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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

# COMMUNICATION AND PUBLIC EDUCATION COMMITTEE MEETING MINUTES

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| Date: | May 25, 2016 |
| Location: | Department of Consumer Affairs<br>1st Floor Hearing Room<br>1625 N. Market Blvd.<br>Sacramento, CA 95834 |
| Committee Members Present: | Debbie Veale, RPH, Chair<br>Ramón Castellblanch, PhD, Vice Chair, Public Member<br>Ricardo Sanchez, Public Member |
| Committee Members Not Present: | Ryan Brooks, Public Member<br>Lavanza (Cheryl) Butler, RPH |
| Staff Present: | Virginia Herold, Executive Officer<br>Laura Freedman, DCA Staff Counsel<br>Debbie Damoth, Staff Services Manager |

## 1. Call to Order and Establishment of Quorum

The meeting was called to order at 9:43 a.m. Roll call was taken and a quorum was established.

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

Chairperson Veale reminded the committee and public that the committee may not discuss or take action on any matter raised during the public comment section where the matter is not included on this agenda, except to decide whether or not to place the matter on the agenda of a future meeting. (Government Code Sections 11125 & 11125.7(a))

Note: After agenda item #3, Chairperson Veale asked for public comment for future meetings. There were no public comments.

## 3. Update and Discussion on the Development of a Revised Patient Consultation Survey Questionnaire

Chairperson Veale noted that at the July 2015 Board Meeting, the board reviewed the

results of a short questionnaire made available to licensees regarding patient consultation. She noted that at the October 2015 Board Meeting, President Gutierrez asked the committee to develop a broader survey.

In advance of this committee meeting, board staff contacted the following entities to determine if they were interested in working with the board to develop a broader survey for pharmacists. The UC Davis Graduate School of Management, Kaiser Family Foundation, and Sierra Health Foundation each declined to work with the board on such a survey. No responses were received from Philanthropy Dignity Health; California State University, Sacramento; and UC Santa Barbara.

Subsequently, board staff contacted the Office of Professional Examination Services (OPES), housed within Department of Consumer Affairs' (DCA) Division of Programs and Policy Review. OPES primarily provides professional psychometric expertise in examination development and validation services to DCA's regulatory entities through Intra-Agency Contract agreements.

Chairperson Veale indicated the committee's concern with the previous study completed in 2015 and discussed at the July 2015 board meeting was that it was not scientific or defensible should the study be used to develop policy or law. Ms. Veale continued OPES has experience developing and distributing surveys, including analyzing survey data. These projects include working with subject matter experts to develop the survey content; creating sampling plans; drafting survey communications such as introductory letters and follow up reminders; using Survey Monkey to distribute surveys; monitoring distribution; analyzing data and responses; and, writing reports documenting the survey process and results.

Chairperson Veale stated for the patient consultation survey project, OPES will meet with Board staff no later than June 30 to identify scope of work, expectations, project tasks, potential costs, and to create a timeframe for conducting this project.

Chairperson Veale introduced Division of Program & Policy Review Chief Tracy Montez, Ph.D., of Department of Consumer Affairs, who attended to address any questions the committee had.

Dr. Castellblanch stated the committee's interest is designing a survey to determine how a pharmacist is able to provide patient consultation and identify barriers to patient consultation. Dr. Montez acknowledged her understanding of the committee's intent, and also referenced her understanding that the board is concerned with privacy of the participants.

Ms. Veale informed Dr. Montez the survey needs to account for multiple practice site types (hospital, retail, etc.) as well as solicit input from licensees on how to increase patient consultation in the various settings. Dr. Montez confirmed the committee will be the subject matter experts for the survey. Ms. Veale asked if a survey could be ready by September 2016 when the committee meets next. Executive Officer Virginia Herold

indicated and Dr. Montez concurred that September 2016 is a good target date. The committee discussed options for keeping the survey anonymous versus offering an incentive for completion, such as continuing education (CE) credits. The committee also discussed the potential length of the survey.

Dr. Castellblanch expressed his interest in determining a fundamental problem: the reason(s) patient consultations aren't being done. He indicated it would be interesting to know if new board policies (e.g. corresponding responsibility, furnishing naloxone, etc.) might have any impact on patient consultations. Dr. Castellblanch indicated he was also interested in understanding how the survey would be disseminated.

Chairperson Veale asked for public comment.

Steve Gray, PharmD, J.D., stated that Kaiser and the Pharmacy Foundation of California are extremely interested in such a survey. He added that if patient consultation is the number one focus after the board's strategic planning session, Dr. Gray recommended keeping the survey to only patient consultation. Dr. Gray made several suggestions: define the term "consultation" to prevent confusion; that respondents be anonymous; that the survey separate hospital consultation from retail setting consultation; that the board work with unions that represent pharmacists to reach a greater number of pharmacists; and that the survey ask open-ended, short questions. Dr. Gray added that continuing education should not be awarded to respondents for participating in the survey.

Mr. Sanchez inquired if there were other states who have conducted patient consultation surveys. Ms. Herold indicated she was not aware of any surveys conducted by other states on this topic. Dr. Montez noted that OPES could include this type of research as part of the scope of the project. Ms. Herold indicated California is the leader in patient consultation.

Dr. Gray indicated that in his experience, the best surveys were validated with anonymous focus sessions.

**4. <u>Discussion on Current Patient Consultation Practices and Actions the Board Can Take to Educate Consumers and Licensees on Appropriate Patient Consultations</u>**

Chairperson Veale stated that at previous committee meetings, the importance of educating consumers and licensees on appropriate patient consultations has been discussed. Ms. Veale stated there may be benefit in waiting for the results of the upcoming patient consultation survey and board strategic planning sessions before moving forward.

Dr. Castellblanch inquired if board inspectors are looking at patient consultation as part of their inspections. Ms. Herold explained inspectors do look at patient consultation when the inspector observes these actions in a pharmacy – but many times there are no patients in the pharmacy when the inspectors are on site.

Dr. Castellblanch inquired about education provided about patient consultation. Ms. Herold stated that when the board receives a complaint regarding the lack of patient consultation,

and through the resolution of that complaint, the licensee receives education on appropriate consultation. Chairperson Veale referenced the board's newsletter *The Script* as a source of information as well.

Mr. Sanchez said that as a consumer, he has not had a problem receiving patient consultation at pharmacies he has visited.

Chairperson Veale asked for public comment.

Dr. Gray from Kaiser recommended segmenting public education and practitioner education. Dr. Gray stated with regard to the information provided to the patient during consultation, there should be a balance of information on the 'purpose' of the drug and any 'warnings' for the drug. Dr. Gray said that Kaiser uses retirees as secret shoppers to ensure consultation is occurring.

Ms. Herold suggested developing a video demonstrating what a good consultation looks like – and a bad consultation – as a tool for consumers and pharmacists. Chairperson Veale suggested a university competition to develop such a video.

Mr. Sanchez inquired as to how many consumer complaints a year the board received. Ms. Herold explained the board receives annually approximately 2,400 complaints and 400 reports known as Section 800 reports where there was a settlement of over $3,000. Chairperson Veale explained the number of complaints is not a good indicator because if a complaint has been received by the board, the pharmacist did not resolve the issue for the consumer.

Dr. Castellblanch inquired about the availability of the Notice to Consumers (NTC) in other languages. Board staff indicated the NTC is available for download from the board's website in six languages in legal size paper, in addition to English. Dr. Castellblanch asked that, at minimum, a Spanish version be available in the full poster size.

**5. <u>Update on the Redesign of the Board's Website</u>**

Chairperson Veale reported that in mid-May board staff began to migrate the existing site to the new format, and that the board anticipates it will be complete and operational in early June 2016. At the July 2016 board meeting, Webmaster Victor Perez will provide a presentation and overview on the updated website.

Chairperson Veale thanked Dr. Castellblanch for his assistance on this project and Dr. Castellblanch reciprocated. Dr. Castellblanch commended Webmaster Victor Perez on his work in completing this task.

**6. <u>Update and Discussion on Prescription Label Translations of Directions for Use</u>**

**a. Update on the Communication Plan**

Chairperson Veale reported to the committee Assembly Bill (AB) 1073 was approved by the Governor on October 11, 2015, and that the provisions went into effect on January 1, 2016. The bill requires a pharmacist to use professional judgment to provide a patient with directions for use of a prescription, consistent with the prescriber's instructions.

Ms. Veale noted the bill also requires a prescriber to provide translated directions for use, if requested, and authorizes the dispenser to use the translations made available on the board's website to comply with the requirement. Dispensers are not *required* to provide translated directions for use beyond what the board has made available. However, the bill does *authorize* a dispenser to provide his or her own translated directions for use to comply with the requirement. Veterinarians are exempt from the requirement to provide translated directions for use.

Ms. Veale explained at the January 2016 Communication and Public Education Committee Meeting, the committee directed board staff to develop a communication plan and provide an update to the committee. The committee directed board staff to release a public service announcement about the change in law immediately.

Board staff released the public service announcement on February 10, 2016. The release was translated into Chinese, Korean, Vietnamese, Russian and Spanish. Overall, the release was sent to over 800 media outlets, as follows:

- 499 media outlets received the English and translated press releases;
- 272 media outlets received the Spanish translated press release;
- 33 media outlets received the Chinese translated press release;
- 17 media outlets received the Vietnamese translated press release;
- 12 media outlets received the Korean translated press release; and
- 3 media outlets received the Russian translated press release.

Chairperson Veale reported as part of the Communication Plan – Phase I, the information from the public service announcement was added to the board's website on the homepage. Additionally, board staff contacted the Department of Consumer Affairs' (DCA) Public Affairs Office for assistance in disseminating the message through DCA's website, Facebook and Twitter accounts. The board's Spring 2016 edition of the *The Script* also included an article on this topic.

Chairperson Veale noted that a copy of the board's web page, translated press releases, DCA's webpage search function showing "label translations," DCA's Facebook post and Tweet, and the board's newsletter article are provided in the meeting materials.

Ms. Veale reported as part of the Communication Plan – Phase II, board staff recommends the dissemination of information regarding the availability of written translations as part of a specific ***Did You Know?*** Campaign, to be implemented as follows:

- Flyer/Fact Sheet Development – Develop in concert with the DCA Office of Publications, Design and Editing. Identify fact sheet and tag line materials translated into the five languages and post these on the board's website.
- Follow Up Press Release – Reiterate the message through a follow-up Press Release with Flyer/Fact Sheet directed to audiences of the five languages identified in the law.

Dr. Castellblanch expressed his appreciation for releasing press releases in multiple languages. He further inquired if there has been any consideration of checking with the Endowment to see if they are interested in working with the board and developing PSAs and/or videos. Ms. Herold indicated this had not considered.

Kimberly Chen of California Pan-Ethnic Health Network (CPEHN) indicated CPEHN is very interested in partnering with the board's communication staff, as well as Assembly Member Ting's office, to execute Phase II. Board staff Debbie Damoth will work with Ms. Chen and CPEHN on this effort.

Committee member Ricardo Sanchez stepped out of the meeting and returned at 10:51 am.

**b. Proposed Draft Regulation Language for Consideration**

Chairperson Veale reported the committee also discussed at the January 2016 committee meeting developing draft language for regulations requiring pharmacies to post information for consumers regarding the availability of written translations. Board staff drafted language for committee consideration to require the Point to Your Language notice include a translated direction for the consumer to ask about translations available. A copy of the proposed draft regulations for committee consideration was provided at the meeting materials. The committee discussed various options of updating the Point to Your Language notice as required by 16 CCR 1707.6(c).

**Motion:** Direct board staff to provide draft language for 16 CCR 1707.6(c) as discussed in the committee to reflect the addition of prescription labels being available in Spanish, Chinese, Korean, Vietnamese and Russian and provide prescription labels may be available for other languages referenced in 16 CCR 1707.6(c)

M/S: Sanchez/Castellblanch

Chairperson Veale called for comment from the board and public.

Kimberly Chen from CPEHN noted that since Cantonese and Mandarin are dialects of Chinese both will have the same written language.

Support: 3 Oppose: 0

**7. Update on Development of FAQs Received From ask.inspector@dca.ca.gov**

Chairperson Veale reported that licensees are able to call and ask general questions of pharmacy inspectors. Inspectors answer calls on Tuesdays and Thursdays from 8:00 am to 4:30 pm. In addition, licensees may submit an email request to a pharmacist inspector at ask.inspector@dca.ca.gov. Emails are responded to during business days. To ensure that all licensees receive the benefits of service, the board is developing an FAQ to be posted on the board's web site concerning the most frequent questions and issues.

Ms. Veale explained while the questions and answers are not intended as, nor should they be construed to be legal advice, the information is intended to provide guidance to the reader on relevant legal sections that should be considered when using professional judgment to determine an appropriate course of action. Should a licensee require legal advice or detailed research, the licensee is encouraged to contact an attorney or other source.

Board staff is in the process of collecting FAQs to add to the board's website as a reference for licensees. The board will continue to develop and increase the number of FAQs, as needed. An update on the draft FAQs was provided at the meeting.

Ms. Herold explained that many of the questions were difficult to create a response, as a written response has implications in what is said and what is not said too. Dr. Castellblanch mentioned he was impressed with the collection of FAQs.

There was no public comment.

**8. Discussion and Consideration of Naloxone Related Matters**

**a. Sample Naloxone Labels**

Chairperson Veale informed the committee pursuant to title 16 CCR section 1743.6 (c)(5), the board is required to provide on the board's website sample naloxone labels. Ms. Veale referred to the sample labels provided in the meeting materials. Ms. Herold indicated the labels were in pairs as they are part of a kit.

**b. Communication to the California Healing Art Boards Regarding Naloxone**

Ms. Veale stated that at previous committee meetings, committee members have expressed an interest in reaching to out to California healing arts boards regarding naloxone access, regulation and protocol. Doing this would proactively inform physicians, nurses, physician assistants, and others about naloxone access, the existing protocol and the pharmacist's role in dispensing naloxone.

Ms. Herold stated she shared this information with the Medical Board of California, and has

talked to the Dental Board and their association. Ms. Herold also spoke on May 20, 2016, about the naloxone protocol at an opioid abuse event sponsored by the Sacramento County Medical Association.

Ms. Herold indicated the board's public information officer position is still vacant. Once the position is filled, writing articles for *The Script* for items such as naloxone will be part of the individual's duties. She added that board articles can be shared with other healing arts boards for their respective newsletters. Ms. Herold indicated the board needs to take the lead on this because the board knows that naloxone is not being distributed.

Dr. Castellblanch inquired as to why the fact sheet only addressed the injection type of naloxone. Ms. Herold explained that the San Francisco Department of Public Health is currently updating the fact sheet to include other forms of naloxone administration. Dr. Castellblanch inquired about the cost of the various forms of naloxone. Ms. Herold explained the nasal spray was about $40 but the auto-injector is about $800 for two administrations. Ms. Veale stated she was under the impression the nasal spray was about $50-$75. Dr. Castellblanch stated the prices are barriers to access.

Mr. Sanchez left the meeting at 11:17 am.

Ms. Veale stated it is important that the prescribers write the prescription so insurance can be billed. Ms. Veale indicated that if the patient is able to identify themselves and they have insurance, it is very likely that the price will be covered. She noted the issue of cost occurs when a prescription is for a "recipient" (not a patient) – so insurance can't be billed and the person is paying out of pocket.

Steve Gray of Kaiser stated they tried to determine through the associations which payors will pay when the prescriber on record is a pharmacist. He found that most claims are paid because an NPI number is referenced and it is not a controlled substance. They were also able to determine that Medi-Cal will cover naloxone; however, the nasal spray or nasal injection is not indicated for people who have destroyed their nasal passages from cocaine use.

Dr. Gray added that pharmacies are not providing naloxone because the protocol takes 20-60 minutes to initiate and complete the protocol with a patient.

Dr. Gray stated most insurance won't cover the cost unless the actual patient name is referenced. He said there is a misunderstanding that the label must have the name of the patient when, in fact, it does not need to have the name and can be anonymous – such as "recipient." Ms. Herold indicated the sample naloxone labels will be changed to reflect "recipient." Dr. Gray added there is confusion on what name goes on the label, what name goes on the insurance claim, etc.

Dr. Gray requested clarification if pharmacists are able to furnish the new product form

before the protocol is updated, specifically, the fact sheet. Ms. Herold indicated the protocol requires training by the pharmacist in all forms of naloxone and pharmacists may furnish all forms without waiting for the updated fact sheet.

The committee and Kaiser representatives discussed at length the challenges with a prescription for an unknown person.

Ms. Herold indicated the inability for insurance to be billed for naloxone for "recipient use" is a barrier to pharmacists providing naloxone. Ms. Herold asked if CPhA has been contacted. Dr. Gray indicated that would be a conversation worth having to resolve the issue. Ms. Lori Hensik with Kaiser indicated that the family member/friend will usually be the one administering the naloxone and should be the one receiving the consultation, and the insurance coverage issue poses a challenge.

Ms. Hensik also inquired about the storage of records for "anonymous" prescriptions, as well as the documentation of prescription in a medication record for "recipient." Ms. Herold indicated she will consult with the board's counsel to determine if a prescription designated for "anonymous" is sufficient for a medication record.

Dr. Gray inquired when the board inquires with board counsel about insurance billing, he requested that the board's counsel also cross check federal labeling requirements for non-controlled substances. Dr. Gray believed there is an FDA rule and labeling requirement for non-controlled substance. Ms. Veale asked DCA Laura Freedman to research this for the committee.

Mr. Sanchez returned to the meeting at 11:40 am.

**c. Need for Naloxone FAQs**

Chairperson Veale discussed the need and content for a naloxone FAQ and stated the board has some initial content to consider for FAQs. Ms. Veale expressed reservation in having the board write questions related to insurance coverage. She suggested indicating the pharmacist should check with insurance prior to billing. Dr. Castellblanch requested the board address the insurance and billing questions in the FAQs. Ms. Veale would like to have draft FAQs for the board to consider at the July 2016 board meeting.

Dr. Gray confirmed that FAQs in general are difficult because there may be a problem by what is *not* said. For example, Dr. Gray referenced questions #1 and #2 on the draft FAQs distributed at the committee meeting as a handout. He said that if the computer system documents the identity of the pharmacists, you don't need to document this information in writing – and this isn't addressed in the FAQs. He also noted that in the FAQs under section 1793.7 technician trainees are not referenced.

**d. Naloxone Fact Sheet for Patients**

Chairperson Veale reported pursuant to 16 CCR 1743.6 (c)(5), the board is required to approve a fact sheet for distribution to the patient by the pharmacist. The board approved the fact sheet entitled "Opioid Safety and How to Use Naloxone: A Guide for Patients and Caregivers" developed by the San Francisco Department of Public Health. A copy of the board-approved fact sheet was included in the meeting materials.

Ms. Veale noted that as Ms. Herold referenced earlier, the fact sheet is in the process of being updated by the San Francisco Department of Public Health in collaboration with California Department of Public Health. Board staff Debbie Damoth confirmed the estimated completion of the revised fact sheet is approximately July or August 2016 and will be brought to the committee when available. Ms. Veale requested if the revised fact sheet is available, it be included in the July 2016 board packet.

**9. <u>Update and Discussion on SB 493 Implementation</u>**

**a. Immunization Protocol**

Chairperson Veale reported in July 2015, the board initiated a formal rulemaking to add section 1746.4 to Title 16 CCR to specify the requirements for a pharmacist to administer vaccinations. On January 19, 2016, following the completion of a 45-day comment period and two 15-day comment periods, the board adopted the final regulation text. The final rulemaking file was submitted to the Department of Consumer Affairs on January 29, 2016, for final review. A copy of the board approved regulation (pending OAL approval) language was provided in the meeting materials.

**i. Sample Administration Records for Immunizations**

Ms. Veale reported pursuant to the board adopted final text, the board is required to maintain on the board's website an example of an appropriate vaccine administration record once the regulation is approved and effective.

Board staff identified three sample immunization formats, included in the meeting materials including: The California Immunization Record (yellow card) - California Department of Public Health; The California School Immunization Record - California Department of Public Health; and Immunization and Development Milestones for Your Child from Birth Through 6 Years Old - Centers for Disease Control and Prevention.

With the assistance of a Supervising Inspector, staff reviewed the sample immunization record formats and recommends using the California Department of Public Health's yellow card. The yellow card is a widely recognized immunization record used in California and has space to write in immunizations given beyond

school age (e.g., HPV, Shingles, etc.). Staff felt the other two formats presented limitations.

**Motion:** Recommend to the board to post on the board's website The California Immunization Record (yellow card) developed by the California Department of Public Health as the board recommended vaccine record upon approval of pending adoption of regulation 16 CCR 1746.4.

M/S: Sanchez/Castellblanch

Chairperson Veale called for comment from the board and public. There was no public comment.

Support: 3 Oppose: 0

The committee took a break at 11:55 am and resumed at 12:10 pm.

**b. Self-Administered Hormonal Contraception Matters**

**i. Discussion and Consideration of Developing Referral Lists for Pharmacists to Give Patients When Self-Administered Hormonal Contraception is Not Furnished**

Chairperson Veale reported pursuant to 16 CCR 1746.1 (b)(9), the protocol for pharmacists furnishing self-administered hormonal contraception provides that if self-administered hormonal contraception services are not immediately available or the pharmacist declines to furnish pursuant to a conscience clause, the pharmacist shall refer the patient to another appropriate health care provider; and that the pharmacist shall comply with all state mandatory reporting laws, including sexual abuse.

Both Ms. Herold and Ms. Veale stated they did not believe a referral list would be necessary. Ms. Lori Hensik of Kaiser agreed and stated sometimes providing a list causes unintended difficulties if the list is outdated or is not maintained.

**ii. Documents Available to Memorialize Prescriptions Furnished by a Pharmacist as a Drug Order**

Chairperson Veale reported pursuant to 16 CCR 1746.1 (b)(11), the protocol for pharmacists furnishing self-administered hormonal contraception provides each self-administered hormonal contraception furnished by a pharmacist pursuant to the protocol shall be documented in a patient medication record as required by 16 CCR 1717 and 1707.1. These records are required to be maintained for a period of at least three years from the date of dispense.

A sample document available to memorialize and document prescriptions furnished

by a pharmacist with a copy of a self-screening questionnaire was provided in the meeting materials.

Ms. Veale reviewed the sample document and recommended that the words "refer patient to" be removed, so as to be consistent with the committee's discussion of the prior agenda item.

Ms. Herold indicated this sample document/form was received at the CPhA's meeting. The intent of the form is to charge for screening and to allow for the transfer to another pharmacy, if allowed by law. Ms. Herold indicated the board's counsel would have to review it. Ms. Veale concurred with Ms. Herold.

Dr. Steve Gray from Kaiser explained he was concerned this sample looked too similar to a telephone prescription. He explained this is a furnishing document and not a prescription. Dr. Gray provided history on the difference between furnishing, selling, and prescribing.

The committee reiterated its request that board counsel review the document.

**c. Nicotine Replacement Therapy Matters**

**i. Discussion of The DCA Page: News from the Department of Consumer Affairs Blog Article – Pharmacists Can Help You Quit Smoking**

The DCA Page is the department's webpage for the latest news. On March 29, 2016, The DCA Page featured an article about the nicotine replacement therapy regulation, included in the meeting materials. There was no board or public comment.

**10. <u>Discussion on the Development of FAQs for SB 493 Related Items</u>**

Chairperson Veale reported Senate Bill 493 (c. 469, Hernandez) was enacted in 2013 and established a new license for an Advanced Practice Pharmacist (APP). The board is currently promulgating regulations to specify certification program requirements, as well as continuing education and other requirements. She noted the adopted regulations are currently being reviewed by the department.

At the April 2016 board meeting, the board requested that the Communication and Public Education Committee coordinate the development of a Frequently Asked Questions (FAQs) for SB 493 related items.

Ms. Veale stated she liked the idea of having FAQs for SB 493 related items. She stated it will be easily implemented as the board is currently working on FAQs for the board's website and articles in *The Script*. The committee can forward any FAQ questions to board

staff as they wish. Ms. Herold reported Board President Gutierrez requested a compilation of FAQs and providers. Most questions received by the board now relate to insurance and billing.

Ms. Veale asked that FAQs related to SB 493 be held for discussion at the September 2016 Communication and Public Education Committee meeting.

**11. Update and Discussion on CURES 2.0 and Communication to Licensees**

Chairperson Veale reported the Department of Justice (DOJ) recently released a CURES 2.0 registration tip sheet to help individuals register for or access the system. On April 6, 2016, the board issued a subscriber alert announcing the tip sheet as well as a reminder that all pharmacists with active California licenses need to be registered to access CURES 2.0 by July 1, 2016. Additionally, the DOJ has published on their website publications and training videos to assist in the registration process: http://oag.ca.gov/cures/publications. Ms. Veale noted that a copy of the board's subscriber alert, DOJ tip sheet, and a copy of the DOJ CURES 2.0 Publication and Training Video landing page was provided in the meeting materials.

Ms. Veale added that in February 2016, the board mailed out a reminder postcard to pharmacists to register for CURES 2.0 by July 1, 2016. She said that board staff is preparing a final letter to be mailed to registered pharmacists who are not registered with CURES 2.0. Any questions regarding these changes should be directed to cures@doj.ca.gov.

Ms. Herold confirmed the final mailing to pharmacists not registered in CURES 2.0 will be a letter (not a postcard), as requested by the board. Ms. Herold stated that out of 46,000 licensed pharmacists the board believes approximately 14,000 pharmacists have not submitted applications to CURES.

Ms. Veale and Dr. Castellblanch inquired about the accessibility of DOJ staff. Ms. Herold reported DOJ has a better phone system in place now and they are seeking staffing augmentation. DOJ reported of the 6,200 paper applications were reviewed and DOJ resolved as many applications as they could before the remaining paper applications were abandoned. The number of applications DOJ resolved was not provided to us.

Dr. Castellblanch asked what will happen to the pharmacists not enrolled in CURES 2.0 after July 1, 2016. Ms. Herold reported the board will have to decide. Ms. Herold reported that there is a bill pending requiring prescribers to be registered and check on Schedule IIs and IIIs before writing a prescription.

Ms. Lori Hensik from Kaiser asked if the public is able to see who is registered in CURES. Ms. Herold stated she did not think that information is public.

**12. Update and Discussion on Resources Available on the Board's Website**

Chairperson Veale reviewed the three resources available on the board's website: University of California, San Diego (UCSD) on Prescription Drug Abuse; Consumer Reports on Prescription Drug Abuse; and Drug Diversion Toolkit: Patient Counseling – A Pharmacist's Responsibility to Ensure Compliance by Centers for Medicare and Medicaid Services (CMS).

Ms. Herold explained at this point the board needs to determine the policy and procedure created by the committee for resources to be posted on the board's website to confirm the resource addresses a need and there is no actual or perceived conflict of interest.

The committee directed board staff to develop a draft policy for posting resources on the board's website and bring back to the committee. The committee directed staff to continue to reach out to Consumer Reports for approval to post their article on the board's website.

The committee directed the board to post on the board's website CMS' Drug Diversion Toolkit and the Centers for Disease Control's Opioid Guidelines.

There was no public comment.

**13. Discussion and Consideration of the United States Access Board's Recommendations Related to Prescription Labels for Visually-Impaired and Elderly Patients**

Chairperson Veale reported as part of the U.S. Food and Drug Administration Safety and Innovation Act signed by President Obama on July 9, 2012, the Access Board was authorized to convene a stake holder working group to develop best practices for making information on prescription drug container labels accessible to people who are blind or visually impaired or who are elderly. Ms. Veale noted that a copy of the United States Access Board's Working Group Recommendations entitled *Best Practices for Making Prescription Drug Container Label Information Accessible to Persons Who are Blind or Visually-Impaired or Who are Elderly* was provided in the meeting materials.

Ms. Herold inquired if the committee would like board staff to summarize and consolidate the guidelines, and post them on the board's website where prescription label samples are provided. She added that the board has not received complaints about prescription labels for visually impaired. Dr. Castellblanch requested the information be included in the consumer links as well. Board staff will work on the summary and posting to the board's website.

There was no public comment.

**14. Discussion on Federal Legislation: US Senate 524 – Comprehensive Addiction and Recovery Act of 2016**

Ms. Veale explained the committee will have the opportunity to discuss pending federal legislation US Senate 524 known as the Comprehensive Addiction and Recovery Act of 2016. As of March 10, 2016, the bill passed the US Senate with an amendment by Yea-Nay Vote: 94-1. A copy of US Senate 524 engrossed in Senate was provided in the meeting materials.

Dr. Castellblanch indicated it was stopped in the US House of Representatives.

There was no public comment.

**15. Proposal to Develop a Consolidated List of Drug Take Back Locations for the Board's Website**

Dr. Castellblanch reported he found the consolidated website assembled by the DEA for a list of drug take back locations for consumers. The committee directed board staff to work with Dr. Castellblanch on posting the link to the board's website.

Steve Gray from Kaiser indicated the board needs to ensure the list from the DEA is for consumers and not for a specific drug take-back day or for pharmacies to dispose of drugs. Dr. Gray noted that the DEA sites are for controlled substances and many county-run sites do not include disposal of controlled substances.

**16. Discussion on a Possible Regulatory Change to Require the Collection of Pharmacists' Email Addresses**

Chairperson Veale reported Business and Professions Code section 4003 (c) requires the board's executive officer maintain and update records containing the names, titles, qualifications and places of business of all persons subject to the Chapter 9. Further, 16 CCR 1704 requires all persons holding a license with the board to file a proper and current residence address with the board and to notify the board within 30 days of any and all changes in residence.

Ms. Veale noted that at the April 2016 board meeting, the board asked the Communication and Public Education Committee to discuss a possible requirement to collect pharmacists email addresses. Board staff did preliminary research and determined the fields in both the board's applicant and licensing tracking systems currently can accommodate the addition of this information. She noted that currently, the board has on record approximately 1,500 email addresses of the nearly 44,000 pharmacist licensees.

Ms. Veale referenced the information provided by staff in the meeting materials regarding the impact on workload to collect and maintain this information.

Ms. Veale also noted that currently, section 4013 of the Business and Professions Code requires all board-licensed facilities to subscribe to the board's email notification system.

The committee discussed the options of (1) requiring a pharmacist to maintain an email address with the board and (2) requiring pharmacists to sign up for email notification with the board's subscriber list. DCA Counsel Laura Freedman added that the board cannot mandate licensees communicate with the board electronically. She added that the board can say if a licensee has an email address, the licensee is required to provide it to the board.

Ms. Veale asked how the board might enforce the providing of the email addresses, if required. Ms. Herold added that inspectors can ask pharmacists during inspections to show what email address they have signed up for the board's email alert system.

Dr. Castellblanch stated he believes that email is a good way to communicate with licensees on issues such as naloxone, etc.

Ms. Freedman explained the email address is part of the address and believed the board can implement a requirement to provide this information via regulation.

Ms. Herold, Ms. Veale, and Dr. Castellblanch all agreed this matter needs to go to the board for discussion and final decision. Ms. Freedman confirmed that such a requirement can be implemented via regulation change, and be included with a pharmacist's license renewal.

**Motion:** Recommend that as a condition of license renewal, a pharmacist with an email address shall sign up for the board's email alert system, and self-certify on the renewal form that he or she has met this requirement.

M/S: Castellblanch/Sanchez

Chairperson Veale called for comment from the board and public.

Dr. Gray from Kaiser asked for clarification if the government is prohibited from mandating communication via email. Ms. Freedman clarified the self-certification question on the renewal would be worded as, "If the licensee has an email address, I certify my email address has been signed up for the board's email alert system." Dr. Gray inquired if this relieves the licensee of reporting a physical address. Ms. Freedman and Ms. Herold confirmed the licensee is still required to maintain a physical email address with the board. Ms. Veale confirmed one email address would be required.

Support: 3 Oppose: 0

**17. Update on *The Script* Newsletter**

Chairperson Veale reported the Spring 2016 edition of *The Script* newsletter was issued

May 9, 2016. Board staff has begun writing articles for the Summer 2016 issue of *The Script*. There was no board or public comment.

**18. Update on Media Activity**

Chairperson Veale reported on the media activity for the board and referenced media activity provided in the Communication and Public Education Committee Chair Report. There was no board or public comment.

**19. Update on Public Outreach Activities Conducted by the Board**

Chairperson Veale reported on the public outreach activities conducted by the board and referenced materials provided in the Communication and Public Education Committee Chair Report. There was no board or public comment.

**20. Review and Discussion of News or Journal Articles**

Chairperson Veale reported on the news and journal articles collected as referenced in the meeting materials and provided by the Executive Officer to the committee members. Dr. Castellblanch stated he appreciated the articles Ms. Herold sends to the committee. There was no public comment.

**21. Future Meeting Dates**

Chairperson Veale reported the future meeting dates as September 8, 2016, and December 1, 2016. Ricardo Sanchez confirmed he is unable to attend the September 8th meeting.

Dr. Castellblanch revisited agenda item #14 - Discussion on Federal Legislation: US Senate 524 – Comprehensive Addiction and Recovery Act of 2016 and confirmed the bill passed the Senate on 3/10/16 and passed the House of Representatives on 5/13/16. Dr. Castellblanch noted that the two branches are now resolving differences.

Ms. Veale revisited agenda item #6 - Update and Discussion on Prescription Label Translations of Directions for Use, and requested that board staff have large NTC posters printed and available in Spanish. Ms. Veale asked board staff to bring to the next board meeting the large NTC posters in English and Spanish as well as the legal size posters translated in the other languages available on the board's website.

The meeting adjourned at 1:26 pm.