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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



**California State Board of Pharmacy
Department of Consumer Affairs
Licensing Committee Meeting Minutes**

Date: April 19, 2022

Location: Department of Consumer Affairs
1747 North Market Blvd.
Sacramento, CA 95834

Participation also provided via WebEx

Board Members

Present: Debbie Veale, Licensee Member, Chair
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member

Staff Present: Anne Sodergren, Executive Officer
Eileen Smiley, DCA Staff Counsel
Debbie Damoth, Executive Manager Specialist

I. Call to Order, Establishment of Quorum, and General Announcements

The meeting was called to order at approximately 10:02 a.m. As part of the opening announcements, Chairperson Veale reminded everyone that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Chairperson Veale thanked all stakeholders for their participation in listening session and surveys.

Provisions for providing public comment throughout the meeting were reviewed.

Roll call was taken. Members present: Lavanza Butler, Jason Weisz, Jignesh Patel, Seung Oh and Debbie Veale. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public at the physical location and over WebEx were provided with an opportunity to provide public comment.

No public comment was provided at the 1747 North Market Blvd location nor via WebEx. All participants were advised that supplemental research was provided that would be posted on the Board's website.

III. Approval of the January 19, 2022, Licensing Committee Meeting Minutes

Members were provided the opportunity to provide comments on the draft minutes; however, none were provided.

Motion: Approve the January 19, 2022, Licensing Committee meeting minutes.

M/S: Oh/Butler

Members of the public were provided the opportunity to provide public comments; however, no comments were provided at the 1747 North Market location nor through participants via WebEx.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support

IV. Presentation, Discussion and Consideration of National Perspective on the Role and Responsibilities of Pharmacy Technicians

The Committee received a presentation by Bill Cover, Associate Executive Director, State Pharmacy Affairs with the National Association of Boards of Pharmacy. Mr. Cover highlighted that NABP works to assist its member boards in protecting the public health.

Mr. Cover noted that 15 states require licensure as a pharmacy technician and 35 states require registration as a technician. He noted that 24 states require that a technician obtain a certification and 44 states require completion of a training programs. Additionally, 26 states require a pharmacy technician examination (either PTCB or ExCPT).

Mr. Cover noted that in response to the pandemic, the pace of change for pharmacy technicians has been accelerated, noting that the PREP Act allows for technicians to administer COVID-19 vaccines.

Mr. Cover discussed efforts undertaken by NABP's Work Group Considering extending waivers. Work group members agreed to expand pharmacy technician scope of practice to administration vaccinations and point-of-care testing. Additionally, the group agreed that the pharmacy can delegate various activities based on the individual technician's training, skill level, and experience, but excluded clinical care activities.

Mr. Cover discussed trends with "tech check tech" in institutional settings and efforts undertaking for community practice expansion in that area including efforts by Arizona (technology-assisted verification of product), Idaho (allowing for verification of dispensing accuracy), and Iowa (technician product verification programs).

Mr. Cover discussed telepharmacy practice. Mr. Cover noted that about 50 percent of states have telepharmacy practice provisions. Mr. Cover stated that this appears to be a new opportunity to highly skilled pharmacy technicians with delivering prescriptions in a different manner.

Seven states allow for administration of vaccines outside of the PREP Act authority. Additionally, there are two recently passed legislation that will establish authority and three additional measures still pending to allow for the administration of vaccines permanently.

Mr. Cover advised members of a recent APHA Community Pharmacy Workplace Summit Report which included findings specific to pharmacy technicians. Specifically related to pharmacy technicians, the report included encouragement for pharmacist to coach pharmacy technicians on how to treat patients. Further, the report noted the importance of valuing pharmacy technicians and support the important role pharmacy technicians play in health care delivery. The report indicates that the ratio

of pharmacists to pharmacy technicians is not “one size fits all” and must look at compensation for and development of pharmacy technicians.

Mr. Cover noted that point-of-care testing by pharmacy technicians is currently under review by NABP. NABP will share this information once available.

Members had the opportunity to ask questions including if there is documentation about the safety of vaccine administration by pharmacy technicians. Member Oh inquired if NABP could provide research that demonstrates if there is corresponding correlation to reduce medication error rate or outcome that shows patient care is improved with the delegation of additional tasks to pharmacy technicians. Member Oh also asked if in each jurisdiction when expansion occurred if there was an increase in wages or improved well-being for the pharmacy technicians performing expanded duties.

Mr. Cover noted that one of the items of report discussed the need for focus on patient safety data. Further, a task force on working conditions also noted this issue and if data is available to support these tasks. Mr. Cover referenced the pilot in Iowa and offered to provide additional information.

Mr. Cover noted that pharmacy technicians performing these advanced duties are typically not new hires and pay appears commensurate. It appears to be an outstanding question if wage growth is sufficient to retain the pharmacy technician workforce.

Member Weisz asked about the composition of the working group and was advised it was a mixture of executive directors, board members and staff. Additional information about the licensure of the participants will be provided later.

Member Butler noted that the Iowa conclusions on tech check tech may not be applicable in large volume pharmacies. Ms. Butler was advised that the Iowa research was conducted as a pilot in conjunction with the pharmacist association and required Board approval.

The Committee heard comment from those present at the 1747 North Market Blvd location in Sacramento, CA.

Shane Desselle, Touro School of Pharmacy Professor, author and/or editor of some of research provided, noted economic analysis was done. There is some data but it is difficult to prepare state by state. Data from Washington and Idaho regarding safety of pharmacists and pharmacy technicians providing immunization. Pharmacy technician motivation, engagement, and turnover is measured and found very significant differences engaged in these activities with higher levels of motivation and greater levels of professional commitment (e.g., less likely to call in sick, greater likelihood of having full staffing, etc.) which plays into safety.

A representative from CVS health commented technician transfers, technician verbals, technician clarification, etc. was not discussed because it has been already contemplated. The representative noted this frees up the pharmacist to perform more clinical services.

Mr. Cover noted that the Iowa Board requires the facility to detail out some of the clinical services that will be enabled if tech check tech is allowed.

The Committee heard public comment inquiring how many pharmacy technicians participated in the workgroup and if anyone from California participated. The APHA was a consensus stakeholder conference including pharmacy technicians, pharmacists, patient advocates, etc.

Public comment was received by participants via WebEx.

The Committee heard comment requesting information if all pharmacy technicians that perform tech check tech or provide vaccine administration are required to have national certification.

The Committee heard comment noting the Iowa project was about a new practice model in the state. The goal was to free up pharmacist time to provide clinical patient care services. An article in the Journal of American Pharmacist Association was referenced that discussed how pharmacists spent their time under the program. Members were advised that the article was provided in the meeting materials.

A representative from UFCW Western States Council noted that compensation needs to be commensurate with the expansion of duties.

A representative from the California Society of Health-System Pharmacists commented if expanded, there should be a requirement to ensure patient care services similar to inpatient requirement.

Public comment noted the NABP presentation excluded clinical care services as part of the findings of the work group. Mr. Cover noted that in many states, there are varying ways states establish pharmacy technician duties. The work group focused on items such as DUR, counseling, that should only be conducted by a pharmacist.

The Committee heard comment noting a requirement of the PREP Act for conditions of pharmacy technicians for vaccines administration, required the pharmacy technician must be certified if the state did not require licensure.

Members took a break from 11:30 a.m. to 11:36 a.m. Roll call was taken. Members present: Lavanza Butler, Jignesh Patel, Jason Weisz, Seung Oh and Debbie Veale. A quorum was established.

V. Discussion and Consideration of Requirements for Licensure of Pharmacy Technicians, Include Presentations of Examinations and Training Program

The Committee received a presentation by Ryan Burke, PTCB, focusing on medication safety and protecting the public. Dr. Burke indicated there are about 20,000 pharmacy technicians that are certified in California.

Dr. Burke provided an overview of the certification program including eligibility criteria that became effective in 2020. Members were advised that the PTCE exam content outline include 40% medications, 13% federal requirements, 26% patient safety and quality assurance, and 21% order entry and processing. It was noted that the content outline focuses on general entry level.

Dr. Burke reviewed re-certification requirements which included 20 hours of CE during the 2-year period including one hour in pharmacy law and one hour in patient safety. Dr. Burke noted PTCE does allow some of the CE to be pharmacist specific; however, the remainder must be technician certified. Members were advised that PTCB verifies CE completion of all technicians.

Dr. Burke advised the PTCB also has certification programs including an advanced certified pharmacy technician and a certified compounding sterile preparation technician. Members were advised there has been slow growth in the advanced certified pharmacy technicians. PTCB will be releasing a workforce survey to understanding how the accreditation process is working.

Chairperson Veale requested Dr. Burke provide the Board with the programs that are available in California.

The Committee received a presentation by Jessica Langley-Lope, NHA, providing an overview of NHA's ExCPT and noting sometimes pharmacy technicians lack some of the skills for advanced duties. Members were advised that NHA model includes a transition from "learning" to "certify" to "grow." Members were provided with an overview of the pathways to certification.

Ms. Langley-Lope reviewed the ExCPT examination outline which includes 25% related to overview and law, 15% related to drugs and drug therapy, 45% related to the dispensing process, and 15% related to medication safety and quality assurance.

Ms. Langley-Lope provided an overview of the NHA products including PharmaSeer didactic tool that is available, PharmaSeer Math, PersonAbility, and Performance Analytics.

Ms. Langley-Lope's presentation included information about advocacy efforts undertaken by NHA for pharmacy technicians including leadership in the coalition for the advancement of pharmacy technician practice.

The Committee received a presentation by Lisa Lifshin, ASHP, providing a presentation on pharmacy technician education training. Members were advised about 22 pharmacy technician ASHP training programs in California. Ms. Lifshin discussed the composition of the accreditation commission and the purpose of the education standards were reviewed including the need to protect the public by ensuring the availability of a competency workforce. Members were advised that ASHP has an entry level and advanced level (which is primarily focused on inpatient). A review of the standards was provided as well as the competency expectations. Entry level requires 400 hours over at least 8 weeks that

includes one externship site with a sequence of "See, Practice, Do." The advanced level is 600 hours over 15 weeks or more.

Members were advised that six states currently require completion of ASHP/ACPE accredited program for technicians and two additional states are transitioning to the requirement. South Carolina allows for a higher level of pharmacist to pharmacy technician ratio based on the qualifications of the pharmacy technicians.

Chairperson Veale reviewed the requirements for licensure in California. Members were provided the opportunity to comment.

Dr. Burke confirmed that California has about 30% of its pharmacy technicians maintain an active certification.

The Committee heard public comments from participants at the 1747 N. Market location.

A representative from Touro University commented a considerable amount of research shows the value of certification (PTCB and NHA) including that those pharmacy technicians that are certified have greater commitment to the profession as well as less turn-over.

The Committee heard public comments from participants via WebEx.

A public commenter sought clarification on ASHP requirements and was advised by ASHP about the training program requirements.

A representative from UFCW cautioned the Board against creating additional certification and expressed concern with barriers to licensure or advanced credential for those that are already doing this job.

Members took a break from 12:42 p.m. to 1:24 p.m. Roll call was taken. Members present: Lavanza Butler, Jignesh Patel, Jason Weisz, Seung Oh and Debbie Veale. A quorum was established.

VI. Discussion and Consideration of Current Authorized Duties for Pharmacy Technicians and Possible Changes, Including Discussion of Summary of Information Received During Licensing Surveys.

Chairperson Veale reviewed relevant laws and reminded participants

of the steps taken to prepare for the Summit, including 12 listening sessions convened and deployed a survey. Related research was also included in the meeting materials.

Chairperson Veale advised some respondents indicated that no changes in pharmacy technician duties are appropriate. However, there appeared to be trends in the types of duties that could be appropriate for pharmacy technicians including:

1. Administering vaccines
2. Authority to receive verbal prescriptions as well as refill authorizations and prescription transfers.
3. Authority to screen for patient consultation or for pharmacy technicians to accept the patient's declination of patient consultation.
4. Authority for pharmacy technicians to provide consultation on over-the-counter medications.
5. Provisions to allow for a pharmacy technician to create medication history lists
6. Final product verification.

Members discussed general themes. Member Oh suggested taking a step-by-step approach and indicating that vaccines may be a place to start. Member Oh questioned if the utility of expanding verbal prescriptions given e-prescribing.

Chairperson Veale pointed out changes in duties will require statutory changes and may make more sense to do all of the changes at once.

Member Butler spoke in support of expanding to include vaccine administration but only if it is voluntary. Ms. Butler spoke in favor of liability protection for pharmacists.

Member Patel spoke in support of ASIP vaccines, CLIA waived point of care testing, and tech check tech, oral orders should be considered as well as fax transferred.

Members were advised that consultation screening would most likely require other changes in the law as pharmacists are required to initiate consultation.

Member Weisz spoke in support of moving forward with many of the proposed items.

Members generally expressed concern with pharmacy technicians recommending OTC products to consumers especially because of the need to apply clinical knowledge.

The Committee heard comment from the 1747 North Market location.

A pharmacy technician spoke in support of vaccine administration but the proposal must include requirement for appropriate training, noting that a new pharmacy technician would probably not be appropriate. The commentor also spoke in support of the pharmacy technician performing specimen collection for point of care testing but only with appropriate training and noted that he has taken advanced training for vaccines and testing.

Another pharmacy technician indicated that OTC consultation should not be allowed. The pharmacy technician stated verbal orders appear appropriate if the technician takes down the information that is reviewed by the pharmacist but not for new pharmacy technicians. The pharmacy technician took an informal survey of her co-workers who most indicated as pharmacy technicians would not be interested in providing vaccines. The pharmacy technician thought training should be required if vaccine administration is required.

A representative of CRA/NACDS commented in support of the Summit and would support pharmacy technicians providing vaccines noting the current vaccine and testing waivers remain in place. The representative noted the other duties including verbal orders could be delegated to the pharmacist.

A representative from Touro University commented research shows that a supportive pharmacist drives if a pharmacy technician wants to perform duties. The commenter noted OTCs require clinical judgement. He stated advanced duties are probably best delegated to seasoned pharmacy technicians to allow for current laddering for pharmacy technicians.

A representative from CVS Health noted that trends appear to be advancing a delegation model except for counseling and DUR. The

commenter indicated that Arizona allows a pharmacist to delegate based on the training and experience of pharmacy technicians. The commenter indicated that pharmacists expanded duties may not be performed because of limitations.

The Committee heard public comment via WebEx.

The commenter inquired about how it would apply to pharmacy technicians working in a non-licensed facility. The commenter was advised by law a pharmacy technician can only work in a pharmacy.

A representative from CPhA commented in support of pharmacy technicians performing duties and spoke in support of the role of any advanced pharmacy technician through certification to enhance the ability of the pharmacist to provide patient-centered care. CPhA encouraged the Licensing Committee to consider including the authority to administer all FDA approved or authorized vaccines with ACIP recommendations under direct pharmacist supervision to align with CPhA sponsored legislation. Pharmacists must be able to determine without corporate influence which pharmacy technicians they entrust the new responsibilities.

A representative of UFCW Western States Council commented support of an ad hoc committee to discuss the results of the workforce survey and to break down by practice care setting and how technicians can provide a supportive role for pharmacists. Pharmacy technicians need to be appropriately compensated and need to ensure expanded duties are voluntary. Pharmacists need to be engaged because it is their responsibility. Supervision needs to be considered where vaccinations can be provided behind closed doors.

A representative from Walgreens commented in support of the expanded duties; however, agreed OTC consultation is not appropriate. The representative spoke in support of other comments and looked forward to future discussions.

A pharmacist professor at Northstate commented in support of teaching self-care and noted OTC is more complex than it appears. She spoke in support of vaccines, new prescriptions, and advanced practice pharmacy technicians but disagreed with allowing pharmacy technicians mixing vaccines.

A clinical pharmacy technician commented in support of expanding the definition of pharmacy technicians to allow for them to serve in other areas and should be represented in the definition of pharmacy technician.

A comment was heard in support of allowing pharmacy technicians to serve in other areas where a pharmacist is and that the definition needs to be expanded. The comment noted that this has prohibited pharmacy technicians from supporting pharmacists.

Chairperson Veale noted consensus looking at adding vaccines; receiving verbal prescriptions, clarifications, and transfers; and point-of-care testing. She noted the consultation on OTC would need to be discussed further.

Possible functions that would allow for supervision by another technician.

Chairperson Veale reported there were mixed responses regarding possible use of tech check tech where some indicated use would be appropriate, while other appeared to oppose such provisions. Included in the meeting materials were related research that appeared to suggest that such provisions may be appropriate if the individual is appropriately trained. Ms. Veale clarified in order to free up the pharmacist, the tech check tech would be final product verification where the pharmacist wouldn't do a final product verification but would do clinical DUR duties.

The Committee considered tech check tech related to final product verification.

Member Butler noted that the pharmacist is ultimately responsible and expressed concern with workplace conditions and concerns with liability.

Member Patel noted that with the technology that is available, the final check could be performed by a technician under specified conditions. He noted the pharmacy technician performing the final check should be certified.

Member Oh expressed concern and indicated that he does not believe there is value. Member Oh indicated that he does not spend a lot of time on product verification and does not feel comfortable as a pharmacist

having a pharmacy technician perform the duties. Member Oh noted that there are other areas that could provide more benefit to pharmacists.

Member Patel noted that all steps are critical and added data entry is being more crucial than probably final product verification.

Member Butler was sought clarification on the functions that would still be done by the pharmacist, including data verification, DUR etc.

The Committee heard public comment from the 1747 North Market location.

A representative from Touro University commented it is the most widely studied advanced technician duty. Iowa was the first study and the optimizing care study indicated no problems. Pharmacists reported reduction stress noting a 225 percent increase in the number of direct patient care activities performed during the study. There is significant research.

A pharmacy technician reported they would not feel comfortable with tech check tech in the community pharmacy. The commenter noted the difference in hospital versus retail settings.

A pharmacy technician spoke in support of tech check tech in the hospital but not in the community setting.

A representative from CVS Health commented in support of tech check tech where the technician is focused on that sole function. The representative noted it may be outdated because of technology and described the attributes of the technology. The commenter indicated that this technology is used in mail order and believes as the cost of technology is lower, it will be more robustly used.

A representative of CRA/NACDS commented in support of tech check tech but only if there is an increase in the ratio.

The Committee heard comment from WebEx participants.

The committee heard public comment indicating that refill prescriptions and the use of robotics can be done effectively with a technician.

A representative from UFCW Western States Council commented in opposition to tech check tech as work force surveys shows that pharmacy personnel are overworked.

A pharmacy technician supervisor indicated concern with tech check tech because of liability issues and unclear what would happen if errors occurred and requested if research includes liability.

A representative from Walgreens commented in support of CVS Health's representative comments noting technology assisted verification product provisions in Arizona includes experience and certification requirements.

The committee did not reach consensus.

Oversight

Chairperson Veale noted there appears to be a difference in the perceptions of pharmacist and pharmacy technicians as it relates to pharmacist oversight. Pharmacists appear to believe they do not have adequate time to supervise technicians, whereas pharmacy technicians responded with the majority believing they have sufficient oversight by a pharmacist.

Member Patel commented in support of increasing ratios.

Chairperson Veale noted that the issue of oversight will most likely need to be further discussed and oversight can be discussed as part of the ratio discussion.

The Committee heard public comment from the 1747 North Market location.

A representative from Touro University commented pharmacist supervision studies indicate that technicians are very happy with accessibility to pharmacists but believe transformative leadership pharmacists may be lacking.

A representative from CVS Health commented direct supervision and control definition is appropriate and noted in Idaho it was determined that tech check tech would not result in increase in liability.

The Committee received no public comment from WebEx participants.

Training

Chairperson Veale noted training was another area where perceptions differed between pharmacists and pharmacy technicians. Pharmacists noted that additional training may be appropriate with some suggesting an increase in educational requirements such as an AA requirement. Additional areas of training were also identified. Given there was broad agreement among pharmacists and pharmacy technicians that training requirements should be based on duties, Chairperson Veale suggested further discussion on this topic may be best after decisions are made on changes in duties. Chairperson Veale noted that training requirements may need to be reviewed but do not appear to require an overhaul. Members agreed.

The Committee heard public comment from the 1747 North Market location.

A pharmacy technician indicated that training is appropriate.

The Committee received no public comment from WebEx participants.

Biggest Challenges

Chairperson Veale noted that the biggest challenges experienced by pharmacy technicians appeared to be related to workload and staffing challenges.

The Committee heard public comment from the 1747 North Market location.

A representative from Touro University commented national research indicates a lack of advancement is the number one issue.

A pharmacy technician commented pharmacy technicians are underpaid noting that pharmacy technicians would make more money working at In and Out Burger than working in a pharmacy. There is a need to look at chains to pay technicians what they deserve.

The Committee received no public comment from WebEx participants.

Remote Work

Chairperson Veale reported that under the Board's waiver, pharmacy technicians are authorized to perform remote functions under specified conditions; however, the authority does not appear to be widely used. Most pharmacy technicians reported that they do not perform remote work; however, many respondents spoke in support of the allowance to do so. Benefits detailed including a better work-life balance. There did not appear to be a general theme for challenges, but as detailed in the chair report that could be because it does not appear pharmacy technicians are largely performing remote work.

The Committee heard public comment from the 1747 North Market location.

A representative from CRA/NACDS reported it would be helpful to have remote processing for pharmacy technicians permanent.

A representative from CVS Health indicated that CVS was concerned about temporary allowance was an impediment as the workers need to live close if the temporary allowance for remote processing was removed. The representative stated that remote work was a key to reduction in diversion, alleviates the ratio issue and supervision workforce issue. He suggested remote work at home is a key to addressing the workforce.

The Committee received public comment from WebEx participants.

A representative from UCFW Western States Council expressed concerns with remote processing and believed there are significant concerns with the remote processing, including liability on the pharmacist who is not providing direct supervision. The representative noted concerns about pay disparities, HIPAA violations, workplace play, etc., and suggested that as an alternative, remote work in a licensed location. These concerns are specific the community setting.

A representative from Kaiser encouraged the Board to allow pharmacist-in-charges (PICs) to allow remote work via statute and continue to encourage the Board to allow for use of pharmacy technicians outside of a pharmacy.

A representative from Walgreens commented in support of remote processing for pharmacy technicians where permanent allowance is provided.

Public comment also spoke in support of remote work.

IX. Discussion and Consideration of Current Pharmacist to Pharmacy Technician Ratio and Possible Changes.

Chairperson Veale referred to the meeting materials that included the current provisions and the discussion from July 2017 where the committee discussed and concluded that a technician ratio of 1:2 appeared appropriate. No action was taken at that time. She noted although a question was not included in the survey specific to ratios, an increase in the ratio was a common response by pharmacy technicians to the questions.

Chairperson Veale noted that the time has come to review the ratio issue. She noted other states have shown there is not a safety issue with an increase in the ratio. An increase in the ratio would allow the pharmacists to practice at a higher level.

Member Oh stated he believed there may be certain conditions that warrant an increase in ratio but a deeper dive is needed. Member Oh suggested perhaps establishing a pharmacy technician floor versus a ceiling.

Member Patel noted that if a pharmacist is limited to one technician, when the technician is otherwise engaged, workflow is negatively impacted.

Member Butler noted that some pharmacists indicated they would prefer to have another technician. There are concerns about liability. Member Butler noted that if the Board is going to allow vaccines, the ratio should be increased.

Member Weisz inquired how adding more pharmacy technicians for a pharmacist to oversee will help when pharmacists currently don't feel they can oversee the pharmacy technicians they currently supervise.

Member Patel clarified one pharmacy technician could count prescriptions while another pharmacy technician could administer vaccination and it allows the pharmacist to do clinical duties such as consultations, talking to doctors, etc. With having one pharmacy technician, the counting stops when the vaccinations are completed by a pharmacy technician.

Member Butler commented she has heard some interest in increased ratios but she has also hear concern with liability issues.

The Committee heard public comment from the 1747 North Market location.

A representative from CRA/NACDS commented a broader discussion is needed noting ratio is a workforce issue and that an increase is one way to combat those issues.

A representative from Touro University commented this issue is difficult to study but indirectly anecdotal information appears to support increases in the ratio result in in less stress.

The Committee received public comment from WebEx participants.

A pharmacists stated the staff ratio is very limiting for a pharmacist and spoke in support of an increase in the ratio with appropriate protections.

A representative from UFCW Western States Council commented there needs to be a discussion on a staffing floor and what does the ratio look like with supplemental services. The representative noted that many pharmacists are still working alone.

A representative from Walgreens commented in support of the increase in ratio and suggested looking to New Mexico that allows the PIC to determine the appropriate ratio.

A representative from the California Council for the Advancement of Pharmacy commented in support of raising the ratio for closed door pharmacies noting her members servicing nursing homes are able to have a 1:2 ratio when filling nursing home prescriptions.

Member Weisz left the meeting at 3:25 p.m.

Chairperson Veale noted the next meeting is scheduled for July 18, 2022.

Chairperson Veale took public comment for items not on the agenda.

Member Oh thanked Member Veale and Member Butler as it was their last meeting with Member Veale serving as the Chair and Member Butler serving as a Member. Dr. Oh acknowledged their hard and excellent work.

Jassy Grewal, UFCW Western States Council, thanked Member Butler and Member Veale on behalf of the Board and consumers.

X. Adjournment

The meeting adjourned at 3:32 p.m.