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

STANDARD OF CARE COMMITTEE
MEETING MINUTES

DATE:	February 1, 2023
LOCATION:	Note: Pursuant to the provisions of Government Code section 11153, neither a public location nor teleconference locations are provided. Public participation also provided via WebEx
COMMITTEE MEMBERS PRESENT:	Seung Oh, Licensee Member, Chair Maria Serpa, Licensee Member, Vice Chair Renee Barker, Licensee Member Jessi Crowley, Licensee Member Nicole Thibeau, Licensee Member
COMMITTEE MEMBERS NOT PRESENT:	Indira Cameron-Banks, Public Member
STAFF MEMBERS PRESENT:	Anne Sodergren, Executive Officer Eileen Smiley, DCA Staff Counsel Debbie Damoth, Executive Specialist Manager

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

Chairperson Oh called the meeting to order at 9:00 a.m. Chairperson Oh reminded everyone present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Dr. Oh advised where protection of the public was inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. The meeting moderator provided instructions on how to participate during the meeting, including the process to provide public comment.

Chairperson Oh took roll call. Members present included: Maria Serpa, Licensee Member; Renee Barker, Licensee Member; Jessi Crowley, Licensee Member; Nicole Thibeau, Licensee 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 comments for items not on the agenda; however, no comments were made.

III. Discussion, Consideration and Approval of Draft Committee Minutes

a. October 25, 2022

Chairperson Oh referenced the draft minutes for the October 25, 2022, Standard of Care Committee Meeting in the meeting materials.

Members were provided the opportunity to comment. Member Serpa requested "additional" be added to the CE discussion on page 16 in the 3rd paragraph.

Motion: Approve the October 25, 2022, Standard of Care Committee Meeting minutes as presented in the meeting materials with amendment as explained by Dr. Serpa.

M/S: Serpa/Barker

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

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

Committee Member	Vote
Barker	Support
Cameron-Banks	Not Present
Crowley	Support
Oh	Support
Serpa	Support
Thibeau	Support

b. November 16, 2022

Chairperson Oh referenced the draft minutes for the November 16, 2022, Standard of Care Committee Meeting in the meeting materials.

Members were provided the opportunity to provide comment.

Motion: Approve the November 16, 2022, Standard of Care Committee Meeting minutes as presented in the meeting materials.

M/S: Thibeau/Barker

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

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

Committee Member	Vote
Barker	Support
Cameron-Banks	Not Present
Crowley	Support
Oh	Support
Serpa	Support
Thibeau	Support

IV. Discussion and Consideration of Draft Legislative Report Regarding Assessment of Standard of Care Enforcement Model in the Practice of Pharmacy

Chairperson Oh recalled since March of 2022, the Committee had received presentations, learned about actions taken in other jurisdictions, reviewed research, surveyed pharmacists, and considered policy questions. Dr. Oh reiterated appreciation for participation in this process. Dr. Oh noted as the Committee began the review of the draft report adding that it was a starting place for Committee review. Dr. Oh thanked individuals who provided written comments

and advised the comments had been disseminated to members and posted on the Board's website.

Members were provided the opportunity to ask questions or comment on the Background and Pharmacy Profession sections.

Member Serpa recommended changing word dispensation to dispensing in the phrase "involving in the distribution, storage and dispensation."

Members of the public were provided the opportunity to comment on the Background and Pharmacy Profession sections; however, no comments were made.

Chairperson Oh believed the overview of the Committee process appropriately detailed actions taken and appreciated comments.

Members were provided the opportunity to ask questions or comment on the Committee Process section; however, no comments were made.

Members of the public were provided the opportunity to comment on the Committee Process sections; however, no comments were made.

Chairperson Oh appreciated all of the information that was shared during the presentations and believed the summaries provided were appropriate.

Members were provided the opportunity to ask questions or comment on the Presentations section.

Member Crowley noted in reference to the DCA presentation in the second paragraph the word "contract" should be changed to "contrast."

Executive Officer Sodergren noted Dr. Chen requested changes to his presentation and if agreeable by the Committee, staff will add edits. Dr. Chen made suggestions on another presentation and staff can reach out to the presenter to see if changes were needed. The committee agreed.

Members of the public were provided the opportunity to comment on the Presentations sections; however, no comments were made.

Members were provided the opportunity to ask questions or comment on the Information on other Jurisdiction Process section; however, no comments were made.

Members of the public were provided the opportunity to comment on the Information on other Jurisdiction Process sections; however, no comments were made.

Members were provided the opportunity to ask questions or comment on the Information on other Research Reviewed section; however, no comments were made.

Members of the public were provided the opportunity to comment on the Information on other Research Reviewed sections; however, no comments were made.

Members were provided the opportunity to ask questions or comment on the Information on other Survey Results section; however, no comments were made.

Members of the public were provided the opportunity to comment on the Information on other Survey Results sections; however, no comments were made.

Chairperson Oh added the Policy Question section was to ensure the summary captured the essence of the discussion. Dr. Oh noted full transcripts from each of the meetings would be provided as attachments providing all interested readers with the opportunity to review in more detail each of the discussions.

Members were provided the opportunity to ask questions or comment on the Information on other Policy Questions section.

Member Serpa liked how the first two policy questions called out facilities and asked for the next two policy questions to call out pharmacy personnel excluding pharmacists and pharmacists.

Member Serpa suggested for question on the third from the end regarding pharmacist autonomy versus corporate policy additional wording to make it more clear by adding "autonomy to treat patients clinical care within expertise and judgement."

Member Serpa suggested in the second from the last question regarding the prohibition of the practice of corporate medicine. Dr. Serpa thought the answer was accurate and correct. Dr. Serpa wanted to have language added as any prohibition of pharmacy corporate practice would be a serious change in the practice of pharmacy, access, legal business issues, etc. Dr. Serpa thought it would be helpful to add what the current practice looks like in California; if other states do this; and if the Board would be able to do that legally. If able to change, everything would be significantly different and could take years or decades to change.

Member Crowley commented on the autonomy question that was directed to comments from community chain pharmacists who felt corporate policies and procedures prohibited providing patient care. Dr. Crowley agreed clarification was needed and more thorough response

Member Crowley wondered if for the corporate practice, the Board could include statistics of pharmacies that are corporately owned to show impact if a transition was made.

Member Thibeau commented her understanding the second point about corporations wasn't saying corporations couldn't exist or run pharmacies but that corporations can't set the specific care for patient that was maybe getting a little conflated at times. Dr. Thibeau provided an example that a corporation could say they would have a vaccine program but the corporations couldn't say this is the vaccine you give to this patient. Dr. Thibeau understood where hesitation came from but thought the concept was very sound.

Chairperson Oh thought in a vaccine example, the pharmacist must have the time to screen the patients and make sure the pharmacist can give appropriate care following standard of care.

Member Serpa agreed with Member Thibeau but noted relating to the corporate practice of medicine was very different. Dr. Serpa noted the intent needed to be clear.

Member Crowley thought it should be expanded to be made clear corporate ownership versus corporate practice.

Executive Officer Sodergren summarized the changes noting formatting; fleshing out autonomy linked to critical care specific to expertise and judgement; refining the question about the corporate practice of pharmacy to provide more context with respect prohibition discussion and link more to practice rather than ownership.

Members of the public were provided the opportunity to comment on the Information on other Policy Questions sections.

A pharmacist representative of Cedar Sinai commented about the corporation section recommending that corporations can't delineate or define the practice of pharmacy.

A pharmacist representative of CSHP commented understanding the concern about prohibition of corporate practice of medicine and pharmacy suggested that the wording be crafted carefully. The representative noted there shouldn't be

a prohibition against standardized protocols (e.g., state of California established guidelines, etc.). The representative commented under certain clinical circumstances guidelines may be deviated.

A retired pharmacist recommended the questions be numbered. The retired pharmacist commented the essence of the corporate practice of medicine where the physicians can't be employees of the business and are contractors noting contractors are engaged to provide in general terms a certain service and employees can be directed on how to do that.

A representative of CPhA suggested there might be a need for another meeting to discuss the complex issue noting the concept discussed seemed to be corporate interference in the practice of pharmacy for the pharmacist.

A pharmacist representative of Pucci's Pharmacy commented all pharmacies are corporations (e.g., individual, multi-store, chain, etc.) and wasn't keen on the wording of corporation. The representative recommended defining corporations.

A pharmacist representative of Kaiser commented in appreciation of concerns addressed by Dr. Serpa about corporate practice of pharmacy and appreciated further refining the answer to the question. The representative suggested rather than link the Committee's answer to the Corporate Practice of Medicine Act to be precise in what the Committee and Board was recommending.

A pharmacist director of pharmacy with Sutter Health commented in a health system that was a large not-for-profit corporation, Sutter Health derived a lot of strength from having subject matter experts at health system and hospital that are able to collaborate. The representative was concerned about not cutting off ability to collaborate and noted pharmacists were employees of the business or corporation. The representative warned of being mindful where there could be a pharmacist practicing outside where the business needs to step in if there is a risk.

A representative of CCAP agreed with the representative from Pucci's Pharmacy that all pharmacies are typically incorporated and corporation would need to be defined.

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

Member Thibeau agreed with numbering the questions and suggestion of corporate interference. Dr. Thibeau proposed another subcommittee or continuation of the issue.

Member Serpa appreciated the comments and noted the Board has the ability to improve questions about the pharmacist's autonomy and language needed to be included about scope of practice to ensure that its within the scope of practice that is authorized and not just within their perceived expertise or judgement. Dr. Serpa suggested adding verbiage about pharmacists working in collaboration to form guidelines with coworkers and corporate entities and noted there shouldn't be barriers to optimization of patient care.

Member Barker appreciated the comments and agreed with Dr. Thibeau that the wording of interference defines what was trying to be avoided. Dr. Barker agreed with spelling out the definition of corporate.

Member Thibeau added in her suggestion to continue the work with a separate committee, Dr. Thibeau didn't mean for the Standard of Care Committee to stop working and moving forward. Dr. Thibeau suggested adding to the report corporate practice of pharmacy and then continue to work after the report was submitted to the legislature. Dr. Oh advised the deadline for the report was July 2023 and the report would need to be finalized.

Member Crowley wanted to ensure that guidelines or protocols do not contradict national standards. Dr. Crowley suggested considering verbiage so that nothing would compromise or conflict with guidelines.

Chairperson Oh agreed "corporations" would have to be further defined and explained.

Members of the public were provided the opportunity to comment.

A retired pharmacist commented the statutes recognize the ability of employers to set policies, procedures, and guidelines. The commenter noted there are corporations of pharmacists and recommended of the verbiage used.

A commenter noted the Board already ensures baseline competencies and the PharmD education is the entry-level standard as well as post PharmD education. The commenter recommended looking at the medical model that uses specialties and sub-specialties controlled by the American Board of Medical Specialties, not the Medical Board. The commenter suggested allowing the profession, accrediting, and certifying bodies to set the standards and qualifications beyond the entry-level degree.

Chairperson Oh believed it was important to hear from each Committee Member on the Recommendation Section.

Chairperson Oh agreed with the recommendations as presented. Dr. Oh recalled the Board's current hybrid model remains appropriate. Dr. Oh believed that the Board should evaluate and work to repeal some prescriptive conditions.

Member Crowley agreed with the recommendations and thought them to be concise and captured robust discussions succinctly. Dr. Crowley agreed it reflected discussions accurately. Dr. Crowley noted the discussion of a transition to a standard of care model for things like patient care services would be an important ongoing discussion.

Chairperson Oh recommended looking at the totality of recommendations.

Member Serpa agreed it was concise for such a complex topic. Dr. Serpa suggested having a definition section (e.g., standards of care enforcement model, hybrid, standard of care model for the provisions of patient care, etc.) for words that are similar but different for clarity.

Member Barker agreed it had succinct wording and suggested including the Board's mandate of patient safety noting the report should refer to how patient safety was addressed during the discussions. Dr. Oh agreed.

Member Thibeau commented it was well written noting staff did a great job.

Members of the public were provided the opportunity to comment on the Information on other Recommendations sections.

A commenter suggested having a definition of standard of care expected of any practitioner providing a certain activity or patient care service including how it would be handled in a regulatory process. The commenter recommended moving it to the beginning of the report for clarity.

A representative of CPhA recommended including next steps and indicated the ad hoc committee continue to meet to act on the recommendations. The representative recommended noting the inclusiveness of the process used involving stakeholders. The commenter suggested including a timeline with target dates and including how and what the next steps will be completed.

A retired pharmacist agreed with the paragraph of recommendations and suggestions including definitions. The retired pharmacist added the Board can set in law standards of practice (e.g., patient consultation, sterile compounding, etc.). The retired pharmacist agreed with including a timeline, next steps and definitions included at the beginning of the report. The retired pharmacist commended the staff.

Chairperson Oh noted next steps and timelines would be added at the next meeting.

Members were provided the opportunity to ask questions or comment on the Information on other Acknowledgements section.

Chairperson Oh thanked the presenters and participants noting Executive Officer Anne Sodergren's name should be on the report.

Members of the public were provided the opportunity to comment on the Information on other Acknowledgements sections.

A representative of CPhA reported doing a survey of members of CPhA with 84.2 percent in support of moving toward standard of care enforcement model knowing it would have impacts on their practice of pharmacy. The representative reported CPhA has been working to ensure there is education and support as changes are being discussed.

Chairperson Oh appreciated participants input and will work with staff to update the report consistent with the discussion to be considered at the next meeting to finalize.

Members were provided the opportunity to comment.

Member Crowley commented about the submitted public written comments from Dr. Chen. Dr. Crowley noted about the comment for page 14, paragraph 2, regarding comprehensive medication management where it stated making sure the right medication is chosen for a patient's diagnosis at the right dose where Dr. Chen noted it was a core responsibility of pharmacists which Dr. Crowley agreed. Dr. Crowley agreed with the suggestion and the clarification between comprehensive medication management versus standard practice for pharmacists. Dr. Crowley noted on page 5, paragraph 4, Dr. Chen referenced standard of care may vary based on location and may create different patient care standards based on location and suggested how to clarify more and agree with the recommendation that instead of having different standard of care levels revising the language to allow for flexibility depending on facts, circumstances, location, patient history, patient compliance, and state of emergency. Dr. Oh noted that DCA would have to be agreeable to changes recommended but that it might be able to be added somewhere else.

Members of the public were provided the opportunity to comment.

A representative of Cedar Sinai commented in support of Dr. Chen's thoughts and had similar thoughts noting practice was locally based on the needs of the

patients. The representative added the practice of medicine was not the same based on location of the patient and recommended adding to the language to allow for standard of care to exist based on patients' needs, resources and organizational support under the auspices of the pharmacist-in-charge (PIC).

The Committee agreed reviewing changes in track changes would be helpful.

The Committee took a break from 10:18 a.m. – 10:30 a.m. Roll call was taken. Members present included Maria Serpa, Licensee Member; Renee Barker, Licensee Member; Jessi Crowley, Licensee Member; Nicole Thibeau, Licensee Member; and Seung Oh, Licensee Member. A quorum was established.

V. Discussion and Consideration of Legislative Proposal Related to Pharmacist Scope of Practice

Chairperson Oh noted although not required in the legislation, it appeared appropriate to consider if changes to authorized provisions for pharmacist were appropriate to facilitate a more robust standard of care practice model. Dr. Oh added any such change would require legislation. Dr. Oh provided if the Committee and the Board agreed, recommendations could be included as part of the report to the legislature. Dr. Oh believed the Committee should offer general content areas for change, themes of changes, or work to draft legislative language. Dr. Oh added the Committee would review and comment on policy questions to assist in the recommendations.

Policy Question #1: Under current law, the scope of practice varies based in part on the practice setting, i.e., pharmacists working in a health care setting may perform functions under Business and Professions Code (BPC) sections 4052.1 and 4052.2. Is it appropriate to include the authorities for all pharmacists?

Chairperson Oh believed it was appropriate where the workplace and conditions were appropriate to support such activities and does not hinder for certain practice settings.

Members were provided the opportunity to comment.

Member Barker agreed with Dr. Oh's comment to expand to practice settings except for certain areas such as compounding.

Members of the public were provided the opportunity to comment.

A representative of Cedar Sinai commented if looking to standard of care in the clinical arenas, it should also be done in areas where there were very specific guidance documents (e.g., sterile compounding, USP, DSCSA etc.).

A pharmacist representative of Kaiser commented there were several provisions that would help to open up for all pharmacists. The representative cited AB 1533 that added BPC section 4052 (a)(13) help allow any pharmacist regardless of practice setting to initiate, adjust, or discontinue drug therapy under a collaborative practice agreement with a health care provider with prescriptive authority. The representative noted gaps in pharmacy law that limit the usefulness including BPC 4040 (a)(1)(f) and BPC 4051 (b). The representative suggested whether the Board should evaluate BPC 4052(a)(13) to add the two absent and if the statutes should be updated.

A pharmacist referenced the medical practice where licensure confers authority to do certain things but the physician would be required to deny or not participate if not qualified (e.g., a dermatologist would have to deny doing a heart surgery) and would have to decline not to participate. The pharmacist noted it was part of the responsibility of the pharmacist to decline if the pharmacist didn't feel confident in a particular area and it was incumbent upon the pharmacist to decline. The commenter believed it should apply to all pharmacists.

A retired pharmacist agreed with the pharmacist Kaiser representative that AB 1533 left out important references and to update the references. The commenter recommended the terms being defined.

Member Crowley agreed sterile compounding should be left alone as California has higher standards than national standards. Dr. Crowley agreed a pharmacist should be able to deny services if they aren't qualified but added pharmacists do not always have the autonomy to decide.

Policy Question #2: Under current law there are specified functions that pharmacists are authorized to perform, but only pursuant to state protocols developed and/or approved by other boards or authorities. Could a transition to more of a standard of care practice model to provide these services remove a barrier to access to care while ensure patient safety?

Chairperson Oh believed it was appropriate where the workplace and conditions were appropriate to support such activities.

Member Thibeau commented it was a great place to start where protocols for furnishing in place become outdated and if used appropriate care would not be given so the protocols aren't being used. Dr. Thibeau thought it made sense especially with regiments like PrEP and PEP.

Member Barker agreed removing barriers would increase access to care in the community pharmacy settings.

Members of the public were provided the opportunity to comment.

A representative from UCSF School of Pharmacy commented another example of nicotine replacement therapy where Chantix couldn't be included and spoke in support of removing barriers.

A retired pharmacist commented with statewide protocols they should be guidelines that a pharmacist would be responsible for reviewing in determining what the standard of care should be. The commenter stated it was important as moving to a standard of care model for clinical practice that pharmacists have to recognize a higher responsibility regarding qualifications and ability to provide standard of care. The commenter also inquired if the collaborate practice agreement would be superseded.

A pharmacist commented in support of migrating to standard of care model noting pharmacists would have been better able to help with COVID-19 if the standard of care model had been in place.

A pharmacist commented in BPC 2725 (e) where the nursing act states that no state agency other than the board may define or interpret the practice of nursing for licensees. The pharmacist added pharmacists need to define the practice of pharmacy.

A pharmacist commented the discussion should include the scope of practice for pharmacy technicians. The pharmacist noted the movement of the practice of pharmacy and inquired who will help do the tasks the pharmacists won't be doing anymore.

A representative of CPhA commented in support to make sure it was fully implemented with payors, insurance, and Medi-Cal that would be available beyond dispensing. Payment for care should be extended to any willing provider and was an element of discussion.

A pharmacist commented having started the profession in the third world country of South Africa where access to modern health care was limited, the pharmacist was surprised with how little the pharmacist can do in the United States noting they can do so much more.

Member Crowley inquired how to ensure patient safety was prioritized and expressed concern in community chain settings.

Policy Question #3: Are there opportunities to simplify pharmacists' authority related to dispensing functions? Should pharmacist have authority to complete missing information on a prescription?

Chairperson Oh believed the answer was yes. Dr. Oh recalled discussion and comments where patients could be negatively impacted by delays when a pharmacist must clarify missing information on a prescription that could easily be handled by the pharmacist if the law allowed.

Members were provided the opportunity to comment.

Member Thibeau commented pharmacists should be able to complete the information if they feel comfortable doing it. Dr. Thibeau noted it was in the best interest of patient care with safety guardrails in place.

Member Crowley agreed depending on the situation for pharmacists to have the flexibility but wanted to see safeguards in place.

Chairperson Oh agreed it shouldn't be used for convenience but should be for patient safety.

Members of the public were provided the opportunity to comment.

A retired pharmacist commented that laws can be simplified and need to be changed. The retired pharmacist suggested considering what could the adverse impact of other entities. The retired pharmacist said the laws should be changed so that the pharmacists have the authorities and abilities.

Policy Question #4: Should pharmacists have the authority to furnish medications that do not require diagnosis or are preventative in nature?

Chairperson Oh believed this answer was yes when considering health care access and equity.

Members were provided the opportunity to comment.

Member Crowley commented it should include existing diagnosis, chronic conditions, etc.

Member Serpa agreed the intent was good but was confused on how to do it. Dr. Serpa commented about all of the GI medications available that don't require a diagnose but noted the difference between a GI upset and ulcer was a huge difference and required diagnostic evaluation.

Members of the public were provided the opportunity to comment.

A representative of Cedar Sinai commented an example would include when a patient is started on an oral chemotherapy agent that is predicted to cause diarrhea/nausea where a physician omits the orders. Another example provided was pain medication that causes constipation noting there are standard compendium on how to manage these types of preventative measures. The representative noted sometimes these items are left on the order but should be included.

A retired pharmacist commented agreed with the Cedar Sinai representative and referenced SB 493 was for prescription medications where a diagnosis was not needed. The retired pharmacist noted pharmacists already have the ability to recommend OTC medications. The discussion was about prescription medications including certain controlled substances.

A pharmacist agreed the pharmacist should be able to give preventative medication and when medications missing on part of a group order.

Member Crowley appreciated public comment including potentially furnishing medication omitted on the orders.

Member Thibeau agreed with the concept overall but noted more information was needed in certain areas of knowledge sometime (e.g., potential for PEP but not for HIV for other STI where there should be additional follow up and knowledge).

Chairperson Oh added the pharmacist needs to know what they can and can't do with their expertise.

Member Thibeau noted it was confusing when it changed based on location.

Members of the public were provided an additional opportunity to comment.

A representative of Cedar Sinai commented it was evolving to a standard of care where there will be certain services available as determined by the PIC, leadership and stakeholders based on the need.

A retired pharmacist commented in a hospital it is up to the hospital as to what the pharmacist can initiate for hospital administration medication noting increased safety of patients. The retired pharmacist noted the term "furnish" used in SB 493 was used to differentiated from "initiated or prescribe" which should be clarified by the Board of Pharmacy.

Policy Question #5: Should pharmacist have the authority to furnish medications for minor, non-chronic health conditions, such as pink eye, lice, ring worm, etc.?

Chairperson Oh noted this could be tricky but added pharmacists in Canada have the ability to prescript medications for pink eye, acid reflux, cold sores, skin irritations, menstrual cramps, hemorrhoids, impetigo, insect bites, hives, hay fever, sprains, uncomplicated UTI, and antibiotics after tick bites to prevent Lyme disease.

Members were provided the opportunity to comment.

Member Crowley noted there would be issued with reimbursement. Dr. Crowley agreed these were simple conditions where acute furnishing should be allowed as long as there were sufficient baseline working conditions that would make it safe for patients to get.

Member Thibeau agreed and wondered about something like ringworm that would require an examination. Dr. Thibeau noted there needed to be an option to opt out if the pharmacist isn't comfortable.

Member Serpa agreed with Member comments noting the topical nature of the in the examples. Dr. Serpa thought about limiting it to topical but was worried about it going too far because there were a lot of anti-fungal oral medications to treat ringworm or pink eye without further diagnosis.

Member of the public were provided the opportunity to comment.

A pharmacist respectfully disagreed to limiting to topical medications as it was easy to train and diagnosis (e.g., ear infection). The pharmacist thought it should be included in the scope of practice for basic infections where people normally have to go to urgent care or emergency room.

A retired pharmacist requested the term "furnish" to be clarified and noted it was good to discuss. The issue was if the pharmacist was prescribing in concept. The retired pharmacist noted differences in Canada. Pharmacists should have the ability to opt out. Liability needed to be discussed. Payors still have the right to credential the pharmacist on individual basis.

A representative of CPhA mentioned there was an opportunity with SB 409 regarding CLIA-waived testing that might provide natural progression for testing and treatment.

Members were provided the opportunity to comment after public comment.

Member Serpa clarified she was not against oral therapies but if included further discussion would be needed because of the complexity added (e.g., pediatrics).

Chairperson Oh noted that would be the challenge moving forward determining what should and shouldn't be done.

Member Crowley added being extremely hesitant adding to pediatrics and thought it made more sense to start with adults first.

Members of the public were provided the opportunity to comment.

A member of Cedar Sinai referenced a commenter's questions that could serve as a set of guiding principles to making decisions of what part of standard of care versus collaboration

Policy Question #6: Should pharmacist have the authority to furnish medications for which a CLIA waived test provides diagnosis and the treatment is limited in duration, e.g., flu, COVID, strep throat?

Chairperson Oh believed yes and it was in the best interest of patients who may not otherwise have access to care or who require immediate access to care especially in instances where treatment must be started within a short duration after symptom onset. Dr. Oh noted the caveat of reimbursement.

Member Crowley agreed it went hand in hand with providing treatment.

Members of the public were provided the opportunity to comment.

A retired pharmacist commented yes and noted it was important to understand it shouldn't be limited to CLIA-waived tests. The commenter continued pharmacists should be able to do tests that patients are able to do and noted payor entities that are willing to pay for the analysis of test results and expertise required provided there was a record of the service. The commenter added the Board may have to educate and put in initial requirements for documentation of services by a pharmacist.

Policy Question #7: Should pharmacists have the authority to order and interpret drug therapy related tests as opposed to current authority limited to only ordering an interpreting tests for purposes of monitoring and managing the efficacy and toxicity of drug therapy?

Chairperson Oh agreed as medication management expert, a pharmacist should have the authority to order and interpret any drug therapy related test if it is necessary for evaluate for patient care.

Member Thibeau asked for examples. Ms. Sodergren provided examples included HIV PrEP and PEP where testing was appropriate in advance of starting the therapy but the law only provided pharmacists the authority to counsel on doing the test because the therapy hadn't been started yet.

Member Serpa understood the Board currently had the authority for the purposes of monitoring and managing efficacy. Ms. Sodergren clarified meaning in cases where were required to start the therapy. Dr. Thibeau confirmed. Dr. Serpa agreed and noted it was already done in hospital settings. Dr. Crowley noted it depended on the setting and that it would be appropriate in a clinical setting but may not be appropriate in all settings. Dr. Oh and Dr. Thibeau agreed it would not necessarily apply to every setting but some pharmacists and settings may want to be able to follow the process from start to end with an increased impact on equity.

Members of the public were provided the opportunity to comment.

A representative of CPhA agreed with the impact to access and equity in the future of pharmacy. The representative spoke in strong support.

A retired pharmacist commented yes and if going to standard of care approach, it begins with the pharmacist's ability to make sure the patient has the right drug and dose and questioned how that could be done without ordering a test. The commenter added historically the pharmacist had been able to make recommendations to the prescriber. The commenter said it should be clear that the pharmacist can order tests.

A representative of CVS Health commented in support of expanded practice and appreciated the issues of testing for HIV PrEP and PEP. The representative noted it was very important to change the statute. The representative stated that the change in law to allow pharmacists to perform CLIA-waive tests was of little value without the ability to order test noting while there wasn't a federal requirement, a third-party payor will not pay for it. The representative noted the simple solution was to strike "prior to therapy."

Policy Question #8: Where a pharmacist is practicing outside of a pharmacy, what requirements are necessary for records and the Board's ability to inspect such practice?

Chairperson Oh believed the Board needed the ability to inspect any location where a pharmacist was practicing and any records must be available to the Board. Dr. Oh was not sure what the medical record requirements were for physicians.

Member Serpa agreed in concept but struggled with how they would share the greater patient medical record noting typically the PCP would receive reports. Dr. Serpa added pharmacists should keep records and the records should be retrievable at all times for the Board. Dr. Serpa added the difficult question was how all providers of care know what is happening for patients (e.g., access to electronic health records) was an ongoing discussion.

Members of the public were provided the opportunity to comment.

A retired pharmacist commented the issue was about how and when the Board would have the ability to inspect records. The commenter stated the Board's ability should match that of the Medical Board.

Chairperson Oh surveyed the Members about recommending the report to the legislature. Dr. Oh presumed no comments meant approval to sending the report to the legislature.

Members of the public were provided an opportunity to comment. A pharmacist recommended adding pharmacy technician scope of practice in the conversation. Dr. Crowley noted the Board was focusing on pharmacists at this time.

VI. Future Committee Meeting Dates

Chairperson Oh reported the future Committee date as May 3, 2023.

VII. Adjournment

The meeting adjourned at approximately 12:07 p.m.