



United Food & Commercial Workers Union

Amber Baur, Executive Director · Mark Ramos, President · Kirk Vogt, Secretary-Treasurer · Andrea Zinder, Recorder
8530 Stanton Avenue, P.O. Box 5158 · Buena Park, California 90620 (714) 670-5580
912 11th Street, Suite 600 · Sacramento, California 95814
www.ufcwwest.org

April 18, 2023

The Honorable Susan Eggamn
Chair, Senate Health Committee
1021 O Street, Room 3310
Sacramento, CA 95814

Re: SB 524 (Caballero)- OPPOSE UNLESS AMENDED

Dear Chairman Eggman and Honorable Committee Members:

On behalf of the United Food and Commercial Workers Western States Council (UFCW), and its over 180,000 members, thousands of whom are licensed pharmacists and pharmacist technicians, we must respectfully oppose SB 524 (Caballero).

This bill would dramatically expand the number of services pharmacists would be lawfully permitted to provide without first resolving the problem -- exhaustively documented and verified by the Board of Pharmacy -- of chain drug stores dramatically understaffing their pharmacies to boost profits. For example, each of the many additional services permitted by the bill could easily consume 30 minutes of a pharmacist's time yet the bill makes no provision for how these already-overworked licensed professionals will find the hours in the workday and workflow to perform them. Again, so severely are chain store pharmacy staff overworked and so compelling is the evidence of the patient danger from such overwork that the Board is sponsoring a bill this session to address the issue. (AB 1286 (Haney)).

In 2021, after hearing from the public and licensees on the need to address working conditions of pharmacist and pharmacy staff, the California Board of Pharmacy conducted a [workforce survey](#) to better understand the issues and needs of community pharmacists. The survey results were stark, showing the difference in working conditions between an independent pharmacy, which is owned and operated by a licensed pharmacist, and a chain community pharmacy setting, which is owned and operated by a large corporation. In the survey it was reported by pharmacists that:

- **91% of chain pharmacists stated that staffing in their primary worksite is NOT appropriate to ensure adequate patient care.** Compared to 63% of independent pharmacists who said that staffing IS adequate.
- 35% of pharmacists in the chain setting indicated that they have on average 3-5 medication errors in a month and another 45% said they have 1-2 medication errors a month. That is **80% of chain pharmacists sharing that at least one medication error is happening a month**. Medication errors which can cause severe patient harm and potentially death.
- **83% of pharmacists said they do NOT have time to provide appropriate patient consultations.** Patient consultations, which are the last check to make sure the patient is getting the right medication in the right quantity and dosage. Compared to 68% in the independent pharmacy setting who said they DO have time to give appropriate patient consultations.
- 95% of pharmacists indicated they are required to offer ancillary services at their pharmacy, such as immunizations, hormonal contraception, and naloxone. **78% of chain pharmacists said they do NOT currently have time to provide adequate screening prior to the administration of an immunization.** 40% of these pharmacists administer 21-50 immunizations in one-shift and 35% of these pharmacists have over 300 scripts to process in one-shift. Pharmacists are saying they do not have time to perform the proper review for immunizations currently in their scope of practice, will they have time to perform even more stringent reviews before administering treatment for a wide variety of illnesses?

Aside from the question of when pharmacy staff would perform these services, the bill does not address where they will be performed. Not all chain pharmacies have private settings appropriate for such care. In order to ensure patient confidentiality and safety, wall to wall enclosed private spaces are needed next to the pharmacy, not just private spaces with dividers.

Finally, the timing of this bill is unfortunate. It comes against the backdrop of the large chain drug stores being subject to legal action by the federal government or having settled such actions for their failure to check for red flags for opioid addiction and in some instances deleting the red flags from their systems. These cases starkly reveal the enormous pressure to produce profits placed upon these licensed professionals and the cost to patients when these pressures are not checked. Here, from this experience and from the Board's workforce study, we know the chains will place enormous pressure on pharmacy staff to provide these services without correspondingly increasing staff or constructing private locations, both of which eat into profits.

Our pharmacy staff members went into their profession to be healers. They eagerly wish to be a part of the solution of expanding health care to under-served areas but not at the cost of being able to perform their bedrock duties safely. It is for these reasons we propose the following amendments to remove our opposition on SB 524.

Amendment One:

Require an **additional** pharmacist to be hired to provide **only** the services prescribed by Section 4052 (iv) (I-V). This ensures that pharmacists, who are overworked and understaffed on their current workload duties, do not need to break workflow to assist patients and offer treatment on the illnesses and conditions, which are time extensive, under this proposal. This amendment will provide the highest level of patient care and services delivered by pharmacists whose sole focus will be testing and treating these illnesses and conditions.

Amendment Two:

Require a private **enclosed** space to deliver care and treatment for the illness and conditions prescribed by SB 524. The bill attempts to address the privacy and confidentiality concerns in Section 4052.04 (e), however, this language isn't clear as to what an "area designed to maintain privacy and confidentiality" is. This could be a space next to the grocery aisles with a partitioned divider by allowing conversations to be overhead by customers roaming the aisles or workers within the retail establishment. To ensure the utmost patient privacy and confidentiality, while complying with HIPAA, it is imperative this language be further refined to require wall-to-wall enclosed spaces where conversations cannot be overheard by bystanders and workers.

For these reasons, UFCW is opposed unless amended on SB 524.

Sincerely,



Jassy Grewal, Legislative Director
UFCW Western States Council