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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
COMMUNICATION AND PUBIC EDUCATION COMMITTEE MEETING
MINUTES

DATE: April 12, 2013

LOCATION: Department of Consumer Affairs
First Floor Hearing Room
1625 N. Market Boulevard
Sacramento, CA 95834

COMMITTEE MEMBERS PRESENT:
Ryan Brooks, Public Member, Chair
Lavanza "Cheryl" Butler, RPh
Ramón Castellblanch, Public Member
Rosalyn Hackworth, Public Member
Deborah Veale, RPh
Albert Wong, RPh
Shirley Wheat, Public Member

BOARD MEMBERS PRESENT:
Stan Weisser, Board President (in audience)
Victor Law, Board Member (in audience)

STAFF PRESENT:
Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Carolyn Klein, Legislation and Regulation Manager
Jan Jamison, Public Information Officer

Call to Order

Chair Ryan Brooks called the meeting to order at 9:36 a.m.

Chair Brooks conducted a roll call and noted that Board President Stan Weisser and Board Member Victor Law were in attendance in the audience. Committee members present were Ramón Castellblanch, Rosalyn Hackworth, Deborah Veale, Albert Wong, Lavanza Butler and Shirley Wheat.

1. **Discussion on *Joint Forum to Promote Appropriate Prescribing and Dispensing* held February 21 and 22, 2013, and development of related consumer and licensee education materials**

Executive Officer Herold provided that the California State Board of Pharmacy and the Medical Board of California sponsored the Joint Forum to Promote Appropriate Prescribing and Dispensing on February 21 and 22, 2013, in South San Francisco. The forum was created in response to the significant and escalating problem of prescription drug abuse.

The goal of the forum was to educate prescribers, dispensers, prosecutors, regulators, members of law enforcement and others about the problem and to offer possible solutions.

The forum was well attended, with 354 in attendance on the first day and 380 in attendance on the second day. The Board of Pharmacy and the Medical Board both offered four hours of CE credits for the first day and six hours of CE credits for the second day.

Keynote speakers included Michael Botticelli, Deputy Director of the White House Office of National Drug Control Policy, and Joseph Rannazzisi, Deputy Assistant Administrator of the Office of Diversion Control, Drug Enforcement Administration. Other speakers and panelists provided further education and discussion surrounding the problem and the importance of cooperation between physicians and pharmacists.

A presentation about CURES, California's prescription drug monitoring program, was given by the Department of Justice. CURES has an important role in the continuing battle against prescription drug abuse and the DOJ, through 2013 proposed legislation, is seeking funding for the future support of the program.

Committee Discussion and Action:

The committee discussed the forum, its success, and ideas for future activities and collaborations. There appears to be strong demand for such public and licensee education.

Dr. Castellblanch referenced the positive program evaluations from attendees and offered that follow-up will be extremely important for getting the message out. He suggested that a sub-committee be convened to possibly identify grants that may be available to provide funding for a public awareness campaign.

Board staff has begun working with the Medical Board and their public education committee on outreach to licensees, to other practitioner boards and to the public on prescription drug abuse issues. Additionally, this board is scheduled to co-host four forums with the DEA on controlled substances abuse and dispensing, including a forum on corresponding responsibility to be held in August.

A brochure on corresponding responsibility targeted toward pharmacists has been proposed and will highlight the material provided in the board's forums with the DEA.

Ms. Herold explained that she sits on a high risk medication committee hosted by the California Hospital Association. The committee is researching the ways pain medications are prescribed in emergency rooms and how best practices can be developed to help address a problem with dispensing and prescribing of controlled substances in emergency rooms. She added that the CURES program has pending legislation to address funding needs and that the timing for that is opportune.

Ms. Herold offered that there are many advocacy groups who have initiated public education with respect to prescription drug abuse. DrugAbuse.org and RxAware are two such organizations. She suggested that the Board consider two campaigns, one focused on licensee education and the other on consumer education.

Discussion continued regarding the audience that would benefit most from a public awareness campaign. The problem of prescription drug abuse has increased with teenagers, but has also become a problem for adults. Chair Brooks added that the Board may want to consider producing a curriculum directed at schools to ensure that the message is getting out to school-aged children.

Chair Brooks suggested that a subcommittee be convened to work with the Department of Education on the development of a possible curriculum for students. He added that the Medical Board be involved as well. Mr. Brooks recommended that the suggestion be forwarded to the full Board for discussion and action.

There was no public comment.

2. <u>Update on availability and distribution of:</u>

a. Notice to Consumers Poster (as required by 16 California Code of Regulations Section 1707.6)
b. Video Display Format -- Notice to Consumers Poster (as required by 16 California Code of Regulations Section 1707.6)
c. Notice of Interpreter Availability (as required by 16 California Code of Regulations Section 1707.6)

Chair Brooks explained that a mailing to all pharmacies in California is being prepared for distribution about mid-April that will educate licensees about the new requirements and contain the new posters developed by the Board to educate the public about taking medication appropriately and the availability of interpreter services in pharmacies. More detail is provided below:

a. The new Notice to Consumers poster is now a single poster in a new size: 18 inches by 24 inches and will fit in a standard-sized poster frame.

   Foreign language versions of the Notice to Consumers poster have been printed in six additional languages: Chinese, Tagalog, Korean, Spanish, Russian and Vietnamese. The printed versions of the foreign language posters are 11 inches

by 17 inches and can be ordered from the Board. The translated posters can also be downloaded from the Board's website under the "Publications" tab and printed on 8.5 inch x 11 inch or 11 inch by 17 inch paper.

b. The video display format of the Notice to Consumers is available in English or Spanish for pharmacies that request it. The video is also available for download from the Board's website under the "Publications" tab. This is explained in the Board's mailing.

c. The Notice of Interpreter Availability poster will also be included in the Notice to Consumers mailing. The poster is 8.5 inches by 11 inches and will be available for download from the Board's website.

A letter from Executive Officer Herold explaining the regulations for placement and display of the posters was included with the mailing.

The regulations also provide provisions for pharmacies to develop their own video version of the Notice to Consumers poster and the Notice of Interpreter Availability. At the February Board meeting, the Board directed that these exemption requests be sent to this committee for action.

There were no comments from the committee or the public.

3. <u>Discussion of Guidelines for Prescription Container Labels developed by the United States Pharmacopeia</u>

Mr. Brooks referenced The United States Pharmacopeia's (USP) recommendations for prescription container labels provided in the meeting materials.

The Board's regulations for patient-centered prescription container labels (16 California Code of Regulations section 1707.5) contain a provision committing the Board to review the Board's regulation requirements by December 2013. The committee initiated the review of this regulation during the April meeting by discussing the following elements:

a. United States Pharmacopeia Guidelines for Prescription Drug Labels

The United States Pharmacopeia recently released their recommendations for prescription container labels. Review of the material in USP's guidelines would be one source of information useful for comparison of the Board's regulations with guidelines for premium presentation and focus on patient needs.

It is important to note that USP's recommendations already closely resemble the Board's existing regulation requirements for patient-centered prescription container labels, specifically:

- Organize the prescription label in a patient-centered way. Feature the information patients most often seek out or need to understand about taking the medication safely.
    - Emphasize: directions
    - At the top of the label place: patient's name

    - Drug name (spell out full brand AND generic name)
    - Strength
    - Explicit and clear directions for use in simple language
- Prescription directions should follow a standard format so the patient can expect where to find information.
- Less critical information can be placed elsewhere and in a matter where it will not "supersede" critical patient information, and away from where it can be confused with dosing instructions
- Use language that it is clear, simplified, concise and familiar, and in a standardized manner. Use common terms and full sentences. Do not use unfamiliar words, Latin terms or medical jargon
- Use simplified, standardized sentences that have been developed to ensure ease understanding the directions (by seeking comment from diverse consumers)
- Separate dose from the timing of each dose to clearly explain how many pills to take and specify if there is an appropriate time to take them (morning, noon, evening, bedtime).
- Do not use alphabetic characters for numbers (not in CA's)
- Use standardized directions whenever possible.
- Avoid ambiguous terms such as "take as directed" (not in CA's) unless clear and unambiguous supplemental instructions and counseling are provided
- Include purpose on the label unless patient does not want it, and if used, use "purpose for use" language such as for blood pressure rather than hypertension.
- Limit auxiliary information, and only if evidence based. (not in CA's)
- Use icons only if vetted with the general public (not in CA's)
- Address limited English proficiency.
- Labels should be designed so they are easy to read. Optimize typography by using:
    - High contrast print (black print on white background)
    - Large font sizes in simple, uncondensed fonts in at least 11 point if Arial, or 12 point if Times New Roman)
    - Optimize use of white space between lines (25-30 percent of font size)
    - Horizontal placement of lettering only
    - Sentence case
    - Highlighting, bolding and other typographical cues should enhance patient-centered information, but limit the number of colors used for highlighting
- Address visual impairment (not in CA's)

Regarding addressing limited English speaking/reading patients, USP encourages directions for use in the patient's language as well as in English. Translations should be developed using high quality translation processes (CA's translated directions would fit this criterion).

There were no public comments.

4. <u>Results of surveys regarding prescription container labels</u>

a. Discussion of consumer surveys regarding prescription container labels

Chair Brooks referenced the consumer surveys soliciting feedback regarding consumer satisfaction with prescription drug container labels. An electronic version

of the survey was sent to several consumer groups including AARP, Consumers Union, and California Pan Ethnic Health Network (CPEHN), who in turn distributed it to their ListServe contacts. The survey was also translated into Chinese and Spanish by the board and distributed by CPEHN to the appropriate audiences.

Surveys were also distributed and collected in person at local Senior Scam Stopper seminars (public protection fairs) sponsored by the Contractors State License Board.

The board received a total of 1204 completed surveys. The results were referenced in the meeting materials.

b. Discussion on prescription labels in use in California pharmacies.

Chair Brooks provided that for about seven months in 2012, board inspectors collected information about what patient-centered labels were in use in California pharmacies. The results of 767 pharmacy visits are summarized in an attachment to the meeting materials.

In general, nearly 70 percent of the labels in use as found by the board's inspectors are printed in 12-point font, 15 percent use both 10 and 12 point font on the labels, and about 15 percent are printed in 10 point .

Other Material Reviewed: Availability of Audible Prescription Labeling System

The committee was provided with information about an audible prescription labeling system. A brochure describing this device was provided in the committee's meeting materials as background to the committee to some of the devices that are in use. There was no discussion during the meeting on this device.

Ms. Wheat offered that pharmacies that had a foreign-speaking staff member available were not in compliance with regulations, and that those pharmacies would actually need staff available that could speak all 12 languages. She provided that there are translation services that provide telephone translations for a small fee, and those pharmacies that were not in compliance would be cited.

Dr. Castellblanch provided that the results from the Chinese-speaking audience were very positive but that the font-size continued to be an issue for some.

Public Comment

Steve Gray, representing the California Society of Health System Pharmacists (CSHSP) and Kaiser Permanente, provided that he received feedback that many pharmacies believed an interpreter service would be expensive. Mr. Gray offered that CSHSP offers the service at no cost. He also offered that many providers offer a menu of services so the subscriber can decide which level of service they need. Typically they offer services for a flat rate, by the hour, by the month, etc. Pharmacists can contact CSHSP for more information.

Mr. Gray continued that the Board should consider inspecting labels that are being mailed into California, since they should be compliant with California regulations.

Assistant Executive Officer Anne Sodergren explained that all applicants for a non-resident pharmacy license are required to submit samples of their prescription container labels. If they do not, they are cited for a deficiency.

Mr. Gray also explained that there are machines that produce labels and in these cases the prescription is dispensed by the physician and the pharmacy is bypassed. He suggests the Medical Board be contacted with regard to this issue so the machines can be programmed to be compliant with Board regulations.

Sarah Hickey, representing the California Pan Ethnic Health Network (CPEHN) thanked the Board for their work on patient-centered labels. She inquired about the possibility of providing software on the Board website that would allow compliant labels to be printed. Dr. Castellblanch provided that private industry may develop such software in the future.

5. For Information: Evaluate patient-centered labels by December 2013 as required by California Code of Regulations Section 1707.5(e)

During the April committee meeting and over the remaining meetings of the committee this year, the committee will work on the assessment of the patient-centered regulation requirements. Information developed by the committee will be referred to the board for action or comment at the next board meeting.

Materials also provided to the committee for review of the labels were:

- The first board report to the Legislature on the efforts to implement patient-centered labeling requirements;
- Samples of patient-centered labels.

For reference: Regulation Section 1707.5

1707.5. Patient-Centered Labels for Prescription Drug Containers; Requirements
(a) Labels on drug containers dispensed to patients in California shall conform to the following format:
(1) Each of the following items shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in at least a 10-point sans serif typeface or, if requested by the consumer, at least a 12-pooint typeface, and listed in the following order:
(A) Name of the patient
(B) Name of the drug and strength of the drug. For the purposes of this section, “name of the drug” means either the manufacturer’s trade name of the drug, or the generic name and the name of the manufacturer.
(C) The directions for the use of the drug.
(D) The condition or purpose for which the drug was prescribed if the condition or purpose is indicated on the prescription.
(2) For added emphasis, the label shall also highlight in bold typeface or color, or use blank space to set off the items listed in subdivision (a)(1).
(3) The remaining required elements for the label specified in section 4076 of the Business and Professions Code, as well as any other items of information appearing on the label or the container shall be printed so as not to interfere with the legibility or

emphasis of the primary elements specified in paragraph (1) of subdivision (a). These additional elements may appear in any style, font, and size typeface.
(4) When applicable, directions for use shall use one of the following phrases:
(A) Take 1 [insert appropriate dosage form] at bedtime
(B) Take 2 [insert appropriate dosage form] at bedtime
(C) Take 3 [insert appropriate dosage form] at bedtime
(D) Take 1 [insert appropriate dosage form] in the morning
(E) Take 2 [insert appropriate dosage form] in the morning
(F) Take 3 [insert appropriate dosage form] in the morning
(G) Take 1 [insert appropriate dosage form] in the morning, and Take 1 [insert appropriate dosage form] at bedtime
(H) Take 2 [insert appropriate dosage form] in the morning, and Take 2 [insert appropriate dosage form] at bedtime
(I) Take 3 [insert appropriate dosage form] in the morning, and Take 3 [insert appropriate dosage form] at bedtime
(J) Take 1 [insert appropriate dosage form] in the morning, 1 [insert appropriate dosage form] at noon, and 1 [insert appropriate dosage form] in the evening
(K) Take 2 [insert appropriate dosage form] in the morning, 2 [insert appropriate dosage form] at noon, and 2 [insert appropriate dosage form] in the evening
(L) Take 3 [insert appropriate dosage form] in the morning, 3 insert appropriate dosage form] at noon, and 3 [insert appropriate dosage form] in the evening
(M) Take 1 [insert appropriate dosage form] in the morning, 1 [insert appropriate dosage form] at noon, 1 [insert appropriate dosage form] in the evening, and 1 [insert appropriate dosage form] at bedtime
(N) Take 2 [insert appropriate dosage form] in the morning, 2 [insert appropriate dosage form] at noon, 2 [insert appropriate dosage form] in the evening, and 2 [insert appropriate dosage form] at bedtime
(O) Take 3 [insert appropriate dosage form] in the morning, 3 [insert appropriate dosage form] at noon, 3 [insert appropriate dosage form] in the evening, and 3 [insert appropriate dosage form] at bedtime
(P) If you have pain, take __ [insert appropriate dosage form] at a time. Wait at least __ hours before taking again. Do not take more than __ [appropriate dosage form] in one day

(b) By October 2011, and updated as necessary, the board shall publish on its Web site translation of the directions for use listed in subdivision (a)(4) into at least five languages other than English, to facilitate the use thereof by California pharmacies.

(d) The pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand the information on the label as specified in subdivision (a) in the patient's language. The pharmacy's policies and procedures shall be specified in writing and shall include, at minimum, the selected means to identify the patient's language and to provide interpretive services in the patient's language. If interpretive services in such language are available, during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.
(e) The board shall re-evaluate the requirements of this section by December 2013 to ensure optimal conformance with Business and Professions Code section 4076.5.
(f) As used in this section, "appropriate dosage form" includes pill, caplet, capsule or tablet.

Dr. Castellblanch provided that the Legislation Committee had considered SB 204 during their committee meeting, which was drafted to require that labels be printed in 12-point font. The committee felt it was poorly drafted and voted against it.

Motion: Support a regulation to require 12 pt. font on the four major elements on a label.

M /S: Castellblanch / Brooks

S: 7 O: 0 A: 0

Committee member Veale sought clarification and suggested that current label regulations be fully accessed and vetted before a motion is made to introduce a new label regulation.

Ms. Herold provided that an alternative would be to gather all pertinent information and present Board standards to produce an informational document which would include all of the issues, questions, public hearings and deliberations necessary to fully vet the issue before moving to introduce a new regulation.

Motion: Dr. Castellblanch moved to withdraw his motion.

Chair Brooks suggested that the discussion be moved to the next Board meeting and that a special committee meeting be convened to address the current patient-centered labels.

Motion: Chair Brooks motioned that a special committee meeting be convened to address patient-centered labels and that the matter be moved to the next full Board meeting.

M / S: Brooks / Hackworth

S: 7 O: 0 A: 0

6. Discussion on Research Advisory Panel's Annual Report 2012

Chair Brooks referenced the Research Advisory Panel's Annual Report for 2012 in the meeting materials.

Pursuant to Health & Safety Code Sections 11480 & 11481, California Law requires proposed research projects involving certain opioid, stimulant, and hallucinogenic drugs classified as Schedule I and Schedule II Controlled Substances to be reviewed and authorized by the Research Advisory Panel of California in the Attorney General's Office.

The Research Advisory Panel primarily seeks to ensure the safety and protection of participating human research subjects and adequate security of the controlled substances used in the study. The panel members evaluate the scientific validity of each proposed project, and may reject proposals where the research is poorly conceived, would produce conclusions of little scientific value, or would not justify the exposure of California subjects to the risk of research.

The board has one appointee to this committee, Sheri VanOsdol, PharmD. Dr. VanOsdol is a faculty member at UCSF.

There were no comments from the committee or the public.

7. **Discussion on continuing education credits for joint Board of Pharmacy/DEA presentations to pharmacists on preventing drug abuse and diversion**

Chair Brooks provided that there were three proposals that the committee discussed and reviewed. These proposals are aimed at providing important educational information to board licensees and other interested parties, and to provide licensees with CE credit for attending. The committee made a recommendation to the board for action for all three proposals as part of one motion.

Proposal 1:

Over the last two years, the board has hosted several one-day seminars for pharmacists and other interested parties on drug diversion, prescription drug abuse and corresponding responsibility for pharmacists. Our partner in this has been the Los Angeles Office of the Drug Enforcement Administration.

On dates to be determined later in 2013, board staff hopes to again host two or three of these seminars with the Los Angeles DEA office. Board licensees in the regional area will be invited to attend.

The last regional presentation of this kind was held on April 12, 2012, on Drug Security for Pharmacists, for which the board awarded attending pharmacists and pharmacy technicians five hours of continuing education credit.

Board staff requested that the committee recommend to the board to again award five hours of CE credit for pharmacists and pharmacy technicians who attend this meeting. A copy of a draft agenda was included as a meeting attachment.

Proposal 2:

The board's executive officer has been advised that in mid-August 2013, the Washington DC headquarters office of the DEA has invited the board to cohost with them four, one-day seminars for pharmacists in California on controlled substances issues, prescription drug abuse, corresponding responsibility and other matters related to curtail drug diversion. This is a return of the original concept for the seminars outlined in Proposal 1, but using national DEA staff. Initially started in San Diego in 2010, the DEA has provided these seminars across the country in conjunction with the state boards of pharmacy, and upwards of 300 pharmacists have attended each of these presentations.

The dates are August 16 and 17 in San Diego, and August 18 and 19 in San Jose. Additional material will be provided to the board in the near future.

Board staff request that the committee recommend to the board that the board agree to cohost these events (the July meeting is too late to provide adequate advance publicity to encourage attendance) and that five or six hours of CE credit (as determined by the content hours) be provided for these meetings.

Proposal 3:

Periodically, board staff (principally board inspectors, supervising inspectors and the executive officers) provides 1-2 hour presentations to licensees on key Board of Pharmacy issue areas. For example:

- Duties of a pharmacist in charge
- The operations, functions and key priorities of the board's enforcement program
- New pharmacy laws
- E-Pedigree parameters
- Medication errors

The board receives a list of these presentations typically in this committee's public outreach report.

The staff requests that this committee recommend to the board that the board reaffirms its commitment to this continuation of these presentations and the award of continuing education credit continue to be offered to improve the knowledge of board licensees.

MOTION: Communication and Public Education Committee: Recommend that the Board Approve CE Units as Described for each of the Three Proposals

If approved, staff will provide a report to the board at every meeting how many of these programs were provided.

MOTION: Move recommendation to award CE credits to full Board for approval.

M / S: Brooks / Veale

S: 7 O: 0 A: 0

Public Comment

Mr. Gray commended the Board for their efforts. He suggested that the Accreditation Council for Pharmacy Education can provide a report to pharmacies that request it which summarizes all CE credits.

8. Plans for update of the Consumer Fact Sheet on Emergency Contraception in accordance with 16 California Code of Regulations Section 1746

Very recently, the Office of Administrative Law approved the board's rulemaking to update section 1746 regarding a joint protocol with the California Medical Board to authorize pharmacist to provide emergency contraception without a prescription to patients of any age. This regulation will take effect July 1, 2013.

Part of the regulation requires that a fact sheet for patients be developed by the board and made available so that pharmacists can provide it at the time of consultation. Specifically:

1746 (6)(4) The pharmacist shall provide the fact sheet and review any questions the patient may have regarding EC. In addition, the pharmacist shall collect the information required for a patient medication record by Section 1707.1 of Title 16 of the California Code of Regulations. Fact Sheet: The pharmacist will provide the patient with a copy of the current EC fact sheet approved by the Board of Pharmacy as required by Business and Professions Code section 4052.3.(e)

The full text of the regulation was provided in the meeting materials.

University of Southern California School of Pharmacy Professor Katherine Besinque, who was the board's subject matter expert in developing the modified regulation, very recently provided the board with an updated version of a draft fact sheet that can be used by the board for the final version.

The current version of the fact sheet (pre-regulation change) and draft developed by Dr. Besinque were provided in the meeting materials. During the meeting, the committee approved the draft fact sheet.

MOTION: Communication and Public Education: Approve the Manuscript for the EC Fact Sheet.

There were no public comments.

Motion: Adopt the fact sheet presented by Dr. Besinque.

M / S: Brooks / Hackworth

S: 7 O: 0 A: 0

9. Update on *The Script*

The most recent issue of *The Script* was released in March 2013. This issue includes an article on the FDA Guidelines for Medication Guide Distribution and detailed the compliance guidelines for electronically transmitted prescriptions. Also included in this issue were answers to frequently asked questions, best practices and a summary of disciplinary actions taken.

The next issue of the newsletter is currently under development. It will include information on recent changes in pharmacy law as well as provide information on the Joint Forum to Promote Appropriate Prescribing and Dispensing, which was co-hosted by the Medical Board of California on February 21 and 22 in South San Francisco. The issue will also feature an article on the CURES system. We hope to have this next issue released in early July 2013.

10. Update on redesign of the Board's website

The committee received the following information as a report from staff on this project:

As time permits, staff is continuing work on the new design for the board's website. The new site will provide a more contemporary design and color palette and be consistent with the look and feel of the Governor's office website and those of other DCA boards and bureaus.

New site architecture is also being designed to provide a more intuitive and easy-to-navigate user experience so licensees, applicants and consumers can quickly find the information they need. A more intuitive navigation should also cut down on unnecessary questions and calls to the board.

Website content is also being reviewed and updated or removed if outdated.

We hope to have much of this work completed and have the change to the new web site design and format to coincide with our transition to the new BreEZe computer system, which is also a web based system.

Public Comment

Steve Gray inquired about the length of time the Board website is expected to be down when BreEZe is implemented and how that might affect licensing operations.

Ms. Sodergren provided that implementation is tentatively scheduled for mid-May and a Subscriber Alert will be issued.

11. Update on Board's consumer education materials

Chair Brooks explained that staff is continuing to evaluate the board's existing consumer education materials and fact sheets to identify those that should be updated or removed from the board's library. An attached chart identified the most frequently downloaded fact sheets and will provide a strategy for prioritizing updates.

In addition to existing materials, priority has been given to the production of new consumer brochures that address urgent and relevant public pharmaceutical issues. The following new consumer brochures have been written and are in the design and print stage of production:

1. *Prescription Drug Abuse*
2. *Prescription Drug Abuse Among Teens*
3. *Counterfeit Drugs*
4. *Purchasing Pet Meds Safely from Online Pharmacies*

Several more topics have been identified and brochures will be developed on an ongoing basis.

All new brochures will be designed with a uniform, tri-fold layout to support the board's branding efforts.

12.<u>Public outreach activities conducted by the Board.</u>

Chair Brooks referenced the meeting materials and provided that State government continues to be subject to a travel freeze that restricts all but the most essential travel.

State government continues to be subject to a travel freeze that restricts all but the most essential travel. The Department of Consumer Affairs must still preapprove all travel where a travel claim will be submitted. This has restricted board operations in all areas, including public and licensee outreach.

- November 8: Inspector Bob Kazebee provided a presentation to pharmacists on the duties and responsibilities of being a pharmacist-in-charge to 70 pharmacists at a CE event in
- November 16: Inspector De' Bora White provided a presentation to pharmacists on the duties and responsibilities of being a pharmacist-in-change at a CE event hosted by the UFCW.
- February 21 and 22: Board cohosts with the Medical Board a forum on Appropriate Prescribing and Dispensing of Controlled Substances in San Francisco. Nearly 400 people attend each day.
- February 25: Supervising Inspector Dang provided a presentation on the duties and responsibilities of being a pharmacist-in-charge to students at Western University School of Pharmacy
- Supervising Inspector Judi Nurse provided a presentation to Loma Linda University School of Pharmacy Students on the Board of Pharmacy
- March 12: Executive Officer Herold provided information on the board's enforcement program and new pharmacy laws to over 50 pharmacy students at Touro School of Pharmacy
- March 18: Executive Officer Herold provided information on the board's enforcement program and new pharmacy laws to 100 attendees at the annual meeting of the California Pharmacist Association.
- March 20: Executive Officer Herold provided a webinar to a large number of manufacturers, wholesalers and pharmacies regarding implementation issues for e-pedigree
- March 26: Executive Officer Herold provided information about California regulation of those who dispense, store, ship and sell prescription drugs and devices in California to a group of travelers from China at the request of the Department of Consumer Affairs
- March 26: Executive Officer Herold provided information on the board's enforcement program and new pharmacy laws to 60 attendees at California Northstate School of Pharmacy

13. Public comment for items not on the agenda

There were no public comments.

Chair Brooks welcomed new Board member Cheryl Butler.

Adjournment

The meeting was adjourned at 11:13 a.m.