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 interests sought to be promoted, the protection of the public shall be paramount.*
>
> — Business and Professions Code § 4001.1

The California State Board of Pharmacy is a consumer protection agency within the state Department of Consumer Affairs (DCA). The Board is charged with enforcing the Pharmacy Law, Business and Professions Code section 4000 *et seq*. The Board's regulations are located in Division 17, Title 16 of the California Code of Regulations (CCR).

The Board of Pharmacy grants licenses and permits to pharmacists, advanced practice 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. As of July 2, 2019, there were 139,472 current licenses. The Board regulates all sales of dangerous drugs, controlled substances, and poisons.

The Board consists of thirteen members, six of whom are public members. The Governor appoints four public members. The Senate Committee on Rules and the Speaker of the Assembly each appoint one public member. 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.

At this writing, the Board has one public member vacancy to be appointed by the Speaker of the Assembly. The Board also has two licensee vacancies to be appointed by the Governor.

At this writing, the Board is still actively searching for a new Executive Officer to replace Virginia Herold. Since Ms. Herold's retirement on December 28, 2018, Anne Sodergren has been serving as the acting the Interim Executive Officer.

MAJOR PROJECTS

Board Seeks Legislative Authority for Pharmacists to Provide Non-Opioid Medication-Assisted Treatment

At the Board's May meeting [Agenda item VIII(a)], Deborah Veale, chairperson of the Board's Licensing Committee, presented on addressing the nation's opioid crisis through medication-assisted treatment (MAT), which helps wean patients from opioids. Three main medications are used for this purpose: methadone, buprenorphine and naltrexone. Methadone and buprenorphine are controlled substances that require a waiver to prescribe. Pharmacists currently are not eligible to receive this type of waiver. James J. Gasper, PharmD, BCPP Psychiatric and Substance Use Disorder Pharmacist with

Pharmacy Benefits Division, California Department of Health Care Services (DCHCS), presented to the Board and shared that community pharmacies can become licensed as opioid treatment programs (OTPs), in collaboration with a community physician that is licensed as an OTP, to enable pharmacists to become involved with the monitoring and dosing of methadone. Currently, only two licensed pharmacies in California have been licensed as OTPs.

Naltrexone is a non-opioid medication used in MAT. Chairperson Veale explained that in Kentucky, pharmacists can provide naltrexone without a prescription, pursuant to state protocol that specifies criteria and procedures for initiating the dispensing and administering the medication to patients as part of their recovery.

Chairperson Veale reported that the Licensing Committee discussed a draft statutory proposal to amend section 4052 of the Business and Professions Code to allow pharmacists to provide non-opioid MAT pursuant to a state protocol in California. The Board voted to approve the Licensing Committee's three-pronged approach that includes: (1) seeking a statutory change as provided to amend 4052 to add subdivision (a)(14) and move forward with developing a state protocol (similar to the Kentucky protocol) for administering naltrexone that could be implemented immediately, (2) encouraging pharmacies to become licensed as OTPs for methadone dosing, and (3) directing the licensing committee to develop a sample collaborative practice agreement for pharmacists to provide MAT in collaboration with a practitioner that has obtained a DATA 2000 waiver.

Establishing Parameters and Fees for Inspections of Sterile Compounding Pharmacies as a Result of Remodeling of the Facility

At the Board's May meeting [Agenda item VIII(e)], Deborah Veale, chairperson of the Board's Licensing Committee, reported that the committee discussed requirements for inspecting sterile compounding pharmacies at the time of issuance and renewal, and after a remodel of the pharmacy. Chairperson Veale explained that currently, the Board does not have the authority to require notification of, nor assess a fee for, an inspection as a result of a remodel. When the Board is notified of a remodel, it attempts to conduct the inspection as part of the mandatory renewal inspection. If the remodel concludes outside of the typical time frame for renewal inspection, the Board must perform an inspection immediately, and the Board currently absorbs the cost.

After discussion, the Board voted to approve proposed language [Attachment 5] and seek legislation to amend Business and Professions Code section 4400 and to add Business and Professions Code section 4127.5 to establish notification requirements and authority to assess fees for inspection of remodeled sterile compounding pharmacies in California and assess remodel inspections fees and travel costs for out-of-state sterile compounding pharmacies.

Board Takes Steps to Implement AB 2138 Regarding Board Consideration of Criminal Records When Denying, Suspending, or Revoking a License

At its May meeting [Agenda item IX(g)], the Board discussed AB 2138 (Chiu/Low) (Chapter 995, Statutes of 2018), which places restrictions on the acts and convictions the Board can consider when making a decision on an application for a license. Allen Schaad, chairperson of the Board's Enforcement Committee, presented potential amendments to existing statutes that would restore the Board's discretion to consider the following types of underlying conduct when reviewing applications for licensure: convictions of felony financial crimes, acts that would be grounds for denial of a federal registration to distribute controlled substances, acts that involve fraud in violation of state or federal law related to health care, convictions related to identify theft, and convictions related to the sale of counterfeit products. The Board voted to seek an author to make the statutory amendments to implement AB 2138, including language specific to criminal history.

Chairperson Schaad also explained that AB 2138 requires the Board to develop criteria through the rulemaking process to determine whether a crime is "substantially related" to the duties of the license being sought and rehabilitation criteria. The Board voted to approve staff's proposed amendments [Attachment 6] sections 1769 and 1770, Title 16 of the CCR, and to initiate the formal rulemaking process. The Board delegated to the Executive Officer the authority to make any non-substantive changes and clarifying changes consistent with the Board's policy direction upon recommendations of the control agencies. At this writing, the Board has not yet formally noticed the proposed regulations.

Petition from United Food & Commercial Workers Union (UFCW) for Rulemaking Regarding Pharmacist Assistance

At its May meeting [Agenda item XIV], the Board discussed a petition it received from United Food & Commercial Workers Union (UFCW) recommending that the Board adopt regulations to further clarify the requirements created by SB 1442 (Wiener) (Chapter 569, Statutes of 2018), which added Business and Professions Code section 4113.5 to require community pharmacies to have at least one other employee working at the pharmacy, in addition to the pharmacist, at all times. *[24:1 CRLR 61–62]* Within the petition, UCFW provided a draft of its proposed language to add to the CCR to ensure compliance with the new law. The Board heard testimony from pharmacists, who stated that the requirements set forth in SB 1442 are not being enforced. The Board voted not to grant the petition and instead referred the matter to the Legislation and Regulation Committee to further review and draft language for the Board to review and approve at a future meeting.

At its July meeting [Agenda item X(a)], Gregory Lippe, chairperson of the Board's Legislation and Regulation Committee, stated that the committee reviewed UFCW's draft regulation proposal. Chairperson Lippe noted that the proposed language seeks to provide further clarification of the definition of "make available to assist," background requirements for the designated personnel, and policies and procedures. The Board voted to recommend approval of UCFW's proposed rulemaking to include approval of the proposed addition of section 1714.3, Title 16 of the CCR, and initiate the formal rulemaking process. The Board delegated to the Executive Officer the authority to make

any non-substantive changes and clarifying changes consistent with the Board's policy direction upon recommendations of the control agencies. At this writing, the Board has not yet formally noticed the proposed regulations.

Board Considering Employment of New Legal Counsel

At its May meeting [Agenda item XVII], President Victor Law reported on the Board's continued conversations with DCA pertaining to its ability to hire its own independent legal counsel separate from DCA legal affairs. These discussions have been ongoing for the past year. *[24:1 CRLR 74–75]*; *[24:2 CRLR 58–59]* President Law questioned what steps the Board should take to continue its search because there was no DCA director at the time. DCA Deputy Director for Board and Bureau Services, Chris Castrillo, recommended the Board schedule a meeting with Chris Schultz, acting DCA director, and the Deputy Director of Legal Affairs to resume these discussions. At this writing, the Board has not taken further action.

Removal of Individual Licensees' Addresses of Records from the Board's Website

At the Board's July meeting [Agenda item VI(f)], Allen Schaad, chairperson of the Board's Enforcement Committee, reported that the committee received significant public comment about the potential risk to licensees by having their address of record on the Board's website. The Board also heard public comment in support of removing the individual licensee addresses from its website. Interim Executive Officer Anne Sodergren clarified that under California law, if the Board receives a request for a licensee's address

of record, the Board is required to provide the address of record pursuant to the request. After discussion, the Board voted to remove all individual licensees' addresses from the Board's website.

Pharmaceutical Compounding of Nonsterile Preparations

At the Board's July meeting [Agenda item VII(b)], Maria Serpa, chairperson of the Board's Compounding Committee, reported on the committee's discussions about pursuing regulations to ensure safe processes and patient safety consistent with the Board's consumer protection mandate. The purpose of the regulations would be to provide clarity on the United States Pharmacopeia (USP) 795 Chapter, which provides standards for compounding quality nonsterile preparations. The USP represents the minimum national standard. The Board specifically considered modifications [Attachment 1] to Article 4.5, Title 16 of the CCR regarding pharmaceutical compounding of nonsterile preparations. The Board voted to modify Article 4.5, authorize the Board staff to initiate the formal rulemaking process with regard to the changes proposed, and authorize the executive officer to make changes to the language consistent with the policies indicated by the Board. At this writing, the Board has not yet formally noticed the proposed regulations.

Board Settles Dispute with McKesson Corp., First Responders to Receive $1.5 Million Worth of Anti-Opioid Drug

On August 8, 2019, the Board issued a news release announcing that the Board reached a legal settlement requiring healthcare company McKesson Corp. to provide $1.5 million worth of free naloxone, a medication that reverses opioid overdose, to first

responders and certain nonprofit agencies in California. According to the news release, "Providing naloxone to police officers, firefighters and other first responders to emergency calls will increase availability of the medication in California communities and help prevent opioid overdose deaths."

The Board also publicly reprimanded McKesson Corp. for failing to report suspicious orders of controlled substances to the Drug Enforcement Administration and ordered the company to pay $4,000 in investigative and enforcement costs.

The Board's disciplinary actions arise from McKesson Corp.'s alleged violations of the federal Controlled Substances Act. According to the U.S. Department of Justice, from 2008 to 2013, McKesson Corp. shipped increasing amounts of oxycodone and hydrocodone pills to pharmacies nationwide. These pills have historically been misused in the current opioid epidemic.

The Board approved the stipulated settlement with McKesson Corp. on July 29, 2019. The order took effect on August 28, 2019.

Board Investigates Reports of Cheating on California Practice Standards and Jurisprudence (CPJE) Examination

On September 18, 2019, the Board issued a statement, explaining that it received credible information indicating that the validity and reliability of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) had been compromised through a cheating scandal. As a result, the Board announced that it would not release the CPJE results until further notice, and that it had opened an investigation into the matter and encouraged anyone with further information to contact the Board.

On September 27, 2019, the Board released an update on the CPJE investigation. The Board stated that it would continue to investigate, and that evidence indicated numerous exam questions were disclosed and therefore compromised.

On October 1, 2019, the Board posted a statement issued by American Society of Health-System Pharmacists (ASHP). ASHP stated that in response to the CPJE compromise, the Commission on Credentialing voted to recommend, and the ASHP Board of Directors approved, the ability for California Residency programs to grant temporary waivers to any California pharmacy resident who passed the North American Pharmacist Licensure Examination (NAPLEX); any resident who sought initial licensure in California, passed the NAPLEX, and practices in a Veterans Affairs facility in another state; and any post-graduate year two (PGY2) pharmacy resident not originally licensed in California and seeking licensure in California. The waivers are for the requirement that residents complete two-thirds of their residency as a pharmacist licensed to practice in the program's jurisdiction until the Board resolves the CPJE compromise, CPJE results are released, and pharmacy residents are licensed. ASHP stated that during the waiver period, no California or Veterans Affairs program affected by the CPJE compromise will be sanctioned for not meeting the licensure requirement. The temporary waivers will remain in effect until the CPJE compromise is resolved and the Commission on Credentialing takes additional action to rescind the waivers.

On October 14, 2019, the Board issued another update, indicating that it was continuing to investigate, and that the subversion involved instances of applicants removing and sharing exam questions with other applicants. The Board also stated that all pending CPJE results have been invalidated, and that the Board is working on a solution

which will allow impacted candidates a limited opportunity to retake the CPJE at no cost. At this writing, the matter is still ongoing.

Board of Pharmacy Launches Billboard Campaign to Promote Safe Disposal of Unused Medications

On September 24, 2019, the Board issued a news release regarding its "Use, Don't Abuse" billboard campaign about safe disposal of unused medications. *[24:1 CRLR 101]* Acting Board President Gregory Lippe stated that the goal of the campaign is to "educate consumers about the importance of getting unused and unwanted drugs out of their homes so they don't fall into the wrong hands." Two billboards were installed in the Sacramento area, and one billboard was installed in Fresno. Two more billboards will be installed in Southern California.

RULEMAKING

Amendments to Board's Regulations Regarding Naloxone Fact Sheet

On April 26, 2019, the Board published notice of its intent to amend section 1746.3, Title 16 of the CCR to modify the Board's regulations regarding the naloxone fact sheet that must be provided to consumers upon furnishing naloxone hydrochloride, which is set forth in the proposed text that the Board approved on March 27, 2018. Specifically, the proposed amendments provide the Board's Executive Officer with the authority to approve alternative fact sheets for distribution to patients after being furnished naloxone hydrochloride by a pharmacist, as long as those fact sheets contain the same elements of

the current Board-approved fact sheet. Additionally, the proposed amendments require naloxone hydrochloride fact sheets provided to patients in alternate languages to be the current naloxone fact sheet approved and translated by the Board of Pharmacy.

According to the Initial Statement of Reasons, the proposed regulations regarding the Executive Officer's approval are the Board's efforts "to provide flexibility to pharmacies and pharmacists in their business operations to present the substantive information in the Board-approved fact sheet in a way that is most convenient to their patients and business, but that still protects public safety." The Initial Statement of Reasons further states that the proposed regulations regarding the translated naloxone facts sheets are the Board's attempt to ensure accuracy and consistency of translation. The comment period for the proposed rulemaking ended on June 17, 2019.

At its June 21, 2019 meeting [Agenda item V], the Board adopted the regulation language as noticed, and delegated to the Executive Officer the authority to make technical or non-substantive changes as may be required to complete the rulemaking file. At this writing, the rulemaking file is undergoing review by the Business, Consumer Services and Housing Agency.

Amendments to Board's Fee Schedule

On April 26, 2019, the Board published notice of its intent to amend section 1749, Title 16 of the CCR to update the Board's fee schedule, which is set forth in the proposed text that the Board approved on December 14, 2018. *[24:2 CRLR 64]* Specifically, the proposed amendments increase application, renewal, and other fees to their statutory maximums. The proposal for a fee increase follows a DCA analysis of the Board's fund condition and fee structure in November 2015, which the Board requested. The analysis

found the current level of fees insufficient to keep the Board's fund solvent and that fees needed to be adjusted to reflect the Board's actual cost in providing service and processing each license type.

According to the Initial Statement of Reasons, the proposed regulations are the Board's efforts to eliminate the structural imbalance and begin restoring the board's reserve fund. The Initial Statement of Reasons further states: "Raising fees to the statutory maximum will ensure that those fees cover the expenses associated with protecting the public through licensing, regulating, compliance, and disciplining the licensees of the pharmacy industry." The comment period for the proposed rulemaking ended on June 10, 2019.

At its June 21, 2019 meeting [Agenda item IV], the Board adopted the regulation language as noticed, and delegated to the Executive Officer the authority to make technical or non-substantive changes as may be required to complete the rulemaking file. At this writing, the rulemaking file is undergoing review by the Office of Administrative Law (OAL).

Amendments to Regulations Governing Remote Dispensing Pharmacy Technicians

At its June 21, 2019 meeting [Agenda item VI], the Board discussed and considered its proposal to add section 1793.9, Title 16 of the CCR, to implement AB 401 (Aguiar-Curry) (Chapter 548, Statutes of 2017), which established the Board's authority to issue a remote dispensing site pharmacy (RDSP) license in order to increase access to prescription medication and pharmacist care for Californians living in rural areas. The Board originally approved the proposed text for rulemaking on July 26, 2017.

The Board originally noticed its proposed addition on April 12, 2019, in order to establish the specific minimum requirements for pharmacy technicians working in a RDSP, including a certification issued by an approved certifying program; an associate degree in Pharmacy Technology, any bachelor's degree, or completion of a board approved training program; and a minimum of 1,000 hours of work experience in the three years prior to working at a RDSP. *[24:2 CRLR 58]* The comment period for the proposed rulemaking ended on May 28, 2019.

At the June 21, 2019 meeting [Agenda item VI], the Board deferred action on the regulatory language in light of then pending legislation, AB 690 (Aguiar-Curry) (Chapter 679, Statutes of 2019), which establishes these requirements in statutory form, as discussed below (see LEGISLATION).

Board Notices Proposed Amendments to Duty to Consult Regulations

On August 9, 2019, the Board published notice of its intent to amend section 1707.2, Title 16 of the CCR to clarify and specify the standards of the "Duty to Consult" to all pharmacies, including mail order pharmacies and pharmacies that deliver medications, which is set forth in the proposed text that the Board approved on May 2, 2018. *[24:1 CRLR 78]*

According to the Initial Statement of Reasons, the proposed regulations are the Board's efforts to provide a direct means for patients whose prescriptions are dispensed through the mail to access a pharmacist to receive vital prescription drug information. The Initial Statement of Reasons further states that "a patient should have ready access to a pharmacist for purposes of consultation even when drugs are shipped to the consumer."

The comment period for the proposed rulemaking ended on September 30, 2019. At this writing, the Board has taken no further action.

Abandonment of Applications

On September 6, 2019, the Board published notice of its intent to amend section 1706.2, Title 16 of the CCR to consolidate all board license types into two broad categories, which are set forth in the proposed text that the Board approved on February 6, 2018. Specifically, the proposed amendments consolidate the license types into two categories: (1) a premises license and (2) an individual license, with an exception for pharmacist examination and licensure and pharmacy intern applicants, as these licensing programs have specialized requirements.

According to the Initial Statement of Reasons, the proposed regulations are the Board's efforts "to provide clarity to the regulated public with respect to the criteria used by the [B]oard to deem an application abandoned." The Initial Statement of Reasons further states that the proposed regulations are the Board's attempt to increase its efficiency as the Board would no longer need to update its regulations to specify each new premises or individual license type. The comment period for the proposed rulemaking ended on October 14, 2019. At this writing, the Board staff is preparing final rulemaking documents.

LEGISLATION

AB 690 (Aguiar-Curry), as amended July 1, 2019, amends sections 4062 and 4132 of the Business and Professions Code to establish qualifications for a pharmacy technician working at a remote dispensing site pharmacy. The bill also allows for a pharmacy license to be transferred in a declared state of emergency. According to the author, "AB 690 will

make telepharmacy a reality in areas of the state that currently do not have pharmacy access. This will provide opportunities for improved patient education, increased medication adherence, and better overall health outcomes in these communities."

Governor Newsom signed AB 690 on October 9, 2019 (Chapter 679, Statutes of 2019).

AB 973 (Irwin), as amended May 13, 2019, adds section 4126.8 to the Business and Professions Code, to require that the compounding of drug preparations by a pharmacy for furnishing, distribution, or use shall be consistent with standards established in the most recent pharmacy compounding chapters of the United States Pharmacopeia—National Formulary, including relevant testing and quality assurance. According to the author, the bill "will provide clarity for the standard of pharmacy compounding that the California Board of Pharmacy can utilize to oversee the practice of drug compounding."

Governor Newsom signed AB 973 on August 30, 2019 (Chapter 184, Statutes of 2019).

AB 1723 (Wood), as amended March 18, 2019, amends section 4180 to the Business and Professions Code, to update the pharmacy law relating to the purchase of drugs at wholesale to reflect that clinics operated by a primary care community or free clinic may be open up to forty hours per week. According to the author, this bill will conform the Pharmacy Law to the state law referenced in the Business and Professions Code.

Governor Newsom signed AB 1723 on September 20, 2019 (Chapter 323, Statutes of 2019).

AB 1803 (Committee on Health), as introduced on February 28, 2019, amends, repeals, and adds section 4079, and repeals section 4079.5, of the Business and Professions Code to extend the deadline for pharmacies to comply with specified 2018 legislation. AB 315 (Wood) (Chapter 905, Statutes of 2018) and AB 2863 (Nazarian) (Chapter 770, Statutes of 2018) added section 4079 to require a pharmacy, in the event that the copay of a particular patient's prescription is more than the point of sale price, to submit the claim for the lesser amount to the health plan or insurer to apply to the deductible and/or out of pocket max. This bill extends the deadline for compliance from January 1, 2019 to January 1, 2020. According to the author, "this bill will delay implementation of the requirement for pharmacies to submit claims, when patients pay a lower point of sale cost, to the patient's health plan or insurance company." Further stating, "[t]he one-year delay will give pharmacies more time to develop mechanisms to comply with the law."

Governor Newsom signed AB 1803 on July 12, 2019 (Chapter 114, Statutes of 2019). Designated as an urgency bill, it became effective the same day.

SB 159 (Wiener), as amended September 5, 2019, as it applies to the Board of Pharmacy, amends section 4052 and adds sections 4052.02 and 4052.03 to the Business and Professions Code, to authorize pharmacists to furnish combination antiretroviral drug treatments that are medically necessary for the prevention of AIDS/HIV, including preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP), in accordance with protocols established by this bill. The bill also allows a pharmacist to furnish at least a thirty-day, and up to a sixty-day, supply of PrEP; deletes the requirement for a pharmacist to order a kidney function test; and prohibits a health care service plan from covering PrEP

furnished by a pharmacist in excess of a 60-day supply to a single patient once every two years, unless the pharmacist has been directed otherwise by a prescriber.

According to the author, "[a]llowing pharmacists to furnish PrEP and PEP without a prescription will expand access, help increase the number of individuals who use these HIV preventatives, and will help California achieve its goal to end new HIV infections." According to the Assembly Appropriations Committee, this bill will result in costs to the Board of Pharmacy of $65,000 in fiscal year 2020–21 and $60,000 in 2021–22 and ongoing for staffing costs and information technology costs. Under the bill, the Board, by July 1, 2020, must adopt emergency regulations to implement sections 4052.02 and 4052.03 in accordance with the Centers for Disease Control and Prevention guidelines and consult with the Medical Board of California in developing pursuant regulations. At its May meeting [Agenda item XV], the Board voted to support the bill.

Governor Newsom signed SB 159 on October 7, 2019 (Chapter 532, Statutes of 2019).

SB 569 (Stone), as amended July 2, 2019, is a Board-sponsored bill that adds section 11159.3 to the Health and Safety Code, to establish prescription content requirements for a pharmacist to furnish a controlled substance without a standard prescription form during a declared state of emergency. Specifically, if the Board issues a notice that the Board is waiving portions of the law during a declared local, state, or federal emergency, a pharmacist may fill a prescription for a controlled substance for use by a patient who cannot access medications as a result of the emergency, regardless of whether the prescription form meets state law, if specified conditions apply. Additionally, a pharmacist must meet certain requirements in order to furnish a controlled substance during

an emergency, including limiting the prescription to no greater than the amount needed for a seven-day supply, requiring the patient to demonstrate an inability to access medications, and prohibiting refills.

In its letter to the Senate Business, Professions, and Economic Development Committee, the Board stated:

> As part of its consumer protection role, the board undertook review of recent declared disasters that have negatively impacted Californians to determine if gaps in legal provisions exist.... One of the challenges noted [from pharmacists involved in relief efforts] was a barrier to access to controlled substances caused by the security forms required for such medications. As the board lacks the authority to waive a provision of the Health and Safety Code during a declared disaster and being mindful of the opioid epidemic, the board's proposal strikes a balance between removing the barrier to access to medications during the initial phases of a disaster and preventing the possible exploitation of such an exemption.

Governor Newsom signed SB 569 on October 9, 2019 (Chapter 705, Statutes of 2019).

SB 655 (Roth), as amended April 11, 2019, is a Board-sponsored bill that amends sections 4115.5, 4163, and 4200 of; amends, repeals, and adds section 4400 of; and adds section 4211 to the Business and Professions Code to increase the number of hours required for a pharmacy technician training program, modify procurement rules for a reverse distributor (an entity that collects and processes unwanted or unused drugs), update renewal requirements for an advanced practice pharmacist, require licensing fees for government entities, and make additional technical changes. According to the author, the bill will "bring conformity to pharmacy law, ensure minimum competency, remove barriers to licensure, and seek alignment with stipulated requirements."

Governor Newsom signed SB 655 on August 30, 2019 (Chapter 213, Statutes of 2019).

Legislative Bills That Died

The following bills died in committee or otherwise failed to be enacted in 2019: AB 387 (Gabriel), which would have required physicians and surgeons to indicate the purpose for a drug or device on its prescription, unless the patient chose to opt out; AB 544 (Brough), relating to maximum renewal fees for inactive licenses; SB 476 (Stone), relating to disciplinary action for pharmacists-in-charge; SB 491 (Stone), relating to pharmacy compounding services; SB 617 (Glazer), relating to pharmacy technician supervision; and SB 650 (Rubio), relating to cancer medication recycling.

RECENT MEETINGS

At its May meeting [Agenda item VII], the Board reelected President Victor Law, Vice President Gregory N. Lippe, and Treasurer Allen Schaad as officers. At its July meeting [Agenda item I], however, the Board announced the resignation of President Victor Law. Vice President Gregory Lippe advised that he act as the Acting President until the Board conducts new elections. New elections were supposed to take place at the Board's September meeting [Agenda item IV], but there was not a quorum, and the Board was therefore unable to vote. At this writing, Mr. Lippe is still serving as the Acting President.

At the Board's May meeting [Agenda item XVI], President Law reported that at its March meeting [Agenda item II], the Board interviewed four candidates for the position of Executive Officer. He stated that during closed session, the Board selected a candidate and submitted a letter to DCA, seeking approval of the candidate. President Law noted that until DCA approves the Board's request, the matter will remain confidential. At the

Board's July meeting [Agenda item I], acting President Gregory Lippe reported the Board made a request to DCA for an update on the Executive Officer position. He stated that once an update becomes available, the Board will release an announcement.

At its May meeting [Agenda item XI(l)], President Law explained that pursuant to Business and Professions Code section 139, the Board is required to periodically complete an occupational analysis which serves as the basis for the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). President Law reported that the Competency Committee initiated development of a job analysis questionnaire to complete the occupational analysis with the Board's contracted psychometric firm. The job analysis questionnaire will consist of duties a licensed pharmacist is authorized to perform in California. As part of the questionnaire, participants will assess the importance of each duty as well as the frequency the duty is performed. President Law stated that pharmacists who complete the job analysis questionnaire have historically been awarded three hours of CE credit through an action of the board. The Board voted to again approve three hours of CE credit to pharmacists who complete the job analysis questionnaire.