



January 20, 2020

Greg Lippe  
President  
California Board of Pharmacy  
2720 Gateway Oaks Blvd, Ste. 100  
Sacramento, CA 95833

**Re: Regulations on implementation of SB 159 (Wiener) on pharmacists furnishing PrEP and PEP**

Dear President Lippe,

The California Pharmacists Association (CPhA) appreciates the opportunity to submit the following comments addressing proposed emergency regulations on authorizing pharmacists to independently furnish preexposure and postexposure prophylaxis (PrEP and PEP), per SB 159 (Chapter 532, 2019).

CPhA applauds the work of Licensing Chair Deborah Veale and her Board staff for the two committee hearings where stakeholders were able to provide testimony and feedback on these proposed regulations. As a co-sponsor of Senate Bill 159 (Wiener), CPhA was happy to work with Senator Scott Weiner and the other co-sponsors, Equality California, APLA Health, San Francisco AIDS Foundation, and the Los Angeles LGBT Center. We all share the common goal of increasing quality access of PrEP and PEP to patients who are at-risk of acquiring HIV. The two committee hearings were very productive and helpful in meeting this goal.

CPhA supports the committee's decision to allow the training program to encompass both PrEP and PEP instead of having two separate training programs. CPhA also supports the decision to allow for Accreditation Council of Pharmacy Education (ACPE)-approved training that meet the statutory and regulatory requirements. CPhA additionally supports the committee's decision to require that counseling for PrEP and PEP include training on how to counsel for unique populations who may be at higher risk, STI testing, and related vaccination considerations. These training requirements allow pharmacists who furnish PrEP and PEP to do so in the manner patients deserve, recognizing their individual needs and with patient safety, as always, being of utmost importance.

These proposed regulations are a great start, but CPhA feels there should be additional amendments to the language to maximize patient protection, outcomes, and access while maintaining support for pharmacists to furnish these life-saving medications. CPhA believes the committee's decision to require the training program to be a minimum of 90 minutes (an hour and a half) to be insufficient. CPhA recognizes that the intent of SB 159 is for the pharmacist to initiate a 30 to 60 day prescription for PrEP and/or initiate a 28-day prescription for PEP. However, after speaking with various experts on PrEP, the required knowledge of each medication, the patient's sexual history, intravenous drug usage, knowledge of HIV disease state, STIs, HIV testing, side effects of each medication, appropriate follow-up, referral to necessary resources or healthcare providers, and related information will require longer than 90 minutes to be appropriately trained.

CPhA urges the Board to consider the fact that the federal Food and Drug Administration (FDA) recently approved PrEP in 2012. General knowledge about PrEP is still very low, even among pharmacists. Given that CDC's guidelines on PrEP and PEP have been updated as recently as 2017, it is vital that pharmacists have appropriate time to complete all of the necessary training per the CDC guidelines. In addition, pharmacists would need to review relevant pharmacy law and communicating the availability of financial assistance to patients per SB 159.

Based on this information, CPhA recommends that the regulations should require these programs to be a minimum of three hours to provide for enough time to appropriately train pharmacists, which would ensure standard quality of care. CPhA, in tandem with patient advocacy groups, want to ensure that pharmacists providing these vital service are able to serve their patients with the quality of care they deserve to ultimately lower the rates of HIV infection throughout the state while ensuring best practices and patient safety. Patient safety, not convenience, must be our number one priority.

CPhA would oppose any sort of specific timelines within the elements of the training being codified into law as the clinical guidelines and treatment modalities will continue to evolve. In addition, the very nature of the timelines would be inappropriate to regulate and potentially cause one or more elements of the training to be inappropriately prioritized over another.

Thank you for your consideration of our comments. Should you have any questions about these comments, please feel free to contact me at (916) 779-4519 or at [dmartinez@cpha.com](mailto:dmartinez@cpha.com).

Sincerely,



Danny Martinez  
Government Relations and External Affairs Manager  
California Pharmacists Association.

Cc: Senator Scott Wiener  
Senator Steve Glazer  
Assemblymember Todd Gloria  
Assemblymember Mike Gipson  
Assemblymember David Chiu  
Assemblymember Lorena Gonzalez



# california pharmacists association

July 12, 2019

Victor Law, R.Ph  
President, California Board of Pharmacy  
2720 Gateway Oaks Blvd, Ste. 100  
Sacramento, CA 95833

Dear President Law,

On behalf of the California Pharmacists Association (CPhA), I would like to submit some comments addressing the topic of the 'alternate disciplinary process' which will be considered at the Board Meeting on July 24 and 25 in Anaheim, CA.

First, CPhA would like to thank you and Enforcement Committee Chair Allen Schaad for the Board's work on addressing the creation of an alternate disciplinary process for licensees with matters being referred to the Attorney General's office for prosecution. The alternate plan that was offered during the July 10 Enforcement Committee, and being considered for adoption by the full board, is a great step in the right direction. Our members appreciate the potential opportunity to address an alleged serious disciplinary issue in a way that allows for board member involvement before going through the onerous process of the legal system. CPhA believes that this option will not only speed up disciplinary cases, but will also save the licensee and the Board time and money and provide a fairer occasion to provide mitigating evidence, if applicable. Many other states, including Arizona, Texas, Florida, Maryland, Washington and others, provide for their board members to be involved in the disciplinary process. This has statistically led to fewer cases being heard by an administrative law judge (ALJ), and quicker resolutions.

While we appreciate that California's Board seems to be moving in that direction, we'd like to offer some suggested changes to the Board's proposal that will help further get to the Board's goal of being less punitive and more collaborative and education-driven with its licensees.

### Proposal to Add Section 4300.2

*Notwithstanding the provisions of Government Code section 11415.60, the Executive Officer may offer, and a licensee may accept, a stipulated agreement to license discipline without and in advance of the filing of an accusation or other agency pleading, under the following conditions:*

- 1. The board conducted an inspection or investigation as provided for in this chapter and **substantiated** **alleges** violations of law **that warrant disciplinary action**.*
- 2. The board advised the licensee of the **substantiated** **alleged** violations in writing.*
- 3. The licensee, within 15 days of being advised of the violations, notified the board in*

writing of his or her willingness to **conditionally** waive the administrative adjudication provisions of the Administrative Procedure Act, including notice and hearing requirements, **and to for purposes of considering** a pre-filing settlement as an alternative to action taken on the basis of a pleading. The Executive Officer retains discretionary authority to extend the deadline to respond in writing beyond 15 days.

**(i) The licensee may submit mitigation evidence to the Executive Officer for their consideration.**

4. **The** ~~If an~~ agreed settlement ~~is based on the violations alleged or found~~ **includes, and any discipline proposed is by the Board arising from violations that are substantiated, that discipline shall be** consistent with the board's Disciplinary Guidelines.A

If no pre-filing settlement between the Executive Officer and the licensee is agreed to in writing **and in good faith by both parties**, within 60 days of the licensee's notification of waiver, the Executive Officer may proceed to direct the Attorney General's Office to prepare the appropriate pleading.

Any pre-filing settlement agreement reached between the Executive Officer and a licensee is contingent on approval by the board ~~itself~~. The board ~~itself~~ retains full authority and discretion to adopt, **request modification to**, or reject any such agreement. If the **board requests modification to an agreement is rejected by the board itself**, the Executive Officer may offer a revised pre-filing settlement agreement consistent with any guidance from the board. ~~itself~~ **If the board rejects the agreement, the Executive Officer or** may proceed to direct the Attorney General's Office to prepare the appropriate pleading.

We believe these changes accomplish several goals. The first goal is to clarify that unless and until a licensee has agreed to a stipulated agreement resulting in disciplinary action from the Board, or had official disciplinary action taken against them resulting from an ALJ, the licensee is only alleged to have violated the law. CPhA would not want to bias the new alternate disciplinary process by assuming a violation has occurred.

Second, CPhA would not support the waiving of any rights afforded to licensees simply because they chose this alternate route. CPhA believes that it's appropriate to waive these rights, as a condition of expediting the process of this alternate disciplinary route. However, if the licensee is unable to obtain an approved settlement, they should still be able to retain their rights under the Administrative Procedures Act when going through the traditional disciplinary process.

Third, CPhA would like to include in the statutory proposal that the licensee may submit mitigating evidence as outlined in the meeting materials of the July 10 Enforcement Committee meeting.

Fourth, CPhA would like to clarify that any settlement which results in disciplinary action by the Board will be consistent with the Board's Disciplinary Guidelines. This allows any settlement which may result in non-disciplinary action (e.g. a cite/fine, letter of admonishment, etc) to not have to be subject to the Disciplinary Guidelines.

Lastly, CPhA agrees that the Board should retain full authority to accept or reject a settlement that is presented. However, it should also have the authority to request

modifications to the agreement if the Board deems necessary to do so. The current proposal only gives the Board the option to accept or reject and subsequently the Executive Officer to refer to the Attorney General. CPhA's suggested changes allow the Board to request a modification to the agreement if necessary, maintaining their involvement in the disciplinary process.

Again, CPhA is pleased to see the direction this proposal is going towards and we thank the Board and its staff for the work done on this. Should you have any questions about these suggested changes, please feel free to contact me at (916) 779-4519 or at [dmartinez@cpha.com](mailto:dmartinez@cpha.com). I will also be at the Board's meeting in Anaheim to address questions or concerns in person.

Thank you for your consideration of our comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Martinez', written in a cursive style.

Danny Martinez  
Government Relations and External Affairs Manager  
California Pharmacists Association.



Department of Family & Community Medicine

January 20, 2020

Gregory N. Lippe, President  
California State Board of Pharmacy  
2720 Gateway Oaks Blvd, Suite 100  
Sacramento, CA 95833

President Lippe,

Thank you very much for the opportunity to offer input to the California State Board of Pharmacy regarding SB159's training program. I am a highly experienced HIV and PEP/PrEP consultant, physician, and educator, and strongly support SB159's goal of increasing access to PEP and PrEP, particularly in communities where utilization of these two critical HIV prevention interventions remains limited and/or stigmatized.

In my experience, I believe the minimum number of training hours necessary for pharmacists to furnish PEP and PrEP within the parameters of SB159 should be no less than 2-3 hours, in order to ensure all requirements are adequately met. With regard to overall structure/content, training should include details on the relevant regulatory aspects of SB159 and its implementation; clinically appropriate use of PEP and PrEP as informed by current guidelines and established best practices (this includes information on indicated lab testing and interpretation of testing results); guidance on appropriate patient counseling; and available patient resources (e.g. medication assistance programs) as well as resources for pharmacists and treating clinicians (e.g. other PEP/PrEP-focused education and training opportunities, local AIDS Education and Training Centers programming).

Increased engagement with—and support for—pharmacists, especially those in communities that have not placed a strong focus on HIV prevention and outreach, will be the cornerstone to SB159's success. As you are undoubtedly aware, the ideal training program will be able to effectively strike a balance between sufficiently engaging interested pharmacists to commit time/effort to such training while ensuring patient and provider safeguards [as relevant to SB159] are met. Thank you for your commitment to ensure the successful development of this training program.

Kindly,

A handwritten signature in blue ink, appearing to read 'Carolyn Chu', written over a horizontal line.

Carolyn Chu, MD, MSc, FAAFP, AAHIVS  
Associate Professor, Department of Family & Community Medicine, UCSF  
Co-Chair, CA/HI Chapter Steering Committee, American Academy of HIV Medicine  
Clinical Director, National Clinician Consultation Center (National PEPline | PrEPline)

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January 21, 2020

Greg Lippe  
President  
California Board of Pharmacy  
2720 Gateway Oaks Blvd, Ste. 100  
Sacramento, CA 95833

Dear President Lippe,

I am writing this letter to provide input to the Board of Pharmacy regarding the SB159 training requirement. I've worked very closely with the co-authors of the bill. I have been an HIV community pharmacist for over 17 years and I have implemented a community pharmacy PrEP (pre exposure prophylaxis) program under a collaborative practice agreement with the San Francisco Department of Health. I am also the residency director of our ASHP- accredited Community PGY1 program and serve as voluntary faculty at both UCSF and Touro Schools of Pharmacy. I have trained pharmacists and residents in PrEP as well as provided talks on PrEP. Currently I am completing the development of a 2- hour live presentation on PrEP for community pharmacists for the 2020 APHA annual meeting. I am also in the process of creating several additional PrEP training programs and papers. I, along with Betty Dong, HIV Emeritus Professor at UCSF School of Pharmacy, Robert M Grant, iPrEX lead investigator who was responsible for FDA approval for PrEP and who testified on the safety of pharmacists providing PrEP for SB159 have a paper coming out soon. The paper details recommended training for community pharmacists providing PrEP.

Based on my experience I believe the minimum amount of hours necessary for pharmacists to initiate PrEP and PEP (post exposure prophylaxis) should be no less than 3 hours. This number is based on the following reasons, including my experience as well as discussions with other colleagues of mine who provide education on PrEP.

Community pharmacists should receive continuing education on PrEP, STIs, laboratory interpretation of tests associated with PrEP and counseling. Community pharmacists are traditionally not accustomed to reviewing and interpreting laboratory values and should receive additional training on the laboratory tests associated with PrEP initiation as well as counseling on risk reduction with associated infections related to PrEP; including HIV, hepatitis C (HCV), hepatitis B, sexually transmitted infections (STIs) with an emphasis on gonorrhea, chlamydia and syphilis, but also herpes simplex virus (HSV) and human papilloma virus (HPV). All pharmacists must be prepared to competently counsel patients on HIV transmission, risk reduction, sexually transmitted infections, including identifying key symptoms of STIs, when to refer and recommendations for frequent testing. The training should also include how to provide culturally appropriate counseling and risk reduction in vulnerable populations,

including trans persons, gay, bisexual, men who have sex with men, minority communities, sex workers and persons who inject drugs.

Currently, there are PrEP CEs available for pharmacists which are knowledge based and describe the CDC guidelines. However, I do not believe they are adequate for community pharmacists initiating PrEP and PEP. It is common for these pharmacist PrEP CEs to run in the range of 1-1.5 CE hours. Additionally, pharmacist CE's on sexually transmitted infections (STIs) are at least 1 CE hour. Based on my training and the currently available CEs, I believe it is reasonable to include an additional hour for a minimum of 3 hours to include the above topics. I urge the Board consider the minimum training requirements necessary in order for community pharmacists to competently provide PrEP and PEP initiation while ensuring patient safety. I believe community pharmacists can do a number of combinations in order to meet the requirements while not being overly burdensome. For example, pharmacists can complete pre reading or an online 1- hour PrEP CE, in combination with additional CEs (on STIs, laboratory tests and counseling) in order to supplement and meet the minimum requirements. It is very important that community pharmacists have the necessary training in order to successfully implement SB159 and help end the HIV epidemic.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maria Lopez', followed by a horizontal line extending to the right.

Maria Lopez, PharmD, AAHIVP





Jessica Langley  
National Healthcareer Association  
11161 Overbrook Road  
Leawood, KS 66211

January 23, 2020

By Overnight Delivery and Email  
California State Board of Pharmacy Licensing Committee  
C/O Debbie Veale, Chairperson  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

**NHANOW.COM** RE: Discussion and Consideration of Board's Proposal to Establish New Licensing Programs Related to Advanced Pharmacy Technician Requirements and Functions (Proposed BCP 4038.5, 4115.6-4115.7 and 4211, together referred to as "Proposed Advanced Tech Licensing")

Dear Chairperson Veale and the California Board of Pharmacy,

We, at NHA, support the Board's continued efforts to establish and revisit Pharmacy Technician rules pertaining to the advancement of the technician profession. As you may be aware, NHA has partnered with the California Pharmacists Association to service and support the technician workforce by providing quality training resources, exam preparation materials and accredited certification exams. We all share in the goals and desires to advance the pharmacy technician profession and empower these individuals with the appropriate resources to work to the top of their license and to have a successful career, all while benefiting the health and wellness of California consumers.

We understand that the Committee is discussing Proposed Advanced Tech Licensing at an upcoming meeting in January, and NHA would like to provide feedback on the basic tenets of the proposal, as well as be engaged in ongoing Committee discussions. We generally support this initiative but are concerned with some aspects of the Licensing Requirement found in Proposed BCP 4211. Our recommendations to improve Proposed BCP 4211 are as follows:

**Proposed BCP 4211 (Licensing Requirement)**

The board may issue an advanced pharmacy technician license to an individual who meets all the following requirements:

- (a) (1) Holds an active pharmacy technician license issued pursuant to this chapter that is in good standing through the first renewal cycle, which requires the completion of continuing education credits.
- (2) Has obtained ~~2,050~~ a minimum of 3,000 hours of experience performing the duties of a licensed pharmacy technician or pharmacist intern in a pharmacy.

(3) documented training or competency in the applicable advance practice skill(s) being performed.

(34) Satisfies at least one of the following requirements:

(A) Possesses a certification issued by a pharmacy technician certifying program as defined in Section 4202(a)(4).

(B) Has obtained a minimum of an associate degree in a pharmacy-focused discipline.  
~~technology.~~

~~(C) Has obtained a bachelor's degree~~

(b) A license issued pursuant to this section shall be valid for two years.

#### NHANOW.COM

We believe that awarding an advanced pharmacy technician license after only one year of practice, as proposed in 4211(a)(1), will promote candidates who have a limited breadth of experience and who have not proven a commitment to the profession. In many practice settings, a pharmacy technician's experience after only one year of practice can be very narrow, sometimes even single task-oriented. There may be little opportunity to assess the ability of such pharmacy technicians to take on additional responsibility, possibly creating a situation where a technician may receive an advanced license from the State well before the supervising pharmacist has ascertained the technician's readiness for an expanded scope of practice. The willingness to be nationally certified, complete continuing education, and renew an initial license also serves as an indicator of dedication to the profession and a level of maturity that is aligned with an expanded scope of practice.

We have added section (a)(3) because, given that an advanced license is transportable from one pharmacy to another, we believe that evidence of training or competency in the advanced skills should be presented to the State at the time of licensure. This will give subsequent employing pharmacies confidence that a presenter of the license has obtained the underlying training for the increased scope of practice.

We also suggest deleting subsection (3)(C). First, unlike the requirement of pharmacy technician certification (subsection (3)(A), now (4) (A)) or degreed education in pharmacy technology (subsection (3)(B), now (4)(B)), a general bachelor's degree does not demonstrate the knowledge or competency needed to support an advance pharmacy technician license. A bachelor's degree in fine arts, computer sciences or languages bears no relationship to pharmacy technician practice but would satisfy the requirement of proposed subsection 3(C). There is no reason why a practicing pharmacy technician who had, at some prior time in his/her life, obtained an unrelated degree, be excused from obtaining certification, which demonstrates that the technician has obtained a base level understanding of pharmacy technician practice. Second, subsection (3)(B) (now (4)(B)) is written broadly enough to include post-associate pharmacy education, negating a need to address advanced pharmacy degrees via proposed subsection (3)(C).



We thank you for the opportunity to share our feedback and look forward to the discussion at the upcoming meeting.

Sincerely,

Jessica Langley  
Executive Director of Education and Provider Markets  
National Healthcareer Association

[NHANOW.COM](http://NHANOW.COM)

11161 Overbrook Road,  
Leawood, Kansas 66211  
P 913-721-5632



January 24, 2020

Greg N. Lippe, President  
California State Board of Pharmacy  
2720 Gateway Oaks Drive, Suite 100  
Sacramento California, 95833  
FAX (916) 574-8618

**RE: Legislative Committee Proposal to Establish an Advanced Pharmacy Technician Licensee Category**

Dear Mr. Lippe:

The California Society of Health-System Pharmacists (CSHP) is respectfully opposed to legislation, as proposed by the Board of Pharmacy Legislative Committee, to create a new licensee category of Advanced Pharmacy Technician. CSHP has and continues to support the advancement of both Pharmacist and Pharmacy Technician practice to meet the evolving healthcare needs of the 21<sup>st</sup> century. To that end we appreciate the Licensing Committee's efforts to act upon the discussions that have surrounded pharmacy technician practice over the past many years.

While CSHP supports the intention of the Committee's proposal to be responsive to many earlier discussions regarding pharmacy technicians' authorized functions and qualifications that support pharmacist-provided services, we are concerned with the language of the Committee's proposal and its implications for pharmacy practice settings. The proposed legislative language for establishment of an Advance Pharmacy Technician, contains concepts which don't align with current practice and may generate unanticipated outcomes such as restrictions on the use of pharmacist supportive personnel.

We believe that in order to yield the best results for patients, pharmacists, pharmacy technicians and employers a robust stakeholder process that includes a broad array of representatives is imperative. This will allow all affected parties to be at the table and do an in-depth analysis of the details that must be addressed for an expansion policy change to ensure there is alignment with current practice and

recently passed and proposed California legislation (e.g., pharmacy technician ratios and remote pharmacy services).

CSHP is eager to offer our assistance in convening a forum for interested parties to discuss issues and implications for a holistic approach to advancing pharmacy technician practice in alignment with pharmacist delivered care provided in all practice settings. With the input of interested and impacted stakeholders, CSHP stands ready to sponsor legislation to secure the recommendations of the pharmacy practice forum.

Founded in 1962, CSHP represents thousands of pharmacy professionals across California who serve patients and the public through promotion of wellness, patient safety and the optimal use of medications. CSHP members practice in all types of pharmacy settings -- including but not limited to, hospitals, integrated health systems, clinics, ambulatory care settings, long term care, retail, community and home healthcare.

Respectfully,



Loriann De Martini, Pharm.D., BCGP  
Chief Executive Officer,  
California Society of Health-System Pharmacists

Executive Director,  
California Society of Health-System Pharmacists Foundation

cc: Deborah Veale, Licensing Committee Chairperson  
Anne Sodergren, Interim Executive Officer

**From:** Trujillo, Susan Brichler <[susan.trujillo@quarles.com](mailto:susan.trujillo@quarles.com)>  
**Sent:** Monday, January 27, 2020 2:07 PM  
**To:** Sodergren, Anne@DCA <[Anne.Sodergren@dca.ca.gov](mailto:Anne.Sodergren@dca.ca.gov)>  
**Subject:** Legislation & Regulation Committee and Board Discussion on nonresident 3PL licensure proposal [QBLLP-ACTIVE.FID37808039]

[EXTERNAL]: [susan.trujillo@quarles.com](mailto:susan.trujillo@quarles.com)

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Hello Ms. Sodergren,

I've been asked by my clients to share their concerns regarding the Legislation & Regulation Committee and full Board's upcoming discussion of possible legislation regarding BPC 4161. The proposed legislation would require a California inspection if the home state does not license 3PLs and the facility wishes to obtain a California permit. While my clients appreciate the Board's effort to address the situation where a home state doesn't issue a 3PL license but California requires a home state permit for licensure, there are other options such as VAWD accreditation that may be more timely and affordable. They are concerned about the costs of multiple inspections, since other states already require VAWD, and also that more states will follow California's lead, creating a situation where the facility is constantly being inspected by different states to satisfy nonresident licensure requirements. VAWD has already created a nationwide standard for 3PL inspections which is accepted by multiple states. My clients respectfully ask that the Board consider adding a VAWD inspection as an alternative to a California inspection to the proposed legislation.

I would appreciate it if you could share this feedback with the Legislation/Regulation Committee on January 29th and the full Board on January 30th.

Sincerely,  
Susan



**Susan Brichler Trujillo** / Partner  
[Susan.Trujillo@quarles.com](mailto:Susan.Trujillo@quarles.com) / [LinkedIn](#) [BIO](#) [vCard](#)

**Quarles & Brady LLP**

Renaissance One, Two North Central Avenue / Phoenix, AZ 85004-2391  
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January 16, 2020

Greg Lippe  
President  
California Board of Pharmacy  
2720 Gateway Oaks Blvd, Ste. 100  
Sacramento, CA 95833

**RE: EMERGENCY REGULATIONS AUTHORIZING PHARMACISTS TO INDEPENDENTLY FURNISH PREEXPOSURE AND POSTEXPOSURE PROPHYLAXIS (PrEP AND PEP)**

Dear President Lippe,

Thank you for the opportunity to provide comments on behalf of the National Community Pharmacists Association (NCPA) in reference to § 1747 *Independent HIV Preexposure and Postexposure Prophylaxis Furnishing*. NCPA applauds the Board's efforts to enhance patient care and maintain public safety as it seeks to approve a training program for pharmacists on the implementation of SB 159 *HIV: Preexposure and Postexposure Prophylaxis*. NCPA urges the Board to require training time of at least three hours to implement a training program that encourages a system most resilient to unforeseen developments, supports error reduction, and cultivates patient satisfaction.

NCPA represents the interest of America's community pharmacists, including the owners of more than 21,000 independent community pharmacies across the United States and 2,029 independent community pharmacies in California that employ over 18,870 full-time employees who filled over 119 million prescriptions last year. Our members are small business owners who are among America's most accessible health care providers.

**Training Program - Time Requirement**

NCPA supports the Board of Pharmacy licensing committee's decision to allow for an Accreditation Council of Pharmacy Education (ACPE) approved training program for PrEP and PEP to fulfill the statutory and regulatory requirements under SB 159. Like other medical professions, the pharmacy profession has evolved from a dispensing and product reimbursement based industry to a profession with the *training* and patient *relationships* to provide outcomes-based services and participate in care coordination efforts.<sup>1</sup>

Although we appreciate the proposed 1.5 hours of training, NCPA recommends that the Board allot sufficient training time to address the challenges and knowledge gaps, not limited to, counseling unique populations, recommending appropriate vaccinations, understanding HIV disease state, HIV medications along with how and when to exercise appropriate patient follow-up, refer the patient to necessary resources and healthcare providers. Such a training program demands satisfactory time commitment to optimize efforts in supporting all facets of the patient's experience relating to PrEP and PEP services. Moreover, training in pharmacy school might have been years ago for some demanding a refresher before providing PrEP and PEP services to the public.


A minimum of three hours of HIV training would be an agreeable starting point to ensure a high standard of care in carrying out the responsibilities aligned with lowering the rates of HIV infection throughout the state.

<sup>1</sup>Troy Trygstad, *Payment Reform Meets Pharmacy Practice and Education Transformation*, 78 North Carolina Med. J. 3 at 173-176 (May-June 2017), available at <http://www.ncmedicaljournal.com/content/78/3/173.full.pdf+html>.

Mr. Greg Lippe  
January 16, 2020  
Page 2

NCPA appreciates the opportunity to provide these comments to the Board and remain committed to the resolutions that ensure patient safety and increase access to the highest standard of care. Should you have any questions about these comments, please feel free to contact me at (703) 600-2682 or at [anne.cassity@ncpanet.org](mailto:anne.cassity@ncpanet.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Cassity". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Anne Cassity, JD  
Vice President, Federal and State Government Affairs  
National Community Pharmacists Association