The Actual Public Comment for Board of Pharmacy Meeting 6/23/2026 Requesting Auxiliary Labeling Improvements

My name is Stephen Rosati and I am a pharmacist from Hollister. I'm here today to urge the Board to address a critical safety gap regarding auxiliary labeling for prescription labels. I am making these comments not only from a healthcare provider's point of view but as a consumer as I am now obtaining my prescriptions from pharmacies other than where I worked in the past.

In 2009 the Board of Pharmacy made incredible strides in patient safety through establishing the Patient Centered Label Improvements to Title 16, Section 1707.5 that took place during all the time dedicated to the planning, input, public hearings and re-amending that resulted. Today, patients can easily read their names, names & strengths of medications and directions for use in a mandated 12-point, easily readable font. However, the vital safety warnings on **auxiliary labeling** — like *'Take with Food', 'Do Not Drive,' 'Finish All Medication' or 'Do not use other eye drops within so many minutes of this medication'* — were not addressed back in 2009 and have been completely left behind.

Currently, these health-improving warnings are entirely unstandardized. Many pharmacies routinely print them in microscopic 2-4 font-sized print, compressed and **unbolded texts**, making them hard to read and tape is not always used to cover the label, so the printing is quickly rubbed off, again, making it impossible to see. For the millions of aging Californians living with low vision, cataracts, or glaucoma, these warnings become practically invisible. This also makes it difficult for other individuals helping the patient like family members, friends or health care providers be aware of the

proper usage of a medication if they are dispensing the medications to a patient. Unfortunately, many of the patients do not keep the Med Guides or Consumer Medication Information provided by the pharmacist at home which can make the situation difficult as well – also supporting the need for auxiliary labeling improving today.

The current system relies entirely on pharmacy-level formatting choices for auxiliary labeling, and these improvements have not voluntarily occurred, and 17 years have passed. Just as the successful labeling changes took place in 2009 to protect the public, I respectfully request that the Board initiate the same process today to begin the process to provide similar legibility standards to auxiliary labeling.

Specifically, I believe a starting point would be for the Board to require that all auxiliary labeling warnings:

1. be provided with a **minimum 6-point, sans-serif font size**.
2. not use compressed lettering for this small font size.
3. utilize **bolded print** to ensure the high contrast necessary for low-vision readers.
4. Benefit from the Board not allowing unnecessary information ~~not~~ on a prescription label that clutters the intended content of the prescription label that results in the proper utilization of the medication. This would be items such as patient & physician addresses and phone numbers, DEA numbers, advertising and non-functioning numbers for other uses other than medication directions, unnecessary dates (allowing a bar code for each prescription). is acceptable.

Thank you for your time & continued commitment to patient safety.

Stephen J. Rosati, R. Ph.

PETITION FOR PREVENTABLE MEDICATION ERRORS:

Standardizing Legibility for Prescription Auxiliary Labels

Date: June 23, 2026
To: The California State Board of Pharmacy, Public Comment
Presented By: Stephen J. Rosati, R. Ph.
Contact: sjrosati@aol.com / 831-245-5344

1. Summary

In 2009 revisions in California Code of Regulations Title 16, Section 1707.5 provided for a patient-centered font size (minimum 12-point) for primary prescription text, **however auxiliary labeling remains unregulated.** Today, critical safety warnings on auxiliary labeling — such as *"Take with or without Food," "May Cause Drowsiness," "Do not use other eye drops for a specific period of time" or "Do Not Drive"* — are routinely printed in microscopic, compressed, and unbolded fonts. This regulatory gap poses an immediate, severe safety risk to elderly patients and individuals living with low vision due to age, cataracts, retinal disorders, glaucoma or other disorders.

2. The Problem: Difficult - Impossible to Read Medication Warnings on Prescription Labels

- **The Reality of Low Vision:** Over 3.8 million Californians face vision impairment. For these individuals, standard 6-to-8-point auxiliary text blurs completely.
- **Failure to Self-Administer:** When vital warnings are unreadable, patients cannot accurately self-administer their medications, rendering the warnings useless.
- **Current Pharmacy Inconsistency:** Formatting choices are currently left up to individual pharmacy software, leading to widespread inconsistency and zero accountability for legibility and font sizes.

3. Potential Legibility Failures

- **Adverse Medical Events:** Severe gastrointestinal damage from missing an unreadable *"Take with Food"*.
- **Dangerous Drug/Food Interactions:** Internal bleeding or toxicity from failing to see a tiny *"Avoid Aspirin"* or *"Avoid Grapefruit"* auxiliary label.
- **Accidents and Falls:** Severe injury or motor vehicle accidents caused by an unreadable, unbolded sedation warning or not to take with alcohol.
- **Failure of Active Ingredients:** With many ophthalmics, not to use other drops for 5, 10 or longer minutes.

4. Proposed Regulatory Solution

To fulfill the Board's core mandate of public protection, I respectfully request the Board initiate the process to amend CCR Title 16, Section 1707.5 to include the following standardized mandates for auxiliary labels/warnings:

- **Minimum Font Size:** A mandatory minimum of **6-point font** for all primary text on auxiliary labels/warnings.
- **High Contrast Formatting:** Require text in **bolded, sans-serif font** to ensure legibility for low-vision readers.
- **Uniform Label Layout:** Require high-contrast or color-coded background blocks to clearly separate critical safety text from standard labels. Remove unnecessary information, not limited to: MD and patient phone numbers and addresses, advertising, non-functioning numbers (bar codes ok), DEA numbers.

Thank you very much for considering this request.

> *"Public protection is greatly improved when life-improving directions and warnings are actually visible and readable by the patients who need them most or by those trying to assist and help these patients."*