washington Times* on Tuesday examined how elderly patients often experience problems with dosages and improper combinations of medications. According to the *Times*, elderly patients "must go beyond the doctor's office to find out the proper doses and combinations to keep health issues at bay." Patricia Harris, director of geriatric education at the Washington Hospital Center, said, "In hospitals, there's a tendency to overmedicate the elderly," adding, "Some (patients) overmedicate themselves with over-the-counter medicine." Neil Resnick, chief of the division of geriatric medicine and professor of medicine at the University of Pittsburgh School of Medicine, added that pharmaceutical companies do not conduct adequate research on the effect of new medications on elderly patients, who often do not participate in clinical trials. He said, "As a result, when the drug is approved, there's very little knowledge as to how that drug will work when given to a 75-year-old person taking eight to 10 other drugs." In addition, physicians often cannot determine whether elderly patients will experience adverse reactions from combinations of medications because of a lack of research, Resnick said. On average, elderly patients take between four and five medications daily, and those in nursing homes take as many as 12 daily. Physicians recommend that elderly patients maintain lists of their medications, ask more questions about treatments and research medications on the Internet to help prevent potential problems. Philip Bryant, a psychiatrist and medical director at Good Shepherd Rehabilitation Network, said, "We should have a cultural expectation that patients and their families be more aware. They need to be active (in the process)" (Toto, *Washington Times*, 6/13).

Daily Health Policy Report

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Coverage & Access | Campaign To Reduce Errors at 3,100 U.S. Hospitals Prevented More Than 120,000 Unnecessary Deaths in 18 Months, Report Says
[Jun 15, 2006]

A campaign to reduce medical errors in hospitals has saved the lives of an estimated 122,300 patients at about 3,100 hospitals nationwide, according to data released Wednesday, the *AP/Houston Chronicle* reports (Stobbe, *AP/Houston Chronicle*, 6/15). The 18-month-long campaign, called "100,000 Lives," was organized in December 2004 by Donald Berwick, a Harvard Medical School professor and chief executive of the Institute for Healthcare Improvement (Kowalczyk, *Boston Globe*, 6/15). The campaign focused on making six kinds of changes in care, including activating rapid response teams for emergency care of patients whose vital signs suddenly deteriorate, making frequent checks to ensure medications are administered correctly and giving patients antibiotics before operations to prevent infections, the *AP/Chronicle* reports (*AP/Houston Chronicle*, 6/15). Evan Benjamin, a vice president for health care quality at the Springfield, Mass.-based Baystate Health System, said that death rates from heart attacks decreased 30% and that surgical site infections decreased by 50% at the hospital. "This is a transformational change, and we definitely want to be celebrating it," he said. According to the *Globe*, there is no way to confirm that the campaign "did indeed save the number of lives that were claimed" (*Boston Globe*, 6/15). "I think this campaign signals no less than a new standard of health care in America," Berwick said (*AP/Houston Chronicle*, 6/15).

PRI's "The World" -- a production of BBC World Service, PRI and WGBH Boston -- on Wednesday included an interview with Joe McCannon, manager of the campaign, about expansion outside the U.S. (Mullins, "The World," PRI, 6/14). The complete segment is

available online in Windows Media.

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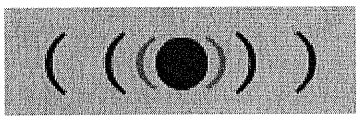

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Prescription Drugs | AMA Proposes Ban on Advertising for New Drugs While Doctors Learn About Medication
[Jun 15, 2006]

AMA on Wednesday said that the federal government should require pharmaceutical companies to delay direct-to-consumer advertisements for new medications and medical devices until physicians have time to study their safety and effectiveness, the *Chicago Tribune* reports (Japsen, *Chicago Tribune*, 6/15). According to AMA, the time that pharmaceutical companies have to wait before they could begin DTC ads for new medications should depend on the availability other treatments for the same conditions and the severity of the conditions involved. AMA also said that pharmaceutical companies should have to obtain FDA approval before they begin DTC ads. In addition, AMA said that DTC ads that feature actors who portray physicians are "misleading" and should require "a disclaimer" that is "prominently displayed." AMA said that DTC ads often overstate the effectiveness of new medications and downplay the risks and side effects. Pharmaceutical companies spent more than $4 billion on DTC ads in 2004, the *Chicago Sun-Times* reports (Ritter, *Chicago Sun-Times*, 6/15).

Reaction
AMA President-elect Ronald Davis, a preventative medicine specialist from Michigan, said, "A temporary moratorium on direct-to-consumer advertising of prescribed drugs and medical devices will benefit both the patient and physician." He added, "It's possible that companies could do it voluntarily with some coordination or oversight of their trade association, but failing that, the government could step in to put that policy in effect" (*Chicago Tribune*, 6/15). Sidney Wolfe, director of the Health Research Group at Public Citizen, said, "A huge proportion of ads contain false and misleading information." However, the Pharmaceutical Research and

Manufacturers of America said that under current guidelines pharmaceutical companies "spend an appropriate time" on the education of physicians before they begin DTC ads. PhRMA also said that required FDA approval before pharmaceutical companies begin DTC ads "might have the unintended consequence of unnecessarily delaying when patients hear of a new treatment" (Chicago *Sun-Times*, 6/15). FDA spokesperson Susan Bro said that the agency believes a required delay on DTC ads for new medications likely would not "survive a constitutional challenge" (*Chicago Tribune*, 6/15).

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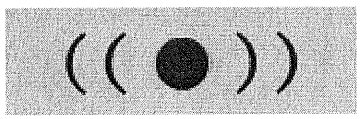

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Daily Health Policy Report

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Prescription Drugs | FDA Partners With Group on Campaign To Reduce Medication Errors
[Jun 15, 2006]

FDA officials on Wednesday said that the agency has partnered with the Institute for Safe Medication Practices, a not-for-profit group, on a campaign to reduce the almost 7,000 deaths caused by medication errors annually, the *San Francisco Chronicle* reports (Tansey, *San Francisco Chronicle*, 6/15). As part of the campaign, FDA and the institute will purchase advertisements in trade publications and distribute brochures to health care professionals that list commonly confused medication abbreviations. In addition, FDA will promote the elimination of certain medication abbreviations and proper use of zeros in treatment dosages. FDA said that health care professionals should use zeros before but not after decimal points to help prevent confusion about medication dosages. Acting FDA Commissioner Andrew von Eschenbach said, "Some abbreviations, symbols and dose designations are frequently misinterpreted and lead to mistakes that result in patient harm" (Corbett Dooren, *Dow Jones*, 6/14). He added, "This joint campaign will promote safe practices among those who communicate medical information to help avoid serious, and even potentially fatal, consequences of medical errors" (*San Francisco Chronicle*, 6/15).

Santa Bee
6/7/06

Medical interpreting needs grow in U.S.

Patients with limited English skills face low odds of getting informed care.

By Hilary Abramson
NEW AMERICA MEDIA

The two out of five Los Angeles residents who speak Spanish at home would find it easier to buy a can of paint at Lowe's than explain to a public hospital emergency room doctor where it hurts.

The home improvement store offers foreign language interpreting in less than a minute over a special telephone line at the customer service desk. But there is only one full-time Spanish-speaking medical interpreter in Los Angeles' five public hospitals and clinics; and the health department is investigating why a clerk at the USC Medical Center emergency room recently failed to know the access code to its Spanish language line.

Thousands of miles away, the regional trauma center in Savannah, Ga., boasts of having improved its medical interpreting for a burgeoning limited-English-speaking community. But that was only after a young, Spanish-speaking woman, whose boyfriend acted as her interpreter, died during her second visit to its emergency room.

Across America, policymakers are grappling with the reality that more than 20 million U.S. residents – 1 in 12 – speak one or more of hundreds of languages, but may not speak English well or at all. By federal law, they are entitled to free interpreting when they seek medical attention.

The issue of medical interpreting for immigrants is poised as the next challenge to every polarized bone in America's body politic. In the Senate immigration bill – to be considered by a congressional conference committee during the summer – is an amendment by Sen. James M. Inhofe, R-Okla., to make English the official language of the land. Some lawmakers and civil rights experts believe it could lead to the death of interpreting as a right. To counter it, Sen. Ken Salazar, D-Colo., included in the same bill an amendment that supports language access. The conference committee will have to choose one or the other, or delete both.

The senatorial mixed message comes just when the issue of medical interpreting is showing up on the national radar. Debate begins with the lack of consensus over what a medical interpreter is, how many are working in the country and what constitutes professional training. It dead-ends at how much professional medical interpreting costs and who should pay for it. Language access researchers, lawyers, policy specialists and advocates estimate it will take at least five more years to agree on solutions. Even with current law on their side, many health care experts wonder if they can beat a brewing crisis within a health care system they consider dysfunctional.

The issue is fraught with danger. According to the Institute of Medicine, which recently studied medical error, language plays a part in many preventable deaths. Using the institute's data, the number of patients dying annually in the United States due to medical error is roughly equivalent to a full 747 jetliner crashing and killing all passengers every other day.

Horror stories abound. There are reports of doctors removing patients' limbs after those patients signed consent forms they didn't understand because the forms weren't explained by professional interpreters. Young children commonly experience psychological trauma from being expected to play interpreter and inform mom or dad of a terminal disease; children who speak English as a second language often misinform adults about how to take their drugs. Patients withhold vital information from physicians for fear that relatives or neighbors acting as interpreters will know their private business. Doctors rely on their high school language skills and bilingual staff members are pulled away from full-time jobs, often misinterpreting for lack of training and medical vocabulary.

Two decades ago, Miami paramedics mistook a Spanish word for "high on drugs" instead of "nauseous." This led to a series of emergency room miscommunications and a malpractice settlement that could amount to $71 million over the lifetime of a former high school athlete. William Ramirez was 18 and able-bodied before he collapsed; when he awakened, he was quadriplegic. More than 36 hours reportedly passed without treatment for what really ailed him – an acute subdural hematoma and other brain injuries.

Today, most malpractice insurance companies report that they don't track claims based on linguistic errors.

The 1964 Civil Rights Act bans discrimination based on national origin. This requires any health care provider receiving federal funds – practically all of them do – to offer free interpreting to patients with limited English

skills. Forty-three states have laws addressing language access in health care, but only New York's attorney general has made headlines by aggressively enforcing them. An executive order signed by former President Clinton before he left office in 2000 requires all recipients of federal funds – medical providers and government agencies – to provide free verbal interpreting and written translating services for non-English-speaking clients.

The enforcing federal agency – the Office of Civil Rights of the U.S. Department of Health and Human Services – is charged by Congress to obtain "voluntary" compliance. It waits for complaints to be filed, often works for years with the hospitals and health departments it investigates, and in 40 years has never imposed a fine or withheld funds for failure to comply. According to language access advocates, who usually pursue the complaints, once OCR obtains an agreement from a health provider to offer medical interpreting, its investigators rarely return and it's up to advocates to monitor compliance over the years.

Hospitals subscribe almost universally to expensive telephonic language lines, which the OCR suggests are best used for unusual tongues encountered in a community. But telephonic interpreting is just about useless during childbirth, and because body language can transmit vital information to a doctor, in-person interpreting by a trained medical interpreter is the gold standard. Citing high costs, most hospitals rely on untrained, bilingual employees and telephonic language lines.

In California, known for the most progressive language access landscape in the country, the subject is "barely on our radar," according to Jan Emerson, vice president of external affairs of the California Association of Hospitals and Health Systems. The first priority, she says, is costly hospital seismic retrofit, which has a two-year state deadline. "I don't think it (medical interpreting) is in our top 20 list of what's important. Our priority is to keep our doors open and give care. I don't even think it's a reality to have an interpreter or even the telephone access code ready 24/7." Proposed state regulations ensure that HMOs provide medical interpreting, but there are no "teeth" to guarantee enforcement.

Richard Coorsh, spokesman for the Federation of American Hospitals, whose 20 companies own more than 1,700 private, for-profit hospitals, calls studying the subject in their hospitals "a luxury we don't have."

Although Medicaid health coverage for the poor is supposed to cover medical interpreting, it is up to states to pay providers. Because Medicaid agencies reimburse providers for claims submitted after-the-fact – at lower rates than professional interpreters charge – most providers consider medical interpreting an "unfunded mandate" and refuse to pay for it up front.

There are physicians like Dr. Jane Orient, executive director of the Association of American Physicians and Surgeons, which sued last year to overturn former President Clinton's executive order on language access, which has been supported by the Bush administration. A federal judge ruled that the group's members hadn't been hurt by the law and had no standing to sue; the association filed an appeal that is pending in the 9th U.S. Circuit Court of Appeals.

"Some of us don't consider it a privilege to do this work with non-English-speaking patients when we're expected to pay for interpreting," Orient says.

And there are those who stand with Dr. Ann Myers, past president of the San Francisco Medical Society: "Family doctors can't afford to pay for interpreting, but it's still a privilege to serve this population. With the significant money insurance companies put in the hands of their executives and shareholders, they could cover medical interpreting. I'm just afraid they'd stop insuring these patients if they had to. Practically speaking, I believe that the feds should pay for medical interpreting."

Pay now or pay later, warns Dr. Glenn Flores, a prominent researcher on the subject who is an associate professor at the Medical College of Wisconsin. "Almost 50 million U.S. residents do not speak English at home," he says. "They have more than the prevalence of common diseases most Americans have. In the end, they could overburden our emergency system. There could be a cascading domino effect on the health care system I don't think anyone wants to see.

"Pay a small amount up front for equitable, high-quality health care for all patients, or pay a lot more later on for unnecessary tests and procedures, preventable hospitalizations, medical errors and injuries and expensive lawsuits," Flores said.

New American Media is a national collaboration of more than 700 ethnic news organizations.
www.newamericamedia.org

Prices jump for brand-name drugs

Groups say increases coincide with start of Medicare coverage.

By Milt Freudenheim
NEW YORK TIMES

Prices of the most widely used prescription drugs rose sharply in this year's first quarter, just as the new Medicare drug coverage program was going into effect, according to separate studies issued Tuesday by two large consumer advocacy groups.

AARP, which represents older Americans, said prices charged by drug makers for brand-name pharmaceuticals jumped 3.9 percent, four times the general inflation rate during the first three months of this year – the largest quarterly price increase in six years, AARP said.

And price increases for some of the most popular brand-name drugs were much steeper, as with the sleeping pill Ambien, up 13.3 percent, and the best-selling cholesterol drug, Lipitor, up 4.7 to 6.5 percent, depending on dosage.

Overall, AARP said, higher prices mean that the cost of providing brand-name drugs to the typical older American, who takes four prescription medicines daily, rose by nearly $240 on average over the 12-month period that ended March 31.

"When the manufacturers' wholesale prices increase, it gets passed through the system, regardless of who the final purchaser is," said John Rother, the policy director of AARP. Although the drug industry's main trade association challenged the accuracy of the AARP survey, a separate study, by Families USA, a patient-advocacy group, found similar inflation rates among brand-name drug prices.

While the higher prices have a general impact on the drug-taking public, consumer advocates said the higher prices have special implications for Medicare, which Congress barred from negotiating prices with drug makers when lawmakers devised the new Part D drug program.

Commercial insurers, which are offering the drug insurance plans under Medicare's auspices, do have negotiating power. And they say that by switching to generic drugs, consumers can avoid most of the price increases.

The surveys measured manufacturers' wholesale prices, which would not necessarily reflect any discounts insurers may be able to negotiate. But even so, the price increases in the Medicare drug plans since they began were identical in many cases with the jump in wholesale prices, Families USA said.

Some health care economists said the price increases, if they continue, could have a devastating effect on the new Medicare drug program.

"Higher drug prices may lead to higher premiums next year, which may discourage enrollees from joining or staying in the program, and fewer enrollees could drive premiums even higher," said Stephen W. Schondelmeyer, a University of Minnesota economist who specializes in drug industry issues.

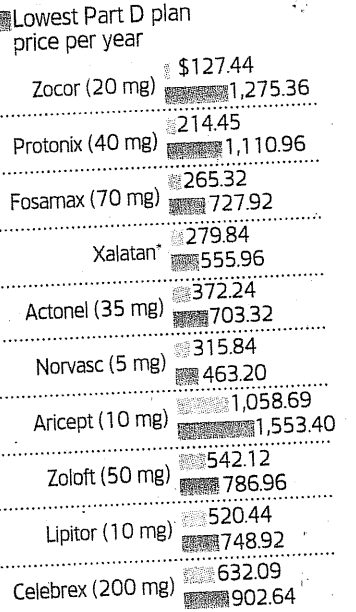
Schondelmeyer said one clear indication of the inflation's impact could be seen among the 6 million low-income elderly and disabled people who previously received drug coverage through Medicaid but were automatically switched to the Part D program when it began in January.

The industry did not comment on why this year's increases were especially high – other than to question the accuracy of the AARP survey.

Paying more for prescription drugs

Seniors in the Medicare prescription drug plan pay more than those covered by the Veterans Affairs Department.

Top 10 brand name drugs, April 2006



Source: Families USA Associated Press

Thursday, June 1, 2006 • The Sacramento Bee

Medicare drug cap didn't save money, study finds

Savings offset by cost of emergency care, researchers say.

By Nancy Weaver Teichert
BEE STAFF WRITER

Benefit limits on prescription drugs covered by Medicare health plans didn't save money because patients stopped taking needed medications and ended up sicker, a new study has found.

Any savings in drug costs were offset by increased emergency care and hospitalizations among seniors, researchers at Kaiser Permanente reported in today's edition of the New England Journal of Medicine.

The study is the first to calculate the clinical and economic effects of a cap on drug benefits. It predates the new Medicare prescription drug benefit.

The study of 200,000 Medicare beneficiaries in Northern California, including Sacramento, found that those who hit the drug cap stopped or reduced their medications, resulting in higher blood pressure, blood sugar and cholesterol levels.

"The net effect was no savings. One can't look at drug costs alone," said lead researcher and author Dr. John Hsu. "You have to look at the whole health care picture for patients as well as society at large."

The study compared the health of patients on Medicare Plus Choice health plans, who had a $1,000 cap on prescription drugs, to the health of patients with no caps because their employers subsidized their drug coverage.

Those with caps spent 31 percent less on prescriptions, but their overall medical costs were the same because of more visits to the emergency room and hospital.

Hsu said the theory has been that benefit caps result in doctors and patients using medications more judiciously, thereby lowering costs and keeping coverage affordable.

The study concludes that isn't the case. Because of benefit limits, patients didn't take medications that could have managed their chronic health conditions in a cost-effective way.

"Drug coverage has a substantial effect on patients' health," said Hsu. Patients who took fewer drugs due to caps suffered "substantial adverse effects" on their health, including higher mortality rates, he said.

Medicare's new Part D prescription drug plans all offer more generous coverage than those available to people in the 2003 study.

But Hsu said there's still a need to study the impact of the new plans because they contain varied benefit caps, such as the "doughnut hole," or gap in coverage, during which beneficiaries pay 100 percent of drug costs.

"With any of these plans, it's very important to monitor the medical and economic effects both for individual patients and for society," said Hsu.

The Bee's Nancy Weaver Teichert can be reached at (916) 321-1058 or nteichert@sacbee.com.

Agenda Item H

Update on the Board's Public Outreach Activities

State of California | Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: June 23, 2006

From: Virginia Herold

Subject: Public Outreach Activities

A board strategic objective is to provide information to licensees and the public. To this end, the board has a number of consumer materials to distribute at consumer fairs and attends as many of these events as possible, where attendance will be large and staff is available. An inspector generally attends these events along with consumer assistance staff from the board.

The board has a Power Point presentation on the board containing key board policies and pharmacy law. This is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and is well-received by the individuals present.

Public and licensee outreach activities performed since the April 2006 report to the board include:

- Board Member Ruth Conroy spoke to about 50 Touro University pharmacy students on board legislative issues on March 31, as preparation for their Legislative Day in April.
- Supervising Inspector Ming presented law review information to UCSF's 4th year students on April 7.
- Supervising Inspector Ming presented information about pharmacy law to approximately 30 UCSF and UOP students at Anaheim Memorial Hospital on April 28.
- Staff hosted an information booth at the City of Sacramento Wellness Expo 2006 in Sacramento, about 300 individuals attended this event on May 11.
- Executive Officer Harris spoke at the Department of Consumer Affairs Senior Summit on May 12 in Sacramento on "Protecting and Serving California's Aging Population." Staff also provided handout packets containing board-prepared public information brochures.
- Staff hosted an information booth at the Family Safety and Health Expo (Safetyville) in Sacramento on May 13 where over 700 individuals attended.
- Exam Analyst Debbie Anderson presented information about examination application to Loma Linda University's pharmacy students on May 15.

- Staff hosted an information booth at the Senior Fair sponsored by the Area Agency on Aging in Yreka on May 17. There were approximately 200 seniors at this event.
- Board President Goldenberg and Member Conroy provided information about the board to UOP students on May 18.
- Patricia Harris presented information about quality assurance programs to the SCR Prescription Error Study Panel on May 19.
- Patricia Harris presented a PowerPoint presentation on prescription errors and the board's cite and fine program to the SCR 49 Prescription Error Study Panel on June 9. (She later presented this information at the board's Enforcement Meeting on June 20 and some of the presentation will be published in the next *The Script.*)
- Supervising Inspector Ratcliff presented information about pharmacy law to the 80 members of the California Employee Pharmacists Association on June 11.

Future Presentations

- Supervising Inspector Ratcliff will present information about the board and pharmacy law to the Sacramento Valley Pharmacist Association on August 13.
- Supervising Inspector Ratcliff will present information about pharmacy law to 80 members of the California Employees Pharmacist Association on September 28.