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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

LICENSING COMMITTEE REPORT
July 8, 2020

Debbie Veale, Licensee Member, Chairperson
Lavanza Butler, Licensee Member, Vice-Chairperson
Jignesh Patel, Licensee Member
Albert Wong, Licensee Member

I. Call to Order and Establishment of Quorum

II. **Public Comment for Items Not on the Agenda, Matters for Future Meetings**

*(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a).)

III. Discussion and Consideration of Legislative Proposal to Expand the Authority for Pharmacists to Order and Administer Immunizations Approved by the FDA to Prevent a Vaccine-Preventable Diseases

Relevant Law
Business and Professions Code (BPC) section 4052 (a)(11) provides the authority for a pharmacist to administer immunizations pursuant to a protocol with a prescriber.

Business and Professions Code (BPC) section 4052.8 establishes when a pharmacist may independently initiate and administer vaccines.

Background
As the nation and California continues to respond to the current pandemic, it is appropriate to determine if policy changes are necessary to ensure California is positioned to readily deploy vaccines once approved by the FDA in response to the current health crisis, but also in the future.

FDA's Center for Biologics Evaluation and Research (CBER) is responsible for regulating vaccines in the United States. Vaccine clinical development follows the same general pathway as for drugs and other biologics. A sponsor who wishes to begin clinical trials with a vaccine must submit an Investigational New Drug (IND) application to the FDA. The IND describes the vaccine, its method of manufacture, and quality control tests for release. Also included is information about the vaccine's safety and ability to elicit a protective immune response (immunogenicity) in animal testing, as well as the proposed clinical protocol for studies in humans.

Vaccine approval also requires the provision of adequate product labeling to allow health care providers to understand the vaccine's proper use, including its potential benefits and risks, to communicate with patients and parents, and to safely deliver the vaccine to the public.

For Committee Discussion and Consideration

During the meeting members will have the opportunity to discuss the policy and determine if action is appropriate to allow pharmacists to be positioned to provide FDA approved vaccine(s) for COVID-19.

The draft proposal in **Attachment 1** can serve as a starting point for the committee's policy discussion to allow for a pharmacist to initiate and administer an FDA approved vaccine used to prevent a vaccine-preventable disease. Also included in **Attachment 1** is the Vaccine Product Approval Process produced by the FDA.

IV. Discussion and Consideration of Pharmacists' Authority to Perform CLIA Waived Tests for COVID-19

Relevant Law

BPC 4052 (a)(12) establishes the authority for a pharmacist to order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. As included in this provision, the pharmacist performing such functions must ensure such testing is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate.

BPC 4052.1 (a)(2) establishes the authority for a pharmacist to order drug therapy-related laboratory tests in a licensed health care facility in accordance with policies, procedures, or protocols developed by health professionals, as specified.

BPC 4052.2 (a)(2) establishes the authority for a pharmacist to order drug therapy-related laboratory tests as part of the care provided in a licensed health care facility, licensed home health agency, licensed correctional clinic, a licensed clinic with physician oversight, or other provider as specified, in accordance with the policies, procedures, or protocols of that facility, home health agency, etc.

BPC 4052.4 establishes the authority for a pharmacist to perform skin puncture in the course of performing routine patient assessment procedures or in the course of performing any procedure authorized under BPC 1206.5 or BPC 1206.6. The section provides that "routine patient assessment procedures," includes CLIA waived tests as authorized under BPC 1206.5 and 1206.6.

BPC 1206.5 (a)(11) establishes the authority for a pharmacist to perform a clinical laboratory test or examination classified as waived under CLIA as long as the clinical laboratory test or examination is performed under the overall operation and administration of the laboratory

director, as described in Section 1209, including, but not limited to, documentation by the laboratory director of the adequacy of the qualifications and competency of the personnel.

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BPC 1265 establishes the licensing requirements for a clinical laboratory as specified. BPC 1265(k) provides authority for the PIC to serve as the laboratory director for registration required under BPC 1206.6.

Background

On May 12, 2020, DCA Director Kirchmeyer issued a waiver to allow for a pharmacist to order and administer COVID-19 tests in California. Along with the waiver, a guidance document was issued that provided additional details regarding the temporary authorities. It is important to note that the waiver does not allow for the processing of the sample at a pharmacy, unless the pharmacy is licensed as a clinical laboratory and meets all of the requirements of BPC 1265.

During the June 18, 2020, Board Meeting, members received public comment requesting a future agenda item to discuss the issue of pharmacists performing CLIA waived COVID-19 antigen testing. The commenter indicated that the current situation is rather murky in terms of whether a pharmacist is able to actually perform such a test as they have CLIA waived equipment and reagents. As part of the comments, members were advised that CDPH has determined that COVID-19 testing shall be performed only in an appropriately licensed lab under direction of a lab director.

For Committee Discussion and Consideration

As indicated in the relevant law portion of this report, the authority for pharmacists to order and administer tests resides in both provisions of Pharmacy Law as well as other provisions of the Business and Professions Code related to the operations of clinical laboratories and authorized staff under the regulation of the California Department of Public Health Laboratory Field Services.

Most relevant to the public comment received during the June 18, 2020, meeting, it should be noted that under the provisions of existing law, pharmacists' ability to perform CLIA waived tests are limited to specified tests. Specifically, as indicated in the relevant law portion of this report, BPC 4052.4 provides authority for "pharmacists routine patient assessments procedures"; however, the provisions are limited to blood glucose, hemoglobin

A1c, or cholesterol tests. These tests can also be processed at the pharmacy, if the pharmacy is appropriately licensed by the California Department of Public Health, Laboratory Field Services. Aside from the DCA approved waiver, there is no provision of law that allows for pharmacists to order, collect specimens, or process specimens for COVID -19 tests. Further, pharmacies, unless fully licensed as a clinical laboratory under Laboratory Field Services, cannot process specimens.

During the meeting, members will have the opportunity to discuss the current provisions of the law, the waiver issued and guidance document. Further, members will receive brief presentations from various associations regarding COVID testing.

Attachment 2 includes the relevant laws, DCA issued waiver, and guidance document.

V. Update on Implementation of SB 159 (Weiner, Chapter 532, Statutes of 2019) Related to HIV Preexposure and Postexposure Prophylaxis

Relevant Law

BPC 4052.02 provides the authority for a pharmacist to initiate and furnish HIV preexposure prophylaxis under specified conditions, including completion of a training program.

BPC 4052.03 provides the authority for a pharmacist to initiate and furnish HIV postexposure prophylaxis under specified conditions, including completion of a training program

California Code of Regulation (CCR), title 16, section 1747 establishes, via emergency regulation, the requirements for the training program required in the underlying statutes.

For Committee Discussion and Consideration

During the meeting members will receive an update on the status of the Board provided training program under development in collaboration with subject matter experts, including experts from the Office of AIDS. Although development activities have slowed in response to the COVID-19 pandemic, Board staff is hopeful that the framework of the training program will be complete for the Board's consideration during its July Board Meeting.

Consistent with the emergency regulations, a training program must either be approved by the Board or be provided by provider accredited by an approved accreditation agency, including the Accreditation Council for Pharmacy Education or the California Pharmacists Association.

To date the Board has not received any requests for Board approval of training programs.

Attachment 3 includes a copy of the emergency regulation establishing the requirements for the training program required in the underlying statutes.

VI. Discussion and Consideration of Proposal to Develop a Temporary Closure Status and Mandatory Notification Requirement for Board Licensed Sites

Background

For the past several years, typically in response to declared disasters, but also in response to construction issues, Board licensed businesses at times must temporarily close. More recently, regrettably, a significant number of pharmacies were damaged or destroyed. In many cases the damages occurred to a number of pharmacies the same region.

Although not required, some facilities notify the Board when temporary closures occur. Such notification allows the Board to maintain a better operational history, albeit in an informal fashion and provides transparency to consumer, licensees and other healthcare practitioners through the Board's website license lookup.

Current law does not establish a requirement for notification of a temporary closure status. Requiring notifications would ensure consistent reporting requirements for businesses licensed by the Board. Further, notification of closures would allow the Board to plan inspection activity and ensure licensees and consumers have current operational status information when using the license lookup.

For Committee Discussion and Consideration

During the meeting, members will have the opportunity to discuss this policy issue and determine what, if any changes should be made to require such notification.

Provided in **Attachment 4** is a brief proposal that could facilitate notification.

VII. Discussion and Consideration of Proposed to Amendments to Title 16, California Code of Regulations Section 1704, Change of Address

Relevant Law

CCR Section 1704 establishes the requirement to a licensee to provide a current residence address with the Board and to report any change in a residence address within 30 days of such change.

Background Information

The Board has previously indicated its preference to streamline communication with applicants and licensees. Communication through email is an efficient way to communicate with applicants and licensees; however, there is no requirement for applicants and licensees to provide the Board with an email address, nor maintain such an address when changes occur.

The Board is currently engaged in Business Modernization, the process used to evaluate the Board's current systems and determine what, if any changes are necessary. It is anticipated that at the end of the process, the Board's legacy computer systems will be replaced. In the

interim, the Board is evaluating and implementing workaround systems to streamline processes where possible.

For Committee Discussion and Consideration
Board staff requests the committee's consideration of a regulation change that would require an applicant or licensee to advise the Board of a change in email address, if they have one. Such a proposal would facilitate better email notification with applicants and licensees who maintain an email address with the Board.

Attachment 5 includes suggested language that could be used to implement such a policy change if deemed appropriate by the Committee and Board.

VIII. Licensing Statistics

The quarterly licensing statistics for fiscal year 2019/2020, are provided in **Attachment 6.**

As of June 24, 2020, the Board has received 12,594 initial applications, including:

- 2,008 intern pharmacists
- 2,388 pharmacist exam applications
- 198 advanced practice pharmacists
- 4,351 pharmacy technicians
- 371 community pharmacy license applications
- 110 sterile compounding pharmacy license applications
- 120 nonresident pharmacy license applications
- 31 hospital pharmacy license applications

As of June 24, 2020, the Board has received 508 requests for temporary site license applications, including:

- 262 community pharmacy license applications
- 53 sterile compounding pharmacy license applications
- 79 nonresident pharmacy license applications
- 24 hospital pharmacy license applications

As of June 30, 2020, the Board has issued 9,192 individual licenses, including:

- 1,931 intern pharmacists
- 1,917 pharmacists
- 253 advanced practice pharmacists
- 4,644 pharmacy technicians

As of June 30, 2020, the Board has issued 2,087 site licenses without temporary license requests, including:

- 1,008 automated drug delivery systems
- 118 community pharmacies
- 1 hospital pharmacies

As of June 30, 2020, the Board has issued 445 temporary site licenses, including:

- 245 community pharmacies
- 10 hospital pharmacies

Processing Times

The general application and deficiency mail processing times by license type are provided below reflecting data current as of reflecting data current as of June 26, 2020. The data reflects the time from when an application or deficiency response is received by the Board through to the time it is processed by licensing staff. The standard performance processing time is within 30 days for initial applications and is within 10 days for deficiency mail.

Premises Application Types	Application Processing Times as of 4/24/2020	Application Processing Times as of 6/26/2020	Deficiency Mail Processing Times as of 4/24/2020	Deficiency Mail Processing Times as of 6/26/2020
Pharmacy	25	21	26	8
Nonresident Pharmacy	32	7	23	12
Sterile Compounding	25	23	22	22
Nonresident Sterile Compounding	9	Current	Current	19
Outsourcing	2	Current	Current	Current
Nonresident Outsourcing	Current	11	16	Current
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	Current	30	4	Current
Clinic	Current	23	Current	2
Wholesaler	21	15	10	9
Nonresident Wholesaler	28	3	Current	9
Third-Party Logistics Provider	11	Current	Current	Current
Nonresident Third-Party Logistics Provider	Current	Current	Current	4
Automated Drug Delivery System	Current	10	Current	Current
Automated Patient Dispensing System	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current

Individual Application Type	Application Processing Times as of 4/24/2020	Application Processing Times as of 6/26/2020	Deficiency Mail Processing Times as of 4/24/2020	Application Processing Times as of 6/26/2020
Exam Pharmacist	4	11	Current	Current
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	Current	Current	Current	Current
Intern Pharmacist	9	Current	Current	Current
Pharmacy Technician	23	23	5	10
Designated Representative	18	4	3	3
Designated Represenatives-3PL	Current	4	Current	3
Designated Representatives-Reverse Distributor	Current	Current	Current	Current
Designated Paramedic	Current	Current	Current	Current

IX. Future Committee Meeting Dates

October 27, 2020

X. Adjournment

Attachment 1

Proposed Amendments to Business and Professions Code section 4052.8 is attached.

Vaccine Product Approval Process is attached.

ARTICLE 3. Scope of Practice and Exemptions [4050 - 4068]

Vaccine Product Approval Process

FDA's Center for Biologics Evaluation and Research (CBER) is responsible for regulating vaccines in the United States. Current authority for the regulation of vaccines resides primarily in Section 351 of the Public Health Service Act and specific sections of the Federal Food, Drug and Cosmetic Act.

Vaccine clinical development follows the same general pathway as for drugs and other biologics. A sponsor who wishes to begin clinical trials with a vaccine must submit an Investigational New Drug application (IND) to FDA. The IND describes the vaccine, its method of manufacture, and quality control tests for release. Also included are information about the vaccine's safety and ability to elicit a protective immune response (immunogenicity) in animal testing, as well as the proposed clinical protocol for studies in humans.

Pre-marketing (pre-licensure) vaccine clinical trials are typically done in three phases, as is the case for any drug or biologic. Initial human studies, referred to as Phase 1, are safety and immunogenicity studies performed in a small number of closely monitored subjects. Phase 2 studies are dose-ranging studies and may enroll hundreds of subjects. Finally, Phase 3 trials typically enroll thousands of individuals and provide the critical documentation of effectiveness and important additional safety data required for licensing. At any stage of the clinical or animal studies, if data raise significant concerns about either safety or effectiveness, FDA may request additional information or studies, or may halt ongoing clinical studies.

If successful, the completion of all three phases of clinical development can be followed by the submission of a Biologics License Application (BLA). To be considered, the license application must provide the multidisciplinary FDA reviewer team (medical officers, microbiologists, chemists, biostatisticians, etc.) with the efficacy and safety information necessary to make a risk/benefit assessment and to recommend or oppose the approval of a vaccine. Also during this stage, the proposed manufacturing facility undergoes a pre-approval inspection during which production of the vaccine as it is in progress is examined in detail.

Following FDA's review of a license application for a new indication, the sponsor and the FDA may present their findings to FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC). This non-FDA expert committee (scientists, physicians, biostatisticians, and a consumer representative) provides advice to the Agency regarding the safety and efficacy of the vaccine for the proposed indication.

Vaccine approval also requires the provision of adequate product labeling to allow health care providers to understand the vaccine's proper use, including its potential benefits and risks, to communicate with patients and parents, and to safely deliver the vaccine to the public.

The FDA continues to oversee the production of vaccines after the vaccine and the manufacturing processes are approved, in order to ensure continuing safety. After licensure, monitoring of the product and of production activities, including periodic facility inspections, must continue as long as the manufacturer holds a license for the product. If requested by the FDA, manufacturers are required to submit to the FDA the results of their own tests for potency, safety, and purity for each vaccine lot. They may also required to submit samples of each vaccine lot to the FDA for testing. However, if the sponsor describes an alternative procedure which provides continued assurance of safety, purity and potency, CBER may determine that routine submission of lot release protocols (showing results of applicable tests) and samples is not necessary.

Until a vaccine is given to the general population, all potential adverse events cannot be anticipated. Thus, many vaccines undergo Phase 4 studies-formal studies on a vaccine once it is on the market. Also, the government relies on the Vaccine Adverse Event Reporting System (VAERS) to identify problems after marketing begins. The VAERS system and how it works is discussed further on this website.

References

- National Vaccine Advisory Committee. "United States Vaccine Research: A Delicate Fabric of Public and Private Collaboration." *Pediatrics*, Vol 100(6), Dec.1997, pp. 1015-1020.
- Parkman PD, Hardegree MC. "Regulation and Testing of Vaccines." In Plotkin SA, Orenstein WA, [eds.]. *Vaccines*, 3d ed. Philadelphia: Saunders; 1999, pp.1131-1143.
- Stehlin, Isadora. "How FDA Works to Ensure Vaccine Safety." *FDA Consumer Magazine*, March 1996.

Related Links from the Centers for Disease Control and Prevention

- What Would Happen If We Stopped Vaccinations (http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm)
- Ten Things You Need To Know About Immunizations (http://www.cdc.gov/vaccines/vac-gen/10-shouldknow.htm)
- CDC National Immunization Program (http://www.cdc.gov/vaccines/)

Attachment 2

Relevant laws are attached.

The following documents can be viewed from the websites listed below or a copy may be requested by contacting Debbie.Damoth@dca.ca.gov.

DCA issued waiver - https://www.dca.ca.gov/licensees/pharmacists_covid19_tests.pdf
Guidance document - https://www.dca.ca.gov/licensees/pharmacists_covid19_tests_guidance.pdf

State of California

BUSINESS AND PROFESSIONS CODE

Section 4052

4052. (a) Notwithstanding any other law, a pharmacist may:

(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.

(2) Transmit a valid prescription to another pharmacist.

(3) Administer drugs and biological products that have been ordered by a prescriber.

(4) Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1.

(5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is a physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.

(6) Perform procedures or functions as authorized by Section 4052.6.

(7) Manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.

(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.

(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.

(10) Furnish the medications described in subparagraph (A) in accordance with subparagraph (B):

(A) (i) Emergency contraception drug therapy and self-administered hormonal contraceptives, as authorized by Section 4052.3.

(ii) Nicotine replacement products, as authorized by Section 4052.9.

(iii) Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.

(iv) HIV preexposure prophylaxis, as authorized by Section 4052.02.

(v) HIV postexposure prophylaxis, as authorized by Section 4052.03.

(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist

shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

(11) Administer immunizations pursuant to a protocol with a prescriber.

(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

(Amended by Stats. 2019, Ch. 532, Sec. 1. (SB 159) Effective January 1, 2020.)

State of California

BUSINESS AND PROFESSIONS CODE

Section 4052.1

4052.1. (a) Notwithstanding any other provision of law, a pharmacist may perform the following procedures or functions in a licensed health care facility in accordance with policies, procedures, or protocols developed by health professionals, including physicians, pharmacists, and registered nurses, with the concurrence of the facility administrator:

(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.

(2) Ordering drug therapy-related laboratory tests.

(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.

(4) Initiating or adjusting the drug regimen of a patient pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the licensed health care facility.

(b) Prior to performing any procedure authorized by this section, a pharmacist shall have received appropriate training as prescribed in the policies and procedures of the licensed health care facility.

(Added by Stats. 2006, Ch. 777, Sec. 5. Effective January 1, 2007.)

State of California

BUSINESS AND PROFESSIONS CODE

Section 4052.2

4052.2. (a) Notwithstanding any other law, a pharmacist may perform the following procedures or functions as part of the care provided by a health care facility, a licensed home health agency, licensed correctional clinic, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, in accordance with the policies, procedures, or protocols of that facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician, and in accordance with subdivision (c):

(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.

(2) Ordering drug therapy-related laboratory tests.

(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.

(4) Initiating or adjusting the drug regimen of a patient pursuant to a specific written order or authorization made by the individual patient's treating prescriber, and in accordance with the policies, procedures, or protocols of the health care facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician. Adjusting the drug regimen does not include substituting or selecting a different drug, except as authorized by the protocol. The pharmacist shall provide written notification to the patient's treating prescriber, or enter the appropriate information in an electronic patient record system shared by the prescriber, of any drug regimen initiated pursuant to this paragraph within 24 hours.

(b) A patient's treating prescriber may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the pharmacist.

(c) The policies, procedures, or protocols referred to in this subdivision shall be developed by health care professionals, including physicians, pharmacists, and registered nurses, and shall, at a minimum, do all of the following:

(1) Require that the pharmacist function as part of a multidisciplinary group that includes physicians and direct care registered nurses. The multidisciplinary group shall determine the appropriate participation of the pharmacist and the direct care registered nurse.

(2) Require that the medical records of the patient be available to both the patient's treating prescriber and the pharmacist.

(3) Require that the procedures to be performed by the pharmacist relate to a condition for which the patient has first been seen by a physician.

(4) Except for procedures or functions provided by a health care facility, a licensed correctional clinic, as defined in Section 4187, a licensed clinic in which there is physician oversight, or a provider who contracts with a licensed health care plan with regard to the care or services provided to the enrollees of that health care service plan, require the procedures to be performed in accordance with a written, patient-specific protocol approved by the treating or supervising physician. Any change, adjustment, or modification of an approved preexisting treatment or drug therapy shall be provided in writing to the treating or supervising physician within 24 hours.

(d) Prior to performing any procedure authorized by this section, a pharmacist shall have done either of the following:

(1) Successfully completed clinical residency training.

(2) Demonstrated clinical experience in direct patient care delivery.

(Amended by Stats. 2019, Ch. 497, Sec. 5. (AB 991) Effective January 1, 2020.)

State of California

BUSINESS AND PROFESSIONS CODE

Section 4052.4

4052.4. Notwithstanding Section 2038 or any other provision of law, a pharmacist may perform skin puncture in the course of performing routine patient assessment procedures or in the course of performing any procedure authorized under Section 1206.5 or 1206.6. For purposes of this section, "routine patient assessment procedures" means: (a) procedures that a patient could, with or without a prescription, perform for himself or herself, or (b) clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, as authorized by paragraph (11) of subdivision (a) of Section 1206.5 or Section 1206.6. A pharmacist performing these functions shall report the results obtained from a test to the patient and any physician designated by the patient. Any pharmacist who performs the service authorized by this section shall not be in violation of Section 2052.

(Amended by Stats. 2012, Ch. 874, Sec. 5. (SB 1481) Effective January 1, 2013.)

State of California

BUSINESS AND PROFESSIONS CODE

Section 1206.5

1206.5. (a) Notwithstanding subdivision (b) of Section 1206 and except as otherwise provided in Sections 1206.6 and 1241, no person shall perform a clinical laboratory test or examination classified as waived under CLIA unless the clinical laboratory test or examination is performed under the overall operation and administration of the laboratory director, as described in Section 1209, including, but not limited to, documentation by the laboratory director of the adequacy of the qualifications and competency of the personnel, and the test is performed by any of the following persons:

(1) A licensed physician and surgeon holding a M.D. or D.O. degree.

(2) A licensed podiatrist, a licensed dentist, or a licensed naturopathic doctor, if the results of the tests can be lawfully utilized within his or her practice.

(3) A person licensed under this chapter to engage in clinical laboratory practice or to direct a clinical laboratory.

(4) A person authorized to perform tests pursuant to a certificate issued under Article 5 (commencing with Section 101150) of Chapter 2 of Part 3 of Division 101 of the Health and Safety Code.

(5) A licensed physician assistant if authorized by a supervising physician and surgeon in accordance with Section 3502 or 3535.

(6) A person licensed under Chapter 6 (commencing with Section 2700).

(7) A person licensed under Chapter 6.5 (commencing with Section 2840).

(8) A perfusionist if authorized by and performed in compliance with Section 2590.

(9) A respiratory care practitioner if authorized by and performed in compliance with Chapter 8.3 (commencing with Section 3700).

(10) A medical assistant, as defined in Section 2069, if the waived test is performed pursuant to a specific authorization meeting the requirements of Section 2069.

(11) A pharmacist, as defined in Section 4036, if ordering drug therapy-related laboratory tests in compliance with paragraph (2) of subdivision (a) of Section 4052.1 or paragraph (2) of subdivision (a) of Section 4052.2, or if performing skin puncture in the course of performing routine patient assessment procedures in compliance with Section 4052.1.

(12) A naturopathic assistant, as defined in Sections 3613 and 3640.2, if the waived test is performed pursuant to a specific authorization meeting the requirements of Sections 3613 and 3640.2.

(13) A licensed optometrist as authorized under Chapter 7 (commencing with Section 3000).

(14) Other health care personnel providing direct patient care.

(15) Any other person performing nondiagnostic testing pursuant to Section 1244.

(b) Notwithstanding subdivision (b) of Section 1206, no person shall perform clinical laboratory tests or examinations classified as of moderate complexity under CLIA unless the clinical laboratory test or examination is performed under the overall operation and administration of the laboratory director, as described in Section 1209, including, but not limited to, documentation by the laboratory director of the adequacy of the qualifications and competency of the personnel, and the test is performed by any of the following persons:

(1) A licensed physician and surgeon holding a M.D. or D.O. degree.

(2) A licensed podiatrist or a licensed dentist if the results of the tests can be lawfully utilized within his or her practice.

(3) A person licensed under this chapter to engage in clinical laboratory practice or to direct a clinical laboratory.

(4) A person authorized to perform tests pursuant to a certificate issued under Article 5 (commencing with Section 101150) of Chapter 2 of Part 3 of Division 101 of the Health and Safety Code.

(5) A licensed physician assistant if authorized by a supervising physician and surgeon in accordance with Section 3502 or 3535.

(6) A person licensed under Chapter 6 (commencing with Section 2700).

(7) A perfusionist if authorized by and performed in compliance with Section 2590.

(8) A respiratory care practitioner if authorized by and performed in compliance with Chapter 8.3 (commencing with Section 3700).

(9) A person performing nuclear medicine technology if authorized by and performed in compliance with Article 6 (commencing with Section 107150) of Chapter 4 of Part 1 of Division 104 of the Health and Safety Code.

(10) Any person if performing blood gas analysis in compliance with Section 1245.

(11) (A) A person certified or licensed as an "Emergency Medical Technician II" or paramedic pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code while providing prehospital medical care, a person licensed as a psychiatric technician under Chapter 10 (commencing with Section 4500) of Division 2, as a vocational nurse pursuant to Chapter 6.5 (commencing with Section 2840), or as a midwife licensed pursuant to Article 24 (commencing with Section 2505) of Chapter 5, or certified by the department pursuant to Division 5 (commencing with Section 70001) of Title 22 of the California Code of Regulations as a nurse assistant or a home health aide, who provides direct patient care, if the person is performing the test as an adjunct to the provision of direct patient care by the person, is utilizing a point-of-care laboratory testing device at a site for which a laboratory license or registration has been issued, meets the minimum clinical laboratory education, training, and experience requirements set forth in regulations adopted by the department, and has demonstrated to the satisfaction of the laboratory director that he or she is competent in the operation of the point-of-care laboratory testing device for each analyte to be reported.

(B) Prior to being authorized by the laboratory director to perform laboratory tests or examinations, testing personnel identified in subparagraph (A) shall participate in a preceptor program until they are able to perform the clinical laboratory tests or

examinations authorized in this section with results that are deemed accurate and skills that are deemed competent by the preceptor. For the purposes of this section, a "preceptor program" means an organized system that meets regulatory requirements in which a preceptor provides and documents personal observation and critical evaluation, including review of accuracy, reliability, and validity, of laboratory testing performed.

(12) Any other person within a physician office laboratory if the test is performed under the supervision of the patient's physician and surgeon or podiatrist who shall be accessible to the laboratory to provide onsite, telephone, or electronic consultation as needed, and shall: (A) ensure that the person is performing test methods as required for accurate and reliable tests; and (B) have personal knowledge of the results of the clinical laboratory testing or examination performed by that person before the test results are reported from the laboratory.

(13) A pharmacist, if ordering drug therapy-related laboratory tests in compliance with paragraph (2) of subdivision (a) of Section 4052.1 or paragraph (2) of subdivision (a) of Section 4052.2.

(c) Notwithstanding subdivision (b) of Section 1206, no person shall perform clinical laboratory tests or examinations classified as of high complexity under CLIA unless the clinical laboratory test or examination is performed under the overall operation and administration of the laboratory director, as described in Section 1209, including, but not limited to, documentation by the laboratory director of the adequacy of the qualifications and competency of the personnel, and the test is performed by any of the following persons:

(1) A licensed physician and surgeon holding a M.D. or D.O. degree.

(2) A licensed podiatrist or a licensed dentist if the results of the tests can be lawfully utilized within his or her practice.

(3) A person licensed under this chapter to engage in clinical laboratory practice or to direct a clinical laboratory if the test or examination is within a specialty or subspecialty authorized by the person's licensure.

(4) A person authorized to perform tests pursuant to a certificate issued under Article 5 (commencing with Section 101150) of Chapter 2 of Part 3 of Division 101 of the Health and Safety Code if the test or examination is within a specialty or subspecialty authorized by the person's certification.

(5) A licensed physician assistant if authorized by a supervising physician and surgeon in accordance with Section 3502 or 3535.

(6) A perfusionist if authorized by and performed in compliance with Section 2590.

(7) A respiratory care practitioner if authorized by and performed in compliance with Chapter 8.3 (commencing with Section 3700).

(8) A person performing nuclear medicine technology if authorized by and performed in compliance with Article 6 (commencing with Section 107150) of Chapter 4 of Part 1 of Division 104 of the Health and Safety Code.

(9) Any person if performing blood gas analysis in compliance with Section 1245.

(10) Any other person within a physician office laboratory if the test is performed under the onsite supervision of the patient's physician and surgeon or podiatrist who

shall: (A) ensure that the person is performing test methods as required for accurate and reliable tests; and (B) have personal knowledge of the results of clinical laboratory testing or examination performed by that person before the test results are reported from the laboratory.

(d) Clinical laboratory examinations classified as provider-performed microscopy under CLIA may be personally performed using a brightfield or phase/contrast microscope by one of the following practitioners:

(1) A licensed physician and surgeon using the microscope during the patient's visit on a specimen obtained from his or her own patient or from a patient of a group medical practice of which the physician is a member or employee.

(2) A nurse midwife holding a certificate as specified by Section 2746.5, a licensed nurse practitioner as specified in Section 2835.5, or a licensed physician assistant acting under the supervision of a physician pursuant to Section 3502 using the microscope during the patient's visit on a specimen obtained from his or her own patient or from the patient of a clinic, group medical practice, or other health care provider of which the certified nurse midwife, licensed nurse practitioner, or licensed physician assistant is an employee.

(3) A licensed dentist using the microscope during the patient's visit on a specimen obtained from his or her own patient or from a patient of a group dental practice of which the dentist is a member or an employee.

(Amended by Stats. 2012, Ch. 874, Sec. 1.5. (SB 1481) Effective January 1, 2013.)

State of California

BUSINESS AND PROFESSIONS CODE

Section 1206.6

1206.6. Subdivision (a) of Section 1206.5 shall not apply to a pharmacist at a community pharmacy who, upon customer request, performs only blood glucose, hemoglobin A1c, or cholesterol tests that are classified as waived under CLIA and are approved by the federal Food and Drug Administration for sale to the public without a prescription in the form of an over-the-counter test kit, provided that all of the following requirements are satisfied:

(a) The pharmacy obtains a valid CLIA certificate of waiver and complies with all other requirements for the performance of waived clinical laboratory tests under applicable federal regulations. For purposes of CLIA, the person identified as responsible for directing and supervising testing oversight and decisionmaking shall be the pharmacist-in-charge, as defined in Section 4036.5.

(b) The pharmacy obtains a registration from the department pursuant to Section 1265 and complies with this chapter.

(c) The tests are performed only by a pharmacist, as defined in Section 4036, in the course of performing routine patient assessment procedures in compliance with Section 4052.4.

(Added by Stats. 2012, Ch. 874, Sec. 2. (SB 1481) Effective January 1, 2013.)

State of California

BUSINESS AND PROFESSIONS CODE

Section 1265

1265. (a) (1) A clinical laboratory performing clinical laboratory tests or examinations classified as of moderate or of high complexity under CLIA shall obtain a clinical laboratory license pursuant to this chapter. The department shall issue a clinical laboratory license to any person who has applied for the license on forms provided by the department and who is found to be in compliance with this chapter and the regulations pertaining thereto. No clinical laboratory license shall be issued by the department unless the clinical laboratory and its personnel meet the CLIA requirements for laboratories performing tests or examinations classified as of moderate or high complexity, or both.

(2) A clinical laboratory performing clinical laboratory tests or examinations subject to a certificate of waiver or a certificate of provider-performed microscopy under CLIA, shall register with the department. The department shall issue a clinical laboratory registration to any person who has applied for the registration on forms provided by the department and is found to be in compliance with this chapter, the regulations pertaining thereto, and the CLIA requirements for either a certificate of waiver or a certificate of provider-performed microscopy.

(b) An application for a clinical laboratory license or registration shall include the name or names of the owner or the owners, the name or names of the laboratory director or directors, the name and location of the laboratory, a list of the clinical laboratory tests or examinations performed by the laboratory by name and total number of test procedures and examinations performed annually (excluding tests the laboratory may run for quality control, quality assurance, or proficiency testing purposes). The application shall also include a list of the tests and the test kits, methodologies, and laboratory equipment used, and the qualifications (educational background, training, and experience) of the personnel directing and supervising the laboratory and performing the laboratory examinations and test procedures, and any other relevant information as may be required by the department. If the laboratory is performing tests subject to a provider-performed microscopy certificate, the name of the provider or providers performing those tests shall be included on the application. Application shall be made by the owners of the laboratory and the laboratory directors prior to its opening. A license or registration to conduct a clinical laboratory if the owners are not the laboratory directors shall be issued jointly to the owners and the laboratory directors and the license or registration shall include any information as may be required by the department. The owners and laboratory directors shall be severally and jointly responsible to the department for the maintenance and conduct thereof or for any violations of this chapter and regulations pertaining thereto.

(c) The department shall not issue a license or registration until it is satisfied that the clinical laboratory will be operated within the spirit and intent of this chapter, that the owners and laboratory directors are each of good moral character, and that the granting of the license will not be in conflict with the interests of public health.

(d) A separate license or registration shall be obtained for each laboratory location, with the following exceptions:

(1) Laboratories that are not at a fixed location, that is, laboratories that move from one testing site to another, such as mobile units providing laboratory testing, health screening fairs, or other temporary testing locations, may apply for and obtain one license or registration for the designated primary site or home base, using the address of that primary site.

(2) Not-for-profit, or federal, state, or local government laboratories that engage in limited (not more than a combination of 15 moderately complex or waived tests, as defined under CLIA, per license) public health testing may apply for and obtain a single license or registration.

(3) Laboratories within a hospital that are located at contiguous buildings on the same campus and under common direction, may file a single application or multiple applications for a license or registration of laboratory locations within the same campus or street address.

(4) Locations within a single street and city address that are under common ownership may apply for and obtain a single license or registration or multiple licenses or registrations, at the discretion of the owner or owners.

(e) (1) A license or registration shall be valid for one year unless revoked or suspended. A clinical laboratory license or registration shall be automatically revoked 30 days from a major change of laboratory directorship or ownership. The clinical laboratory shall be required to submit a completed application for a new clinical laboratory license or registration within those 30 days or cease engaging in clinical laboratory practice.

(2) If a clinical laboratory intends to continue to engage in clinical laboratory practice during the 30 days after a major change in directorship occurs and before the laboratory license or registration is automatically revoked, the laboratory owner may appoint an interim director who meets the requirements of this chapter and CLIA. The interim director shall be appointed within five business days of the major change of the directorship. Written notice shall be provided to the department of the appointment of the laboratory director pursuant to this paragraph within five business days of the appointment.

(f) If the department does not within 60 days after the date of receipt of the application issue a license or registration, it shall state the grounds and reasons for its refusal in writing, serving a copy upon the applicant by certified mail addressed to the applicant at his or her last known address.

(g) The department shall be notified in writing by the laboratory owners or delegated representatives of the owners and the laboratory directors of any change in ownership, directorship, name, or location, including the addition or deletion of laboratory owners or laboratory directors within 30 days. However, notice of change in ownership shall

be the responsibility of both the current and new owners. Laboratory owners and directors to whom the current license or registration is issued shall remain jointly and severally responsible to the department for the operation, maintenance, and conduct of the clinical laboratory and for any violations of this chapter or the regulations adopted thereunder, including any failure to provide the notifications required by this subdivision, until proper notice is received by the department. In addition, failure of the laboratory owners and directors to notify the department within 30 days of any change in laboratory directors, including any additions or deletions, shall result in the automatic revocation of the clinical laboratory's license or registration.

(h) The withdrawal of an application for a license or registration or for a renewal of a license, or registration, issuable under this chapter, shall not, after the application has been filed with the department, deprive the department of its authority to institute or continue a proceeding against the applicant for denial of the license, registration, or renewal upon any ground provided by law or to enter an order denying the license, registration, or renewal upon any such ground, unless the department consents in writing to the withdrawal.

(i) The suspension, expiration, or forfeiture by operation of law of a license or registration issued under this chapter, or its suspension, forfeiture, or cancellation by order of the department or by order of a court of law, or its surrender without the written consent of the department, shall not deprive the department of its authority to institute or continue an action against a license or registration issued under this chapter or against the laboratory owner or laboratory director upon any ground provided by law or to enter an order suspending or revoking the license or registration issued under this chapter.

(j) (1) Whenever a clinical laboratory ceases operations, the laboratory owners, or delegated representatives of the owners, and the laboratory directors shall notify the department of this fact, in writing, within 30 calendar days from the date a clinical laboratory ceases operation. For purposes of this subdivision, a laboratory ceases operations when it suspends the performance of all clinical laboratory tests or examinations for 30 calendar days at the location for which the clinical laboratory is licensed or registered.

(2) (A) Notwithstanding any other provision of law, owners and laboratory directors of all clinical laboratories, including those laboratories that cease operations, shall preserve medical records and laboratory records, as defined in this section, for three years from the date of testing, examination, or purchase, unless a longer retention period is required pursuant to any other provision of law, and shall maintain an ability to provide those records when requested by the department or any duly authorized representative of the department.

(B) For purposes of this subdivision, "medical records" means the test requisition or test authorization, or the patient's chart or medical record, if used as the test requisition, the final and preliminary test or examination result, and the name of the person contacted if the laboratory test or examination result indicated an imminent life-threatening result or was of panic value.

(C) For purposes of this subdivision, “laboratory records” means records showing compliance with CLIA and this chapter during a laboratory’s operation that are actual or true copies, either photocopies or electronically reproducible copies, of records for patient test management, quality control, quality assurance, and all invoices documenting the purchase or lease of laboratory equipment and test kits, reagents, or media.

(D) Information contained in medical records and laboratory records shall be confidential, and shall be disclosed only to authorized persons in accordance with federal, state, and local laws.

(3) The department or any person injured as a result of a laboratory’s abandonment or failure to retain records pursuant to this section may bring an action in a court of proper jurisdiction for any reasonable amount of damages suffered as a result thereof.

(k) For purposes of this section, in the case of a pharmacy that applies for a registration pursuant to Section 1206.6, “laboratory director” means the pharmacist-in-charge identified pursuant to subdivision (a) of Section 1206.6.

(Amended by Stats. 2012, Ch. 874, Sec. 4. (SB 1481) Effective January 1, 2013.)

Attachment 3

Title 16. Board of Pharmacy

Section 1747

§ 1747. Independent HIV Preexposure and Postexposure Prophylaxis Furnishing.

(a) Prior to independently initiating and furnishing HIV preexposure and/or postexposure prophylaxis to a patient pursuant to Business and Professions Code sections 4052.02 and 4052.03, a pharmacist shall successfully complete a training program approved by the board or provided by a provider accredited by an approved accreditation agency. The training program shall satisfy the following criteria:

(1) Each training program shall be specific to the use of HIV preexposure and postexposure prophylaxis, and include at least 1.5 hours of instruction covering, at a minimum, the following areas:

(A) HIV preexposure and postexposure prophylaxis pharmacology.

(B) Requirements for independently initiating and furnishing HIV preexposure and postexposure prophylaxis contained in Business and Professions Code sections 4052.02 and 4052.03.

(C) Patient counseling information and appropriate counseling techniques, including at least, counseling on sexually transmitted diseases and sexual health.

(D) Patient referral resources and supplemental resources for pharmacists.

(E) Financial assistance programs for preexposure and postexposure prophylaxis, including the Office of AIDS' PrEP Assistance Program (PrEP-AP).

(F) Clinical eligibility recommendations provided in the federal Centers for Disease Control and Prevention (CDC) guidelines defined in Business and Professions Code sections 4052.02(c) and 4052.03(c).

(2) The training program shall require the passing of an assessment based on the criteria of (a)(1) with a score of 70% or higher to receive documentation of successful completion of the training program.

(b) A pharmacist who independently initiates or furnishes HIV preexposure and/or postexposure prophylaxis pursuant to Business and Professions Code sections 4052.02 and 4052.03 shall maintain documentation of their successful completion of the training program for a period of four (4) years. Documentation maintained pursuant to this subdivision must be made available upon request of the board.

Note: Authority cited: Sections 4005, 4052.02, and 4052.03, Business and Professions Code. Reference: Sections 4052, 4052.02, and 4052.03, Business and Professions Code; Section 120972, Health and Safety Code.

Attachment 4

Proposal to Add Title 16, California Code of Regulations Section 1708.1 as follows:

§ 1708.1. Notification of Temporary Closure.

A permit holder shall notify the board of any temporary closure of a facility that will exceed three consecutive calendar days. Closure dates will be public information.

Reference: BPC 4126.5, BPC 4312

Attachment 5

§ 1704. ~~Change of~~ Providing Addresses.

(a) Each person holding a certificate, license, permit, registration or exemption to practice or engage in any activity in the State of California under any and all laws administered by the Board shall file a proper and current residence address with the Board at its office in Sacramento and shall within 30 days notify the Board at its said office of any and all changes of residence address, giving both the old and new address.

(b) Each applicant and person holding a certificate, license, permit, or registration who has an electronic mail address shall provide to the Board that electronic mail address and shall maintain a current electronic mail address, if any, with the Board.

(c) Failure to comply with the requirements of this section may subject the person holding a certificate, license, permit, or registration to enforcement action.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4003 and 4100, Business and Professions Code.

Attachment 6

CALIFORNIA STATE BOARD OF PHARMACY QUARTERLY LICENSING STATISTICS FISCAL YEAR 2019/2020

APPLICATIONS RECEIVED

*Number provided through June 24, 2020.

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*	Total FYTD
Designated Representatives (EXC)	101	114	75	51	341
Designated Representatives Vet (EXV)	4	1	2	0	7
Designated Representatives-3PL (DRL)	32	19	23	9	83
Designated Representatives-Reverse Distributor (DRR)	0	1	0	1	2
Designated Paramedic (DPM)	0	3	0	0	3
Intern Pharmacist (INT)	1,425	176	215	192	2,008
Pharmacist Exam Applications	340	157	193	1,698	2,388
Pharmacist Retake Exam Applications	231	365	535	188	1,319
Pharmacist Initial License Application	240	915	599	168	1,922
Advanced Practice Pharmacist (APH)	60	54	52	32	198
Pharmacy Technician (TCH)	1,277	1,140	1,257	677	4,351
Total	**3,710**	**2,945**	**2,951**	**3,016**	**12,622**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*	Total FYTD
Automated Drug Delivery System (ADD)	148	75	55	47	325
Automated Drug Delivery System EMS (ADE)	0	0	1	0	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	2	0	2
Centralized Hospital Packaging (CHP)	0	0	1	0	1
Clinics (CLN)	42	34	22	23	121
Clinics Exempt (CLE)	130	99	9	188	426
Drug Room (DRM)	0	0	0	0	0
Drug Room Exempt (DRE)	0	0	0	0	0
Hospitals (HSP)	8	9	3	8	28
Hospitals Exempt (HPE)	0	0	1	2	3
Hospital Satellite Sterile Compounding (SCP)	0	1	1	0	2
Hospital Satellite Sterile Compounding Exempt (SCE)	1	0	0	0	1
Hypodermic Needle and Syringes (HYP)	2	0	2	2	6
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	1	1
Outsourcing Facility Nonresident (NSF)	5	1	3	3	12
Pharmacy (PHY)	89	80	96	68	333
Pharmacy (PHY) Chain	19	8	8	3	38
Pharmacy Exempt (PHE)	3	2	1	0	6
Pharmacy Nonresident (NRP)	28	31	39	22	120
Remote Dispensing Pharmacy (PHR)	0	0	1	3	4
Sterile Compounding (LSC)	37	22	25	15	99
Sterile Compounding Exempt (LSE)	7	2	1	1	11
Sterile Compounding Nonresident (NSC)	1	4	3	2	10
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	3	3	7
Third-Party Logistics Providers Nonresident (NPL)	5	6	8	3	22
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	17	17	8	13	55
Wholesalers Exempt (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	33	24	24	19	100
Total	**576**	**415**	**317**	**426**	**1,734**

Applications Received with Temporary License Requests	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*	Total FYTD
Drug Room -Temp	0	0	0	0	0
Hospitals - Temp	7	11	0	6	24
Hospital Satellite Sterile Compounding - Temp	0	1	0	0	1
Outsourcing Facility - Temp	0	0	0	1	1
Outsourcing Facility Nonresident - Temp	1	1	1	3	6
Pharmacy - Temp	63	66	74	59	262
Pharmacy Nonresident Temp	16	25	23	15	79
Remote Dispensing Pharmacy - Temp	0	0	0	1	1
Sterile Compounding - Temp	16	11	11	15	53
Sterile Compounding Nonresident Temp	1	2	0	1	4
Third-Party Logistics Providers - Temp	0	0	1	3	4
Third-Party Logistics Providers Nonresident Temp	2	2	3	0	7
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0
Wholesalers - Temp	17	6	5	8	36
Wholesalers Nonresident - Temp	6	9	7	8	30
Total	**129**	**134**	**125**	**120**	**508**

LICENSES ISSUED

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	67	96	105	81	349
Designated Representatives Vet (EXV)	2	2	2	0	6
Designated Representatives-3PL (DRL)	17	34	16	20	87
Designated Representatives-Reverse Distributor (DRR)	0	0	1	1	2
Designated Paramedic (DPM)	0	0	3	0	3
Intern Pharmacist (INT)	1,289	302	129	211	1,931
Pharmacist (RPH)	230	893	598	196	1,917
Advanced Practice Pharmacist (APH)	24	50	71	108	253
Pharmacy Technician (TCH)	1,333	1,193	1,190	928	4,644
Total	**2,962**	**2,570**	**2,115**	**1,545**	**9,192**

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	788	133	51	36	1,008
Automated Drug Delivery System EMS (ADE)	0	0	1	0	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	1	0	1
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	115	17	24	46	202
Clinics Exempt (CLE)	112	86	92	241	531
Drug Room (DRM)	0	0	0	0	0
Drug Room Exempt (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	1	1
Hospitals Exempt (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	1	1
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0	1	0	1
Hypodermic Needle and Syringes (HYP)	2	1	1	2	6
Correctional Pharmacy (LCF)	0	0	1	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	3	1	0	4
Pharmacy (PHY)	31	39	20	28	118
Pharmacy Exempt (PHE)	0	0	3	2	5
Pharmacy Nonresident (NRP)	6	5	12	5	28
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Sterile Compounding (LSC)	13	13	12	19	57
Sterile Compounding Exempt (LSE)	0	0	2	0	2
Sterile Compounding Nonresident (NSC)	1	0	1	0	2
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	3	1	0	0	4
Third-Party Logistics Providers Nonresident (NPL)	3	6	3	4	16
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	9	6	9	7	31
Wholesalers Exempt (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	8	24	14	17	63
Total	**1,092**	**334**	**249**	**409**	**2,084**

Site Temporary Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room-Temp	0	0	0	0	0
Hospitals - Temp	1	6	1	2	10
Hospital Satellite Sterile Compounding - Temp	0	0	0	0	0
Outsourcing Facility - Temp	0	0	0	0	0
Outsourcing Facility Nonresident - Temp	0	1	0	2	3
Pharmacy - Temp	55	58	73	59	245
Pharmacy Nonresident Temp	13	15	27	22	77
Remote Dispensing Pharmacy - Temp	0	0	0	0	0
Sterile Compounding - Temp	16	19	8	2	45
Sterile Compounding Nonresident Temp	3	1	0	3	7
Third-Party Logistics Providers-Temp	0	0	1	2	3
Third-Party Logistics Providers Nonresident Temp	4	0	2	1	7
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0
Wholesalers - Temp	8	4	5	7	24
Wholesalers Nonresident - Temp	14	5	10	5	34
Total	**114**	**109**	**127**	**105**	**455**

PENDING APPLICATIONS (Data reflects number of pending applications at the end of the quarter)

*Number provided through June 24, 2020.

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*
Designated Representatives (EXC)	423	436	403	376
Designated Representatives Vet (EXV)	7	6	6	5
Designated Representatives-3PL (DRL)	123	105	112	102
Designated Representatives-Reverse Distributor (DRR)	2	3	2	2
Designated Paramedic (DPM)	0	3	0	0
Intern Pharmacist (INT)	252	106	148	106
Pharmacist (exam not eligible)	1,090	1,163	1,246	1,091
Pharmacist (exam eligible)	2,349	1,502	852	2,417
Advanced Practice Pharmacist (APH)	229	232	217	70
Pharmacy Technician (TCH)	1,264	1,189	1,260	1,023
Total	**5,739**	**4,745**	**4,246**	**5,192**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*
Automated Drug Delivery System (ADD)	167	104	85	148
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	1	1
Centralized Hospital Packaging (CHP)	4	4	4	4
Clinics (CLN)	105	118	114	90
Clinics Exempt (CLE)	65	96	109	28
Drug Room (DRM)	0	0	0	0
Drug Room Exempt (DRE)	0	0	0	0
Hospitals (HSP)	13	15	15	20
Hospitals Exempt (HPE)	1	1	1	2
Hospital Satellite Sterile Compounding (SCP)	2	3	2	2
Hospital Satellite Sterile Compounding Exempt (SCE)	3	3	2	2
Hypodermic Needle and Syringes (HYP)	10	1	2	2
Correctional Pharmacy (LCF)	1	0	0	0
Outsourcing Facility (OSF)	2	2	0	1
Outsourcing Facility Nonresident (NSF)	11	5	4	5
Pharmacy (PHY)	200	177	172	149
Pharmacy Exempt (PHE)	3	5	3	2
Pharmacy Nonresident (NRP)	134	140	130	124
Remote Dispensing Pharmacy (PHR)	0	0	1	3
Sterile Compounding (LSC)	96	95	91	83
Sterile Compounding - Exempt (LSE)	12	13	13	10
Sterile Compounding Nonresident (NSC)	5	8	10	9
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	5	0	3	0
Third-Party Logistics Providers Nonresident (NPL)	52	43	47	43
Veterinary Food-Animal Drug Retailer (VET)	1	1	1	1
Wholesalers (WLS)	46	46	39	36
Wholesalers Exempt (WLE)	1	1	1	1
Wholesalers Nonresident (OSD)	118	101	89	87
Total	**1,057**	**982**	**939**	**853**

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*
Drug Room-Temp	0	0	0	0
Hospitals - Temp	5	7	4	3
Hospital Satellite Sterile Compounding - Temp	0	0	0	0
Outsourcing Facility - Temp	0	0	0	0
Outsourcing Facility Nonresident - Temp	0	1	1	2
Pharmacy - Temp	106	100	111	128
Pharmacy Nonresident Temp	28	29	36	0
Remote Dispensing Pharmacy - Temp	0	0	0	45
Sterile Compounding - Temp	21	20	12	8
Sterile Compounding Nonresident Temp	6	3	1	3
Third-Party Logistics Providers-Temp	1	0	1	0
Third-Party Logistics Providers Nonresident Temp	3	0	2	0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0
Wholesalers - Temp	7	2	5	9
Wholesalers Nonresident - Temp	11	4	9	3
Total	**188**	**166**	**182**	**201**

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	1	1	3	9	14
Designated Representatives Vet (EXV)	1	0	0	0	1
Designated Representatives-3PL (DRL)	2	1	1	2	6
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	0	2	2	4
Pharmacist (exam applications)	0	0	158	20	178
Advanced Practice Pharmacist (APH)	0	0	0	69	69
Pharmacy Technician (TCH)	13	10	6	22	51
Total	**17**	**12**	**170**	**124**	**323**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	56	15	9	2	82
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	1	0	1	0	2
Clinics (CLN)	0	2	1	0	3
Clinics Exempt (CLE)	0	3	0	28	31
Drug Room (DRM)	0	0	0	0	0
Drug Room Exempt (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	2	2	4
Hospitals Exempt (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	9	0	0	9
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	1	0	1
Outsourcing Facility Nonresident (NSF)	1	1	2	0	4
Pharmacy (PHY)	6	9	8	8	31
Pharmacy Exempt (PHE)	0	0	0	0	0
Pharmacy Nonresident (NRP)	1	1	3	3	8
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Sterile Compounding (LSC)	3	0	5	7	15
Sterile Compounding - Exempt (LSE)	0	1	0	0	1
Sterile Compounding Nonresident (NSC)	0	0	1	0	1
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	4	0	1	5
Third-Party Logistics Providers Nonresident (NPL)	2	9	0	2	13
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	5	2	0	7
Wholesalers Exempt (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	7	12	3	2	24
Total	**77**	**71**	**38**	**55**	**241**

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	0	0	0	0	0
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	0	1	0	1
Pharmacist (exam not eligible)	2	2	0	0	4
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	8	11	4	4	27
Total	**10**	**13**	**5**	**4**	**32**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	0	0	0	0	0
Clinics Exempt (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Exempt (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Exempt (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	1	0	1
Outsourcing Facility Nonresident (NSF)	0	1	0	0	1
Pharmacy (PHY)	2	6	0	3	11
Pharmacy Exempt (PHE)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Sterile Compounding (LSC)	2	0	0	0	2
Sterile Compounding Exempt (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	0	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	0	1	0	1
Wholesalers Exempt (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	**4**	**7**	**2**	**3**	**16**

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	540	419	256	663	1,878
Designated Representative Responded	89	127	71	417	704
Advanced Practice Pharmacist Received	314	122	228	96	760
Advanced Practice Pharmacist Responded	169	148	106	96	519
Pharmacist/Intern Received	1,580	1,169	1,286	2,507	6,542
Pharmacist/Intern Responded	844	3,020	1,405	2,246	7,515
Pharmacy Technician Received	1,363	584	1,191	1,460	4,598
Pharmacy Technician Responded	1,241	1,073	1,101	1,020	4,435
Pharmacy Received	2,242	2,021	2,097	2,155	8,515
Pharmacy Responded	2,365	2,090	2,311	2,217	8,983
Sterile Compounding/Outsourcing Received	1,646	1,275	1,214	1,646	5,781
Sterile Compounding/Outsourcing Responded	1,319	808	882	1,140	4,149
Wholesale/Clinic/Hypodermic/3PL Received	1,119	927	922	1,244	4,212
Wholesale/Clinic/Hypodermic/3PL Responded	575	665	751	1,110	3,101
Automated Drug Delivery Systems Received	565	617	362	133	1,677
Automated Drug Delivery Systems Responded	505	277	183	85	1,050
Pharmacist-in-Charge Received	516	763	748	879	2,906
Pharmacist-in-Charge Responded	254	650	556	454	1,914
Change of Permit Received	1,546	909	982	1,023	4,460
Change of Permit Responded	725	446	721	826	2,718
Renewals Received	2,269	1,701	1,934	1,908	7,812
Renewals Responded	1,854	1,480	1,733	1,650	6,717

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	50	0	67	56	173
Advanced Practice Pharmacist	149	229	45	20	443
Pharmacist/Intern	1,257	2,122	92	458	3,929
Pharmacy	226	461	413	581	1,681
Sterile Compounding/Outsourcing	120	111	162	84	477
Wholesale/Clinic/Hypodermic/3PL *	280	499	338	246	1,363
Automated Drug Delivery Systems	28	58	48	31	165
Pharmacist-in-Charge	151	234	192	99	676
Change of Permit	119	122	112	92	445
Renewals	2,380	3,836	1,469	1,667	9,352

UPDATE LICENSING RECORDS

* Numbers are provided through May 31, 2020.

Change of Pharmacist-in-Charge	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun***	**Total FYTD**
Received	504	526	528	328	1,886
Processed	218	556	717	543	2,034
Approved	332	600	747	508	2,187
Pending (Data reflects number of pending at the end of the quarter.)	692	629	416	518	n/a
Change of Designated Representative-in-Charge	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun***	**Total FYTD**
Received	37	33	56	25	151
Processed	59	28	60	27	174
Approved	70	35	55	32	192
Pending (Data reflects number of pending at the end of the quarter.)	57	50	53	98	n/a
Change of Responsible Manager	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun***	**Total FYTD**
Received	5	8	7	4	24
Processed	7	8	6	5	26
Approved	7	10	5	7	29
Pending (Data reflects number of pending at the end of the quarter.)	4	2	4	4	n/a
Change of Professional Director	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun***	**Total FYTD**
Received	1	13	29	24	67
Processed	0	13	55	36	104
Approved	0	1	41	39	81
Pending (Data reflects number of pending at the end of the quarter.)	6	18	42	54	n/a
Change of Permits	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun***	**Total FYTD**
Received	356	312	297	179	1,144
Processed	9	145	679	566	1,399
Approved	13	301	304	494	1,112
Pending (Data reflects number of pending at the end of the quarter.)	1,724	1,745	1,862	1,586	n/a
Clinic Co-Location	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun***	**Total FYTD**
Received	0	0	0	0	0
Processed	0	0	0	0	0
Approved	0	0	0	0	0
Pending (Data reflects number of pending at the end of the quarter.)	0	0	0	0	n/a
Discontinuance of Business	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun***	**Total FYTD**
Received	103	134	97	23	357
Processed	96	191	125	28	440
Approved	91	156	126	27	400
Pending (Data reflects number of pending at the end of the quarter.)	266	249	217	221	n/a
Requests Approved	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Address/Name Changes	3,797	2,883	3,216	2,996	12,892
Off-site Storage	31	649	40	16	736
Transfer of Intern Hours	15	10	7	10	42
License Verification	655	437	589	461	n/a

DISCONTINUED OF BUSINESS

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	3	15	28	14	60
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Exempt (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	7	5	3	0	15
Clinics Exempt (CLE)	1	3	0	0	4
Drug Room (DRM)	0	0	0	0	0
Drug Room Exempt (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	2	0	2
Hospitals Exempt (HPE)	1	0	1	0	2
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	1	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	1	1
Outsourcing Facility Nonresident (NSF)	2	1	0	0	3
Pharmacy (PHY)	35	41	25	31	132
Pharmacy (PHY) Chain	10	48	12	8	78
Pharmacy Exempt (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	7	5	3	5	20
Sterile Compounding (LSC)	6	7	14	6	33
Sterile Compounding Exempt (LSE)	5	0	0	0	5
Sterile Compounding Nonresident (NSC)	0	3	2	0	5
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident (NPL)	0	1	2	0	3
Veterinary Food-Animal Drug Retailer (VET)	0	0	1	0	1
Wholesalers (WLS)	10	5	5	1	21
Wholesalers Exempt (WLE)	0	2	0	0	2
Wholesalers Nonresident (OSD)	7	6	0	2	15
Total	**95**	**143**	**98**	**68**	**404**

LICENSES RENEWED

* Numbers are provided through May 31, 2020.

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*	Total FYTD
Designated Representatives (EXC)	585	591	667	385	2,228
Designated Representatives Vet (EXV)	23	4	11	10	48
Designated Representatives-3PL (DRL)	77	54	57	31	219
Designated Representatives-Reverse Distributor (DRR)	0	2	0	0	2
Designated Paramedic (DPM)	0	0	0	0	0
Pharmacist (RPH)	5,545	5,386	5,302	3,563	19,796
Advanced Practice Pharmacist (APH)	78	61	68	61	268
Pharmacy Technician (TCH)	7,673	7,299	7,468	5,184	27,624
Total	**13,981**	**13,397**	**13,573**	**9,234**	**50,185**

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*	Total FYTD
Automated Drug Delivery System (ADD)	12	497	16	67	592
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	1	1
Centralized Hospital Packaging (CHP)	3	1	3	0	7
Clinics (CLN)	302	255	263	152	972
Clinics Exempt (CLE)	138	96	53	55	342
Drug Room (DRM)	6	4	7	4	21
Drug Room Exempt (DRE)	1	9	0	0	10
Hospitals (HSP)	53	131	113	46	343
Hospitals Exempt (HPE)	28	25	2	12	67
Hospital Satellite Sterile Compounding (SCP)	1	0	0	0	1
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0	1	1	2
Hypodermic Needle and Syringes (HYP)	38	70	73	27	208
Correctional Pharmacy (LCF)	1	56	0	2	59
Outsourcing Facility (OSF)	1	5	0	0	6
Outsourcing Facility Nonresident (NSF)	3	1	1	5	10
Pharmacy (PHY)	1,105	2,010	1,601	1,253	5,969
Pharmacy Exempt (PHE)	82	25	4	14	125
Pharmacy Nonresident (NRP)	60	168	152	77	457
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Sterile Compounding (LSC)	135	244	148	99	626
Sterile Compounding Exempt (LSE)	71	5	2	5	83
Sterile Compounding Nonresident (NSC)	9	19	11	14	53
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	7	5	8	3	23
Third-Party Logistics Providers Nonresident (NPL)	21	25	8	9	63
Veterinary Food-Animal Drug Retailer (VET)	3	4	6	2	15
Wholesalers (WLS)	114	90	101	65	370
Wholesalers Exempt (WLE)	7	3	1	0	11
Wholesalers Nonresident (OSD)	154	155	144	100	553
Total	**2,355**	**3,903**	**2,718**	**2,013**	**10,989**

CURRENT LICENSES - Data reflects number of licenses at the end of the quarter.

* Numbers are provided through May 31, 2020.

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*
Designated Representatives (EXC)	2,933	2,914	2,919	2,903
Designated Representatives Vet (EXV)	67	66	67	67
Designated Representatives-3PL (DRL)	319	335	339	345
Designated Representatives-Reverse Distributor (DRR)	2	2	3	4
Designated Paramedic (DPM)	0	0	3	3
Intern Pharmacist (INT)	7,700	7,171	6,959	6,954
Pharmacist (RPH)	47,023	47,670	47,876	47,891
Advanced Practice Pharmacist (APH)	574	624	670	765
Pharmacy Technician (TCH)	70,150	69,796	69,534	69,559
Total	**128,768**	**128,578**	**128,370**	**128,491**

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun*
Automated Drug Delivery System (ADD)	794	952	899	907
Automated Drug Delivery System EMS (ADE)	0	0	1	1
Automated Patient Dispensing System 340B Clinic (ADC)	1	1	1	1
Centralized Hospital Packaging Government Owned (CHE)	2	2	3	2
Centralized Hospital Packaging (CHP)	8	8	8	8
Clinics (CLN)	1,245	1,246	1,257	1,286
Clinics Exempt (CLE)	468	550	641	753
Drug Room (DRM)	22	22	22	22
Drug Room Exempt (DRE)	10	10	10	10
Hospitals (HSP)	385	387	388	388
Hospitals Exempt (HPE)	83	82	81	82
Hospital Satellite Sterile Compounding (SCP)	3	3	4	4
Hospital Satellite Sterile Compounding Exempt (SCE)	0	0	1	1
Hypodermic Needle and Syringes (HYP)	299	299	299	299
Correctional Pharmacy (LCF)	60	60	61	61
Outsourcing Facility (OSF)	5	5	5	4
Outsourcing Facility Nonresident (NSF)	22	22	22	22
Pharmacy (PHY)	6,442	6,389	6,400	6,401
Pharmacy Exempt (PHE)	130	130	134	134
Pharmacy Nonresident (NRP)	552	558	577	584
Remote Dispensing Pharmacy (PHR)	0	0	0	1
Sterile Compounding (LSC)	753	754	744	747
Sterile Compounding Exempt (LSE)	117	114	114	112
Sterile Compounding Nonresident (NSC)	72	69	66	68
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	1
Third-Party Logistics Providers (TPL)	29	30	30	32
Third-Party Logistics Providers Nonresident (NPL)	74	78	80	84
Veterinary Food-Animal Drug Retailer (VET)	21	21	21	21
Wholesalers (WLS)	539	537	539	545
Wholesalers Exempt (WLE)	14	14	14	14
Wholesalers Nonresident (OSD)	761	769	780	785
Total	**12,912**	**13,113**	**13,203**	**13,380**
Total Population of Licenses	**141,680**	**141,691**	**141,573**	**141,871**