



**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING COMMITTEE MEETING
MINUTES**

DATE: January 16, 2018

LOCATION: Department of Consumer Affairs
First Floor Hearing Room
1625 N. Market Blvd.
Sacramento, CA 95834

COMMITTEE MEMBERS PRESENT: Stanley Weisser, Licensee Member, Chairperson
Ricardo Sanchez, Public Member
Debbie Veale, Licensee Member
Albert Wong, Licensee Member

COMMITTEE MEMBERS NOT PRESENT: Lavanza Butler, Licensee Member, Vice-Chairperson
Ryan Brooks, Public Member

STAFF MEMBERS PRESENT: Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Laura Freedman, DCA Counsel

1. Call to Order and Establishment of Quorum

Chairperson Weisser called the meeting to order at 10:00 am. Committee members present: Deborah Veale, Ricardo Sanchez, Albert Wong and Stanley Weisser.

2. Public Comment for Items Not on the Agenda, Matters for Future Meetings

There were no comments from the committee or the public.

3. Discussion and Consideration of Proposed Creation of an Advanced Hospital Pharmacy Technician (AHT) Licensing Program including Licensure Requirements, Authorized Duties and Changes to Inpatient Pharmacy Operations

Chairperson Weisser reported that at several meetings, the committee has discussed the creation of an advance pharmacy technician. Most recently, the board voted to create

separate license types for community pharmacy and hospital pharmacy. During the meeting, the board also voted to pursue statutory changes to establish the requirements for the advanced community pharmacy technician.

Chairperson Weisser explained that during this meeting, committee members will have the opportunity to review and discuss a proposal to create the advanced hospital pharmacy technician licensing program.

Chairperson Weisser stated that the draft requirements for licensure are similar those established for the community pharmacy, including the following elements:

- Holds an active pharmacy technician license issued pursuant to this chapter that is in good standing
- Possesses a certification issued by a pharmacy technician certifying program as defined in Section 4202(a)(4).
- Has obtained a minimum of an associate's degree in pharmacy technology, obtained a bachelor's degree, or higher or completed a board approved training program.
- Has obtained 3,000 hours of experience performing the duties of a licensed pharmacy technician in a pharmacy.
- Has passed an advanced pharmacy technician examination.

Chairperson Weisser added that in lieu of the requirements above, an individual that has graduated from a school of pharmacy recognized by the board would also be eligible for an AHT license.

Chairperson Weisser explained that as drafted, an AHT would be required to complete 20 hours of continuing education each renewal cycle.

Chairperson Weisser stated that in addition to the licensure requirements, the proposal establishes authorized duties an AHT could perform under the general direction of a pharmacist in a health care setting including:

- Packaging emergency supplies.
- Sealing emergency containers.
- Preparing and sealing drug kits.
- Performing unit inspections of drug supplies, as specified.

Chairperson Weisser reported that as a condition of using AHT personnel in a hospital, the proposal establishes obligations for the hospital, including:

- Policies and procedures that detail the duties that will be performed under the general direction of a pharmacist.
- PIC responsibility in the ongoing evaluation of the accuracy of the duties performed by the AHT.
- An electronic record that identifies AHT personnel responsible for performing the authorized duties.

Chairperson Weisser reminded the committee that the purpose of creating the advanced technician license is to give the pharmacist more time to provide direct patient care.

Committee member Deborah Veale asked if the exam discussed in the proposed language would be specific to the hospital setting. The board's Assistant Executive Officer Anne Sodergren, responded that the intent is to have two separate exams specific to the practice setting.

Ms. Veale asked if a AHT could work in a long-term care setting or retail setting once they are licensed as an AHT. Ms. Sodergren responded that as drafted the language would not allow an AHT to work in a long-term care or retail setting.

Ms. Veale noted that many of the duties an AHT would be performing in a hospital also could apply to a technician in a long-term care facility. Chairperson Weisser stated that it may be appropriate to expand the AHT license to apply to a long-term care setting as well. Ms. Sodergren responded that staff can compare the duties of a technician in a long-term care facility and a hospital to provide a recommendation to the committee.

Mr. Weisser asked if currently technicians in a closed-door pharmacy can do tech-check-tech. Ms. Sodergren responded that they are allowed to do tech-check-tech.

Committee member Ricardo Sanchez stated that once the advanced technician licenses are implemented the committee needs to monitor disciplinary cases that include advanced technicians to ensure that consumers are protected.

Committee member Albert Wong asked if there are any statistics on errors that occur with tech-check-tech. Ms. Veale responded that the committee had previously seen statistics that showed less errors occur with tech-check-tech than when a pharmacist is checking the medications.

Art Whitney, a long-term care pharmacist, suggested changing the license name to Advanced Institutional Technician because the long-term care setting is almost identical to a hospital.

Ms. Veale asked if all medication is given by a nurse in a long-term care facility. Mr. Whitney responded that all medication is given by either an RN or LVN.

Mr. Whitney suggested that an AHT should be allowed to re-stock the medication dispensing machines in long-term care facilities.

Mr. Whitney explained that a new federal law requires a pharmacist to sign-off on a patient's care plan within 48 hours of being admitted to the facility. He noted that a patient care plan is approximately 30 pages and having an AHT in a skilled nursing facility would free up the pharmacist to do detailed review of the care plan. Mr. Whitney added that skilled nursing patients today are much more acutely ill than they were in the past and pharmacist need to much more involved with patient care.

A pharmacy technician expressed his support for having advanced technicians in hospitals, but stated that it is confusing to have separate license types based on practice settings.

Chairperson Weisser stated that the practice setting in a hospital vs. a retail pharmacy are so different that it is appropriate to have separate licenses and exams for each.

Ms. Veale spoke in support of having only one exam and one license type for advanced technicians.

Ms. Sodergren reported that at the November board meeting the board voted to create to separate license types for advanced technicians based on the practice setting.

Steve Thompson, president of CSHP, stated that their members would support one license type that would allow the advanced technician to work in any practice setting. He stated that it should be up to the person hiring an advanced technician if they have the appropriate experience to work in a hospital or retail setting.

Ms. Veale noted that a pharmacist license isn't specific to the practice setting that the pharmacist will be working in, it is up to the pharmacist to gain the appropriate training. She stated that it should be up to the person making the hiring decision to determine if the advanced technician has appropriate experience or if they need more training.

Pharmacist Robert Stein recommended not listing the specific duties in the statute and suggested that the duties be outlined in regulation. Chairperson Weisser expressed concern with this approach.

Ms. Veale asked if there a way to word the statute so that the board could add or remove duties via regulation if needed. The board's Executive Officer, Virginia Herold, confirmed that it would be possible to do this. The board's legal counsel, Laura Freedman, stated that this could be accomplished by adding a phrase to the statute such as "or other non-technical tasks that the board may adopt via regulation."

Ms. Herold stated that it is important to highlight that advanced technicians are not being created to simply add another employee in a pharmacy. The new license type is intended to free up the pharmacist to provide direct patient care.

Dr. Stein, suggested that the committee look at the physician assistant license which does not specifically list duties that may be performed by the physician assistant. Rather, the supervising doctor is allowed to use their discretion to delegate duties to the physician assistant.

Tom harper, pharmacy technician at UC Davis Health, spoke in support of one exam and one license type.

Dr. Nasiba Makarem, Professor of pharmacy technology at Cerritos Community College, spoke in support of having two license types. She explained that many of the technician training programs would not prepare a student to work in a hospital setting right after graduation. Dr.

Makarem stated that it will be much easier for an employer to ensure that the technician has the appropriate knowledge to work in a hospital if they are licensed as an AHT.

Ms. Veale again expressed her support of having only one license type and stated that it should be the employer's decision to hire based on the applicant's experience.

Note: Mr. Sanchez left the room at 11:00 a.m.

Ms. Veale made a motion to recommend to the board that only one license type be created for all advanced pharmacy technicians. Mr. Wong seconded her motion.

Daniel Martinez stated that CPhA supports two license categories and added that they are working with Senator Hernandez on SB 716 to create two advanced pharmacy technician license types.

Paige Tally representing the California Council for the Advancement of Pharmacy spoke in support of one license type.

As a quorum of the committee was not present to vote on Ms. Veale's motion, the board recessed for a break so that Mr. Sanchez could return to the meeting and reestablish the quorum.

The committee recessed for a break at 11:25 a.m. and resumed at 11:36 a.m.

When the meeting resumed, Ms. Veale explained that during the break staff informed her that per the board's direction at the November meeting they had already met with staff at the capitol to secure authors for legislation to create two advanced pharmacy technician license types. Ms. Veale stated that because this process has already begun she would like to withdraw her motion to create only one advanced practice technician license. Mr. Wong agreed to withdraw his second.

Chairperson Weisser thanked Ms. Veale for withdrawing her motion and allowing the legislative process to move forward. He then asked if she would like to make another motion.

Motion: Approve the draft language as provided below with the addition of language that would allow the board to modify the technical tasks via regulation and language that clarifies that the pharmacist is to be redirected to provide clinical services.

Note: Ms. Veale noted that the language would also need to be renumbered correctly.

Proposed BPC 4038.6 (Definition)

"Advanced Hospital Pharmacy Technician" means an individual licensed by the board who is authorized to perform technical pharmacy tasks as authorized in Section 4115.7.

Proposed 4115.7 (Specified Duties)

(a) In a hospital pharmacy, licensed advanced hospital pharmacy technician may

perform the nondiscretionary tasks authorized in Section 4115 in addition to the following technical tasks:

(b) A hospital pharmacy as used in subdivision (a) may use the services of an advanced hospital pharmacy technician if all the following conditions are met:

Proposed BCP 4211 (Licensing Requirement)

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

(1) Holds an active pharmacy technician license issued pursuant to this chapter that is in good standing,

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

(3) Has obtained a minimum of an associate's degree in pharmacy technology, obtained a bachelor's degree, or higher or completed a board approved training program.

(4) Has obtained 3,000 hours of experience performing the duties of a licensed pharmacy technician in a hospital pharmacy.

(5) Has passed an advanced pharmacy technician examination.

(b) As an alternative to the requirements in subdivision (a), has graduated from a school of pharmacy recognized by the board.

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

(d) Each person, upon application for licensure, shall pay to the executive officer of the board the fees provided by this chapter. The fees shall be compensation to the board for investigation or examination of the applicant.

Proposed 4115.7 (Specified Duties)

(a) In a hospital pharmacy, licensed advanced hospital pharmacy technician may perform the nondiscretionary tasks authorized in Section 4115 in addition to the following technical tasks under the general direction of a pharmacist:

(1) Package emergency supplies for use in the health care facility.

(2) Seal emergency containers for use in health care facility.

(3) Prepare and seal drug kits for use in the health care facility.

(4) Perform unit inspections of the drug supplies stored throughout the health care facility. Irregularities shall be reported within 24 hours to the pharmacist in charge and the director or chief executive officer of the health facility in accordance with the health care facility's policies and procedures.

Proposed BPC 4234.5 (CE/Renewal Requirement)

An advanced hospital pharmacy technician shall complete 20 hours of continuing education each renewal cycle. A licensee must also maintain certification as specified in Section 4211 (a)(2).

M/S: Veale/Sanchez

Support: 4 Oppose: 0 Abstain: 0

Mr. Wong emphasized that during the legislative process the board needs to focus on

ensuring that the advanced technicians are appropriately educated in order to protect patients.

4. Discussion and Consideration of Regulations Pursuant to Assembly Bill 401 (Chapter 548, Statutes of 2017) Relating to Pharmacy Technicians Working in a Remote Dispensing Site Pharmacy

Chairperson Weisser reported that last year the governor signed AB 401, which among other changes, created a remote dispensing site pharmacy (RDSP) licensing program under the board's jurisdiction. He stated that as part of the regulatory framework established by the legislation, the board is required to develop regulations that shall apply to pharmacy technicians working at an RDSP [BPC 4132(a)].

Chairperson Weisser stated that staff is recommending that the committee develop regulations similar to those developed for the advanced community pharmacy technicians, and include the following requirements:

1. Possess a certification issued by a pharmacy technician certifying program.
2. Possesses a minimum of an AA degree pharmacy technology, bachelor's degree (or higher), or has completed a board approved training program.
3. Complete 3,000 hours of pharmacy technician experience.
4. Pass an examination evaluating necessary competencies and necessary knowledge of pharmacy law to perform the duties authorized.

Chairperson Weisser explained that based on the committee's discussion and action, staff will develop the proposed regulation language for presentation at the February 2018 Board Meeting.

Chairperson Weisser explained that a pharmacist can supervise two technicians at a remote pharmacy in addition to their supervision duties at the physical pharmacy.

The committee discussed the approved duties for the technicians working at the remote dispensing pharmacy.

Ms. Veale asked if the board could just say that the employee working in the remote pharmacy must be licensed as an advanced pharmacy technician. Ms. Sodergren explained that the statute requires the board to create requirements specific to remote pharmacies so if the board wanted to say that an advanced technician license was required it would be done via a statutory change. Ms. Herold added that when this legislation was drafted the advanced technician didn't exist.

Ms. Veale recommended that the technician working in the remote dispensing pharmacy be required to pass the PTCB and maintain the certification. The committee agreed with the recommendation.

Chairperson Weisser spoke in support of requiring 3,000 hours of experience. Ms. Veale stated that 3,000 experience hours is too restrictive.

After discussion, the committee determined that 1,000 hours of experience would provide the appropriate level of experience without creating a barrier to entry. Ms. Herold recommended that the experience be completed in the last three years to that the knowledge is current. The committee agreed with the recommendation.

Both Dr. Wong and Mr. Sanchez spoke in support of requiring an AA degree in pharmacy technology for technicians working in a remote pharmacy. Ms. Veale expressed her concern that requiring an AA degree would create an unnecessary barrier and may prevent the medically underserved communities from benefiting from a remote dispensing pharmacy.

Missy Johnson spoke on behalf of Cardinal Health who worked with the author's office on this legislation. Ms. Johnson explained that at the time this bill was drafted an advanced pharmacy technician license did not exist. She stated that Cardinal Health would be willing to work with the author to draft a follow-up bill that would allow licensure as an advanced technician to fulfill the requirements for working in a remote pharmacy.

Ms. Johnson spoke in support of requiring 1,000 hours of experience and maintaining PTCB certification.

A member of the public expressed his concern that the pharmacist is allowed to supervise two technicians in a remote pharmacy when they are only allowed to supervise one technician in a physical pharmacy. Chairperson Weisser responded that this is what the enacted bill allows.

Lorianne DeMartini stated that the California Society of Health System Pharmacists would be opposed to lowering the education and experience hours for technicians in remote dispensing pharmacies as there is a potential for public harm.

Ms. Veale noted that the technician could have a bachelor's degree in an area totally unrelated to pharmacy and asked if the bachelor's degree should be in a science related area. After discussion, the committee determined that passing the PTCB and the experience hours would ensure that someone with a bachelor's degree had

Ms. Freedman recommended requiring that the pharmacy technician license not be on probation. The committee agreed with the recommendation.

The committee decided that a separate board exam for technicians working in remote dispensing pharmacies was not necessary as they are required to maintain PTCB certification, have experience hours and have either an AA degree (or bachelor's degree) or complete a training program.

Motion: Direct staff to develop draft regulation language for technicians working in a remote dispensing pharmacy, and include the following requirements:

1. Have a pharmacy technician license that is in good standing.
2. Possess and maintain a certification issued by a pharmacy technician certifying program.

3. Possesses a minimum of an AA degree pharmacy technology, bachelor's degree (or higher), or has completed a board approved training program.
4. Complete 1,000 hours of pharmacy technician experience within the last three years.

M/S: Sanchez/Wong

Support: 4 Oppose: 0 Abstain: 0

5. Discussion and Consideration of the Title 16, California Code of Regulations, Section 1706.2, Related to Abandonment of Application Files

Chairperson Weisser explained that CCR Section 1706.2 establishes the provisions under which the board may determine an application is abandoned. Without this regulatory section, applicants would not understand the criteria used by board staff to deem an application abandoned, which results in an application being withdrawn.

Chairperson Weisser reported that as the board's regulatory jurisdiction continues to grow, this regulation requires frequent amendments to incorporate each newly created licensing program. In its current form, the regulation specifically mentions each license type (i.e. pharmacist, pharmacy technician, wholesaler, pharmacy, etc.). He explained that board staff is recommending simplifying the language to consolidate licenses issued to a premise as well as the licenses issued to individuals. Chairperson Weisser noted that abandonment criteria for the pharmacist licensure exam application and the intern pharmacist application will still be listed individually in the regulation language.

Chairperson Weisser stated that this approach will ensure that all applicants have appropriate notice about the requirements for abandoning an application, while reducing the administrative workload associated with frequent amendments to the regulation.

The committee supported the staff recommendation to simplifying the language to consolidate licenses issued to a premise as well as the licenses issued to individuals.

There were no comments from the public.

Motion: Approve the language as provided below to amend CCR Section 1706.2.

§ 1706.2. Abandonment of Application

(a) An applicant for a premises license ~~to conduct a pharmacy, non-resident pharmacy, sterile injectable compounding pharmacy, wholesaler, out-of-state distributor, clinic, veterinary food-animal drug retailer, or to furnish hypodermic needles and syringes~~ who fails to complete all application requirements within 60 days after being notified by the board of deficiencies in his, her or its file, may be deemed to have abandoned the application and may be required to file a new application and meet all of the requirements in effect at the time of reapplication.

~~(b) An applicant for a pharmacy technician license or a designated representative license who fails to complete all application requirements within 60 days after being notified by the board of deficiencies in his or her file, may be deemed to have abandoned the application and may~~

~~be required to file a new application and meet all of the requirements which are in effect at the time of reapplication.~~

~~(be)~~ An applicant who fails to pay the fee for licensure as a pharmacist required by subdivision (f) of section 1749 of this Division within 12 months after being notified by the board of his or her eligibility be deemed to have abandoned the application and must file a new application and be in compliance with the requirements in effect at the time of reapplication.

~~(cd)~~ An applicant to take the pharmacist licensure examinations who fails to take the examinations within 12 months of being deemed eligible, shall be deemed to have abandoned the application and must file a new application in compliance with all of the requirements in effect at the time of reapplication.

~~(de)~~ An applicant for an intern pharmacist license who fails to complete all application requirements within one year after being notified by the board of deficiencies in his or her file, may be deemed to have abandoned the application and may be required to file a new application and meet all of the requirements which are in effect at the time of reapplication.

(e) An applicant for an individual license not included in subdivision (b), (c), or (d), who fails to complete all application requirements within 60 days after being notified by the board of deficiencies in his or her file, may be deemed to have abandoned the application and may be required to file a new application and meet all of the requirements which are in effect at the time of reapplication.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4022.5, 4029, 4030, 4034, 4034.5, 4037,4041, 4042, 4043, 4044.3, 4045, 4053, 4110, 4112, 4115, 4120, 4127.1, 4127.5, 4141, 4160, 4161, 4180, 4190, 4200, 4201, 4202, 4202.5, 4203, 4203.5, 4204, 4205, ~~and~~ 4208, and 4210, Business and Professions Code.

Support: 4 Oppose: 0 Abstain: 0

6. Discussion and Consideration of Patient Consultation Requirements for Mail Order Pharmacies or Nonresident Pharmacies

Chairperson Weisser reported that at the July 2017 board meeting, the board discussed patient consultation provided by nonresident pharmacies. He explained that the board asked the committee to discuss consultation requirements for nonresident pharmacies. Chairperson Weisser added that the committee may also wish to discuss consultation requirements for California-located pharmacies that ship medication to the patient via mail or delivery.

Chairperson Weisser stated that board periodically receives complaints from patients involving medication received via mail delivery. The common complaints are failure to be able to speak with a pharmacist and delays in therapy.

Chairperson Weisser explained that staff has provided possible options to resolve these problems which could include strengthening current requirements or developing new requirements. Staff recommendations for the committee to consider include:

- For patient consultation, perhaps for first-time fills, an appointment is scheduled by the patient with a pharmacist.

- Notification about the availability of translation services via phone and how to access the services.
- Ability to reach a pharmacist when specifically requested by a patient, bypassing consumer services representatives who typically handle these calls.
- Notification to California patients that complaints involving the pharmacy, excluding the costs of the medication, can be provided to the California Board of Pharmacy.

Ms. Veale asked how many complaints have been received. Ms. Herold responded that in the last three years there have been approximately 60 complaints related to mail order pharmacies.

Ms. Veale stated that mail order pharmacies have been improving their service levels in recent years. Ms. Herold noted that the number of complaints has decreased each year.

Ms. Herold reported that she has had experience with mail order pharmacies and she has always had difficulty on reaching a pharmacist, even when she explained that was calling on behalf of the Board of Pharmacy.

The committee decided that a patient should not have to make an appointment to talk with a pharmacist, they should be able to reach a pharmacist by phone when they call.

Ms. Veale asked how someone who needs translation services would be notified of the availability. Dr. Wong and Chairperson Weisser recommended requiring that the patient be provided translation information with their medication.

The committee agreed with the staff recommendation requiring notification to California patients that complaints involving the pharmacy (excluding the costs of the medication) can be provided to the California Board of Pharmacy.

Dennis McAllister representing Express Scripts stated that they provide excellent service to their patients and added that Express Script's practices meet the spirit and intent of California law. Mr. McAllister provided an overview of the services they offer, including the use phone apps, full DURs conducted on each prescription, three levels of review on each prescription, and availability of translations (including braille labels).

Mr. McAllister reported that the majority of calls received by Express Scripts are simple questions regarding delivery and payment and are handled by customer service representatives. However anytime a patient asks, or if a patient mentions anything clinical, the call must be transferred to a pharmacist. He stated that on average once the call is transferred to a pharmacist it takes under two minutes for the call to be answered.

Mr. McAllister stated Express Scripts receives positive customer reviews on consultations because patients can speak to a pharmacist for as long as needed to get their question answered and the call is private.

Chairperson Weisser stated that while Express Scripts may be appropriately following California law, there are other companies who are not. He asked Mr. McAllister how the board could regulate these pharmacies to ensure patients are receiving quality care. Mr.

McAllister recommended that the committee hold a stakeholder meeting to learn about current mail order practices and find solutions to problems with patient care.

A representative from Optum Rx stated that they provide services similar to those provided by Express Scripts.

Mark Johnson reported that CVS Health uses pharmacy technicians to triage patient calls, but when a patient needs to speak to a pharmacist it takes an average of 30 seconds from the time of transfer for the pharmacist to answer.

Dr. Wong recommended that the board require notification of translation services and notification that complaints about patient care can be submitted to the Board of Pharmacy.

Daniel Martinez stated that CPhA would support the board drafting regulations to ensure that patients receive the same level of patient care with mail order pharmacies as they would at physical pharmacy.

Ms. Veale recommended amending 1707.2 (b)(1) as provided below to ensure that the consultation requirements outlined in the section apply to all prescriptions -- not just when the patient is physically present. The committee agreed with the recommendation.

1707.2(b)(1) In addition to the obligation to consult set forth in subsection (a), a pharmacist shall provide oral consultation to his or her patient or the patient's agent ~~in any care setting in which the patient or agent is present:~~

Ms. Herold reviewed Business and Professions Code 4112(f) which outlines when a pharmacist must to be available to speak with patients (see below).

4112(f) Any pharmacy subject to this section shall, during its regular hours of operation, but not less than six days per week, and for a minimum of 40 hours per week, provide a toll-free telephone service to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. This toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state."

Ms. Veale recommended that the board modify CCR 1707.2 (b)(2)(B) to create similar requirements as those in 4112(f). The committee agreed with this recommendation.

Ms. Sodergren asked if the committee would like to require that phone calls be monitored so that the board can verify that consultation takes place. Ms. Veale responded that at this time it shouldn't be a requirement, but the committee may need to consider it in the future if they find that companies are not providing appropriate consultations.

Motion: Direct board staff to:

1. Modify 16 CCR Section 1707.2 as provided below with changes to subdivisions (b)(1) and 1707.2(b)(2)(B):

1707.2(b)(1) In addition to the obligation to consult set forth in subsection (a), a pharmacist shall provide oral consultation to his or her patient or the patient's agent ~~in any care setting in which the patient or agent is present:~~

1707.2 (b)(2)(B) a telephone number shall be provided to the patient from which the patient may obtain oral consultation from a pharmacist who has ready access to the patient's record. The pharmacists shall be available to speak to the patient no less than six days per week, and for a minimum of 40 hours per week and the call shall be answered by a pharmacist within two minutes.;

2. Draft proposed language requiring patient notification of the availability of translation services and patient notification of how to file a complaint with the board of pharmacy.

7. Update on Implementation of Board-Provided Law and Ethics Continuing Education Courses

Chairperson Weisser explained that effective July 1, 2019, all pharmacists renewing their licenses must have obtained at least two hours of continuing education on pharmacy law and ethics provided by the board.

Ms. Herold reported that staff has begun work on a webinar that pharmacists can complete to comply with the new requirement. The webinar will highlight new pharmacy law taking effect 1/1/18. She added that it is anticipated that the webinar will be finalized at the end of March 2018.

There were no comments from the committee or from the public.

8. Future Committee Meeting Dates

Chairperson Weisser provided the following committee meeting dates for 2018.

- April 19, 2018
- June 26, 2018
- September 26, 2018

Chairperson Weisser adjourned the meeting at 1:25 p.m.