



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



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

**Date:** April 21, 2021

**Location:** Teleconference Public Licensing Committee Meeting Note: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 17, 2020, neither a public location nor teleconference locations are provided.

**Board Members**

**Present:** Debbie Veale, Licensee Member, Chair  
Seung Oh, Licensee Member, Vice-Chairperson  
Lavanza Butler, Licensee Member  
Jignesh Patel, Licensee Member  
Jason Weisz, Public Member  
Albert Wong, Licensee Member

**Staff Present:** Anne Sodergren, Executive Officer  
Lyle Matthews, Assistant Executive Officer  
Eileen Smiley, DCA Staff Counsel  
Sheila Tatayon, DCA Staff Counsel  
Debi Mitchell, Senior Licensing Manager  
Debbie Damoth, Administration Manager

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

The meeting was called to order at approximately 9:00 a.m. As part of the opening announcements, Chairperson Veale reminded everyone that the meeting was being conducted consistent with the provisions of Governor Gavin Newsom's Executive Order N-29-20.

Provisions for providing public comment throughout the meeting were reviewed.

Roll call was taken. Members present: Seung Oh, Lavanza Butler, Jignesh Patel, Jason Weisz, Albert Wong, and Debbie Veale. A quorum was established.

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

Members of the public were provided with an opportunity to provide public comment; however, no comments were provided.

**III. Approval of the January 2021 Licensing Committee Meeting Minutes**

Members were provided the opportunity to provide comments on the draft minutes.

**Motion:** Approve the January 2021 Committee meeting minutes as provided in the meeting materials.

**M/S:** Oh/Butler

A member of the public requested clarification on the minutes; specifically, page 10 of the minutes should reflect pharmacists as health care provider, not medical provider. The motion was amended to include the correction

**Amended Motion:** Approve the January 2021, Committee meeting minutes including the identify the correction.

**M/S:** Oh/Butler

Support: 6      Oppose: 0      Abstain: 0      Not Present: 0

<b>Board Member</b>	<b>Vote</b>
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support
Wong	Support

**IV. Presentation by the Accreditation Council for Pharmacy Education on Academic Dishonesty Including Accreditation Standards**

Chairperson Veale provided a brief overview of the Accreditation Council for Pharmacy Education (ACPE). Members received a presentation from

Dr. Jan Engle, Executive Director for the ACPE, and Dr. J. Gregory Boyer, Associate Executive Director of ACPE and Director of Professional Degree Program Accreditation on academic dishonesty and accreditation standards. (A copy of the presentation slides is posted on the Board's website as "Supplemental Meeting Materials.")

The presentation reviewed the relevant accreditation standards with respect to academic dishonesty as the methodology used by ACPE to assess compliance with the standards. Background information was provided about ACPE, including that it is recognized by the US Department of Education, Council on Higher Education Accreditation, and is a founding member of Health Professions Accreditors Collaborative.

An overview of key elements to the ACPE standards was provided. The committee was provided a summary of the accreditation process. The committee heard a review of the standards that specifically relate to academic dishonesty and professionalism including required documentation. Standards reviewed included: Standard 9 – Organizational Culture that include leadership, professionalism, and behaviors; Standard 10 – Curriculum Design, Delivery and Oversight that include academic integrity; and Standard 15 – Academic Environment that included student misconduct. The committee received a summary of the compliance rate of comprehensive visits by ACPE since 2016.

Dr. Engle provided an overview of the student and faculty surveys and national results from 2020. She noted data can be skewed because many times students are not aware of the actions being taken by the faculty. She also reviewed the site team visit manual related to professionalism and academic misconduct specifically with student affairs and students.

Dr. Boyer provided a summary of complaints related to academic dishonesty/cheating spanning five years of data. ACPE receive 11 complaints related to academic dishonesty/cheating, including four anonymous complaints and four complaints from different schools in California. He noted each program was contacted regarding alleged incidents, and all complaints have been closed. He added if a cheating incident was discovered, the program implemented additional policies to prevent reoccurrence where only one was discovered as true at one program.

Dr. Boyer summarized ACPE Standards address academic dishonesty. He noted schools are required to report on their policies and ACPE evaluates this through several mechanisms including self-study, survey data, complaints, and the site team visits.

Members were provided the opportunity to ask questions.

Chairperson Veale requested the speakers' opinion if sharing examination questions or having access to prior exam questions constituted academic dishonesty. She asked if students are clear on what constitutes academic dishonesty. Dr. Engle noted it depends on how the issue is framed and reinforced that the syllabus and policy needs to be clear especially in professional documents.

Chairperson Veale inquired the impact of the pandemic. Dr. Boyer noted faculty had to be creative to deliver quality instruction quickly and effectively. He added some programs have moved to pass/fail during this time.

Member Oh inquired how many schools are accredited by ACPE and if any instruction failed accreditation due to academic dishonesty. He also asked if any state boards have any special additional requirements for recognizing schools of pharmacy. Dr. Engle added open-book tests are being used too. Dr. Engle provided there are 143 accredited schools. Dr. Boyer advised two schools lost their accreditation due to noncompliance with other areas. He recalled some states had additional experiential requirements after graduation or for foreign graduate students.

Member Butler appreciated the update. Ms. Butler participated in a past school site visit and stated she was impressed with the advancements because of the pandemic.

Dr. Boyer thanked California for regularly sending a Board Member to on-site visits.

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

A member of the public inquired how to join on-site visits. Dr. Boyer advised training is required and once training has been completed, the practitioner is added to the pool.

## **V. Presentation, Discussion and Consideration of California Schools of Pharmacy Policies Related to Academic Dishonesty and Code of Conduct**

Chairperson Veale advised as part of our January 2021 Committee meeting, the committee received a presentation from representatives of the University of California, including its approach to academic dishonesty

and best practices for creating an environment that discourages such behavior. She noted Dr. Guglielmo, Dean, UCSF, School of Pharmacy, offered to assist the committee with review of the academic misconduct policies and procedures used by the California pharmacy schools. She invited Dr. Guglielmo to share the with the committee the findings of his review and assessment of the California Schools of Pharmacy academic misconduct policies and procedures. A summary of the information reviewed was included in the meeting materials.

Dr. Guglielmo advised the committee his methodology of reaching out to all the Deans of the schools of pharmacy requesting identification of policies and procedures as related to academic dishonesty and code of conduct. If no response was received, he followed up and if needed gleaned information from the school of pharmacy's website. However, he couldn't find information for some of the schools.

Dr. Guglielmo summarized his findings noting great variability in both the length and associated detail of the academic misconduct. He noted there were both campus-based approach versus a school-based policy to academic misconduct. Dr. Guglielmo noted where school-based policies were used, the school would refer to the campus-based policies.

Dr. Guglielmo provided many included the definitions of academic misconduct and gave detailed descriptions. He noted it was extremely broad in base both in terms of scope of definition and associated examples. Each school that had policies on academic misconduct included detailed procedures on how to handle an accusation of misconduct. He noted not all schools required students to sign an academic conduct or professional policy. Many schools use the oath of the pharmacist, APHA statement, or their own academic conduct professionalism principles. He provided policy questions drafted by Executive Officer Sodergren for consideration.

Members were provided the opportunity to provide comment.

Member Oh spoke in support of developing a policy statement.

Member Butler commented the questions were a good place to start and liked the idea of having the California Pharmacy Council (CPC) involved. She stated it needs to be addressed at the school level.

Member Patel stated he agreed with Members Butler and Oh. He stated some uniformity between all schools of pharmacy is required and a policy statement should be done.

Member Weisz agreed with other members' comments.

Member Wong thanked Dr. Guglielmo for his presentation. He spoke in support of a uniform requirement that all schools of pharmacy should have a policy for this purpose.

Chairperson Veale commented the committee seemed to want to recommend to the Board the development of a policy statement to encourage the schools to have the statement and have it done annually and develop a professionalism policy if one is not currently in place. She noted members were interested in reaching out to the CPC for best practices or other appropriate action as the Deans of the schools of pharmacy in California.

**Motion:** Recommend to the Board to develop a policy statement and delegate to executive officer and committee chair to work with the CPC if the CPC is agreeable.

**M/S:** Oh/Butler

Members were provided the opportunity to provide comments; however, no comments were made.

Members of the public were provided the opportunity to comments.

Danny Martinez, CPhA, commented in support of the motion considering the findings of Dr. Guglielmo.

Ashim Malhotra, Assistant Dean, California Northstate University, College of Pharmacy, advised his school does this and applauded the committee with moving forward.

Steven Gray commented in support of the motion because of its importance and noted variability needs to be reduced. He noted the issues about the schools being required to report issues has been lost. Dr. Gray requested the Board ask for a legal opinion to determine if academic dishonesty can be reported to the Board.

Support: 6      Oppose: 0      Abstain: 0      Not Present: 0

<b>Board Member</b>	<b>Vote</b>
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support
Wong	Support

Executive Officer Sodergren provided the committee may direct staff to seek a legal opinion on the Family Educational Rights and Privacy Act (FERPA) by working with DCA Counsel or obtaining a legal opinion from the Attorney General's Office, which could take 12-18 months and may involve additional cost.

Member Oh encouraged using the Attorney General's Office for a legal opinion if changes are made. Ms. Veale noted the time and cost differential for the Attorney General's Office. She mentioned using DCA counsel prior to approaching the Attorney General's Office. Members agreed.

Chairperson Veale requested Board staff to work with DCA counsel to obtain a legal opinion on FERPA to further evaluate and agenize for a future agenda.

**VI. Presentation, Discussion and Consideration of report by the Office of Professional Examination Services (OPES) Documenting Results of Audits of the NAPLEX and CPJE Examinations**

Chairperson Veale advised last year the Board requested an audit of the NAPLEX and CPJE examinations and referenced the meeting materials, which included an executive summary of the audit results. Ms. Veale introduced Dr. Tracy Montez, Chief, Division of Programs and Policy Review to provide members with information on the audit result and recommendations. (A copy of the presentation slides is posted on the Board's website as "Supplemental Meeting Materials.")

Dr. Montez provided the committee with an overview and services provided by the OPES. She advised the regulations, standards and guidelines used by OPES include: Business and Professions Code (BPC) Section 139; Principles for the Validation and Use of Personnel Selection Procedures; and Standards for Educational and Psychological Testing.

Dr. Montez advised licensure examinations must provide a reliable method for identifying practitioners who are able to practice safely and competently. She noted the examinations must have a focus on entry-level tasks and knowledge important for public protection. Dr. Montez added licensure examinations must be valid, reliable, and fair without limiting access to the occupations or establishing artificial barriers.

Dr. Montez advised BPC section 139 outlines the requirements for national examination reviews including meeting psychometric and legal standards as well as representing California practitioners and content. She provided the three components of the review to include the psychometric evaluation; subject matter experts compare national occupational analysis to the California analysis; and identification of any critical entry level content that is not assessed.

Dr. Montez provided the psychometric evaluation included evaluating the occupational analysis; reviewing the procedures for developing examinations; reviewing procedures for establishing passing scores; reviewing examination scoring and passing rates; reviewing administration and security procedures; and reviewing information available to the candidates.

Dr. Montez advised the committee both the CPJE and NAPLEX were found to have a substantial amount of evidence of validity. She noted both examinations were strong and robust as occupational analysis methodology was comprehensive using subject matter experts (SME) throughout the processes. The passing score methodology used was appropriate for licensing examination. There are strong security procedures in place and a lot of information available for candidates. Dr. Montez reiterated OPES concluded CPJE and NAPLEX were strong examinations.

Dr. Montez provided national examinations test core mainstream practices, where California examinations test what is unique about the state including geology, weather, health and safety laws and California-specific practices areas. She noted it is important to review the examinations every five to seven years.

Dr. Montez reiterated both the CPJE and NAPLEX have substantial amounts of evidence of validity to support their use and the decisions made from them. She noted areas of possible improvement were included in the recommendations of the report.

Dr. Montez provided the recommendations for the NAPLEX:



- Follow psychometric guidelines applicable to survey methods when developing “competency” statements that are to be used as survey items.
- Phase out the service of faculty members and educators in the NAPLEX examination development and standard setting processes to minimize conflict of interest and improve test security.
- Provide evidence to validate the decision to continue using the current passing standard for NAPLEX forms.

Dr. Montez provided the committee with the recommendations for the CPJE:

- Continue to include large and diverse groups of practicing pharmacists as SMEs during all stages of examination validation to the extent possible given examination security.
- Rotate SMEs and regularly include new SMEs in the occupational analysis, examination development, and the standard setting process to the extent possible given examination security.
- Work with SMEs to develop knowledge statements for the CPJE content outline to further delineate the California-specific knowledge required for safe and effective performance tasks.
- Monitor different pass rates of the same candidates on the CPJE and NAPLEX over time to evaluate changes made in response to OPES' review and other mitigating factors.

Dr. Montez provided a list of services provided to the California State Board of Pharmacy, including general consulting services, oversight of the DCA's master contract for computer-based testing including a quality assessment program, and audit of the state and national examination programs.

Members were provided the opportunity to provide comment.

Member Butler requested clarification on the recommendations based on the results of the occupational analysis and national review. Dr. Montez confirmed the CPJE and NAPLEX fall into the OPES' recommendation of having a national exam and California law examination.

Member Oh inquired about the number of law questions on the CPJE. Dr. Montez mentioned she participated in the crosswalk between the NAPLEX content and what was missing in terms of laws and standards with the CPJE. Dr. Montez reported the participants did an excellent job pointing to specific material and documenting the process to demonstrate how best

to measure and assess what was unique to California. She noted the SMEs were able to narrow the focus of NAPLEX content and California specific content. Chairperson Veale noted some examinations questions may look clinical but are more of an application nature.

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

Ashim Malhotra commented on the recommendation to limit faculty in the development of the examinations. He understood the concerns but requested opening the discussion.

Daniel Robinson commented agreeing with the last commenter. He was confused why medicine wouldn't require a state specific examination where pharmacy would require it. He inquired how this could be done without access to the confidential documents.

Dr. Montez clarified she was not recommending excluding faculty from the process but stating faculty should not be involved in examination development or setting the passing score. She supported the faculty's assistance in the occupational analysis process, which is updating the scope of practice or other stakeholder meetings. Dr. Montez noted it puts the faculty in an awkward position as it does Board Members and is best not to include them in the examination development or passing score setting. She noted the expertise of faculty is respected and used in different phases of the process. Dr. Montez clarified OPES did have access to the confidential documents to be able to complete the analysis and assessment. She noted the confidential information could not be shared in a public format.

Steven Gray inquired if the California Medical Board was a client. Further he asked under BPC section 4200.2, the California practice standards has two parts to test: the ability to communicate and items not on the NAPLEX but included on the occupational analysis. Dr. Gray asked if the communication aspect of the CPJE was validated. He noted because of the laws in California, the practice in California is distinctly different from many states that use the NAPLEX. Dr. Gray added California has had collaborative drug therapy practice for over 30 years in which pharmacists prescribe in all practice settings, drugs, controlled substances, etc. He noted the Board's bill AB 1533 will provide the ability to prescribe as an entry level ability for all pharmacists.

Michael Hogue inquired of the health and healing professions that required an examination upon licensure on the laws and regulations in

California or have separate law test versus a practice standards test. He noted Idaho has removed the state specific examination and only relies on the national examination as completion of a law course is required for graduation. He inquired if this was considered.

Dr. Montez commented there are other programs that use law exams. She noted using the law examination is based on the SMEs, committee, and Board. OPES does not look at other schools' or states' requirements but focuses on whether there is evidence to support the current use of the examinations.

The committee took a break from 11:04 a.m. to 11:20 a.m. Upon returning from break, roll call was taken with the following members present: Seung Oh, Lavanza Butler, Jignesh Patel, Jason Weisz, Albert Wong, and Debbie Veale. A quorum was established.

## **VII. Presentation by the National Associations of Boards of Pharmacy (NABP) on the Multistate Pharmacy Jurisprudence Examination (MPJE)**

Chairperson Veale reported as part of the Sunset Oversight Review, the Board was asked to determine if it believed adoption of the MPJE is feasible or if other action would be appropriate considering the examination subversion. (A copy of the presentation slides is posted on the Board's website as "Supplemental Meeting Materials.")

Dr. Maureen Garrity, Director of Competency Assessment and Dr. Michael Peabody, Senior Psychometrician, with the NABP provided the Committee with a presentation on the MPJE. Dr. Garrity provided a summary of NABP and the MPJE. She noted the MPJE is unique for each state. Dr. Garrity provided a comparison of the CPJE and MPJE including blueprints, number examination questions, testing frequency, testing centers, and scoring frequency. She noted NABP provides annual and customized reporting to the Boards of Pharmacy.

Dr. Garrity provided the committee with an MPJE examination experience including examination format, forward navigation only, waiting periods and attempt limits. She explained the MPJE is a computerized adaptive testing with pool-based exams, limited item exposure, masked outdated or exposed items, and additional precision. Dr. Garrity reviewed the application and purchase process for the MPJE. She noted there are 33 testing sites in California of which 30 are owned by Pearson VUE and 3 are government sites for MPJE and military personnel only.

Dr. Garrity explained during the license transfer process NABP follows the direction of the Board of Pharmacy as to when the MPJE must be taken.

Dr. Garrity advised NABP follows the Standards for Educational and Psychological Testing and industry best practices when designing and developing the MPJE. She explained how examination items are written and shared by jurisdictions. She noted each jurisdiction participates in the development, practice analysis and standard setting. Dr. Garrity advised NABP covers the costs for examination development including in-house item writing workshops and state specific review workshops as well as publication and masking fees.

Dr. Garrity stated all items are copyrighted and protected by NABP and all security-related incidents are investigated by NABP security and legal teams. She provided a candidate must review and agree to the NABP security agreement three times before testing. NABP security team also reviews and monitors online chatrooms and media presence. All leads received are investigated.

Members were provided the opportunity to provide comment. Members thanked the NABP representatives for their presentation.

Member Wong inquired if a California MPJE would be specific to California. Dr. Garrity confirmed this was true.

Chairperson Veale inquired if the state specific questions are application of law or more recall examination questions. Dr. Garrity provided the questions are written, reviewed, and chosen by the Board for its jurisdiction.

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

Daniel Robinson inquired how many jurisdictions use the MPJE as well as how many do not use the MPJE. Dr. Garrity provided California, Arkansas, and Idaho do not use the MPJE; all other states participate in the MPJE.

#### **VIII. Discussion and Consideration of Pharmacist Licensure Examinations as required by Business and Professions Code Section 4200**

Chairperson Veale provided the committee the opportunity to discuss the examination requirements currently required in Pharmacy Law and determine what, if any, changes should be recommended to the Board. She noted the policy decision before the committee was if it is appropriate to transition from the CPJE to MPJE.

Members were provided the opportunity to provide comments. Members Butler and Veale supported OPES conducting the audit of the MPJE.

Member Oh inquired about the process of change. Ms. Veale provided an audit of the MPJE and statutory change would be required.

**Motion:** Recommend to the Board to approve an audit of the Multistate Pharmacy Jurisprudence Examination (MPJE) and, if appropriate, transition to MPJE from California Practice Standards and Jurisprudence Examination (CPJE).

**M/S:** Wong/Patel

Members of the public were provided the opportunity to make a comment.

Daniel Robinson commented MPJE has the same standards as the NAPLEX and 49 competency statements. He stated an audit wasn't necessary as the NAPLEX was audited.

Dr. Montez added pursuant to BPC section 139 the Board would be required to conduct an audit for the MPJE. She clarified that if the MPJE is determined to meet psychometric standards, it may not be appropriate for use by the Board and she agreed with exploring the use of the MPJE.

Steven Gray commented the pharmacy law courses are not given in substantial amount before graduation but rather at the beginning of the programs. He noted the law specifies which NAPLEX and CPJE based on past audits. He added moving to the MPJE would require additional audits.

Support: 6      Oppose: 0      Abstain: 0      Not Present: 0

<b>Board Member</b>	<b>Vote</b>
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support
Wong	Support

The committee took a break at 12:27 p.m. and reconvened at 1:00 p.m. A roll call was taken. Members present included Albert Wong, Jason Weisz, Jignesh Patel, Lavanza Butler, Seung Oh, and Debbie Veale. A quorum was established.

## **IX. Discussion and Consideration of Proposal to Expand Authority for Pharmacists to Order and Perform Tests**

Chairperson Veale advised existing law establishes limited authority for pharmacists to perform routine patient assessment procedures including routine drug-therapy related patient assessment procedures. She noted meeting materials detail the existing legal provisions including the provisions in Pharmacy Law, and other provisions related to pharmacist authority that reside in other areas of the BPC sections generally under the purview of the Department of Public Health's Laboratory Field Services.

Chairperson Veale noted on August 25, 2020, the DCA Director issued an order that waived specified professional licensing requirements and amends the scopes of practice of pharmacists and pharmacy technicians to allow them to perform waived, point-of-care tests used to detect SARS-CoV-2. Along with the waiver, guidance was released to inform and educate pharmacies, pharmacists and pharmacy technician of clinical laboratory requirements that apply under the DCA Order.

Chairperson Veale stated following previous discussions, the Board approved a policy statement in support of expanded testing authority for pharmacists to include both COVID-19 and influenza testing included in the meeting materials.

Chairperson Veale recalled during prior discussions, stakeholders suggested that it may be appropriate to expand the testing authority beyond COVID-19 and influenza; however, because of the limitations in the agenda item, such discussion could not occur at that time.

Ms. Veale noted to aid in the discussion, several policy questions were provided in the meeting materials and displayed on the slide. She suggested considering each of the policy questions to aid in developing a recommendation for the Board's consideration.

Members were provided the opportunity to provide comment on the policy.

1. As COVID-19 is a respiratory illness, should pharmacist authority expand to include all CLIA waived tests for all respiratory illness?
2. As a sore throat is a common symptom of COVID-19 and strep throat, should pharmacist authority expand to include CLIA waived tests for strep throat?

Member Patel commented it would be great service to the consumers and should be expanded.

Member Butler inquired if it was pursuant to BPC section 1209. Ms. Sodergren provided this would not be circumventing any requirements under laboratory field services. Should the Board agree, conforming changes would be made to laboratory field services. Ms. Butler inquired if the administration of the laboratory director would still be included. Ms. Sodergren provided under the Board's proposal there is still a laboratory director which the pharmacist-in-charge (PIC) could serve in that capacity.

Chairperson Veale asked Ms. Sodergren to remind the committee which CLIA waived tests were allowed. Ms. Sodergren provided the Board's proposal would allow for CLIA waived COVID-19 tests as well as CLIA waived influenza tests. She noted under current law pharmacists can do different types of testing where a lot of the CLIA waived testing include hemoglobin and others. She added pharmacists recently were approved to do CLIA waived HIV testing. The proposal would expand the approved list. The underlying policy question is if it is appropriate to expand for respiratory illness as well as strep throat.

Member Oh commented in support of the need to expand and to allow for providing treatments for these conditions.

3. Not related to the pandemic, but in 2019, under the provisions of SB 159 (Weiner, Chapter 532, Statutes of 2019), pharmacists were granted the authority to perform CLIA waived HIV testing. Should pharmacist authority be expanded to include other CLIA waived tests for sexually transmitted diseases?
4. Are there other CLIA waived tests that should be included as part of pandemic preparedness?
5. Are there other CLIA waived tests that should be included to reduce the spread of disease?

Member Oh commented he supported expanding to allow for all CLIA waived tests and any test that would help with the public health.

Members Butler, Patel, and Wong commented in support of expanding all CLIA waived tests. Members Butler and Wong expressed concern for pharmacists having resources available to conduct the testing. Member Weisz indicated he would be abstaining as legislation is required.

6. Should such testing authority be limited to certain types of specimen collection, e.g., including nasal swabs, blood, while not including other specimens such a urine collection?
7. Should pharmacist's current authority to perform specimen collection under the DCA Waiver 20-45 be made permanent?

Members Wong, Patel, Butler, and Oh spoke in support of making specimen collection permanent. Members discussed storage and safety requirements would need to be developed. Member Weisz abstained.

**Motion:** Recommend expansion of policy and statutory authority to include all CLIA waived tests. Future steps would include making permanent the specimen collection. Delegate to the executive officer and committee chair to work with the author's office to expand proposal.

**M/S:** Oh/Patel

Members of the public were provided the opportunity to provide comment. The committee heard support from the public and representatives of CRA/NACDS, CSHP, CPhA, CCAP, Western University of Health Sciences, and California Northstate University.

Daniel Robinson, Dean, College of Pharmacy at Western University of Health Sciences, suggested another approach of adding pharmacists to section BPC section 1206.5 (a)(2). Counsel Smiley commented the motion before the committee would allow for discussion. Ms. Sodergren commented the discussion could be taken through a different lens given how the issue is being approached.

Paige Talley, CCAP, inquired if this would be limited to patients based on their health care coverage. Ms. Sodergren indicated while the answer was dependent on how the change was effectuated, the policy of the Board would be to allow this to be available to all; if a method of effectuation would eliminate groups, selecting that method would not be within the Board's policy.

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



<b>Board Member</b>	<b>Vote</b>
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Abstain
Wong	Support

As comments were accepted after the vote on the motion, the committee was surveyed to see if their vote would be changed. No committee members indicated their vote would change. Ms. Veale noted the vote stands as recorded.

#### **X. Discussion and Consideration of Draft Pharmacist Workforce Survey**

Chairperson Veale provided the committee discussed the initial draft of the survey at the January 2021 committee meeting. She noted updates were made to the draft survey to incorporate the recommendations. Ms. Veale noted the draft survey was also reviewed by DCA staff, including a Ph.D. with expertise in survey design.

Chairperson Veale noted staff have confirmed that individuals will be limited to one response per device. She reinforced the Board's preference that pharmacists limit their response to a single submission as well. Ms. Veale noted policy questions to direct the policy discussion.

1. Does the survey adequately identify the practice site of the responder?
2. Have we identified the types of medication errors and possible contributing factors?
3. We are trying to keep it concise, but did we miss any key questions?
4. Are there any questions that you think need to be reworded?

Member Weisz left the meeting at approximately 1:45 p.m.

Members were provided the opportunity to provide comments. Members indicated they liked the draft survey. Member Oh requested to remove "if, yes, please specify" and replace with "comments."

**Motion:** Recommend to the Board approval of the workforce survey with the following changes:

- Add clarification on what is a medication error in the opening statement consistent with CCR section 1711;

- Question 6 to change the wording in the comment box from “If yes, please specify:” to allow for any comments;
- Question 24 to add a box for “other” to be filled in; and
- Question 29 to add a box to allow for recommendations for reducing medication errors

**M/S:** Butler/Oh

Lindsay Gullahorn, CRA/NACDS, commented while the Board's goal to address and mitigate medication errors is appreciated some of the questions appear broad without definitions and noted the survey will not be representative of a non-COVID-19 environment. Ms. Gullahorn noted medication error is not defined. She noted some questions seem to address employment practices rather than patient safety which is the mission of the Board.

Member Wong requested adding an open-ended question asking for recommendations on how to reduce medication errors.

Steven Gray commented the drop-down box selections cannot be seen. He also agreed with Ms. Gullahorn in that error is not clearly defined.

LoriAnn DeMartini, CSHP, commented there is a definition of medication error in statute at Health and Safety Code section 1339.63 applicable to hospitals but may be considered by the Board.

Paige Talley, CCAP, commented her understanding that there are two licenses for pharmacy – community and hospital. Community includes long-term care, all closed-door pharmacies and retail pharmacies. She asked to whom this workforce study applied. Ms. Sodergren advised the survey is for all community settings and the drop-down menus will help to drill down to help identify specific settings.

Member Wong inquired why the survey was only for community pharmacy. Ms. Veale and Ms. Sodergren advised the Sunset Review report requested the survey be done on community pharmacy.

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

<b>Board Member</b>	<b>Vote</b>
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Not Present
Wong	Support

**XI. Discussion and Consideration for Approval, Changes to Proposed Board Provided Training Pursuant to Business and Professions Code Sections 4052.02(b), 4052(b)(3) Related to HIV Preexposure (PrEP) and Postexposure (PEP) Prophylaxis**

Chairperson Veale referred to background information included in the meeting materials on the relevant sections of the law related to the furnishing of PrEP and PEP. She noted in September 2020, the Board approved a draft training program; however, after approval, staff was notified that the subject matter expert identified to complete the recording of the training was no longer available.

Chairperson Veale advised the committee a new expert, Dr. Betty Dong, has volunteered to assist the Board with finalizing the training. Dr. Dong's credentials and CV are included in the meeting materials.

Chairperson Veale advised for the committee's review is an updated presentation prepared by Dr. Dong. She noted there didn't appear to be any significant changes to the training program as the learning objectives and content areas remain the same. Ms. Veale noted the changes made include updated data and resources to reflect the most current information as well as some reorganization of the materials and inclusion of additional graphics. Chairperson Veale noted Board staff are recommending approval of the updated training program.

**Motion:** Recommend to the Board approval of the updated training program.

**M/S:** Patel/Oh

Members were provided the opportunity to comment. Committee members commented in favor of the training. Member Oh inquired if approval was necessary when changes were needed. Ms. Sodergren advised as the practice evolves the training will need to evolve. She noted at this point the Board has not delegated to staff to work with experts as it

is being done at the Board level. She added in the future it may be appropriate for the Board to considering delegating future review and approval.

Members of the public were provided the opportunity to comment. Jim Scott, Western University of Health Sciences, commented in support of approval of this program.

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

<b>Board Member</b>	<b>Vote</b>
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Not Present
Wong	Support

## **XII. Licensing Statistics**

Chairperson Veale referred to the licensing statistics in the meeting materials. She noted as of March 31, 2021, the Board received 10,166 initial applications. The Board received 389 requests for temporary site license applications. The Board issued 6,148 individual licenses, 303 temporary licenses and 372 permanent site licenses.

Chairperson Veale noted processing times for applications, with one exception, are at or below the 30-day time period. Ms. Veale thanked Ms. Sodergren and her staff. She noted there are delays in the processing of deficiency mail for several of the site licensing programs and looked forward to seeing improvement in this area during the next committee meeting.

Members were provided the opportunity to provide comments. Member Wong noted he has received comments that delays from Licensing are long and he would like to see an increase in the response time to inquiries.

Members of the public were provided the opportunity to provide comments; however, no comments were made.

## **XIII. Future Committee Meeting Dates**

Chairperson Veale provided the next Licensing Committee meeting is currently scheduled for July 14, 2021.

Chairperson Veale requested adding to a future agenda item to discuss providing the executive officer the ability to review and approve training materials for the PrEP and PEP training. Ms. Sodergren indicated she would also add to a future agenda item to treat based on CLIA waived testing.

#### **XIV. Adjournment**

The meeting adjourned at 2:17 p.m.