



Communication and Public Education Committee Report

Nicole Thibeau, PharmD, Licensee Member, Chairperson

Jason Newell, Public Member, Vice Chairperson

Renee Barker, PharmD, Licensee Member

Claudia Mercado, Public Member

Ricardo Sanchez, Public Member

a. Summary of Discussion on How to Inform the Public on the Value of a Consultation

Background

During previous committee meetings, members expressed a strong interest in exploring how the Board can better educate the public on the purpose and value of a consultation.

Current resources on the Board website can be utilized to expand messaging. Materials include: [Talk to the Expert campaign](#); [Video on Avoid Medication Errors](#); [FAQs – Why should I talk to my pharmacist](#).

Summary of Committee Discussion

During the meeting, members discussed the communication tools and education materials available as well considered different ways to expand the Board's outreach. Members expressed support for identifying organizations across diverse communities and proactively engaging them to collaborate and enhance the Board's outreach efforts. Members suggested partnering with organizations that focused on a specific disease that rely heavily on medication usage, i.e.: HIV, American Cancer Society. Additionally, members recommended engaging directly with patients to understand what they find most valuable to them during consultations and were reminded of the listening sessions convened, including with consumers. Members requested that consultation efforts be coordinated collaboratively across the various committees. Further, members also suggested that the Board consider outreach to pharmacist associations in different practice settings.

Public comment suggested alternative means to provide education including through engagement with other organizations including CARA, other state boards of pharmacy, church groups and other community-based organizations.

b. Summary of Discussion on Highlighting Translation Materials for Consultation

Communication and Public Education Committee Chair Report
June 24-25, 2026 Board Meeting



Relevant Law

[California Code of Regulations \(CCR\), title 16, section 1707.6](#) outlines the Notice to Consumers requirements and includes provisions include use of a QR code to obtain language translation of the notice. Translations available in Arabic, Armenian, Chinese, English, Farsi, Hindi, Hmong, Japanese, Korean, Khmer / Cambodian, Punjabi, Russian, Spanish, Tagalog, Thai, and Vietnamese.

The section further establishes requirements for notice to patients regarding the availability of interpreter services at no cost.

[CCR section 1707.5 \(d\)](#) further specifies that a pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand information on the label as specified, in the patient's language. The section further specifies the minimum provisions that must be included in the policies and procedures, including a means to identify the patient's language and to provide interpretative services in the patient's language.

Background

Interpreter services are available at no cost during all hours the pharmacy is open upon request. Every pharmacy in the state must display the [Notice to Consumer poster](#) or display the notice on a video screen accessible to all consumers. Additionally, a Point to Your Language sign is available at pharmacies for patients to identify what language they are requesting.

Summary of Committee Discussion

Members discussed the matter and decided to merge the topics of the value of a consultation with translating materials for consultations. Additionally, members would like to expand on the available translation options, such as using technology, such as iPads to assist with translations for patients with different needs compared to situations where an individual has access only to a landline. Members support the idea of working with the various ethnic community groups and noted that there are concerns that a person, such as a child serving as a translator may not fully understand the pharmacist's instructions and use a different word that could affect the patient's care. Members noted that there is concern with the use of casual verbiage versus medical terms, for example using "sugar" instead of "blood glucose."

Public comments spoke in support of efforts to ensure patients receive necessary information. Commenters suggested that the Board engage with



various pharmacist groups including for example the Indian Pharmacists Association.

c. Summary of Discussion of Educating Pharmacists on Medi-Cal Changes

Background

January 23, 2026, Medi-Cal Rx released information, "Reminder: Requirement for Provider Enrollment in Medi-Cal." Information provided indicated for a pharmacy claim to be processed and paid, the individual prescriber (e.g., doctor) on the claim must be enrolled in Medi-Cal using their Type I National Provider Identifier. The information released further specifies that the requirement also applies to pharmacists initiating prescriptions under their own authority.

In February, the Board of Pharmacy notified licensees through email that the changes were coming and encouraged them to enroll before the changes take place. Additional information regarding this change is available on the Medi-Cal Rx Education and Outreach page [here](#).

Separately, Medi-Cal Rx released information. "Reminder: Include ICD-10-CM Diagnosis Codes on Pharmacy Claims." Information released indicated that effective fall 2026, ICD-10-CM diagnosis code(s) will be required for pharmacy claim adjudication. The notification provides that the policy changes will apply to all pharmacy claims submitted on or after the implementation date, including claims for refills.

According to DHCS, pharmacy providers and prescribers should complete the following actions:

- Prescribers should provide the appropriate ICD-10-CM diagnosis code(s) with the prescription to ensure pharmacy providers have access to the information and document the ICD-10-CM diagnosis code(s) in the member's electronic health record for auditing purposes.
- Pharmacy providers should immediately begin including ICD-10-CM diagnosis code(s) on pharmacy claim submissions. Pharmacy providers may contact the prescriber if the ICD-10-CM diagnosis code(s) is not listed on the prescription.

Additional information regarding this change is available [here](#).

Summary of Committee Discussion

Members suggested putting the information on the Board's website and sharing



the information with pharmacy schools. Staff will reach out to DCA to inquire about the possibility of creating a landing page for licensees. Members suggested that additional communication be sent out by the Board even if the information falls somewhat outside of its scope, when it may still impact consumers. One member also noted that some of the ICD-10 codes are extremely specific and may reveal unnecessary personal information—for example, PEP-related codes may reference homosexual or bisexual behavior, and other codes may include gender-affirming details that could inadvertently disclose SOGI (Sexual Orientation and Gender Identity) information. Members emphasized that pharmacists may need to consider privacy implications when entering ICD-10 codes.

Public comment provided the reason for the changes noting the anti-fraud efforts by the federal government, suggesting that the DHCS does not have control over the changes. Public comment also shared that students do not learn ICD-10 codes in pharmacy school.

d. Summary of Discussion of Draft Fact Sheet Related to Helpful Tips for New Pharmacists-in-Charge

Relevant Law

[Business and Professions Code \(BPC\) section 4112](#) includes requirement, effective July 1, 2026, for a non-resident pharmacy to identify a California-licensed pharmacist to serve as the pharmacist-in-charges specified.

[BPC section 4113](#) requires every pharmacy to designate a pharmacist-in-charge (PIC), as specified. This section further describes some of the responsibilities of a PIC.

[CCR section 1709.1](#) further clarifies the requirements for and process to appoint a pharmacist-in-charge (PIC) who shall have responsibility for the daily operation of the pharmacy.

Under provisions of Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025) several additional changes were made to reinforce the autonomy of decision making of a PIC. Changes include:

1. The PIC shall make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely.



2. The PIC, using their independent professional judgment, shall determine the appropriate pharmacist-to-technician ratio, not to exceed a maximum ratio of 1:3.

Background

Over the past several years the Board has pursued several policy changes and developed educational materials to assist pharmacists serving as a PIC, including the Board's training," Pharmacist-in-Charge Overview and Responsibility."

As part of the Board's implementation efforts related to AB 1503, the Board released a policy statement underscoring the importance of the role of a PIC, The Role of the Pharmacist-in-Charge.

Summary of Committee Discussion

Members found the fact sheet to be brief and noted that it could benefit from some revision on the format. Members expressed that the materials should more clearly inform the PIC that they hold legal responsibility for ensuring compliance with the outlined requirements. Members also stated that they would like the fact sheet to include additional context, examples, and more in-depth explanations to help licensees understand expectations. They further recommended making this a living document that can be updated regularly as laws, best practices, and operational needs evolve. Members also noted that PICs should have a binder that is regularly updated.

Implementation Status: Since the meeting, staff have taken recommendations from members and revised the notice. This version is designed to be more comprehensive with added information on the responsibilities of a PIC. Additional information has been added for the PIC to use as a quick and easy reference on some of their responsibilities that are time sensitive and provides more resources. The revised version can be found in **Attachment #1**.

Public comment agreed that the draft required additional revisions.

e. Summary of Discussion on, and Possible Action to Approve, Fact Sheet Related to What to Expect During a Nonresident Pharmacy Inspection



Background

As part of the Board's discussion on implementation efforts stemming from Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025), the Board referred to this Committee, development of materials on what to expect during non-resident pharmacy inspections. The materials are to provide guidance on the Board's expectations regarding compliance with the new requirements.

Summary of Committee Discussion

Members stated this form was appropriate and would like to see it as a living document. Staff noted that currently inspectors proactively reach out to licensees and facilities on a regular basis to get feedback on the inspection process. **Attachment #2** includes draft material on nonresident pharmacy inspection fact sheet.

Public comment thanked the Board for developing the fact sheet as well as the previously released policy statement.

f. Summary of Discussion of Patient Use of Artificial Intelligence

Background

As AI tools continue to be integrated into technology used by patients, new patient safety risks are created. AI tools can generate inaccurate or incomplete prescription directions or side effects. A 2024 study found that 66% of inaccurate chatbot answers were potentially harmful if followed by patients. Patients may trust AI outputs too readily (automation bias), assuming the system "must be right," even when it is wrong.

Large language models may fabricate drug facts or instructions with high confidence, a phenomenon called "online hallucinations." These errors can be difficult for patients to detect. Additionally, AI tools typically lack access to a patient's full medical history, allergies, medical conditions, or lab results. This makes it unsafe for patients to rely on AI for individualized dosing or drug-drug interaction decisions.

Summary of Committee Discussion

Members suggested a one-page fact sheet as a launching point to educate patients on the misinformation given by algorithms. Members would like to keep



in mind the culture, generation and socio-economic gaps that can alter the information available on AI. Members raised concerns that AI-generated information may be inaccurate and could pose serious risks. For instance, an AI system might not identify potential drug interactions or adverse reactions. Because an AI chatbot lacks formal pharmacy training and the clinical expertise of a licensed professional, it cannot provide fully reliable or comprehensive medication guidance. Consulting a qualified pharmacist remains essential.

g. Summary of Discussion on Communication and Public Education Activities by Staff

1. The Script

The Board has recently released two newsletters. A [special edition of The Script](#) was released in January. This issue focused on Assembly Bill 1503.

More recently, the [Spring 2026 issue](#) was released on May 29th.

2. Staff Outreach

Attachment #3 has a list of dates and locations of where presentations took place. These presentations cover multiple topics, including updates in Pharmacy Law.

3. News Media Inquiries

A list of media inquiries is in **Attachment #4**.

4. Social Media

A list of social media post is in **Attachment #5**.

Summary of Committee Discussion

Members requested that staff document the social media platform currently used by the Board uses and report the number of active users who follow the Board "X" account. During the meeting, members discussed whether the Board had agreed to establish a LinkedIn account. Since the meeting, staff reviewed previous meeting minutes and confirmed that no action was voted on nor that members requested to bring an action to the full Board to consider establishing a LinkedIn account or additional social media accounts. In addition, at the previous meeting, some members expressed concerns related to social media use, including issues



California State Board of Pharmacy

2720 Gateway Oaks Drive, Suite 100

Sacramento, CA 95833

Phone: (916) 518-3100 Fax: (916) 574-8614

www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency

Department of Consumer Affairs

Gavin Newsom, Governor



related to potential fraud. Staff noted that expanding the Board's social media presence remains an ongoing discussion with DCA.

Implementation Status:

Attachment #5 has been updated to include X as the social media platform and added 1,003 as the current number of followers.