

BOARD OF PHARMACY

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Protection of the public shall be the highest priority for the California State Board of Pharmacy in exercising its licensing, regulatory and disciplinary functions. Whenever the protection of the public is inconsistent with other interest sought to be promoted, the protection of the public shall be paramount.

— Business and Professions Code § 4001.1

Pursuant to Business and Professions Code section 4000 *et seq.*, the Board of Pharmacy grants licenses and permits to pharmacists, pharmacy interns, pharmacy technicians, pharmacies, pharmacy corporations, nonresident pharmacies, wholesale drug facilities, veterinary food-animal drug retailers, out-of-state distributors, clinics, hypodermic needle and syringe distributors, and [an extensive array of associated individuals and entities](#). The Board regulates all sales of dangerous drugs, controlled substances, and poisons, and is authorized to adopt regulations, which are codified in Division 17, Title 16 of the California Code of Regulations (CCR).

The Board of Pharmacy is a consumer protection agency located within the Department of Consumer Affairs (DCA). It consists of 13 members, six of whom are public members. The Governor appoints four public members and the Senate Committee on Rules and the Speaker of the Assembly each appoint one. The remaining members are pharmacists, appointed by the Governor, five of whom must be active practitioners. Additionally, Business and Professions Code section 4001(c) requires that the membership of the Board include at least one pharmacist representative from each of the following

practice settings: an acute care hospital, an independent community pharmacy, a chain community pharmacy, and a long-term health care or skilled nursing facility. Furthermore, the Board must include a pharmacist who is a member of a labor union that represents pharmacists. All Board members are appointed to four-year terms.

There were no appointments during this reporting period, and the Board currently has no vacancies.

MAJOR PROJECTS

Inventory Reconciliation Report of Controlled Substances

On January 25, 2018, the OAL [approved](#) the Board's proposed adoption of new section 1715.65, Title 16 of the CCR, which requires all pharmacies and clinics licensed by the board to maintain quarterly inventory reconciliation reports of federal Schedule II controlled substances in order to prevent the loss of such substances. [[23:1 CRLR 76-77](#)]. At its March 27, 2018 meeting, the Board directed staff to update its Frequently Asked Questions (FAQ) relating to inventory reconciliation reports consistent with the newly effective regulations. The regulation became effective on April 1, 2018.

Emergency Regulations Regarding Compounded Drug Preparations

On December 1, 2017, the Board [proposed](#) emergency action to amend its regulations related to the establishment of beyond use dates (BUDs) for compounded drug preparations. Specifically, the Board proposes to [amend](#) section 1735.2, Title 16 of the CCR, to allow for an extension of the BUDs of non-sterile compounded drug preparations, and to clarify that suitability and integrity tests and stability studies are only required to

extend the beyond use date of sterile compounded drug preparations. According to the Board's [finding of emergency](#), the Board significantly amended its compounding regulations, after three years of discussion and stakeholder input, on January 1, 2017. Following implementation of the amended regulations, however, the Board heard concerns from various stakeholders that some of the new requirements were having a significant unintended impact on patients' ability to receive their medications.

After holding two public committee meetings on this topic, and considering the comments made therein, the Board, at its July 2017 [meeting](#), found that there is a significant adverse impact to patients related to the current requirements for establishing BUDs for non-sterile compounded drug preparations. The Board further found that each day the existing regulations are in place, there is a significant risk that patients will be deprived access to needed medications. Because of the immediate need for relief from the Board's existing regulations that restrict patients' access to drugs, the Board found it necessary, and approved language, to adopt these changes on an emergency basis. OAL [approved](#) the proposed emergency rulemaking on December 19, 2017. The emergency regulation will expire on June 19, 2018.

OAL Approves Board's Regulations to Update Disciplinary Guidelines

On January 17, 2018, the Board [approved](#) the Board's resubmitted rulemaking proposal to amend its [Manual of Disciplinary Guidelines and Model Disciplinary Orders](#), which is incorporated by reference in section 1760, Title 16 of the CCR. OAL [rejected](#) the Board's original January 23, 2017 proposal, finding that the regulations failed to comply with the consistency, clarity, and necessity standards of Government Code section 11349.1

and that the Board failed to follow procedural requirements of the California Administrative Procedure Act (APA). The Board revised the guidelines to address OAL's concerns, and approved the final text, after a 15-day public comment period, on March 30, 2017. The regulations became effective on April 1, 2018.

Board Submits Reports to the Legislature on Regulation of Compounding Pharmacies

On January 1, 2018, the Board submitted two reports to the legislature pertaining to its licensure and regulation of sterile compounding pharmacies. The reports are mandated pursuant to [SB 294 \(Emmerson\) \(Chapter 565, Statutes of 2013\)](#), which adds section 4127.2 to the Business and Professions Code to impose new licensure and regulation requirements in California for both in-state and nonresident pharmacies performing sterile compounding and doing business in California. The legislature imposed the new licensing scheme in response to a national public health emergency originating in a Massachusetts pharmacy in 2012 that resulted in serious health consequences to patients across the United States. Specifically, statute required an increase in the frequency and quality of the Board's inspections of these pharmacies, including annual inspections of all sterile compounding pharmacies in California, and out-of-state pharmacies that ship sterile preparations into California.

Pursuant to section 4127.2(g), the Board submitted a [Report to the Legislature on Inspections of Nonresident Sterile Compounding Pharmacies](#), detailing its activities and efforts to inspect sterile compounded preparations where out-of-state facilities prepared the medication.

Relatedly, [SB 1193 \(Hill\) \(Chapter 484, Statutes of 2016\)](#) adds section 4129.3 of the Business and Professions Code, which establishes the Board's licensure and regulation duties over facilities outside of California, licensed with the FDA as outsourcing facilities that perform sterile and other compounding services in or into California. The Board's first outsourcing facility licenses were issued in June 2017. Pursuant to section 4129.3(a), the Board issued its [Report to the Legislature on Inspections of Nonresident Outsourcing Facilities](#), detailing the Board's efforts to inspect and regulate these facilities.

While Board staff provided the draft reports to the legislature in compliance with the January 1, 2018 deadline, the Board voted to approve the reports at its January 11, 2018 [meeting](#). The Board-approved reports were submitted on January 18, 2018.

Board Votes to Create Webinar Course for Naloxone Certification

At the Board's February meeting, the Communication and Public Education Committee chair, Board member Deborah Veale, recommended to the Board that it approve a [webinar](#) course to satisfy the education requirements for pharmacists to furnish naloxone, a drug which reverses opioid overdose. This is a follow up to [SB 493 \(Hernandez\) \(Chapter 469, Statutes of 2013\)](#), which authorizes the Board to address the problem of restricted public access to naloxone. In 2016, the Board adopted a [regulation](#) establishing a protocol for pharmacists to furnish naloxone to individuals (usually family and friends of drug users) without a prescription. Executive Officer, Virginia Herold, reported that the Board had certified 700 pharmacists to provide naloxone by attending an in-person training provided by the Board and DEA. The goal of this webinar is to expand the training and certification process for additional pharmacists, particularly those in rural

areas. The Board unanimously voted to proceed with the webinar at the committee's recommendation.

LEGISLATION

Combatting the Opioid Crisis

In February of 2018, a bipartisan coalition of California State Assembly members [announced](#) a package of legislation aimed at combating the opioid crisis; which was declared a national emergency by the President in October 2017. The bills represent a diversity of approaches to curbing overprescription, encouraging treatment, and preventing diversion of dangerous drugs. Those bills impacting the Board of Pharmacy include:

[AB 2783 \(O'Donnell\)](#), as amended April 11, 2018, would amend sections 11055 and 11056 of the Business and Professions Code to reclassify hydrocodone combination products (HCPs) on California's controlled Substances Schedules from Schedule III to Schedule II controlled substances. According to the author, this change would conform California's schedule to the Federal schedule, which reclassified HCPs as Schedule II drugs in 2014. In a statement supporting the bill, the Board stated, "The reclassification of these drugs in California will aid practitioners in being compliant with the conditions for prescribing and refilling Schedule II medications, which are the most highly regulated tier of prescription medication." [A. *PubSafe*]

[AB 2859 \(Caballero\)](#), as amended April 12, 2018, entitled the Protecting our Children and Adolescents from Opioids Act of 2018, would add and repeal section 4106.5 of the Business and Professions Code to require community pharmacies that dispense Schedule II, III, or IV controlled substances to display safe storage products for sale within the pharmacy department. The bill would define "safe storage products" to include a box,

bag, or medicine cabinet with a locking device, or a medicine locking closure container accessible only by the designated patient with a secure mechanism such as a prescription container combined with a resettable alphanumeric code. The bill would also require the Board to assess a fine for a violation of this requirement and would allow the Board to choose not to take administrative action against the pharmacy if it determines that compliance would create financial hardship on the pharmacy. According to the author, patient safety advocates have championed the use of safe storage products designed to access dangerous medications kept within the home, citing a report that found the number of emergency room visits for accidental poisonings among toddlers has tripled since 1997.

The Assembly Appropriations Committee analysis noted that the bill would establish a precedent by requiring retail pharmacies to display and sell at least one type of commercial product that meets its specifications, and a sunset date of January 1, 2023 was added to the bill “to allow for an assessment of whether this requirement results in safety improvements that justify this type of state intervention into retail practices.” [A. *Appr*]

[AB 1752 \(Low\)](#), as amended April 5, 2018, is a Board-sponsored bill that would amend sections 11165 and 11165.1 of the Health and Safety Code to add Schedule V drugs to the Controlled Substance Utilization Review and Evaluation System (CURES) database. The bill would also change the required timeframe in which pharmacists are required to report dispensed prescriptions from seven days to the following business day. According to the author, this would allow CURES to track frequently stolen or abused drugs, like cough syrups containing opioids, addressing a serious deficiency in the database. In a statement supporting its sponsorship of the bill, the Board stated that it “strongly advocates for the enactment of these provisions (sic) for the benefits they will bring to the monitoring

and dispensing of controlled substances to California patients Schedule V drugs are highly abused medications, especially when coupled with other controlled drugs.” [A. *PubSafe*]

[AB 1753 \(Low\)](#), as introduced January 3, 2018, would amend sections 11161.5, 11162.1, and 11165 of the Health and Safety Code to impose tighter security measures involving the use of prescription pads to prescribe controlled substances. Specifically, the bill would limit the number of security printers approved by the California Department of Justice (DOJ) to manufacture regulated prescription pads to three, require that all prescriptions be uniquely serialized, and require that the DOJ link prescription pad serial numbers to corresponding records in CURES database, beginning January 1, 2020. The bill would include a legislative finding that the use of paper prescription pads to prescribe controlled substances leads to significant instances of theft and fraud each year; that electronic prescribing is the most effective way to combat prescription pad theft and fraud; and that tighter restrictions on prescription pads is needed for prescriptions not made electronically. [A. *PubSafe*]

[AB 2789 \(Wood\)](#), as amended April 3, 2018, as is it pertains to the Board of Pharmacy, would add section 688 to the Business and Professions Code to, on or after January 1, 2020, require a pharmacy or pharmacist to have the capability to receive an e-prescription. According to the author, an increase in the number and complexity of prescriptions, the risk of errors, fraudulent prescriptions, and the diversion of prescribed controlled substances to street use may be combatted by requiring e-prescribing. This bill would mandate e-prescribing for prescribers and drug dispensers, by requiring prescribers to have the capability to issue prescriptions electronically and dispensers to have the ability

to receive such prescriptions, and would require a prescription to be issued as an electronic data transmission, as of January 1, 2021. [A. *Appr*]

[AB 2256 \(Santiago\)](#), as introduced February 13, 2018, would add section 4119.9 to the Business and Professions Code to authorize a pharmacy or wholesaler to furnish naloxone hydrochloride or other “opioid antagonists” (collectively, “naloxone”) to law enforcement agencies under the following specified conditions: 1) the naloxone is furnished exclusively for use by employees of the law enforcement agency who have completed training; and 2) records regarding the acquisition of the naloxone are maintained by the law enforcement agency for a period of three years. According to the Centers for Disease Control and Prevention, as many as 50,000 Americans died of an opioid overdose in 2016, representing a 28 percent increase over the previous year. [A. *PubSafe*]

[AB 1751 \(Low\)](#), as introduced January 3, 2018, would amend section 11165 of the Health and Safety Code to provide a framework for CURES to connect with other states that comply with California’s patient privacy and data security standards. Specifically, the bill would authorize the California DOJ to enter into an agreement with an entity operating an interstate data share hub to share prescription information with other states’ prescription drug monitoring programs (PDMP), and would require that any agreement DOJ enters into for interstate data sharing must ensure that access to data within CURES meets the same patient privacy and data security standards required for direct access of CURES in California. According to the author, the growing opioid crisis was the impetus for the bill, and “[u]pgrading CURES to allow the DOJ to enter into interstate data sharing agreements will provide invaluable cross-jurisdictional informational information to health professionals seeking to make informed decisions on behalf of their patients, particularly

those practicing in communities neighboring other states.” At its February 2018 meeting, the Board voted to support the bill. In addition, the Board’s Executive Officer, Virginia Herold, submitted a letter in support, noting that the bill would provide “more complete information for California’s health care providers when prescribing or dispensing controlled substances.” She also noted that sharing information between states would capture prescriptions dispensed through mail order pharmacies, “which sometimes are located outside California” and represent “24 percent of the \$650 billion in manufacturers’ sales of prescription drugs in 2016.” [A. *PubSafe*]

Several Senate Bills additionally address the opioid crisis, including the following which impact the Board:

[SB 1109 \(Bates\)](#), as amended April 4, 2018, as it relates to the Board, would add section 4079 to the Business and Professions Code to require the Board to adopt an emergency regulation that requires a warning label on all Schedule II controlled substance vials or prescription bottles that addresses the risks of addiction and overdose when using opioids. Senator Bates introduced this bill, sponsored by the San Diego District Attorney’s office, in light of the U.S. opioid epidemic and the President’s declaration of the opioid crisis a national public health emergency in October 2017, in efforts to curb the risk of opioid addiction in California. [S. *BP&ED*]

[SB 1240 \(Stone\)](#), as amended April 9, 2018, would amend section 4040 of, and add section 4122.5 to, the Business and Professions Code, and amend section 11165 of the Health and Safety Code, to expand the drugs required to be reported and monitored in the CURES. Specifically, the bill would require all dangerous drugs and Schedule V controlled substances to be reported, as well as a description of the diagnosis, condition, or purpose

for which the prescription was issued and the directions for use to the list of information pharmacies are required to report to CURES for each prescription. [*S. BP&ED*]

[SB 1447 \(Hernandez\)](#), as introduced on February 16, 2018, is a Board-sponsored bill that would amend sections 4008 and 4400 of, add section 4017.3 to, Article 25 (commencing with section 4427) to, and repeal section 4105.5 of, the Business and Professions Code to revise requirements for the operation and licensing of automated drug delivery systems (ADDS). An ADDS is a machine that dispenses prescription drugs outside of a pharmacy, and they enable healthcare settings to have access to limited pharmacy services without bearing the cost and responsibility of having a full pharmacy. This bill is the result of an 18-month [study](#) commissioned by the Board at Sharp Memorial Hospital in San Diego, in which the study placed an ADDS in the hospital for the employees' use. The study concluded that ADDS was a convenient and safe extension of the hospital's pharmacy; that patients were satisfied with pharmacist access; and there were no complaints from patients or pharmacists. This bill would create an ADDS licensing program, provide definitions for types of ADDSs, consolidate provisions in various code sections to improve clarity and accountability, and expand the settings in which an ADDS device may be utilized. This bill would add to section 4008 to allow pharmacy inspectors to enter locations of an ADDS to inspect the system. This bill would also amend section 4400 to set the fee for the license and auto-renewal of the license for an ADDS at \$200, with authorization to increase it to \$250. The Board held a lengthy discussion about this program, and voted to sponsor the legislation at its November 2017 [meeting](#). [*S. BP&ED*]

[AB 2037 \(Bonta\)](#), as introduced February 6, 2018, would add section 4119.11 to the Business and Professions Code to authorize a pharmacy to provide services through an

ADDS to patients participating in federal drug discount programs and would establish minimum safety and security standards that must be met by pharmacies that utilize this program. Specifically, the bill would require pharmacies who use this program to obtain a license from the Board to operate the ADDS; impose various rules regarding safety, inventory control and security, tracking, dispensing, and record-keeping; and require the ADDS used at the clinic to provide for patient consultation with a pharmacist via a telecommunications link that has two-way audio and video. The bill is sponsored by a imgRx, a Texas company that sells ADDS products. [A. *Appr*]

[SB 1264 \(Stone\)](#), as amended April 12, 2018, would amend section 14132.968 of the Welfare and Institutions Code to require Medi-Cal to provide coverage for hypertension medication management services provided by a pharmacist or an Advanced Practice Pharmacists, pursuant to specified provisions of their scope of practice. According to the author, “[e]ngaging pharmacists in the management of hypertension is crucial to achieving goals for [] patients [who have been unable to control their hypertension]. Pharmacists are highly effective at managing medications for hypertension and ensuring patients reach blood pressure goals.” [S. *BP&ED*]

[AB 2576 \(Aguiar-Curry\)](#), as introduced February 15, 2018, as it applies to the Board, would add section 4062.5 to the Business and Professions Codes, section 8628.5 to the Government Code, and section 14132.723 to the Welfare and Institutions Code regarding community clinic licensure during emergencies. This bill would require the Board of Pharmacy to issue a temporary pharmacy or clinic permit to a requesting pharmacy or clinic during a proclaimed state of emergency. The bill would authorize the Governor to direct all state agencies to take actions designed to allow community clinics

and health centers to provide services and receive reimbursement during or immediately following the emergency. The bill further specifies that patients need not be physically present on the premises of a community clinic in order for the Medi-Cal program to provide reimbursement. [A. *B&P*]

[AB 2863 \(Nazarian\)](#), as amended April 11, 2018, would add section 1367.47 to the Health and Safety Code, and section 10123.65 to the Insurance Code, relating to health care coverage for prescription medications. Specifically, this bill would prohibit a health plan, health insurer, or pharmacy benefit manager (PBM) from requiring patients to pay the applicable co-pay amount of prescription medication if that amount is greater than the retail price of the medication. According to the author, the copayment of an insured patient suggests that the patient and insurer are sharing the total cost of the drug, in which the patient pays the copayment, and the insurer pays the remaining cost. However, investigations show that on some prescription claims, the total cost of the drug is less than the patient’s copayment, and the insurer or PBM keeps the difference as a “clawback.” The author further stated that pharmacists have expressed frustration that they are bound by “gag clauses” in their contracts with PBMs not to disclose to patients when they could save money by not using their insurance in such transactions. [A. *Health*]

[SB 1442 \(Wiener\)](#), as amended April 2, 2018, would add section 4113.5 to the Business and Professions Code to prohibit a pharmacy from requiring a pharmacist employee to engage in the practice of pharmacy unless the pharmacist is assisted at all times by either another employee of the pharmacy or, if the pharmacy is located within another establishment, an employee of the establishment within which the pharmacy is located. Any knowing violation of this provision would be a crime, and would prevent the

pharmacy from operating. The bill would also make a series of legislative findings, including that pharmacists are often left alone for indeterminate periods of time in the pharmacy and are, simultaneously, required to perform non-pharmacist functions such as staffing cash registers and assisting consumers. The findings would further state that such staffing inadequacies interfere with the professional responsibilities of licensed pharmacists and pose a risk to the public health. [*S. Appr*]

[SB 1254 \(Stone\)](#), as amended April 2, 2018, would add section 4118.5 to the Business and Professions Code, to require a pharmacist at a hospital pharmacy to obtain an accurate medication profile or list for each high-risk patient upon admission and discharge of the patient, and would authorize an intern pharmacist or a pharmacy technician to perform this task if certain conditions are satisfied. According to the author, currently, medication lists are obtained by a variety of individuals with varying knowledge about medications, and there is no current requirement specifying what a hospital pharmacy must obtain when high-risk patients are admitted and discharged regarding their medication profile. The author cites the current lack of defined responsibility to ensure medication lists are accurately obtained at hospital admission and discharge places patients at significant risk for harm and readmissions. [*S. BP&ED*]

[AB 2138 \(Chiu, Low\)](#), as amended April 2, 2018, would amend various sections of the Business and Professions Code relating to professional licensure applicants with criminal records. Of note, the bill would limit the circumstances under which DCA boards may deny professional licensure to individuals who have previously been convicted of crimes; require DCA boards to develop criteria for determining whether a crime is directly and adversely related to the qualifications, functions, or duties of the business or profession

a board regulates; develop procedures when requesting or taking disciplinary action based on an applicant's criminal history; and require boards to annually report specified de-identified information relating to Board action pertaining to applicants with criminal convictions, including the number of licensees who were affected, whether they provided evidence of rehabilitation or mitigation; whether they appealed; the final disposition; and the voluntarily provided information on race or gender of any applicant.

The bill is sponsored by a coalition of criminal justice advocacy groups who note that California has among the highest recidivism rates in the nation, and one of the root causes of high recidivism is the inability of prior offenders to secure gainful employment upon reentry. According to the authors, “[a]ll too often, qualified people are denied occupational licenses or have licenses revoked or suspended on the basis of prior arrests or convictions, many of which are old, unrelated to the job, or have been judicially dismissed. Alleviating barriers to occupational licensing is just one way California can reduce recidivism and provide economic opportunity to all its residents.” [A. *B&P*]

[SB 1021 \(Wiener\)](#), as introduced February 7, 2018, would amend and repeal section 1342.71 of the Health and Safety Code, and amend and repeal section 10123.193 of the Insurance Code, relating to prescription drug coverage. This bill would make permanent several consumer protection measures imposed by [AB 339 \(Gordon\) \(Chapter 619, Statutes of 2015\)](#). Prior to that bill, insurance companies would routinely shift drug costs onto consumers by placing high-cost specialty drugs on the upper tiers of their drug formularies, which meant higher cost-sharing for consumers. Californians with serious and chronic conditions like cancer, HIV/AIDS, multiple sclerosis, and lupus were particularly vulnerable to higher out-of-pocket costs. Consumers often reached their out-of-pocket limit

of as much as \$6,000 in the first month of the plan year when filling just one prescription. AB 339 capped co-pays for a 30-day supply of a prescription drug at \$250. This bill would continue the copay cap of \$250 for prescription drugs by mandating that health plan contracts and health insurance policies cover a single-table drug regimen for the prevention of HIV infection and AIDS, and end the January 1, 2020 sunset law that caps cost sharing for a covered outpatient prescription, as well as other formulary requirements. Similarly to the currently proposed [AB 2863 \(Nazarian\)](#), this bill would also codify a regulation that prohibits a beneficiary from being charged more than the retail price for a prescription drug when the applicable copayment or coinsurance is a higher amount. [*A. Health*]

[AB 710 \(Wood\)](#), as amended April 2, 2018, would add section 26002 to the Business and Professions Code, and add section 11150.2 to the Health and Safety Code, to amend the Medicinal and Adult-Use Cannabis Regulation and Safety Act to exclude federally sanctioned cannabidiol (CBD) products from regulation, and authorize healing arts licensees to prescribe such products. The two year bill proposes to make legislative findings and declarations that both children and adults with epilepsy are in need of new treatment options and that CBD has shown potential as an effective treatment option. Pertinent to the Board, it would also declare that, upon a change in federal law permitting the prescription, furnishing or dispensing of a CBD product, a pharmacist acting within her scope of practice who dispenses a CBD product in accordance with federal law shall be deemed to be in compliance with state law. [*A. Rules*]

LITIGATION

On December 8, 2017, the San Diego Superior Court entered a [stipulated final judgment](#) in the matter of *People v. Target Corp.*, Case No. 37-2017-00045228-CU-BT-CTL. The District Attorney Offices of San Diego, Riverside, and Alameda Counties filed the [complaint](#) for injunction and other equitable relief for violation of California's Unfair Competition Law statutes on November 28, 2017, alleging that various Target Corporation pharmacists failed to provide oral consultation to patients as required by section 1707.2, Title 16 of the CCR. Under the terms of the stipulated judgment, Target pharmacists are enjoined to comply with the consultation regulation, and Target Corp. was assessed \$90,000 in civil penalties (\$30,000 to each of the three District Attorney's offices), as well as \$5,000 to the Board of Pharmacy, \$2,500 to the Consumer Protection Prosecution Trust Fund, and \$11,250 to each of the three District Attorney's offices for reimbursement of the costs of investigation.

This is the fourth such settlement pursued under the state's unfair business practices statutes, involving Target pharmacies.

RECENT MEETINGS

At its November 8-9, 2017 meeting, the Board voted to extend their UCSD ADDS study to July 2019. The [study](#) at the University of California, San Diego, gathers data on patient access to medication from ADDS. An extension of the study would provide additional data and time for the Board to consider a regulation modification involving ADDS to provide medication to patients.

At its February 6-7, 2018 meeting, the Board considered and expressed support for a series of public outreach campaigns regarding drug overdose prevention, including a potential webinar and training on naloxone and corresponding responsibility; a public service billboard message regarding drug abuse; materials to educate consumers and pharmacists about the importance of having a patient medication history on hand when being admitted to a hospital; and drug take-back collection programs.

Also at the February meeting, the Board discussed a recent U.C. Berkeley [study](#), published in the *Journal of the American Medical Association* in December 2017, that reported only 11 percent of California pharmacies are dispensing hormonal contraception to women without a prescription. [SB 493 \(Hernandez\) \(Chapter 469, Statutes of 2013\)](#), authorizes California pharmacies to dispense hormonal contraception without a prescription, and the Board adopted [regulations](#) establishing a protocol for pharmacists to furnish self-administered hormonal contraception without a prescription in April 2016. The study was based on a survey of pharmacies between February and April of 2017. The study identifies several barriers to implementing the contraception portion of SB 493, including pharmacists' concerns about training, liability, staffing, and lack of reimbursement. The Board discussed the report, but at this writing has not taken any action.

The Board discussed the proposed creation of an Advanced Hospital Pharmacy Technician (AHT) Licensing Program. The Licensing Committee [recommended a motion](#) to approve the draft language outlining duties, licensing requirements, and definitions. The Board also discussed pharmacy technicians working at remote dispensing site pharmacies (RDSP). Because pharmacy technicians can receive dangerous drugs and devices, and

controlled substances, the Committee recommended a motion to direct staff to develop regulation language for a pharmacy technician working in a RDSP.

At its March 27, 2018 meeting, the Board discussed its efforts to implement [SB 752 \(Stone\) \(Chapter 598, Statutes of 2017\)](#). That bill requires the Board to issue a license to individuals who qualify for a designated representative—reverse distributor license. [[23:1 CRLR 81](#)]. Board president, Amy Gutierrez, reported that the application for this license was made available on the Board’s website on March 1, 2018. The bill additionally requires applicants to complete a Board-approved training program, and the Board voted, at staff’s recommendation, to approve the program content proposed by SkillsPlus Inc. for a period of five years, upon confirmation by a supervising inspector that the program correctly covers applicable code sections. The Board also voted to require SkillsPlus to submit annual updates regarding the content of the training plan to be reviewed by a supervising inspector.