California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

LICENSING COMMITTEE REPORT
January 22, 2024

Seung Oh, PharmD, Licensee Member, Chairperson
Trevor Chandler, Vice-Chairperson
Renee Barker, PharmD, Licensee Member
Jessica Crowley, PharmD, Licensee Member
Jason Weisz, Public Member

I. Call to Order and Establishment of Quorum

II. Public Comment on Items Not on the Agenda/Agenda Items for Future Meetings

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

III. Approval of the October 18, 2023 Licensing Committee Meeting Minutes

Attachment 1 includes the draft minutes from the October 18, 2023 meeting.

IV. Discussion and Consideration of Draft Survey Related to Pharmacist to Pharmacy Technician Ratio

Relevant Law
Paragraph (1) of subdivision (g) of Business and Professions Code (BPC) section 4115 provides that a pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a) of BPC section 4115.[1] This paragraph further provides that the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall

[1] Subdivision (a) of BPC section 4115 states: "A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under their supervision by a technician."

not apply to personnel performing clerical functions pursuant to BPC sections 4116 or 4117, nor shall this ratio apply for the following:

1. An inpatient of a licensed health facility.
2. A patient of a licensed home health agency.
3. An inmate of a correctional facility of the Department of Corrections and Rehabilitation.
4. A person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs.

Paragraph (2) of subdivision (g) of BPC section 4115 provides authority for the Board to adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency.

California Code of Regulations, title 16, section 1793.7(f) specifies that for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty.

Background

Over the years there have been several legislative attempts to change the ratio requirements. Further, the Board has received numerous requests from the public to schedule a discussion on the current ratio requirements.

A review of the National Association of Boards of Pharmacy (NABP) Survey of Pharmacy Law reveals a variety of different ratios established in different states. It is important to note that review of various state ratios does not necessarily provide an apples-to-apples comparison, as the licensing requirements and authorized functions for pharmacy technicians are not consistent and vary widely between states. Further, unlike in California, many states require individuals who are performing clerk/typist duties (i.e., order entry/data entry) to be licensed as pharmacy technicians.[2]

With an understanding of these variances, below are examples of ratios established in some states.

[2] As noted above, in California the 2:1 ratio does not apply to personnel performing clerical functions. (See BPC section 4115(g)(1).)

- Several states appear to allow a 3:1or 4:1 ratio, with some states requiring that the ratio must include one or more pharmacy technicians that are certified by the Pharmacy Technician Certification Board (PTCB).
- Some states have provisions that allow for a pharmacy manager to petition the state board of pharmacy to increase a ratio beyond the minimum established in their respective jurisdiction under specified conditions.
- At least one state establishes a ratio of 1:4, which allows for supervision of two registered pharmacy technicians and two unlicensed personnel.
- Other states have no ratio or specify that the pharmacist can determine the number of licensed pharmacy technicians.

During the Committee's October 2023 meeting, members and stakeholders considered a number of policy questions related to the current ratio and potential opportunities for change. A summary of the discussion is included in Attachment 1 as part of the minutes from that meeting. After consideration, the Committee indicated its desire to develop a survey for pharmacists soliciting feedback on the issue of ratios.

For Committee Consideration and Discussion

Following the October meeting, staff worked with the Committee chair and Department of Consumer Affairs (DCA) experts in survey design to develop potential survey questions. During the January meeting, members will have the opportunity to provide feedback to staff on the survey questions. Board staff will continue to work with DCA survey design experts as appropriate to finalize the survey after approval from the Committee and Board.

Attachment 2 includes a copy of the draft questions for the survey.

V. Discussion and Consideration of Proposed Amendment to California Code of Regulations, Title 16, Section 1707.4 Related to Central Fill Pharmacies

Relevant Law

California Code of Regulations, title 16, section 1707.4 generally provides authority for a pharmacy licensed by the Board to process a request for refill of a prescription received by a pharmacy within California under specified conditions including:

1. The pharmacy that is to refill the prescription either has a contract with the pharmacy that received the prescription or has the same owner as the originating pharmacy.

2. The prescription container meets labeling requirements and clearly shows the name and address of the pharmacy refilling the prescription and/or the name and address of the pharmacy which receives the refilled prescription for dispensing to the patient.
3. The patient is provided with written information that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
4. Both pharmacies maintain complete and accurate records of the refill, as specified.
5. Both pharmacies shall each be responsible for ensuring the order has been properly filled.
6. The originating pharmacy is responsible for compliance with the requirements set forth in California Code of Regulations, title 16, sections 1707.1 (duty to maintain medication profiles), 1707.2 (duty to consult), and 1707.3 (duty to review drug therapy and patient medication record prior to delivery).

Background

As part of the October 2023 Committee meeting, members considered the Board's current regulations and several policy questions. Members received significant public comment during the meeting.

Following discussion, it was determined that changes to the Board's regulations are necessary to provide clarity on the Board's regulation of central fill pharmacies.

For Committee Consideration and Discussion

Following the October meeting, staff worked with the Committee chair to draft potential amendments to 16 CCR section 1707.4. During the January meeting, members will have an opportunity to discuss the proposed language.

Should the Committee determine that the proposed amendments have been appropriately identified, the following motion could be used:

> **Motion**: Recommend initiation of a rulemaking to amend California Code of Regulations, title 16, section 1707.4 [insert either "as proposed to be amended" or "consistent with the Committee's discussion"]. Authorize the executive officer to further refine the language consistent with the Committee's discussion and to make any nonsubstantive changes prior to presenting the proposed rulemaking to the Board.

Attachment 3 includes the draft regulation language.

VI. Discussion and Consideration of Proposed Definition of Mail Order Pharmacy

Background

During the October 2023 Committee meeting, members initiated discussion on requirements for mail order pharmacies and noted that generally, all pharmacies are regulated under the same legal requirements. Although the Board does have some regulations that may establish a unique requirement for a specified type of license (*e.g.*, central fill requirements discussed under the prior agenda item or laws related to chain community pharmacies), generally all pharmacies must comply with the same laws. While this approach may allow for simplicity, it can also create some confusion. Further, a broad approach can at times lead to patient safety concerns.

As part of the Committee's discussion, members noted that the Pharmacy Law does not currently include a definition of the term "mail order pharmacy." Members discussed the need for inspection authority for nonresident pharmacies and also voiced concerns about temperature control issues that may need to be addressed in the mail order pharmacy context.

Following discussion, members noted the need for the Committee to continue its discussion on the topic of mail order pharmacies and further noted that, depending on the outcome of the Committee's assessment, the issue may be appropriate for inclusion in the Board's sunset report.

For Committee Consideration and Discussion

Subsequent to the October meeting, staff developed a possible definition of "mail order pharmacy" that may be helpful for members to consider. Development of a definition would ensure members and stakeholders have a common understanding and would also create opportunities for the Board to address its regulation of this business model more directly.

During the January meeting, the Committee will have the opportunity to continue its discussion and provide staff with direction on next steps.

Attachment 4 includes the draft definition of "mail order pharmacy."

VII. Discussion and Consideration of Pharmacy Technician Training Program Requirements

Relevant Law

BPC section 4038 defines a "pharmacy technician trainee" as a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational Education.

BPC section 4115.5 allows a pharmacy technician trainee to be placed in a pharmacy to complete an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician. This practical training has certain limitations as set forth in the law. For example, the externship shall be for a period of no fewer than 120 hours and no more than 140 hours, unless the externship includes a rotation between a community and hospital pharmacy, in which case the externship may be for a period of up to 340 hours. (See BPC section 4115.5(c).) The externship is also limited to a period of no more than six consecutive months in a community pharmacy setting and to a total of no more than 12 months if the externship involves rotation between a community and hospital pharmacy. (See BPC section 4115.5(d).)

BPC section 4202 generally establishes the requirements for a pharmacy technician license and includes four pathways to licensure, one of which is completing a course of training specified by the Board (see BPC section 4202(a)(2)).

California Code of Regulations, title 16, section 1793.6 further clarifies that a course of training specified by the Board is:

- Any pharmacy technician training program accredited by the American Society of Health-Systems Pharmacists (ASHP);
- Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion; or
- Any other course that provides a training period of at least 240 hours of instruction covering specified content, and that also satisfies certain other requirements.

Background

Programs accredited by the ASHP must comply with ASHP accreditation standards. ASHP also provides a Model Curriculum that provides details on how to meet the accreditation standards. The Model Curriculum includes standards and key elements for both entry-level and advanced-level pharmacy technician education and training. Currently, the Board accepts any ASHP-accredited program, regardless of level (i.e., entry-level or advanced-level).

As part of the pharmacy technician license application process, the Board accepts an affidavit verifying completion of a training course. Where the applicant has completed an employer-based training course, the affidavit is signed, under penalty of perjury, by the pharmacist who provided the training.

For the Committee's general awareness, below are some common issues Board staff have encountered in this area:

1. Applicants submitting affidavits indicating completion of an employer-based training program that does not meet the requirements specified in California Code of Regulations, title 16, section 1793.6(c).
2. Applicants attempting to satisfy the training requirement by working as a clerk in the pharmacy.
3. Applicants unable to provide documentation of training, *e.g.* training materials, coursework, exams, etc.
4. Training programs completed only after documentation was requested by the Board.
5. Training programs managed by personnel other than the pharmacist signing the affidavit of completion.
6. Inconsistent documentation of training programs within the same pharmacy.
7. Inconsistent implementation of training programs within the same pharmacy.
8. Inconsistent understanding of and compliance with BPC section 4115.5 with regard to externships for "pharmacy technician trainees."

Some of these findings may support comments that have been received as part of the Licensing Committee's discussion on expansion of pharmacy technician duties; for instance, comments were received that suggest there are variances in the quality of training programs which result in variability of skills and training among pharmacy technicians.

<u>For Committee Consideration and Discussion</u>

During the meeting, members will have the opportunity to discuss this issue. As the issue may be limited to employer-based training programs, it may be appropriate to consider if the Board should update its requirements for employer-based courses of training to require that such programs be ASHP-accredited or some alternative approval.

Additionally, members may want to consider clarifying whether pharmacy-based technician training programs should allow participants (who are currently not "pharmacy technician trainees" as defined in BPC section 4038) to obtain practical experience in the same or similar manner as specified in BPC section 4115.5. This may require expanding the definition of "pharmacy

technician trainee" in BPC section 4038 to include pharmacy-based technician training programs (or technician training programs accredited by the ASHP or some alternative approval if the Board decides to make that change to the regulation). Another possibility the Board might consider is to specify a requirement for practical experience in 16 CCR section 1793.6.

VIII. Discussion and Consideration of Proposed Amendment to California Code of Regulations, Title 16, Section 1793.65 Related to Pharmacy Technician Certification Programs Approved by the Board

Relevant Law

As noted above under the previous agenda item, BPC section 4202 generally establishes the requirements for a pharmacy technician license and includes four pathways to licensure. One of these pathways is certification by a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the Board. (See BPC section 4202(a)(4).)

California Code of Regulations, title 16, section 1793.65(a) specifies that the pharmacy technician certification programs approved by the Board are the Pharmacy Technician Certification Board (PTCB) and the National Healthcareer Association (ExCPT). Section 1793.65(b) establishes a December 31, 2024 sunset date for these program approvals.

BPC section 139 requires DCA to develop a policy regarding examination development and validation, and occupational analysis. The section further requires that every board within DCA have a method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation, which must include:

1. A description of the occupational analysis serving as the basis for the examination;
2. Sufficient item analysis data to permit a psychometric evaluation of the items;
3. An assessment of the appropriateness of prerequisites for admittance to the examination; and
4. An estimate of the costs and personnel required to perform these functions.

Background

The DCA Licensure Examination Validation Policy (which has been established to meet the mandate of BPC section 139) provides in part that, generally, an occupational analysis and examination outline should be updated every five years to be considered current.

Statutory changes effective January 1, 2017 updated the provisions for authorized pharmacy technician certification programs by expanding authorization to programs accredited by the National Commission for Certifying Agency. (Prior provisions of the law limited the provisions to certification by the Pharmacy Technician Certification Board.) In response to the change, the Board promulgated regulations to identify the Board approved programs. Although the Board initiated the rulemaking in 2017, for a variety of reasons, the regulation (*i.e.*, 16 CCR section 1793.65) did not become effective until January 1, 2023.

For Committee Consideration and Discussion

The Board has contracted with the DCA Office of Professional Examination Services (OPES) to conduct evaluation of the two pharmacy technician certification programs to ensure compliance with the provisions of BPC section 139. While the work to conduct the evaluations is underway, it is anticipated that the evaluation results will not be available until Fall 2024. Given this anticipated timing, it is appropriate to consider an extension of the current sunset date of the program approvals to ensure this pathway to licensure remains in place.

Staff recommend an extension of 18 months from the current December 31, 2024 sunset date to allow sufficient time for the OPES evaluations to be conducted, consideration of the results by the Board, and completion of subsequent rulemaking.

Should the Committee agree with the staff recommendation, the following motion could be used:

> **Motion**: Recommend initiation of a rulemaking to amend California Code of Regulations, title 16, section 1793.65 as proposed to be amended. Authorize the executive officer to further refine the language consistent with the Committee's discussion and to make any nonsubstantive changes prior to presenting the proposed rulemaking to the Board.

Attachment 5 includes a copy of the DCA Licensure Examination Validation Policy and draft regulation language.

IX. Discussion and Consideration of Licensing Statistics

Licensing statistics from July 1, 2023 – December 31, 2023, are provided in **Attachment 6**.

During the first six months of FY 2023/24, the Board has received 6,580 initial applications, including:

- 990 intern pharmacists
- 1,228 pharmacist exam applications (398 new, 830 retake)
- 69 advanced practice pharmacists
- 2,293 pharmacy technicians
- 183 community pharmacy license applications (183 PHY - 10 chain, 173 nonchain, 0 PHR)
- 26 sterile compounding pharmacy license applications (20 LSC, 6 NSC, 0 SCP)
- 61 nonresident pharmacy license applications
- 9 hospital pharmacy license applications

During the first six months of FY 2023/24, the Board has received 4 request for temporary individual applications (Military Spouses/Partners), including:
- 4 temporary pharmacy technician

During the first six months of FY 2023/24, the Board has received 239 requests for temporary site license applications, including:
- 135 community pharmacy license applications
- 18 sterile compounding pharmacy license applications
- 38 nonresident pharmacy license applications
- 8 hospital pharmacy license applications

During the first six months of FY 2023/24, the Board has issued 5,119 individual licenses, including:
- 961 intern pharmacists
- 1,130 pharmacists
- 50 advanced practice pharmacists
- 2,774 pharmacy technicians

During the first six months of FY 2023/24, the Board has issued 1 temporary individual applications (Military Spouses/Partners), including:
- 1 temporary pharmacy technician

During the first six months of FY 2023/24, the Board has issued 382 site licenses without temporary license requests, including:
- 188 automated drug delivery systems (187 AUD, 1APD)
- 42 community pharmacies
- 0 hospital pharmacies

During the first six months of FY 2023/24, the Board has issued 207 temporary site licenses, including:
- 143 community pharmacies
- 5 hospital pharmacies

Processing Times

Site Application Type	Application Processing Times as of 10/7/2023	Application Processing Times as of 1/5/2024	Deficiency Mail Processing Times as of 10/7/2023	Deficiency Mail Processing Times as of 1/5/2024
Pharmacy	59	28	69	71
Nonresident Pharmacy	85	53	87	123
Sterile Compounding	18	28	58	46
Nonresident Sterile Compounding	18	51	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	Current	Current	19	Current
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	Current	14	Current	Current
Clinic	54	45	40	60
Wholesaler	32	14	80	53
Nonresident Wholesaler	32	7	Combined with Wholesaler	Combined with Wholesaler
Third-Party Logistics Provider	30	9	Combined with Wholesaler	Combined with Wholesaler
Nonresident Third-Party Logistics Provider	36	Current	Combined with Wholesaler	Combined with Wholesaler
Automated Drug Delivery System	19	18	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 10/7/2023	Application Processing Times as of 1/5/2024	Deficiency Mail Processing Times as of 10/7/2023	Deficiency Mail Processing Times as of 1/5/2024
Exam Pharmacist	5	8	3	1
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	96	21	29	2
Intern Pharmacist	31	10	5	4
Pharmacy Technician	19	25	114	9
Designated Representative	64	93	123	1
Designated Represenatives-3PL	96	92	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	Current	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Combined with Designated Representative	Combined with Designated Representative

X. Future Committee Meeting Dates

- April 10, 2024
- July 18, 2024
- October 17, 2024

XI. Adjournment

Attachment 1

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California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Licensing Committee Meeting Minutes

Date: October 18, 2023

Location: OBSERVATION AND PUBLIC COMMENT IN PERSON:
Board of Pharmacy
2720 Gateway Oaks Drive, First Floor Hearing Room
Sacramento, CA 95833

PUBLIC PARTICIPATION AND COMMENT FROM A REMOTE LOCATION:
WebEx

Board Members Present:
Seung Oh, PharmD, Licensee Member, Chair
Jig Patel, Licensee Member, Vice Chair
Renee Barker, PharmD, Licensee Member
Jessi Crowley, PharmD, Licensee Member
Jason Weisz, Public Member

Board Members Not Present:
Trevor Chandler, Public Member

Staff Present:
Anne Sodergren, Executive Officer
Julie Ansel, Assistant Executive Officer
Corinne Gartner, DCA Counsel
Rebecca Bon, DCA Counsel
Sara Jurrens, Public Information Officer
Debbie Damoth, Executive Specialist Manager

I. Call to Order, Establishment of Quorum, and General Announcements

Chairperson Oh called the meeting to order at approximately 9:00 a.m. As part of the opening announcements, Chairperson Oh reminded everyone that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Department of Consumer Affairs' staff provided instructions for participating in the meeting.

Roll call was taken. Members present: Jig Patel, Licensee Member; Renee Barker, Licensee Member; Jessi Crowley, Licensee Member; Jason Weisz, Public Member, and Seung Oh, Licensee Member. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided the opportunity to provide comment.

No public comment was made by meeting participants in the Sacramento location.

Public comment was received via WebEx.

A specialty pharmacist thanked the Board for including specialty pharmacy in the remote pharmacy discussion. The pharmacist shared their observations from returning to the office of the specialty pharmacy including California pharmacists being replaced by out-of-state pharmacists who can work remotely from their states and increased occurrences of pharmacists getting sick from being in the pharmacy as well as shared benefits to patients for specialty pharmacists working remotely.

A representative of CPhA provided an update to the Committee that AB 317, which was sponsored by CPhA and supported by the Board, was passed by the Legislature and signed by the governor. This bill will require health plans to pay pharmacists for pharmacy services within their scope of practice and currently covered for other health care providers. The representative also noted that AB 1286, which was sponsored by the Board and supported by CPhA, was also passed by the Legislature and signed by the governor.

A specialty pharmacist commented in support of allowing remote processing for specialty pharmacists as the pharmacist has to drive over 110 miles to work daily.

Counsel advised this section of the agenda was to add requested items to a future agenda.

III. Approval of the July 19, 2023 Licensing Committee Meeting Minutes

Chairperson Oh advised the July 19, 2023 Licensing Committee meeting minutes were presented for review and approval.

Members were provided the opportunity to comment.

Member Crowley requested page nine, paragraph three be corrected to reflect that Dr. Crowley agreed with the concept Mr. Patel said in terms of an out-of-state licensed pharmacist probably had more training and more reliability than an unlicensed clerk but ultimately Dr. Crowley agreed that any remote processing work should be done by a California-licensed pharmacist.

Motion: Accept the July 19, 2023 Licensing Committee meeting minutes as presented subject to the clarification on page nine, paragraph three.

M/S: Crowley/Patel

Members of the public were provided the opportunity to comment in Sacramento and via WebEx; however, no comments were made.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Chandler	Not Present
Crowley	Support
Oh	Support
Patel	Support
Weisz	Support

IV. Discussion and Consideration of Provisions for Remote Processing

Chairperson Oh recalled the Committee discussed remote processing during the past several meetings, including during the January 2023 meeting where the Committee considered several policy questions and received significant public comment in support of making permanent provisions for remote processing for pharmacists working in hospitals and community pharmacies while other comments expressed concern with the

Board taking such action. As part of the April 2023 meeting, the Committee reviewed a possible legislative framework. Without quorum at the April 2023 meeting, the Committee was not able to offer recommendations despite significant public comment. At the July 2023 meeting, the Committee reached consensus on a few items so that a legislative proposal could be developed. Dr. Oh recalled at the February 2023 Board meeting, the Board voted to sponsor legislation to make permanent limited provisions related to remote medication chart order review for inpatients which were included in Assembly Bill 1557 signed by the governor. Dr. Oh confirmed members received written comments received related to this agenda item.

Chairperson Oh noted that the services pharmacists provide vary greatly as do their work environments and feedback was important to be considered for the Committee and Board to determine what is best for consumers consistent with the Board's mandate.

Chairperson Oh next reported that based on the discussion at the July 2023 meeting, he worked with staff to develop a legislative proposal, included in the meeting materials, that could serve as an important first step to expanding remote processing. Dr. Oh reviewed the approach being offered. The proposal would provide the Board with the authority to waive both provisions of Pharmacy Law to allow for research and study into new and innovative methods for drug handling under specified conditions. Dr. Oh believed this was an appropriate approach to ensure the Board had means to allow for research into the use of technology (*e.g.*, under the auspices of an accredited school of pharmacy) to allow for evaluation of changes in a controlled, research-driven environment, and to allow future decisions of the Board to be made based on data. Additionally, the language provided the Board with explicit authority to adopt regulations to establish provisions for remote processing beyond those currently allowed. Establishing explicit authority for the Board to promulgate regulations in this area would allow the Board to respond more nimbly to conditions as they change and to respond to findings of research through a public rulemaking process.

Members were provided the opportunity to comment.

Member Crowley asked if the proposed language might be too broad and gave the Board too much authority. Dr. Crowley agreed the majority

of the Board agreed there was remote processing benefits related to specialty pharmacy.

Member Weisz couldn't offer clarification on what the Legislature would do as they are independent elected officials with their own constituents. Mr. Weisz thought the language provided met the Board's needs and consensus.

Member Barker supported the language as proposed and agreed there was an opportunity to not be prescriptive and yet still allow for areas of pharmacy (*e.g.*, specialty pharmacy) to be considered as needed. Dr. Barker agreed the proposed language allowed for rapid change and growth in pharmacy with safeguards in place.

Member Patel thought there should be explicit authorization for all community pharmacists to do remote processing if licensed in California or not. Mr. Patel noted that given the working conditions and consolidations of retail pharmacies, he is concerned about workload in pharmacies and believes remote processing really helps take care of tasks that could be done remotely. Mr. Patel added that putting the requirements of being licensed in California would be a hurdle, and recommended removing the language requiring California licensure for pharmacists.

Members discussed the requirement of having a California-licensed pharmacist. Member Patel offered putting limitations would be going backwards on the work the Board has done to improve workplace conditions, limit California's ability to be prepared for disasters, and increase pharmacy deserts in California. Members Oh and Crowley noted the value in requiring a California licensed pharmacist due to the uniqueness and variances of California pharmacy law and the number of available licensed California pharmacists.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

Members heard from eight specialty pharmacists in favor of allowing specialty pharmacists to work remotely. Specialty pharmacists cited reasons for supporting remote work included preserving California jobs for

California-licensed pharmacists; reducing pollution by decreasing traveling; increasing home/work life balance for pharmacists; increasing accessibility for rural consumers of California; and providing flexibility to pharmacists.

A retired pharmacist spoke in support of developing a new renewal fee structure to allow retired pharmacists to practice if needed.

A former member of the Michigan Board of Pharmacy commented on similar discussions in Michigan noting there were options available to the Board (*e.g.*, NABP certification, etc.) short of requiring California licensure, and added that by requiring licensure in California, the Board was making the profession an occupation.

A representative of CPhA commented in support of requiring a California pharmacist license. The representative noted the Board has worked hard to improve workplace conditions in California and if remote processing was allowed to be outsourced outside of California, where workplace condition protections were not in place, this would undermine the work of the Board. With regard to access to rural communities within California, companies who have remote processing can support the rural areas. The representative requested clarification if remote processing referred to verification, data entry, or both tasks. If considered as both tasks, the Board might want to expand remote processing to pharmacy technicians with verification being limited to pharmacists only.

The Committee also heard comments from pharmacists in community settings expressing concerns including less pharmacist overlap; less hours for pharmacists; and work being outsourced outside of California. Comments also expressed concerns about rushing remote processing provisions through before the results of AB 1286 are fully known, and suggested that the Board consider a confidential survey of community pharmacists to see how they really feel about remote processing in that setting.

A representative of CSHP agreed with the representative of CPhA and spoke in opposition of allowing non-California licensed pharmacists to engage in remote processing as it would compromise the protection of the public in the event of a violation of pharmacy law by a pharmacist not licensed in California.

A pharmacist representative of Kaiser spoke generally in support of the direction of the Committee for a proposal that would allow the Board the authority to write regulations on remote processing. The representative added that the less prescriptive the statutory language is, the better, as this would allow for flexibility to meet the needs of the public that may change over time. The commenter further encouraged the Board to avoid integrating requirements that are protectionist. The representative encouraged the Committee to be cognizant of the timeline (*i.e.*, passing bill and writing regulation, etc.).

A representative of CCPC spoke in support of permanent statutory authority to allow for remote processing in many settings including community pharmacy to allow for better flexibility and less distractions. The representative spoke in favor of not limiting functions to only California-licensed pharmacists to help protect patients and reduce stress in the pharmacy.

A pharmacist commented in support of defining the terms related to the proposal for clarity.

A representative of CVS commented in favor of brief and expansive remote work authorization, noting that most other states already allow for pharmacists and pharmacy technicians to work remotely. The representative suggested looking at Florida's law that allows for remote work without hurdles.

A representative of Albertsons spoke in support of not limiting remote work to only California-licensed pharmacists or California licensed pharmacists located in California to allow for greater flexibility.

A representative of UFCW WSC commented not having an issue with remote processing in specialty pharmacy and saw how there was a need for it. The representative expressed concern with the utilization of remote processing in the retail/chain setting related to outsourcing of jobs, security, enforcement, and liability. If the remote processing could be done at a licensed facility that would help to ease the concern. The representative spoke of concerns about the broadness of the proposal and thought it would have challenges in the Legislature. The representative recommended excluding chain community pharmacies or only allowing remote work in that setting from licensed facilities.

Members were provided an opportunity to comment after having heard public comment.

Member Crowley noted consumer protection included allowing only California-licensed pharmacists and exercising enforcement of licensees. Dr. Crowley asked if definitions could be provided and what was the basis for (E), wondering if it was necessary. Ms. Sodergren added (E) would allow for studies and research to be completed.

Member Weisz understood the desire for including non-California licensed pharmacists but believed there was a public safety issue to maintain. Mr. Weisz was in support of the proposal as presented.

Motion: Recommend to the Board sponsorship of legislation consistent with the language presented in the meeting materials.

Section 4071.1 of the Business and Professions Code is amended to read:

4071.1.
(a) A prescriber, a prescriber's authorized agent, or a pharmacist may electronically enter a prescription or an order, as defined in Section 4019, into a pharmacy's or hospital's computer from any location outside of the pharmacy or hospital with the permission of the pharmacy or hospital. For purposes of this section, a "prescriber's authorized agent" is a person licensed or registered under Division 2 (commencing with Section 500).
(b) This section does not reduce the existing authority of other hospital personnel to enter medication orders or prescription orders into a hospital's computer.
(c) A dangerous drug or dangerous device shall not be dispensed pursuant to a prescription that has been electronically entered into a pharmacy's computer without the prior approval of a pharmacist.
(d) (1) A pharmacist located and licensed in the state may, on behalf of a health care facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, from a location outside of the facility, verify medication chart orders for appropriateness before

administration consistent with federal requirements, as established in the health care facility's policies and procedures.
(2) (A) A health care facility shall maintain a record of a pharmacist's verification of medication chart orders pursuant to this subdivision.
(B) A record maintained pursuant to subparagraph (A) shall meet the same requirements as those described in Sections 4081 and 4105.
(e) In order to enable any accredited school of pharmacy recognized by the Board to experiment with new and innovate methods for drug handling, or to develop new and better methods or concepts involving the ethical practice of pharmacy the Board may waive the application of this section and applicable provisions of Pharmacy rules and regulations contained in Title 16, California Administrative Code, Chapter 17, if the Dean of said school has filled with the Board an experimental plan or program which specifies the particular provisions to be waived, and which has been approved by the Board.
(f) The Board may adopt regulations that establish provisions for remote processing of prescriptions. At a minimum, remote processing may only be performed by a California licensed pharmacist, from a location within California. The regulations shall include provisions for security to protect health information, recordkeeping requirements and autonomy for the pharmacist-in-charge to determine when such processing is allowed.

M/S: Weisz/Crowley

DCA Counsel Gartner agreed there was nothing in the proposal addressing the definition of remote processing and added a definition similar to that which was included in the expired remote processing waiver could be added. Ms. Sodergren and Ms. Gartner agreed the definition could be added in regulation. Dr. Crowley asked if it would be a problem with submitting a legislative proposal without a definition. Ms. Gartner was not able to know what the Legislature would do but it was a consideration that the Board would probably want to take under advisement.

Dr. Oh asked Mr. Weisz if he was agreeable to amend the motion to add to the proposal a definition of "remote processing" and authorize the

Chair to work with staff and counsel to refine the language in advance of the November 2023 Board meeting. Mr. Weisz agreed and underscored the urgency to advance forward. Dr. Crowley agreed with the updated motion.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments made.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist suggested the committee provide more guidance to the Chair on the definition of remote processing.

A representative of UFCW WSC commented more discussion was needed about the definition, scope, practice settings, and enforcement of remote processing.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Chandler	Not Present
Crowley	Support
Oh	Support
Patel	Support
Weisz	Support

The committee took a break from 10:43 a.m. to 11:00 a.m. Roll call was taken after the break. Members present: Jig Patel, Licensee Member; Renee Barker, Licensee Member; Jessi Crowley, Licensee Member; Jason Weisz, Public Member, and Seung Oh, Licensee Member. A quorum was established.

V. Discussion and Consideration of Pharmacist to Pharmacy Technician Ratio

Chairperson Oh began the discussion by stating his intent to focus Committee discussion on strategic objective 1.3 related the exploration and pursuit of changes in law appropriate for the authorized duties of a pharmacy technician. An important first step in this evaluation included this Committee convening listening sessions and soliciting feedback from licensees regarding potential changes. The results of these efforts were incorporated in Assembly Bill 1286, which the governor signed earlier this month. Implementation of that measure would be discussed during the October 19, 2023 Enforcement and Compounding Committee meeting. Dr. Oh noted this was an important first step but additional changes may be appropriate.

Chairperson Oh reported that one area the Board continually receives comments on is the issue of the pharmacist to pharmacy technician ratio. Dr. Oh added members frequently hear public comments indicating that California has the most restrictive ratios; however, the comparison wasn't always equivalent as jurisdictions have varying approaches on provision of services within a pharmacy, including where some jurisdictions require all pharmacy personnel to be licensed as a pharmacy technician if performing even basic functions such as data entry, which is not the case in California. Dr. Oh reminded participants that context matters when comments are received.

Chairperson Oh noted that the meeting materials contained policy questions to aid the Committee's discussion.

Question 1. Do members generally believe than an increase in the pharmacist to pharmacy technician ratio could be appropriate in additional pharmacy settings than those currently authorized, such as closed-door pharmacies, compounding pharmacies, etc.

Chairperson Oh stated that he believes the answer was yes but as he has previously shared, philosophically, he has a concern with the Board parsing out different rules for different pharmacies, adding that such an approach allows the Board to be more flexible and deliberate in its regulation, but also has the potential to parse out the profession.

Members were provided the opportunity to comment.

Member Patel spoke in support of increasing the ratio to take stress off of pharmacists and allow for more clinical duties by the pharmacist. Mr. Patel

added the pharmacist-in-charge (PIC) could be given the authority based on setting, ratio, ancillary staff, etc. to assist in serving consumers.

Member Crowley was not comfortable expanding ratios in the community setting. Dr. Crowley noted that adding staff didn't always help as staff needed to be supervised. Dr. Crowley pointed out there was already a pharmacy technician shortage and wasn't sure increasing the ratio would help.

Member Barker thought there were pharmacy settings that didn't fall within the categories and the PIC needs to be involved in the decision. Dr. Barker understood the current pharmacy technician shortage but added that wouldn't always be the case. Dr. Barker was in support of increasing the ratio but wasn't sure how to define all of the settings.

Members discussed the PIC having the authority and autonomy to make the decision based on the pharmacy.

Member Weisz looked forward to hearing public comment.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A representative from CCAP recommended changing the ratios for all closed-door pharmacies.

A representative from CPhA recommended allowing time for AB 1286 to be implemented, monitored, and enforced before making any changes in pharmacy technician ratios. The representative recommended a ratio tied to the volume of work at the pharmacy.

A pharmacist recommended getting feedback from community pharmacists through a survey.

A pharmacist recommended researching with licensees and look at the duties that differentiates a clerk from a pharmacy technician.

A representative from CSHP referenced the increase of ratios related to the administration of administering vaccines.

A representative of CCPC commented in support of increasing consumer care by expanding the ratio, noting states with no ratios have no issues and adding it should be up to the PICs.

A pharmacist manager from Michigan commented Michigan had no ratio and added all stakeholders need to work together to determine what is needed for public safety.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Question 2. Do members believe that establishing a ratio of 1:2 could improve patient care in all pharmacy settings that currently do not allow such a ratio?

Chairperson Oh stated that he believes the answer was yes but realized the details were important, adding AB 1286 included some important provisions related to staffing that if implemented correctly could ensure that an across-the-Board ratio increase to 1:2 was possible.

Members were provided the opportunity to comment.

Member Crowley thought it potentially could but depends on the individual and their path of licensure. Dr. Crowley thought the topic was worth expanding on and proposed doing a survey on various practice settings and discuss with the pharmacists the impact with the ratio.

Member Patel commented the 1:2 ratio wouldn't apply to all settings as a closed-door pharmacy could accommodate 1:3. Mr. Patel advocated for letting the PIC decide.

Member Barker agreed with letting the PIC decide. Dr. Barker noted establishing a set number ratio may not serve the pharmacy well.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A representative of CCAP agreed with Members Patel and Barker as it would depend on the setting.

A pharmacist added there would need to be protection for the PIC and recommended tying to the number of prescriptions the pharmacist has to fill.

A representative of CVS commented there were no issues in Idaho with having a high ratio and provided other states were eliminating ratios. The representative stated increased ratios help public safety.

A pharmacist commented in agreement with an increase in ratio. The commenter read pharmacy law and provided a personal recollection of the history of pharmacy technician ratios.

A commenter stated pushing more pharmacy technicians on pharmacists impacts the pharmacists and recommended looking to how many prescriptions a pharmacist can fill in a day.

A commenter stated increasing the ratio was not a good idea and would just give more power to the large organizations to push more work onto pharmacists. The ratio should stay as is because pharmacists are currently doing too much.

A commenter stated having one pharmacist to one pharmacy technician was difficult in an inpatient setting and in an infusion pharmacy, it was a struggle to get one pharmacist in to allow for the two pharmacy technicians. More pharmacy technicians were needed for each pharmacist.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Question 3. Do members believe the Board should have flexibility to have authority to approve a higher ratio on a facility specific basis?

Chairperson Oh stated that he found the concept very intriguing and might provide a path forward by allowing the Board the flexibility to make

a decision based on a specific set of facts for a specific entity. He noted that this approach would be administratively time-consuming to both staff and members, though.

Members were provided the opportunity to comment.

Member Patel recommended checking with North Carolina on how they handle this facility-specific petition method, but the workload on staff and members would need to be considered. Mr. Patel was not in favor.

Member Crowley noted other questions were raised such as criteria, volume, etc. but wasn't opposed to it.

Member Barker thought it would be a challenging approach and wondered what that would look like in reality.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist commented this method had not worked in the past and had unforeseen consequences as well as changes in rules based on Board member and staff turnover. The commenter was in favor of having more pharmacy technicians to help serve consumers.

A pharmacist representative from Kaiser commented about concern in establishing maximum thresholds for the number of tasks a pharmacists can perform in a given time period and was skeptical the Board could be aware of all factors needed to make a decision. The representative discouraged the Board from this path.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Question 4. Do members believe the Board should have the authority to increase the ratio via regulation as part of the rulemaking process?

Chairperson Oh thought this would be an easier path to pursue regulation versus sponsoring a legislative proposal. Ms. Sodergren further explained

the Board did not have the current authority to increase the ratio and if changes were identified as needing to be made, changes by regulation would allow the Board with more flexibility.

Members were provided the opportunity to comment.

Member Weisz commented in support of this approach but would like to hear from the pharmacists via a survey as well as see the impacts of AB 1286.

Member Crowley expressed concern of this putting more urgently-needed legislation for remote processing at risk.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist recommended the Board sponsor legislation to take the restriction out of the statute.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Chairperson Oh summarized the discussion, noting the Committee wanted to survey pharmacists about the ratio, work settings, and thoughts. Dr. Oh hoped that the survey could be brought back for approval at the next Committee meeting.

A lunch break was taken from 12:09 p.m. to 1:00 p.m. Roll call was taken after the break. Members present: Jig Patel, Licensee Member; Renee Barker, Licensee Member; Jessi Crowley, Licensee Member; Jason Weisz, Public Member, and Seung Oh, Licensee Member. A quorum was established.

VI. Discussion and Consideration of Pharmacy Provided CLIA Waived Tests, Including Potential Expansion of Authorized Tests

Chairperson Oh recalled that the Board sponsored SB 409 in 2021 to expand access to pharmacist-provided CLIA-waived tests. This bill

established the general types of tests pharmacists could provide under specified conditions, but left open the potential for additional expansion of authority. Dr. Oh added this to the agenda for open discussion to determine if, in the interest of public safety, the Board should consider expanding pharmacist authority to other tests.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A representative from the California Medical Association (CMA) commented CMA believed further work needed to be done on the current list of tests before additional tests were added via regulations. CMA wanted to ensure patients were being referred appropriately to their primary care provider for treatment and their assessment.

A pharmacist recommended reaching out to Idaho and Washington to see what other states' pharmacists were testing.

A representative of CVS commented most states defer to federal lists of tests and recommended keeping it broad.

A representative of CPhA commented in support of broad expansions.

Members were provided the opportunity to comment.

Member Crowley thought it was good have the discussion while keeping in mind that staffing levels at the pharmacy affect how much testing can be done, and that the Board might want to wait to see how AB 1286 and AB 317 play out.

Chairperson Oh commented AB 317 if implemented correctly will be a huge opportunity for pharmacies to provide better patient care for the LGBTQ+ community.

Member Patel spoke in support of expanding testing authority as access was a key factor to allow people to get tested on time. Mr. Patel commented the list can grow over time.

Chairperson Oh recommended Ms. Sodergren reach out to the Medical Board.

Member Barker spoke in support of expanding the use of CLIA-waived tests, noting the list was huge. Allowing more tests would provide the public with easy access to help in a decision point. Dr. Barker believed in being less prescriptive.

Chairperson Oh advised he would be working with staff on next steps.

VII. Discussion and Consideration of Central Fill Pharmacies

Chairperson Oh advised that, consistent with strategic objective 1.2 requiring the Committee and the Board to consider and pursue necessary changes in the law regarding various pharmacy practice settings to ensure variances in the practice were appropriate, this discussion was added to the agenda. Dr. Oh first confirmed that members received the written comments that were submitted related to this agenda item. Dr. Oh advised that policy questions would be used to aid the discussion.

Question 1. Should labeling requirements be updated to ensure patient-centered labeling requirements are satisfied? Should the label include the names of both pharmacies?

Chairperson Oh noted that as patient-centered labeling requirements apply to all prescriptions dispensed to California patients, he believes the patient-centered labeling requirements already apply to central fill pharmacies but to ensure licensees had a clear understanding of the requirements, updating the regulations in this area was appropriate. Dr. Oh believed the label should include the names of both pharmacies.

Members were provided the opportunity to comment.

Member Crowley agreed with Dr. Oh. Members discussed the address requirement for the label that required either the address of the central fill pharmacy or the pharmacy where the prescription was picked up. Member Barker agreed a patient should know where their medication was filled.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A representative of CPhA commented that their membership was requesting clarification and re-endorsement by the Board that central fill pharmacies were allowed by the Board. The representative encouraged engaging with stakeholders including Kaiser, chains, and PBMs on this topic. The representative shared their experience working at Kaiser and central fill pharmacies in the past.

A representative of the CCPC commented in support of the current practice of central fill and encouraged the Board to maintain its existing broad interpretation of central fill and technology assisted final verification services in California. CCPC supported the authorization for a pharmacy to process both the request for refills of prescriptions received by a different pharmacy and new prescriptions as well as that the pharmacy should continue to be able to utilize automated verification technology and that the final verification by dispensing pharmacist should not be required as it takes away the usefulness of central fill. The representative stated labeling requirements should only include pertinent information to take medication. Additional information required on labels may cause confusion for the consumer.

An attorney representative of Quarles & Brady LLP commented as a supporter of many pharmacies engaged in central filling or shared pharmacy services across the country. The representative stated it was common requirement in multiple states for a pharmacy engaged in central fill activities to include the pharmacy information of the filling pharmacy or a unique identifier. The commenter noted sometimes there were two to four pharmacies involved in the processing of the prescriptions with one pharmacy involved in the fulfillment but the patient needs to identify the central fill pharmacy and necessary staff that could be contacted if needed.

A pharmacist representative from Kaiser underscored practices at Kaiser have changed over the years since the CPhA representative worked at Kaiser. The representative agreed the current regulation requires the address of the refill pharmacy and/or the pharmacy receiving the prescription. The representative agreed with the current law and suggested adding a provision that how labeling is completed be specified

in the policies and procedures or contract. The representative had no concerns about the patient-centered labeling being required for central fill pharmacies.

A pharmacist commented central fill has proven to be an improvement in dispensing errors, reducing chaos in the pharmacy, and better overall healthcare. The commenter provided a personal historical recollection of central fill. The commenter was supportive of patient-centered labels and stated this should be enforced.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Question 2. Given the number of errors reported from central fill pharmacies, should the regulation require final product review at the dispensing pharmacy before the prescription is released to the patient?

Chairperson Oh referred to the meeting materials, which note that the Board has received QA reports from central fill pharmacies documenting medication errors. Under existing law, both pharmacies are responsible for ensuring the order was properly filled, and it appears that the law envisioned some sort of final product review or verification, but Chairperson Oh noted that he was not certain how that worked in practice.

Chairperson Oh noted that he was more comfortable requiring final verification in some fashion. Dr. Oh added that efficiency and innovation were good, but there were limitations to this, and when consumer protection is considered, there were minimum requirements that should be seeking to ensure the medication and final product was verified by a pharmacist.

Members were provided the opportunity to comment.

Member Patel requested data on errors attributable to central fill pharmacies versus the general trend of errors. Dr. Oh indicated that may need to be gathered with the implementation of AB 1286. Mr. Patel inquired if the errors might be technology versus human. Mr. Patel believed overall, it was working. Dr. Oh indicated the issue was being brought up not necessarily because it's not working, but because there's an opportunity to provide more clarity.

Member Crowley stated that she generally believes the final product should be accessible by a pharmacist to physically open the bottle and look inside. Alternatively, Dr. Crowley was generally comfortable with the idea of having photos to access before dispensing as a substitute for physical verification. She added that she hoped to know more about the errors. Dr. Crowley wasn't opposed to requiring one of the pharmacists (dispensing or central fill) to physically confirm the medication was correct before packaging.

Member Barker thought dispensing pharmacies should have clarity on what they are providing to a patient. If errors are attributable to technology, there needed to be a secondary physical check. The error rate also needs to be clarified and understood.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

An attorney representative of Quarles & Brady LLP commented on behalf of licensees who were seeking confirmation that the Board ultimately defers to the professional judgment of the pharmacist when utilizing technology-assisted prescription verification. The representative referenced materials he had sent to the Board which referenced a 2005 article in *The Script* that stated that it was the pharmacist's responsibility to ensure 100 percent accuracy of a dispensed prescription. The article had indicated that if the licensee seeks to utilize technology for such verification, they may do so pursuant to their professional judgment and at their own risk. Stakeholders were seeking confirmation that the Board still holds the position that the use of the technology is permitted and at the discretion of the pharmacist. The representative requested clarification whether final human verification at the end of the process was required. He added that the manner in which question 2 was framed made unsupported assumptions regarding errors in central fill pharmacies, and he recommended that the Board review peer-reviewed articles demonstrating that technology helps to reduce errors in these systems versus standard human fulfillment.

A representative of Walgreens recommended that the Board visit a central fill facility so they can look at the automation and see firsthand how it works in practice.

A representative of Innovation Associates, which provides technology solutions for central fill pharmacies, recommended that the Board review peer-reviewed studies from ISMP, NABP, and APHA that show the benefits of automation. The representative requested to see the data that was informing the Board's policy decision related to errors.

A pharmacist representative from Kaiser agreed that question 2 seemed framed in a misleading way and encouraged the Board to share data. Kaiser supported the recommendation to reaffirm the position expressed in the 2005 article in *The Script* as the underlying law hasn't changed. The representative saw potential issues with a regulation requiring final product review at the dispensing pharmacy before the prescription was released to the patient if the central fill pharmacy performs the fill and sends it back to the dispensing pharmacy, as the dispensing pharmacy wouldn't have an electronic workflow available to do another product verification.

A pharmacist provided a personal historical account of their experience of central fill at Kaiser. The pharmacist encouraged visiting central fill sites. The commenter advised against having the final review done at the dispensing pharmacy.

A representative of CSHP commented that central fill has improved the ability to counsel the patient. The commenter encouraged members to visit a central fill pharmacy.

Members were provided the opportunity to comment after public comment was received.

Member Patel thought a tour of a central fill pharmacy would be helpful for members.

Question 3. Should the regulation be amended to clarify that a central fill pharmacy may dispense both new and refill prescriptions for a pharmacy under contract or under the same ownership?

Chairperson Oh noted that he believes the language as currently written could be interpreted two ways, and that it was important for the Board to

clarify its policy on this issue and to update the language accordingly to ensure the regulated public has a clear understanding of the Board's requirements.

Members were provided the opportunity to comment.

Member Crowley agreed it was unclear and could benefit from clarification.

Member Patel understood the current practice allowed for new and refill prescriptions to be refilled and asked what the benefits were to the consumer if this changed. He also asked why was the Committee wanting to reinvent a wheel that was already working.

Chairperson Oh explained the discussion was to clarify what was unclear and agreed with Member Patel.

Member Weisz requested data from industry before continuing the conversation.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist representative of Kaiser was supportive of clarifying that the regulation allows both new and refill prescriptions. The representative clarified that today Kaiser was not engaging in central fill at the scale that former Kaiser employees were representing today.

A representative of CSHP recommended allowing for new and refill prescriptions for continuity of care.

A pharmacist provided a personal historical account of their experience with central fill.

An attorney representative of Quarles & Brady LLP requested the Board confirm its position on whether a pharmacy may fill new prescriptions on behalf of another pharmacy.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Question 4. Should a patient provide consent or receive notification that the prescription will be filled at another pharmacy?

Chairperson Oh stated that he believes the answer to this question was yes as the patient needs to be in control, but that he also understands the dynamic environment and being too restrictive.

Members were provided the opportunity to comment.

Members Crowley and Barker thought it would be confusing for patients and present a barrier to care. Dr. Barker recommended maybe a notification be provided.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

An attorney representative of Quarles & Brady LLP agreed with Members Crowley and Barker and stated it was rare for a state to require prior consent but what was required was to provide notice. The commenter agreed that requiring prior consent was not in the best interest of the patient.

A representative from Innovation Associates agreed with the Quarles & Brady representative.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Question 5. Should we limit central fill pharmacies to only operating within California?

Chairperson Oh noted that he was concerned that the Board currently didn't have a good means for assessing nonresident pharmacies for compliance with California law, and that he was inclined to limit central fill provisions to only pharmacies licensed in California but recognized that

may not be possible. Dr. Oh continued that the Board might consider grandfathering in any central fill pharmacies located outside of California but establish some mechanism for inspections of those facilities to ensure compliance with California provisions.

Members were provided the opportunity to comment.

Member Patel asked if currently there were central fill pharmacies located outside of California servicing California patients. Ms. Sodergren responded that the Board's licensing scheme currently does not differentiate.

Some members did not see a problem provided the nonresident pharmacy was licensed in California as a nonresident pharmacy. Some members thought the nonresident pharmacies should be handled the same way as nonresident sterile compounding pharmacies.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

An attorney representative of Quarles & Brady LLP stated California Code of Regulations (CCR), title 16, section 1707.4 (a), specifies "a pharmacy within this state" and agreed the verbiage seemed to permit cross-state arrangements but wanted clarification.

A representative of CSHP noted Business and Professions Code (BPC) section 4112 addressed nonresident pharmacies and posed the question wouldn't it still be a nonresident pharmacy?

A pharmacist commented with their personal historical account of their experience with central fill noting a separate law wasn't needed but a statement or FAQ would be helpful.

A pharmacist representative from Kaiser commented in support of the position that central fill pharmacies can operated outside of California.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Question 6. Should the Board define central fill pharmacy?

Chairperson Oh noted that he believes there were pros and cons to such an approach and thought developing a definition to ensure the regulated public has a clear understanding of the Board's application of the requirements might be helpful.

Members were provided the opportunity to comment.

Member Crowley was undecided and Member Patel thought it should be left as is.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist commented that he did not believe it needed to be redefined or defined. The commenter indicated that simply changing the title of 16 CCR 1707.4 might clarify the issue.

A pharmacist representative from Kaiser commented there wasn't any need to define central fill pharmacy.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

Question 7. Should the regulations for central fill pharmacies be limited to noncontrolled medications only?

Chairperson Oh noted the comment in the meeting materials regarding DEA limitations on transferring controlled substances. He stated that he thought this question was a bit complex and he recommended staff reach out to the DEA for their position on this topic. Dr. Oh further noted that unless members felt strongly that the regulation should be limited to noncontrolled drugs only, his suggestion was to defer the discussion on this question until after clarification was received from DEA.

Members were provided the opportunity to comment.

Chairperson Oh and Member Patel thought there should be no limitations. Mr. Patel noted the DEA has clear regulations on this matter.

Member Crowley thought it should be limited to noncontrolled substances for liability purposes and allowing the PIC to be able to make the decision.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist representative from Kaiser thanked the Board for the discussion and noted the DEA has clear regulations regarding central fill for controlled substances which pharmacies have to meet.

A pharmacist provided the DEA regulation 1306.15 regarding central fill but noted pharmacies decide whether or not they want to fill prescriptions for controlled substances. The pharmacist encouraged the Board to not limit central fill to noncontrolled substances.

A representative of Innovation Associates thanked the Board and offered to be a resource for technology solution questions.

Members were provided the opportunity to comment after public comment was received.

Chairperson Oh thought it would be clearer to update the regulation and bring it back to Committee versus developing FAQs to clarify the policy questions. Member Patel didn't believe anything needed to be updated. Dr. Oh noted stakeholders were asking for clarification. Members Crowley and Barker thought clarification was needed and a regulation or update in *The Script* was acceptable.

Ms. Sodergren understood the pros and cons for regulations, policy statements, and FAQs and offered to work with staff and regulation counsel before the Committee's next meeting to determine a path forward. Dr. Oh was agreeable. Member Weisz requested data and a tour of the facility before a decision was made.

Member Weisz left the meeting at 2:43 p.m.

VIII. Discussion and Consideration of the Board's Regulation of Mail Order Pharmacies

Chairperson Oh requested feedback from members on the Board's current regulation of mail order pharmacies and stated that he was concerned about the Board's inability to regulate nonresident pharmacies, including mail order pharmacies. Dr. Oh agreed with the comments in the meeting materials that mail order pharmacies create unique challenges for patients and recalled at least one investigation that resulted in discipline stemming from these challenges that were placing patients at risk. Dr. Oh added that he believes there were opportunities to improve the Board's oversight of mail order pharmacies.

As he opened the matter for general discussion, Chairperson Oh noted that he believes mail order pharmacies may have a place in patient care, but was extremely concerned about what appears to be a transition away from direct pharmacist-patient interaction, which is really contrary to the policy direction of the Board. Dr. Oh reminded members the Board has a legislative proposal to require PICs to be California-licensed pharmacists in nonresident pharmacies or it could be a sunset issue.

Members were provided the opportunity to comment.

Member Crowley asked if there was a definition for mail order pharmacies. Counsel Gartner didn't believe there was a definition on mail order pharmacy. Dr. Crowley thought there should be a good standard for patients for all nonresident pharmacies. Dr. Crowley was hopeful the Board would be able to require California pharmacist licensure for nonresident PICs and hopeful that, with the travel restrictions being lifted, the Board could better monitor the nonresident pharmacies. Ms. Sodergren noted that the travel ban has been lifted; however, the Board currently does not have explicit statutory authority for inspection and recovering costs with respect to nonresident pharmacy inspections as the Board has with the nonresident sterile compounding pharmacies.

Member Crowley thought temperature tracking should be considered due to the extreme temperatures in California.

Chairperson Oh noted most nonresident pharmacies fill millions of prescriptions and should be prioritized. Dr. Oh thought adding an

inspection requirement (*e.g.*, every two to four years) could be a sunset issue.

Member Patel agreed if a nonresident pharmacy was shipping into California an inspection should be done. Mr. Patel noted temperature control was important and inquired if a holistic approach for the entire supply chain should be taken versus isolating nonresident pharmacies shipping into California.

Member Crowley noted in mail order pharmacy, prescriptions can be delayed while sitting in mailboxes or on porches.

Member Barker added maintaining the quality of the drug through extreme temperature fluctuations was a quality issue that should be addressed and was expansive. Dr. Barker agreed nonresident mail order pharmacies should have inspections.

Chairperson Oh added this could be included as a sunset issue due to the size of the change that would be required. Ms. Sodergren noted the sunset process allows for the opportunity to bring issues to the Legislature as well as securing more direct authority and statutory mandate.

Member Crowley agreed having more robust discussion would be helpful so the issue could be addressed as a whole.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A representative of the CCPC commented the mail order pharmacy service was critical and impacts access for many consumers. The representative noted that requiring temperature monitoring would be problematic and costly without proof that there was a need to do this. The entire supply chain should be considered.

A pharmacist representative from Kaiser encouraged the Board to look at approaches other state boards have taken in regard to inspecting nonresident facilities. Some boards accept home state inspections or inspections conducted by certifying agencies. The representative added

that requiring temperature monitoring in every package would be impractical and suggested that the Board consider a policies and procedures-based approach to regulating mail order pharmacy practice.

A pharmacist asked if patient-centered labeling requirements apply to nonresident (e.g., mail order) pharmacies. Mail order was another mode of delivery being used. The representative added with the increase of mail order pharmacies there was a decrease in patient consultation.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

IX. Licensing Statistics

Chairperson Oh referred to the meeting materials, which included a summary of the licensing statistics for the year. The Board issued 2,445 licenses to individuals and 182 site licenses, and 96 temporary licenses. Dr. Oh congratulated individuals who received a license during the first quarter, including new graduates of pharmacy schools and those entering pharmacy school.

Chairperson Oh advised that a review of processing times showed improvement in several areas. The data report reflected the oldest application of each application type. Dr. Oh noted that he highlighted that fact so that members understood the Board's average processing time was shorter than what was reported. Dr. Oh further noted that, as was projected, with staff vacancies being filled and onboarding, processing times in several areas of operations have improved. The Committee will continue to monitor the progress made by staff. Dr. Oh thanked licensing staff who have demonstrated great commitment to applicants during this time, many of whom are taking time away from family and friends and working overtime to address these backlogs.

Members were provided the opportunity to comment. Member Patel thanked staff for their efforts.

Members of the public were provided the opportunity to comment in Sacramento; however, there were no comments provided.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist requested statistics on remote dispensing site pharmacies and was referred to the meeting materials.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

X. Future Committee Meeting Dates

Chairperson Oh thanked participants, noting the next meeting was scheduled for January 22, 2024. Dr. Oh added that Committee meetings would be conducted remotely in 2024 and encouraged all to monitor the Board's website for updates.

XI. Adjournment

The meeting adjourned at 3:16 p.m.

Attachment 2

Draft Survey Questions on Pharmacy Technician Ratio

Q1. Are you currently licensed as a pharmacist in California?

Yes

No

Q2. Are you actively practicing as a pharmacist in California?

Yes

No

Q3. If yes, to question 2 Is your primary practice setting located in California?

Yes

No

Q4. Which of the following best describes your primary practice setting?

Outpatient/Community Pharmacy – Chain

Outpatient/Community Pharmacy – Non-Chain

Sterile Compounding Outpatient Setting

Long-Term Care

Inpatient Hospital

Ambulatory Care Site

Mail Order or Central Fill Pharmacy

Correctional Facility

Home health/home infusion/infusion center

Pharmaceutical Industry

Health Plan/Managed Care

Pharmacy Benefit Manager

Specialty Pharmacy

Academia

Research

Other: please specify

Q5. Are you the designated pharmacist-in-charge (PIC) at your primary worksite?

Yes

No

Q6. Are you in a management or administrative position for your employer, e.g., district manager, supervisor, scheduler, etc.?

Yes

No

Q7. Do you work at multiple worksites for a single employer or through a relief agency?

Yes

No

Q8. Does your worksite currently use pharmacy technicians to assist the pharmacist in the pharmacy with the performance of pharmacist duties?

Yes

No

Q9. Do you currently supervise a pharmacy technician?

Yes

No

Q10. Do you currently supervise a pharmacy intern?

Yes

No

Q11. Do you currently supervise a pharmacy technician trainee?

Yes

No

Q12. Do you currently supervise other pharmacy personnel, e.g. cashiers, clerk typists, delivery couriers, etc ?

Yes

No

If yes, please specify on average how many other pharmacy personnel do you supervise in a typical shift.

Q13. Does your primary worksite perform sterile compounding?

Yes

No

If yes, please specify if the sterile compounding is typically performed by a pharmacy technician.

Yes

No

Q14. Does your primary worksite perform nonsterile compounding?

Yes

No

If yes, please specify if the nonsterile compounding is typically performed by a pharmacy technician.

Yes

No

Q15. What is the average prescription volume during a typical day at your primary worksite including immunizations?

Less than 50

50 – 100 prescriptions

101 – 150 prescriptions

151 – 200 prescriptions

201 – 250 prescriptions

251 – 300 prescriptions

301 – 350 prescriptions

351 – 400 prescriptions

Over 400 prescriptions

Not applicable for my primary worksite

Q16. Does your worksite use any technology (such as automatic dispensing machines, photographic verification, etc.) as part of the dispensing process?

Yes

No

If yes, please specify how technology is used?

Q16. Is your worksite a closed-door pharmacy?

Yes

No

Q17. Does your worksite have pharmacists working overlapping hours?

Yes

No

If yes, please specify the number of overlapping hours in a typical shift.

Q18. If you are the PIC, do you have authority to adjust staffing to address workload?

Yes

No

Q19. Do you believe the current pharmacist to pharmacy technician ratio in a noninsitutional setting (currently 1:1) is appropriateis appropriate?

Yes

No

If no, please indicate what you believe is the appropriate ratio.

1:2

1:3

1:4

Other, please specify.

Q20. DO you believe the current pharmacist to pharmacy technician ratio in the institutional setting (currently 1:2) is appropriate?

Yes

No

If no, please indicate what you believe is the appropriate ratio.

1:1

1:3

1:4

Other, please specify

Q21.In your setting, do you believe you could provide more comprehensive patient care if the number of pharmacy technicians a pharmacist can supervise is increased?

Yes

No

Q22. If the Board established an increase in the number of pharmacy technicians a pharmacist could supervise, do you believe the PIC should be required to make a specific determination for the ratio to be used at their worksite?

Yes

No

Q23. If there is an increase in the number of pharmacy technicians that can be supervised by a pharmacist, do you believe the pharmacist should have the authority to refuse to supervise the additional pharmacy technicians?

Yes

No

Q24. Do you have any additional comments you believe would be helpful to the Board as it considers potential changes to the pharmacist to pharmacy technician ratio?

Attachment 3

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. Board of Pharmacy

PROPOSED REGULATORY LANGUAGE
Central Fill Pharmacies

Proposed changes to the current regulation language are shown by ~~strikethrough~~ for deleted language and underline for added language.

Amend Section 1707.4 to Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1707.4. Procedures for ~~Refill~~ Central Fill Pharmacies.

(a) A central fill pharmacy located in California and licensed by the B~~b~~oard may process a request for ~~refill of a~~ prescription medication received by ~~a~~ another pharmacy within this state, provided:
(1) The pharmacy that is to ~~re~~fill the ~~prescription~~ medication either has a contract with the pharmacy which received the prescription or has the same owner as the other pharmacy.
(2) The prescription container:
(A) is clearly labeled with all information required by S~~s~~ections 4076 and 4076.5 of the Business and Professions Code; and
(B) as applicable, clearly shows the name and address of the pharmacy ~~re~~filling the ~~prescription~~ medication ~~and/~~or the name and address of the pharmacy which receives the ~~refilled prescription~~ medication to dispense to the patient. Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.
(3) The patient is provided with written information indicating that the prescription may be filled at a central fill pharmacy, and written information, either on the prescription label or with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
(4) Both pharmacies maintain complete and accurate records ~~of the refill~~, including:
(A) the name of the pharmacist who ~~re~~filled the prescription;
(B) the name of the pharmacy ~~re~~filling the prescription; and
(C) the name of the pharmacy that received the prescription ~~refill request~~.
(5) The pharmacy which ~~re~~fills the prescription and the pharmacy to which the ~~refilled~~ prescription is provided for dispensing to the patient shall each be responsible for ensuring the order has been properly filled. Pharmacists working at the originating pharmacy must perform final product verification prior to

dispensing, which may include review of photographs of the final product in lieu of physical visual verification.
(6) The originating pharmacy is responsible for compliance with the requirements set forth in ~~S~~sections 1707.1, 1707.2, and 1707.3 of the California Code of Regulations.
~~(b) Nothing in this section shall be construed as barring a pharmacy from also filling new prescriptions presented by a patient or a patient's agent or transmitted to it by a prescriber.~~
(b) For purposes of this section, a central fill pharmacy is defined as a California-licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy to dispense to the patient.

Credits

NOTE: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4063, 4076, 4076.5, 4081, and 4333, Business and Professions Code.

Attachment 4

Proposed Definition for Mail-Order Pharmacy

"Mail-order pharmacy" is defined as a pharmacy licensed pursuant to section 4110 or 4112, whose primary business is to dispense prescription drugs or devices pursuant to lawful and valid prescriptions and to deliver, ship or mail the drugs or devices to patients in California by utilizing the United States postal service, a common carrier, a delivery service, or any other method or mode of delivery. For purposes of this section, a pharmacy that delivers, ships, or mails, to patients in any state, more than seventy-five percent of prescriptions is defined as a mail-order pharmacy.

Attachment 5

Proposed Amendment to 16 CCR § 1793.65 as follows:

§ 1793.65. Pharmacy Technician Certification Programs Approved by the Board.

(a) Pursuant to Business and Professions Code section 4202(a)(4), the board approves the pharmacy technician certification program offered by:
(1) The Pharmacy Technician Certification Board, and
(2) The National Healthcareer Association.
(b) Approval of these programs is valid through ~~December 31, 2024~~ June 30, 2026.

Credits
NOTE: Authority cited: Sections 4005 and 4202, Business and Professions Code. Reference: Sections 4038 and 4202, Business and Professions Code.

TITLE	**LICENSURE EXAMINATION VALIDATION POLICY**		
POLICY OWNER	OFFICE OF PROFESSIONAL EXAMINATION SERVICES		
POLICY NUMBER	OPES 22-01	**SUPERSEDES**	OPES 18-02
ISSUE DATE	November 23, 2022	**EFFECTIVE**	IMMEDIATELY
DISTRIBUTE TO	ALL EMPLOYEES		
ORIGINAL APPROVED BY	*Original Signature on File Kimberly Kirchmeyer Director		
NUMBER OF PAGES	1 of 11	**ATTACHMENTS**	NONE

POLICY

It is the policy of the Department of Consumer Affairs (DCA) that occupational analyses and examination development studies are fundamental components of licensure programs. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals from obtaining professional licenses. To that end, licensure examinations must be:

- Developed according to an examination outline that is based on a current occupational analysis.
- Regularly evaluated.
- Updated when tasks performed or prerequisite knowledge in a profession change, or to prevent overexposure of test questions.
- Reported annually, in terms of validation activities, to the Legislature.

APPLICABILITY

This policy applies to all employees, governmental officials, contractors, consultants, and temporary staff of DCA; and any of its divisions, bureaus, boards, and other constituent agencies. Within this policy, the generic acronym “DCA” applies to all of these entities. For purposes of this policy, “board” shall refer to all boards, bureaus, or committees.

PURPOSE

The purpose of this policy is to meet the mandate of Business and Professions (B&P) Code section 139 (a) and (b) directing DCA to develop a policy regarding examination development and validation, and occupational analyses; and B&P Code section 139 (c)

and (d) directing DCA to evaluate and report annually to the Legislature the methods used by each regulatory entity for ensuring that their licensing examinations are subject to periodic evaluations.

On September 30, 1999, the Office of Professional Examination Services (OPES) completed and distributed to its clients an internal publication "Examination Validation Policy" in compliance with B&P Code section 139 (a) and (b). In 2000, DCA policy "*Licensing Examinations – Reporting Requirements*" (OER-00-01) was established to meet the mandate of B&P Code section 139 (c) and (d). OER-00-01 has since been abolished. This new policy addresses the provisions of all four subsections of B&P Code section 139: (a), (b), (c), and (d).

AUTHORITY

- Business and Professions Code section 139 (a), (b), (c), and (d).
- Business and Professions Code section 101.6.
- Government Code section 12944 (a) of the Fair Employment and Housing Act.
- *Uniform Guidelines on Employee Selection Procedures (1978)*, adopted by the Equal Employment Opportunity Commission, Civil Service Commission (EEOC), Department of Labor, and Department of Justice.
- Civil Rights Act of 1964, as amended.

DEFINITIONS

Content domain is the realm of behaviors, knowledge, skills, abilities, or other characteristics that a particular test is intended to measure, as reflected by its examination outline, and about which the scores are generally intended to be generalized.

Content-related evidence of validity is the evidence that shows the extent to which the content of a selection procedure is a representative sample of work-related personal characteristics, work performance, or other work activities or outcomes.

Criterion-referenced passing score is a specified point in a distribution of scores at or above which candidates are considered successful in the selection process. By definition, the criterion-referenced passing score is related to a minimally acceptable competence criterion and is the same for all applicant groups.

Entry level in licensure testing refers to newly licensed individuals. In relation to examination development workshops, licensees 0-5 years post-licensure are generally considered sufficiently close to "entry level" to provide substantive information about this area.

Examination development specialists are individuals who are trained, experienced, and skilled in licensure-related occupational analysis; licensure-related examination planning, development, validation, administration, scoring, and analysis; and the professional and technical standards, laws, and regulations related to these tasks.

Examination outline is organized around the content domains drawn directly from the results of an occupational analysis. The content domains are comprised of the knowledge, skills, and abilities that have been determined to be the essential elements of competency for the occupation being assessed. In addition to the listing of content domains, the examination outline specifies the number or proportion of items that are planned to be included on each test form for each content domain. These proportions reflect the relative importance of each content domain to competency in the occupation. They are sometimes also referred to as test specifications, test plans, or test blueprints.

Minimum acceptable competence is the minimum level of knowledge, skill, and ability required of newly licensed individuals that, when the profession is performed at this level, would not cause harm to the public health, safety, or welfare.

Occupational analysis is a method used to gain an understanding of the work behaviors and activities required, or the worker requirements (i.e., knowledge, skills, abilities, and other personal characteristics), and the context or environment in which an organization and individual may operate. For occupational licensing, the term occupational analysis is preferred over job analysis or practice analysis because the scope of analysis is across a profession, not an individual job.

Reciprocity review of a licensure examination is an analysis of an occupational licensure examination accepted by another state. The purposes of the review are (1) to evaluate whether professional testing standards are being met and (2) to determine whether the examination is comparable (i.e., substantially similar) to the examination(s) used in California to meet initial licensure requirements. If an examination meets technical standards and professional guidelines, and if the examination is comparable to California examination(s), licensees who pass that examination may be deemed competent to practice in California.

Reliable measurement/reliability is the degree to which scores for a group of candidates are consistent over one or more potential sources of error (e.g., time, raters, items, conditions of measurement, etc.) in the application of a measurement procedure.

Review (Audit) of a national licensure examination is an analysis of a nationally developed and administered licensure examination for a profession. The goals of the review are (1) an assessment of whether professional testing standards are being met and (2) the identification of any critical aspects of the profession that are practiced in California and should be (but is not) tested nationally.

Subject matter experts (SMEs) are licensees who have a thorough knowledge of the work behaviors, activities, and responsibilities of job incumbents and the knowledge, skills, abilities and other characteristics needed for effective performance on the job. To participate in examination development workshops, SMEs should be practitioners currently possessing an active license in good standing and who are active in their profession. When contracting for their services, DCA refers to SMEs as Expert Consultants.

Validation is the process by which evidence of content accuracy is gathered, analyzed, and summarized.

Validity is the “degree to which accumulated evidence and theory support specific interpretations of test scores entailed by proposed uses of a test.” Validity is not a property inherent in a test; it is the degree to which the decisions based on that test are accurate. For licensing examinations, validity is interpreted as correctly differentiating between persons who are qualified to competently and safely practice a profession from those who are not.

PROVISIONS

A. VALIDATION TOPICS

B&P Code section 139 (b) requires OPES to address eight specific topics, plus any other topics necessary to ensure that licensing examinations conducted on behalf of DCA are validated according to accepted technical and professional standards.

1. AN APPROPRIATE SCHEDULE FOR EXAMINATION VALIDATION AND OCCUPATIONAL ANALYSIS AND CIRCUMSTANCES UNDER WHICH MORE FREQUENT REVIEWS ARE APPROPRIATE

Occupational Analysis Schedule
Generally, an occupational analysis and examination outline should be updated every 5 years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession’s job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession. The board is responsible for promptly notifying the examination development specialist of any significant changes to the profession. This is true both for California-specific and national licensure examination-related occupational analyses.

Examination Validation Schedule
New forms of a licensure examination assist in the legal defensibility of the examination, prevent overexposure of test items, and keep the examination current. The decision to create an examination, or new forms of an examination, is made by the board responsible for the license in consultation with the examination development specialist. The creation of new examination forms depends on the needs of the testing program and the number of people taking the examination.

2. MINIMUM REQUIREMENTS FOR PSYCHOMETRICALLY SOUND EXAMINATION VALIDATION, EXAMINATION DEVELOPMENT, AND OCCUPATIONAL ANALYSES, INCLUDING STANDARDS FOR SUFFICIENT NUMBER OF TEST ITEMS

Boards have the ultimate responsibility to ensure that a licensure examination meets technical, professional, and legal standards and protects the health, safety, and welfare of the public by assessing a candidate's ability to practice at or above the level of minimum acceptable competence.

The inferences made from the resulting scores on a licensing examination are continuously validated. Gathering evidence in support of an examination and the resulting scores is an ongoing process. Each examination is created from an examination outline that is based upon the results of a current occupational analysis that identifies the job-related critical tasks, and related knowledge, skills, and abilities necessary for safe and competent practice. Examinations are designed to assess those knowledge, skills, and abilities. To ensure that examinations are job-related, SMEs must participate in all phases of examination development.

All aspects of test development and test use, including occupational analysis, examination development, and validation, should adhere to accepted technical and professional standards to ensure that all items on the examination are psychometrically sound, job-related, and legally defensible. These standards include those found in *Standards for Educational and Psychological Testing*, referred to in this policy as the *Standards*; and the *Principles for Validation and Use of Personnel Selection Procedures*, referred to in this policy as the *Principles*.

The *Standards* and *Principles* are used as the basis of all aspects of the policies contained in this document. The EEOC *Uniform Guidelines on Employee Selection Procedures* (1978) provide direction on the legal defensibility of selection-related examinations.
Other professional literature that defines and describes testing standards and influences professionals is produced by the following organizations:

- *American Educational Research Association (AERA)*
- *American Psychological Association (APA)*
- *Council on Licensure, Enforcement, and Regulation (CLEAR)*
- *Equal Employment Opportunity Commission (EEOC)*
- *Institute for Credentialing Excellence (ICE)*
- *National Council of Measurement in Education (NCME)*
- *Society for Industrial and Organizational Psychology (SIOP)*

Minimum Requirements for Psychometrically Sound Occupational Analysis
The minimum requirements for a psychometrically sound occupational analysis are as follows:

- Adhere to a content validation strategy or other psychometrically sound examination development method as referenced in a recognized professional source.
- Develop an examination outline from the occupational analysis.

- Gather data from a sample of current licensees in the State of California that represents the geographic, professional, and other relevant categories of the profession.

Minimum Requirements for Psychometrically Sound Examination Development and Validation

The minimum requirements for psychometrically sound examination development and validation are as follows:

- Adhere to the *Standards* and *Principles*.
- Document the process following recommendations in the *Standards* and *Principles*.
- Conduct with a trained examination development specialist in consultation with SMEs.
- Use an examination outline and psychometrically sound item-writing guidelines.
- Follow established security procedures.

Standards for Sufficient Number of Test Items

The number of items in an examination should be sufficient to ensure content coverage and provide reliable measurement. Both empirical data and the judgment and evaluation by SMEs should be used to establish the number of items within an examination. The empirical data should include results from an occupational analysis, item analysis, and test analysis.

The item bank for a licensure examination should contain a sufficient number of items such that: 1) at least one new form of the examination could be generated if a security breach occurred; and 2) items are not exposed too frequently to repeating examinees. Boards should develop an examination retake policy that minimizes the overexposure of test items.

3. SETTING PASSING STANDARDS

Passing score standards for licensure examinations must:

- Follow a process that adheres to accepted technical and professional standards.
- Adhere to a criterion-referenced passing score methodology that uses minimum competence at an entry level to the profession.

An arbitrary fixed passing score or percentage, such as 70%, does not represent minimally acceptable competence. Arbitrary passing scores are not legally defensible.

If a board has an appeals process for candidates who are not successful in their examination, once a criterion-referenced passing score has been determined for a multiple-choice examination, the board shall not change a candidate's score without consultation with the examination development specialist.

4. STANDARDS FOR REVIEW OF STATE AND NATIONAL EXAMINATIONS

All licensure examinations appropriated for use in California professions regulated by DCA should be validated according to accepted technical and professional standards, as described elsewhere in these provisions. At a minimum, the following factors must be considered in a review of state and national examination programs:

- Right to access information from all studies and reports from test vendors (local or national).
- Right of state agency to review recent examination.
- Description of methodology used to establish content-related validity.
- Occupational analysis report and frequency of updates.
- Method to ensure standards are set for entry level practice.
- Examination outline and method to link to the occupational analysis.
- Information about the sample of practitioners surveyed.
- Item development process (experts used, editing methods, etc.).
- Sufficient size of item banks.
- Pass-point setting methodology.
- Examination security methods; examination administration processes.
- Examination reliability.
- Pass–fail ratio.
- Statistical performance of examinations.

The suitability of an occupational analysis conducted on a national level to validate a national exam that is/could be used in California and for use in examination development in California for a California-only examination must be determined by: (1) a review of the methodology of the occupational analysis, including the demographics of the practitioners upon which it is based to ensure California practice is appropriately represented; and (2) a comparison study between a current California occupational analysis of the profession and the national occupational analysis to assess the validity of the national examination content for California practice.

Reciprocity

Reciprocity refers to the mutual recognition, endorsement, and acceptance by the State of California of licenses granted by other jurisdictions. Reciprocity agreements often include a waiver of certain California licensing requirements, such as a practice-based examination. Licensure examinations accepted in California as part of reciprocity agreements are not used for licensure in California, but individuals passing them may be qualified to practice in California without fulfilling all California licensure requirements. These examinations should be validated according to technical and professional standards to ensure that they are legally defensible. Before a licensure examination is accepted under a reciprocity

agreement, a comparison study must be performed to verify that the examination meets professional standards for validity, that the scope of practice measured by the examination is substantially similar to the California scope of practice, and that the examination is a sufficient measure of the critical competencies required for practice in California. The study should carefully evaluate differences in the scope of practice or competencies measured by the examination, and the study should determine whether waiving the California licensure examination would endanger the public. The board should consult with OPES to conduct this study.

Additional Considerations for Reciprocity

In addition to conducting a comparison study of the licensure examination, the board should evaluate the equivalency of education and experience requirements set by the jurisdiction for initial licensure within the license category requesting reciprocity. The board should set other relevant criteria, such as requiring a minimum number of years licensed and that the license must be in good standing. The board should also determine whether licensees seeking reciprocity should be required to pass a California-specific examination, e.g., a jurisprudence examination.

5. APPROPRIATE FUNDING SOURCES FOR EXAMINATION VALIDATIONS AND OCCUPATIONAL ANALYSES

Budget line items should be designated exclusively for examination development and occupational analyses projects. To assure validity, maintain consistency, preserve security, and ensure the integrity of the examination program, the budget line items need to be continuous appropriations.

Boards should budget for costs associated with examination and occupational analysis development; contracting with a computer-based testing vendor for electronic examination administration; and projecting for expenses associated with travel and per diem for SMEs who participate in examination development and occupational analysis workshops. Boards that administer examinations by paper and pencil should also consider the expense of examination proctors, including their travel and per diem expenses; examination site rental; additional security resources; and printing costs for the preparation guides and examination booklets.

Boards must have the budgetary flexibility to adapt to unexpected or additional program needs. For example, the potential for catastrophic incidents such as a security breach and the cost to replace the compromised examination should be considered in determining overall examination-related costs.

Boards contract via intra-agency contracts (IACs) with OPES for examination-related services. Currently, boards request OPES' services and submit a Budget Change Proposal (BCP) to obtain expenditure authority if they do not already have a budget line item for these expenditures. Boards are then charged, and OPES is reimbursed through the IACs for occupational

analyses, national examination reviews, and ongoing examination development, evaluation, construction, and publication services. Consulting and psychometric expertise and test scoring and item analysis (TSIA) services, among others, continue to be funded by distributed administrative costs (pro rata).

6. CONDITIONS UNDER WHICH BOARDS SHOULD USE INTERNAL AND EXTERNAL ENTITIES TO CONDUCT THESE REVIEWS

A board may choose to use external and/or internal resources for licensure examination development and/or review of state and national licensure examinations, and must determine the most logical application of those resources.

OPES is the internal resource for examination review and California-specific examination development services for DCA. OPES also conducts reviews of national examination programs to ensure compliance with California requirements.

If OPES is unable to provide the requested service, external development and review may occur. External examination development or review of a national licensure examination occurs when the board contracts with a qualified private testing firm.

7. STANDARDS FOR DETERMINING APPROPRIATE COSTS OF REVIEWS OF DIFFERENT TYPES OF EXAMINATIONS, MEASURED IN TERMS OF HOURS REQUIRED

The *Standards* provide “a basis for evaluating the quality of testing practices.” These criteria can be used to identify tasks that must be performed in the development and validation of a licensure examination. Costs are applied to the performance of each task, based on its difficulty, available technology, and the complexity of the profession.

OPES has a defined fee schedule that is based on the number of hours to complete each phase of the project. An occupational analysis and an examination development project will require different tasks to be performed; therefore, the number of hours varies from one phase to another. The time and tasks required depends on the profession, type of exam, number of forms, frequency of administration, technology resources, and other factors.

8. CONDITIONS UNDER WHICH IT IS APPROPRIATE TO FUND PERMANENT AND LIMITED-TERM POSITIONS WITHIN A BOARD TO MANAGE THESE REVIEWS

Because examinations are critical to the mandate for consumer protection, it is necessary that if a board provides an examination, it should maintain examination support staff. The number of support staff needed is determined by each board’s examination requirements and secured through the budget process.

Factors that may affect change in the number of needed staff support include, but are not limited to the following:

- An increase in the number of times an examination is offered.
- A change of method by which an examination is administered, for example:
  - From paper to computer-based testing administration.
  - From oral panel to written examination format.
  - From written-only to the addition of a practical examination.
- A change of examination administration, for example:
  - From a national to a California-based examination, or vice versa.
  - A change in examination administration vendors.
- A unique circumstance such as a breach of examination security.
- A change in legislative mandates.

B. YEARLY REPORTING REQUIREMENTS

B&P Code section 139 (c) specifies that every regulatory board shall submit to DCA on or before December 1 of each year its method for ensuring that every licensing examination is subject to periodic evaluation. These evaluations must include four components:

1. A description of the occupational analysis serving as the basis for the examination.
2. Sufficient item analysis data to permit a psychometric evaluation of the items.
3. An assessment of the appropriateness of prerequisites for admittance to the examination.
4. An estimate of the costs and personnel required to perform these functions.

B&P Code section 139 (d) states that the evaluation specified in section 139 (c) may be conducted either by the Board, Bureau, Committee, OPES, or a qualified private testing firm.
OPES compiles this information annually into a report for the appropriate fiscal, policy, and review committees of the Legislature. This report is consolidated into DCA's Annual Report.

VIOLATIONS

Validation ensures that licensing examinations are psychometrically sound, job-related, and legally defensible. Failure to follow the provisions of this policy may result in licensing persons who do not meet the minimum level of competency required for independent and safe practice, exposing California consumers and DCA's regulatory entities to considerable risk of harm by unqualified licensees.

REVISIONS

OPES is responsible for determining whether this policy needs revision; questions regarding revision should be directed to OPES at (916) 575-7240. Specific questions regarding the status or maintenance of this policy should be directed to the Division of Programs & Policy Review at DPPR@dca.ca.gov.

RELATED DOCUMENTS

Departmental Policy Memorandum “Examination Security”: OPES 22-01
Departmental Policy “Participation in Examination Workshops”: OPES 20-01

Attachment 6

CALIFORNIA STATE BOARD OF PHARMACY
QUARTERLY LICENSING STATISTICS FISCAL YEAR 2023/2024

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	100	85	0	0	185
Designated Representatives Vet (EXV)	0	4	0	0	4
Designated Representatives-3PL (DRL)	33	31	0	0	64
Designated Representatives-Reverse Distributor (DRR)	1	0	0	0	1
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	858	132	0	0	990
Pharmacist Exam Applications	231	167	0	0	398
Pharmacist Retake Exam Applications	415	415	0	0	830
Pharmacist Initial License Application (RPH)	659	480	0	0	1,139
Advanced Practice Pharmacist (APH)	40	29	0	0	69
Pharmacy Technician (TCH)	1,206	1,087	0	0	2,293
Total	**3,543**	**2,430**	**0**	**0**	**5,973**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	1	3	0	0	4
Total	**1**	**3**	**0**	**0**	**4**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	72	45	0	0	117
Automated Drug Delivery System (ADD(APD))	1	0	0	0	1
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)	0	0	0	0	0
Clinics (CLN)	32	33	0	0	65
Clinics Government Owned (CLE)	23	15	0	0	38
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	2	5	0	0	7
Hospitals Government Owned (HPE)	0	2	0	0	2
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	1	0	0	2
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	2	2	0	0	4
Pharmacy (PHY)	96	74	0	0	170
Pharmacy (PHY) Chain	5	5	0	0	10
Pharmacy Government Owned (PHE)	1	2	0	0	3
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	25	36	0	0	61
Sterile Compounding (LSC)	10	8	0	0	18
Sterile Compounding Government Owned (LSE)	1	1	0	0	2
Sterile Compounding Nonresident (NSC)	2	4	0	0	6
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	3	3	0	0	6
Third-Party Logistics Providers Nonresident (NPL)	8	5	0	0	13
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	23	13	0	0	36
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	26	20	0	0	46
Total	**333**	**274**	**0**	**0**	**607**
*Number of applications received includes the number of temporary applications received.					
Applications Received with Temporary License Requests	**July - Sept**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Total FYTD**
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	2	4	0	0	6
Hospital Government Owned - Temp (HPE)	1	1	0	0	2
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	82	51	0	0	133
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	15	23	0	0	38
Sterile Compounding - Temp (LSC)	7	6	0	0	13
Sterile Compounding Government Owned - Temp (LSE)	1	1	0	0	2
Sterile Compounding Nonresident - Temp (NSC)	1	2	0	0	3
Third-Party Logistics Providers - Temp (TPL)	1	4	0	0	5
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	2	0	0	4
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	8	9	0	0	17
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	7	7	0	0	14
Total	**129**	**110**	**0**	**0**	**239**

LICENSES ISSUED

Individual Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	57	78	0	0	135
Designated Representatives Vet (EXV)	0	7	0	0	7
Designated Representatives-3PL (DRL)	16	43	0	0	59
Designated Representatives-Reverse Distributor (DRR)	2	1	0	0	3
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	458	503	0	0	961
Pharmacist (RPH)	665	465	0	0	1,130
Advanced Practice Pharmacist (APH)	19	31	0	0	50
Pharmacy Technician (TCH)	1,228	1,546	0	0	2,774
Total	**2,445**	**2,674**	**0**	**0**	**5,119**

Temporary Individual Licenses (Military Spouses/Partners) Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	1	0	0	1
Total	**0**	**1**	**0**	**0**	**1**

Site Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	93	94	0	0	187
Automated Drug Delivery System (ADD(APD))	0	1	0	0	1
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)	0	0	0	0	0
Clinics (CLN)	7	33	0	0	40
Clinics Government Owned (CLE)	23	15	0	0	38
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (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	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	16	23	0	0	39
Pharmacy Government Owned (PHE)	3	0	0	0	3
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	4	2	0	0	6
Sterile Compounding (LSC)	1	5	0	0	6
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	1	0	0	3
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	2	0	0	2
Third-Party Logistics Providers Nonresident (NPL)	8	4	0	0	12
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	13	8	0	0	21
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	11	10	0	0	21
Total	**183**	**199**	**0**	**0**	**382**

Site Temporary Licenses Issued	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned -Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	1	2	0	0	3
Hospital Government Owned - Temp (HPE)	1	1	0	0	2
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy - Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	64	77	0	0	141
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	11	19	0	0	30
Sterile Compounding - Temp (LSC)	2	3	0	0	5
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	0	0	0	0	0
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0	2
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	1	0	0	4
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	6	3	0	0	9
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	5	3	0	0	8
Total	**96**	**111**	**0**	**0**	**207**

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

Individual Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	267	273	0	0
Designated Representatives Vet (EXV)	7	4	0	0
Designated Representatives-3PL (DRL)	118	107	0	0
Designated Representatives-Reverse Distributor (DRR)	2	1	0	0
Designated Paramedic (DPM)	0	0	0	0
Intern Pharmacist (INT)	269	102	0	0
Pharmacist (exam not eligible)	1,271	1,399	0	0
Pharmacist (exam eligible)	1,325	854	0	0
Advanced Practice Pharmacist (APH)	125	123	0	0
Pharmacy Technician (TCH)	2,463	2,011	0	0
Total	**5,847**	**4,874**	**0**	**0**

Temporary Individual Applications Pending (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	1	2	0	0
Total	**1**	**2**	**0**	**0**

Site Applications Pending	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	159	97	0	0
Automated Drug Delivery System (ADD(APD))	46	1	0	0
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)	1	1	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0
Clinics (CLN)	172	168	0	0
Clinics Government Owned (CLE)	27	24	0	0
Drug Room (DRM)	1	1	0	0
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	7	10	0	0
Hospitals Government Owned (HPE)	1	2	0	0
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	13	14	0	0
Correctional Pharmacy (LCF)	1	1	0	0
Outsourcing Facility (OSF)	1	1	0	0
Outsourcing Facility Nonresident (NSF)	13	15	0	0
Pharmacy (PHY)	262	214	0	0
Pharmacy Government Owned (PHE)	6	9	0	0
Remote Dispensing Pharmacy (PHR)	5	4	0	0
Pharmacy Nonresident (NRP)	181	175	0	0
Sterile Compounding (LSC)	64	58	0	0
Sterile Compounding - Government Owned (LSE)	10	10	0	0
Sterile Compounding Nonresident (NSC)	16	18	0	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	6	6	0	0
Third-Party Logistics Providers Nonresident (NPL)	69	69	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0
Wholesalers (WLS)	71	71	0	0
Wholesalers Government Owned (WLE)	1	1	0	0
Wholesalers Nonresident (OSD)	161	167	0	0
Total	**1,296**	**1,138**	**0**	**0**

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	1	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0
Hospital - Temp (HSP)	4	3	0	0
Hospital Government Owned - Temp (HPE)	1	2	0	0
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0
Outsourcing Facility - Temp (OSF)	1	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0
Pharmacy - Temp (PHY)	102	126	0	0
Pharmacy Government Owned - Temp (PHE)	2	2	0	0
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	21	28	0	0
Sterile Compounding - Temp (LSC)	6	4	0	0
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0
Sterile Compounding Nonresident - Temp (NSC)	2	0	0	0
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	3	0	0
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesaler - Temp (WLS)	6	5	0	0
Wholesaler Government Owned - Temp (WLE)	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	6	5	0	0
Total	**156**	**180**	**0**	**0**

APPLICATIONS WITHDRAWN

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)	1	0	0	0	1
Pharmacist (exam applications)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	2	0	0	0	2
Total	**3**	**0**	**0**	**0**	**3**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	27	12	0	0	39
Automated Drug Delivery System (ADD(APD))	0	44	0	0	44
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)	0	0	0	0	0
Clinics (CLN)	3	4	0	0	7
Clinics Government Owned (CLE)	0	2	0	0	2
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Ownerd (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	1	0	0	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	5	22	0	0	27
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	12	21	0	0	33
Sterile Compounding (LSC)	2	6	0	0	8
Sterile Compounding - Government Owned (LSE)	2	0	0	0	2
Sterile Compounding Nonresident (NSC)	2	1	0	0	3
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)	4	0	0	0	4
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	2	1	0	0	3
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	1	0	0	0	1
Total	**61**	**114**	**0**	**0**	**175**

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	1	2	0	0	3
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	1	0	0	1
Pharmacist (exam application)	0	0	0	0	0
Pharmacist (exam eligible)	0	1	0	0	1
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	5	9	0	0	14
Total	**6**	**13**	**0**	**0**	**19**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

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 Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (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	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	1	2	0	0	3
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	0	0	0	0
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	1	0	0	1
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	0	0	0
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	**1**	**3**	**0**	**0**	**4**

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	405	424	0	0	829
Designated Representative Responded	115	67	0	0	182
Advanced Practice Pharmacist Received	227	189	0	0	416
Advanced Practice Pharmacist Responded	29	73	0	0	102
Pharmacist/Intern Received	2,216	1,501	0	0	3,717
Pharmacist/Intern Responded	2,216	1,501	0	0	3,717
Pharmacy Technician Received	2,721	1,851	0	0	4,572
Pharmacy Technician Responded	1,551	854	0	0	2,405
Pharmacy Received	2,297	2,073	0	0	4,370
Pharmacy Responded	1,837	1,269	0	0	3,106
Sterile Compounding/Outsourcing Received	647	720	0	0	1,367
Sterile Compounding/Outsourcing Responded	342	513	0	0	855
Wholesale/Hypodermic/3PL Received	811	468	0	0	1,279
Wholesale/Hypodermic/3PL Responded	549	592	0	0	1,141
Clinic Received	462	494	0	0	956
Clinic Responded	525	428	0	0	953
Automated Drug Delivery Systems Received	574	258	0	0	832
Automated Drug Delivery Systems Responded	440	174	0	0	614
Pharmacist-in-Charge Received	1,063	1,091	0	0	2,154
Pharmacist-in-Charge Responded	1,074	1,030	0	0	2,104
Change of Permit Received	598	577	0	0	1,175
Change of Permit Responded	502	481	0	0	983
Renewals Received	1,719	1,238	0	0	2,957
Renewals Responded	1,524	1,064	0	0	2,588

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	0	20	0	0	20
Advanced Practice Pharmacist	98	70	0	0	168
Pharmacist/Intern	1,787	742	0	0	2,529
Pharmacy	634	535	0	0	1,169
Sterile Compounding/Outsourcing	106	73	0	0	179
Wholesale/Hypodermic/3PL	112	102	0	0	214
Clinic	152	63	0	0	215
Automated Drug Delivery Systems	10	4	0	0	14
Pharmacist-in-Charge	384	164	0	0	548
Change of Permit	90	72	0	0	162
Renewals*	961	408	0	0	1,369
Reception*	21,879	9,471	0	0	31,350

* Q2 (Oct-Dec) the total number of phone calls for Renewals and Reception is not reported after 11/15/2023 as the Department is still working on a reporting tool to collect the data as a new phone system was implemented

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	476	489	0	0	965
Processed	502	450	0	0	952
Approved	444	496	0	0	940
Pending (Data reflects number of pending at the end of the quarter.)	295	291	0	0	295

Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	36	35	0	0	71
Processed	37	22	0	0	59
Approved	29	22	0	0	51
Pending (Data reflects number of pending at the end of the quarter.)	39	51	0	0	39

Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	13	8	0	0	21
Processed	10	8	0	0	18
Approved	10	7	0	0	17
Pending (Data reflects number of pending at the end of the quarter.)	12	14	0	0	12

Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	9	12	0	0	21
Processed	7	7	0	0	14
Approved	12	12	0	0	24
Pending (Data reflects number of pending at the end of the quarter.)	33	31	0	0	33

Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	645	655	0	0	1,300
Processed	908	977	0	0	1,885
Approved	513	1,532	0	0	2,045
Pending (Data reflects number of pending at the end of the quarter.)	3,497	2,446	0	0	3,497

Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	134	175	0	0	309
Processed	131	161	0	0	292
Approved	95	111	0	0	206
Pending (Data reflects number of pending at the end of the quarter.)	290	355	0	0	290

Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	29	18	0	0	47
Processed	46	23	0	0	69
Completed	41	23	0	0	64
Pending (Data reflects number of pending at the end of the quarter.)	17	16	0	0	17

Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	2,990	2,326	0	0	5,316
Off-site Storage	198	14	0	0	212
Transfer of Intern Hours	10	6	0	0	16
License Verification	135	127	0	0	262

DISCONTINUED BUSINESS

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	28	17	0	0	45
Automated Drug Delivery System (ADD(APD))	0	3	0	0	3
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)	0	0	0	0	0
Clinics (CLN)	2	1	0	0	3
Clinics Government Owned (CLE)	4	9	0	0	13
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	1	0	0	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	23	17	0	0	40
Pharmacy (PHY) Chain	35	70	0	0	105
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	6	10	0	0	16
Sterile Compounding (LSC)	9	9	0	0	18
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	1	0	0	1
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)	2	1	0	0	3
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	6	1	0	0	7
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	6	7	0	0	13
Total	**123**	**146**	**0**	**0**	**269**

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	655	576	0	0	1,231
Designated Representatives Vet (EXV)	16	5	0	0	21
Designated Representatives-3PL (DRL)	111	90	0	0	201
Designated Representatives-Reverse Distributor (DRR)	0	5	0	0	5
Designated Paramedic (DPM)	1	1	0	0	2
Pharmacist (RPH)	6,374	5,809	0	0	12,183
Advanced Practice Pharmacist (APH)	144	142	0	0	286
Pharmacy Technician (TCH)	7,883	6,858	0	0	14,741
Total	**15,184**	**13,486**	**0**	**0**	**28,670**

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(APD & AUD))	192	637	0	0	829
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0	1
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	4	0	0	0	4
Clinics (CLN)	419	281	0	0	700
Clinics Government Owned (CLE)	57	798	0	0	855
Drug Room (DRM)	3	5	0	0	8
Drug Room Government Owned (DRE)	1	8	0	0	9
Hospitals (HSP)	61	160	0	0	221
Hospitals Government Owned (HPE)	43	13	0	0	56
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	0	2
Hypodermic Needle and Syringes (HYP)	63	42	0	0	105
Correctional Pharmacy (LCF)	5	49	0	0	54
Outsourcing Facility (OSF)	1	1	0	0	2
Outsourcing Facility Nonresident (NSF)	2	4	0	0	6
Pharmacy (PHY)	1,153	2,065	0	0	3,218
Pharmacy Government Owned (PHE)	51	58	0	0	109
Remote Dispensing Pharmacy (PHR)	0	2	0	0	2
Pharmacy Nonresident (NRP)	125	124	0	0	249
Sterile Compounding (LSC)	143	263	0	0	406
Sterile Compounding Government Owned (LSE)	58	6	0	0	64
Sterile Compounding Nonresident (NSC)	8	14	0	0	22
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	13	4	0	0	17
Third-Party Logistics Providers Nonresident (NPL)	47	36	0	0	83
Veterinary Food-Animal Drug Retailer (VET)	2	3	0	0	5
Wholesalers (WLS)	125	81	0	0	206
Wholesalers Government Owned (WLE)	3	5	0	0	8
Wholesalers Nonresident (OSD)	212	158	0	0	370
Total	**2,797**	**4,819**	**0**	**0**	**7,616**

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

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	2,829	2,823	0	0
Designated Representatives Vet (EXV)	55	58	0	0
Designated Representatives-3PL (DRL)	480	509	0	0
Designated Representatives-Reverse Distributor (DRR)	15	16	0	0
Designated Paramedic (DPM)	3	3	0	0
Intern Pharmacist (INT)	4,740	4,900	0	0
Pharmacist (RPH)	49,906	50,154	0	0
Advanced Practice Pharmacist (APH)	1,210	1,241	0	0
Pharmacy Technician (TCH)	65,218	65,803	0	0
Total	**124,456**	**125,507**	**0**	**0**

Temporary Individual Licenses (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	1	0	0
Total	**0**	**1**	**0**	**0**

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	1,094	1,118	0	0
Automated Drug Delivery System (ADD(APD))	20	18	0	0
Automated Drug Delivery System EMS (ADE)	1	1	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	1	1	0	0
Centralized Hospital Packaging Government Owned (CHE)	2	2	0	0
Centralized Hospital Packaging (CHP)	8	8	0	0
Clinics (CLN)	1,404	1,429	0	0
Clinics Government Owned (CLE)	938	944	0	0
Drug Room (DRM)	21	21	0	0
Drug Room Government Owned (DRE)	10	10	0	0
Hospitals (HSP)	399	399	0	0
Hospitals Government Owned (HPE)	77	78	0	0
Hospital Satellite Sterile Compounding (SCP)	4	4	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	4	4	0	0
Hypodermic Needle and Syringes (HYP)	237	231	0	0
Correctional Pharmacy (LCF)	57	56	0	0
Outsourcing Facility (OSF)	4	4	0	0
Outsourcing Facility Nonresident (NSF)	20	20	0	0
Pharmacy (PHY)	6,091	6,072	0	0
Pharmacy Government Owned (PHE)	144	144	0	0
Remote Dispensing Pharmacy (PHR)	2	3	0	0
Pharmacy Nonresident (NRP)	599	607	0	0
Sterile Compounding (LSC)	707	706	0	0
Sterile Compounding Government Owned (LSE)	103	104	0	0
Sterile Compounding Nonresident (NSC)	58	58	0	0
Surplus Medication Collection Distribution Intermediary (SME)	1	1	0	0
Third-Party Logistics Providers (TPL)	36	39	0	0
Third-Party Logistics Providers Nonresident (NPL)	140	143	0	0
Veterinary Food-Animal Drug Retailer (VET)	18	18	0	0
Wholesalers (WLS)	477	481	0	0
Wholesalers Government Owned (WLE)	10	10	0	0
Wholesalers Nonresident (OSD)	809	809	0	0
Total	**13,496**	**13,543**	**0**	**0**
Total Population of Licenses	**137,952**	**139,051**	**0**	**0**