



# • 2 0 1 2 C P h A • POLICY COMMITTEE REPORTS

CPhA's two policy committees met to formulate the following policy recommendations. These recommendations will be presented to the CPhA House of Delegates at Outlook. These reports are informational only. The recommendations herein are subject to consideration by the House of Delegates. Only subjects acted on by the House of Delegates can be considered official.

## POLICY COMMITTEE ONE

Policy Committee One met on August 25, 2011 to review all CPhA policies that were five years old or older, as is required by the House of Delegates Standing Rule IV. Based on their review, the Committee recommended changes to policies on the following subjects:

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|--|--|--|
| I. Health Care Coverage  | IX. Nuclear Pharmacy   | XVII. General Standards - Patient Care by a Multidisciplinary Team |
| II. Impact of Managed Care Plans on the Provision of Optimal Pharmaceutical Care | X. Oral/Written Communication Skills Necessary for Pharmacy Practice | XVIII. General Standards - Direction and Control                   |
| III. General Standards - Research  | XI-A. Purpose of an Rx on the Prescription and Medication Label      | XIX. General Standards - Therapy Recommendation                    |
| IV. Requirement to Utilize   | XI-B. Medical Diagnosis with a Prescription Order                    | XX. Claim Audits   |
| V. Professional Responsibilities   | XII. Pharmacy Advertising  | XXI. Pharmaceutical Manufacturer Promotional Programs              |
| VI. Patient Consultation and Supplemental Written Information                    | XIII. Medi-Cal Prescription Fee                                      | XXII. Equal Opportunity  |
| VII-A. Pharmacist Accessibility to Electronic Medical Records                    | XIV. Reimbursement fo Required Medi-Cal Services                     |  |
| VII-B. Patient Medication Profile System Function                                | XV. Dependent Child Care Benefits                                    |  |
| VIII. Medicare Part D Implementation   | XVI. Drug Formulary Coverage Decisions                               |  |

## FIVE YEAR OLD POLICIES REVIEWED AND RECOMMENDED CHANGES

### I. Health Care Coverage

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-01, Health Care Coverage as follows:*

The California Pharmacists Association supports the extension of health coverage to Californians who are not covered by Medi-Cal or employer provided health care coverage. CPhA supports an adequately funded pharmaceutical care benefit as a necessary component of such coverage. However, CPhA recognizes the burden that employer mandated coverage places on small employers, and therefore requires appropriate mechanisms, such as subsidies and/or tax credits for small employers mandated to provide health care coverage.

The California Pharmacists Association supports access to affordable health care coverage. CPhA supports appropriate mechanisms, such as subsidies and/or tax credits for small employers that provide such health care coverage.

**Background:** Although, this policy originally started in 1991 with an emphasis on mandated employee health insurance the committee made amendments to align with current times. The

Patient Protection and Affordable Care Act has shifted the emphasis away from the employer so the initial sentence was broadened to encompass all individuals and address the need for affordable access to health care coverage. The second sentence regarding adequately funded pharmaceutical care benefit is addressed in a Policy 2008-09 therefore, the committee removed the redundancy. The last sentence was modified to be more succinct and also to recognize that any small employer should be privy to appropriate benefits.

### II. Impact of Managed Care Plans on the Provision of Optimal Pharmaceutical Care

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-02, Impact of Managed Care Plans on the Provision of Optimal Pharmaceutical Care as follows:*

The California Pharmacists Association supports the right of each patient to utilize, without restriction, any willing and qualified pharmacist or pharmacy of their choice for pharmaceutical products, services and medical devices offered through an insurance program, managed care system or other third party

arrangement that contracts for pharmacy services. CPhA supports the establishment of patient access and availability standards:

~~CPhA supports reasonable payment for the products and services that are provided.~~

**Background:** The last statement detracts from the focus of the patient's right and was therefore removed. Additionally, reasonable payment is addressed in other policies (2009-39, 2010-13, 2010-14).

### III. General Standards – Research

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-05, General Standards - Research as follows:*

The California Pharmacists Association supports pharmacists conducting medical and pharmaceutical research.

**Background:** Amendment to broaden scope of research done by pharmacists. Other types of research are done including basic sciences, public policy, economics are examples.



#### IV. Requirement to Utilize

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2008-02, Requirement to Utilize, as follows:*

The California Pharmacists Association opposes the use of misleading or intimidating marketing practices, financial incentives or mandates by prescription plans to utilize mail order.

**Background:** The committee reviewed the policy history on this issue including current policy 2008-02 and previously amended and subsequently repealed policy 2006-07 and recommends incorporating language regarding misleading or intimidating marketing practices.

#### V. Professional Responsibilities

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-09, Professional Responsibilities as follows:*

The California Pharmacists Association upholds the belief that it supports the right and duty of a pharmacist to decline to dispense medications where, in the pharmacist's professional judgment, the use of the medication would be harmful to the patient. The prescriber should be consulted when the pharmacist believes such action is necessary. Such refusal Professional judgment should not be grounds for disciplinary action.

**Background:** Amended to use a term other than refusal. Refusal is used for ethical/moral refusal. Declining to fill a prescription for professional judgment should not use the same term.

#### VI. Patient Consultation and Supplemental Written Information

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2006-13, Patient Consultation and Supplemental Written Information.*

**Background:** The committee recommends repeal of this policy in order to eliminate redundancy with policy 2010-12, Pharmacist Counseling.

#### VII-A. Pharmacist Accessibility to Electronic Medical Records

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2007-02, Pharmacist Accessibility to Electronic Medical Records as follows:*

CPhA supports the use of Electronic Medical Records (EMRs) and/or Electronic Health Records (EHRs) to enhance patient care. EMRs/EHRs should allow all health care providers access to information necessary to provide optimal patient care, while assuring sufficient safeguards for Protected Health Information.

**Background:** The committee recommends amending to update policy language. Removed details as they are contained in other policies and may potentially limit the type of information made available to the pharmacist.

#### VII-B. Patient Medication Profile System Function

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2006-15, Patient Medication Profile System Function.*

**Background:** The committee recommends repeal of this policy as it is covered in policy 2007-02, Pharmacist Accessibility to Electronic Medical Records.

#### VIII. Medicare Part D Implementation

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2006-18, Medicare Part D Implementation.*

**Background:** The committee recommends repeal of this policy because this policy was intended to address an issue that is no longer present.

#### IX. Nuclear Pharmacy

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-23, Nuclear Pharmacy as follows:*

The California Pharmacists Association supports training programs for nuclear pharmacists. that the responsibility for the preparation and distribution of radiopharmaceuticals for human and veterinary use shall be delegated only to such qualified pharmacists.

**Background:** The committee recommends amending to align with language in existing law.

#### X. Oral/Written Communication Skills Necessary For Pharmacy Practice

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-24, Oral/Written Communication Skills Necessary For Pharmacy Practice as follows:*

The California Pharmacists Association encourages:

1. Schools of Pharmacy to require as a prerequisite to admission, that students satisfactorily complete course work and demonstrate proficiency in English composition, grammar and oral communication.

2. School of Pharmacy admissions committees to adopt selection criteria that, in addition to academic ability, include an assessment of communication skills;

3. Student pharmacists ~~Pharmacy students~~ be required to demonstrate proficiency in oral and written skills in English necessary to in obtaining accurate medication histories, and effectively counsel patients. They shall also be required to demonstrate the ability to convey accurately and effectively medication therapy information to patients and health professionals; and

4. The State Board of Pharmacy to incorporate into its examination for pharmacist licensure a component which will determine the oral and written competencies in English of all applicants to ensure that transmittal of medication information to patients and health professionals is satisfactory.

**Background:** The committee recommends amending to focus on the ability to communicate with patients (English speaking or non-English speaking) and others. English communication is addressed in point #1.

#### XI-A. Purpose of an Rx on the Prescription and Medication Label

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2009-59, Purpose of an Rx on the Prescription and Medication Label as follows:*

The California Pharmacists Association supports requiring that the intended use of a prescribed medication and/or diagnostic and therapeutic codes be included on all prescriptions, and that the intended use of the medication be included on the medication label. In recognition of a patient's right to privacy, CPhA supports allowing patients to opt out of having the indication printed on the label upon request.

**Background:** The committee recommends amending to include diagnostic and therapeutic codes.

#### XI-B. Medical Diagnosis with a Prescription Order

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2006-27, Medical Diagnosis with a Prescription Order.*

**Background:** The committee recommends repeal of this policy to eliminate redundancy with policy 2009-59. Policy 2006-27 was less specific than 2009-59. The ICD code might not be as useful to most pharmacists as the intended use. The ICD codes are primarily used for billing devices or certain medications and should be included when needed.



## XII. Pharmacy Advertising

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2006-29, Pharmacy Advertising.*

**Background:** The committee recommends repeal as policy is no longer considered to be relevant.

## XIII. Medi-Cal Prescription Fee

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2006-30, Medi-Cal Prescription Fee.*

**Background:** The committee recommends repeal as policy 2009-45, Bi-Annual Dispensing Fee Review is in effect.

## XIV. Reimbursement for Required Medi-Cal Services

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2006-31, Reimbursement for Required Medi-Cal Services.*

**Background:** The committee recommends repeal as policy 10-13 is in effect.

## XV. Dependent Child Care Benefits

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-36, Dependent Child Care Benefits as follows:*

The California Pharmacists Association supports and encourages employer-assisted dependent childcare benefits.

**Background:** The committee recommends amending policy to broaden intent from child alone to dependents, which can include elderly or others using this language.

## XVI. Drug Formulary Coverage Decisions

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2009-34, Drug Formulary Coverage Decisions as follows:*

The California Pharmacists Association supports practicing pharmacist involvement in the development of drug formularies and drug formulary systems that are based on quality of care/quality of life considerations, evidence-based criteria, and cost effectiveness. A drug formulary system must include an efficient method of obtaining therapeutic entities not listed in the drug formulary.

**Background:** The committee reviewed the policy history on this issue including current policy 2009-34 and previously amended and subsequently repealed policy 2006-40 and recommends amending to clean up language-eliminate the

word “drug” since there might be devices in a formulary and eliminate the word “practicing” as all pharmacists can be involved in the development of formularies.

## XVII. General Standards - Patient Care by a Multidisciplinary Team

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-41, General Standards - Patient Care by a Multidisciplinary Team as follows:*

The California Pharmacists Association supports a multidisciplinary patient care team where the pharmacist is being an integral member, of any multidisciplinary team that provides pharmaceutical care.

**Background:** The committee recommends amending to clean up language by removing “pharmaceutical care” to broaden scope of when a pharmacist might be involved in care of patients.

## XVIII. General Standards - Direction and Control

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-42, General Standards - Direction and Control as follows:*

The provision of pharmacy services in any setting shall be under the direction and control of an onsite pharmacist who is responsible for all aspects of the service.

**Background:** The committee recommends amending to emphasize that services must have an “onsite” pharmacist (not video remote or distance technology assisted supervision).

## XIX. General Standards - Therapy Recommendation

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-43, General Standards - Therapy Recommendation as follows:*

The California Pharmacists Association supports pharmacists making recommendations regarding a patient’s drug therapy to the prescriber, to others involved in the care of the patient where appropriate, and/ or to the patient directly, in an effort to assure optimal drug therapy outcomes.

**Background:** The committee recommends amending to clean up language by removing “drug so as to include devices or supplements etc, remove “where appropriate” as it is not needed, and remove “drug therapy” to include non-drug therapy related outcomes (diet, etc).

## XX. Claim Audits

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-45, Claim Audits as follows:*

The California Pharmacists Association supports the following guidelines for third-party audits. recognizes the right of third-party payers to perform claim audits provided that:

- The requirements of the California Administrative Procedures Act, when applicable, are followed in developing the audit procedures.
- Technical violations of the California pharmacy law are not the subject of recoupment demands.
- Principal focus of the audits is to determine whether the medication was ordered by the prescriber, whether it was a covered benefit, whether it was furnished in good faith by the pharmacy to the recipient, and whether the pharmacy was appropriately reimbursed.
- The entity conducting the audit shall not receive payment on any basis that is tied to the claimed or actual amount recovered from the pharmacy.
- Due process is accorded the pharmacy at every stage of the audit, hearing and appeals process.
- The audit procedure used meets sound generally acceptable professional auditing and statistical standards, and results in accurate findings.
- Adequate notice of the audit, the specific time frame parameters and the procedures to be used are given to the pharmacy.
- The audit staff is trained and competent to perform adequate, standardized and fair audits, and shall provide to the pharmacy an entrance interview and exit conference.
- The identity of the pharmacy shall remain confidential.
- The pharmacy audited has a right to learn the results of the audit within a reasonable period of time.
- The pharmacy has equal reciprocal audit rights to audit the practices and principles of the third party payer with prompt reimbursement.
- Patient confidentiality shall be maintained as an audit principle.

**Background:** The committee recommends amending to broaden intent under item 2 (technical violations can be legal or related to policy); added the fourth bullet point.



### XXI. Pharmaceutical Manufacturer Promotional Programs

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-47, Pharmaceutical Manufacturer Promotional Programs as follows:*

The California Pharmacists Association encourages pharmaceutical manufacturers to provide pharmacists with all promotional and informational materials for any patient-oriented program in which the pharmacist will be asked to participate or support. The pharmacist is responsible for the review and evaluation of manufacturers' promotional programs in which they participate. The pharmacist's evaluation of the promotional program should consider the pharmacist's professional and ethical duty to his/her patients and the maintenance of pharmacist/patient confidentiality. The California Pharmacists Association encourages pharmaceutical manufacturers to maintain the highest level of confidentiality in the process of maintaining, distributing and utilizing any patient data generated by such programs.

**Background:** The committee recommends amending to remove verbiage from the policy that the Committee felt was more appropriate for background information. Amended policy focuses more on intent.

### XXII. Equal Opportunity

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-34, Equal Opportunity as follows:*

The California Pharmacists Association supports equal opportunity for professional advancement without regard to age, disability, ethnicity, gender, gender expression, religion or sexual orientation.

**Background:** The committee recommends amending to align with AB887 recently signed by the Governor.

### Policy One Committee Members

- Kathy Hillblom, Chair
- Pierre Del Prato
- Kathleen Hill-Besinque
- Richard Hull
- Marshal Abdullah
- Shirley Fender
- Bradley Brazill
- David Fong
- Khanh-Long (Ken) Thai
- Sylvia Moore
- Timothy Chrisney
- Jerline Hsin (Student member)

## POLICY COMMITTEE TWO

Policy Committee Two met on August 26, 2011 to review all new policy introduced. The Speaker also asked the Committee to review CPhA policies for duplicate policies in an effort to simplify and clean up the Policy Manual. Following are their recommendations.

#### New Policy Proposals

- Access to Department of Justice Website
- Pseudoephedrine to Prescription Status
- Increased Security Features on C-II Prescription Blank

#### Reviewed Policies

- Pharmacy Technicians
- Pharmacy Technicians - CE Requirements
- Pharmacy Technicians - Ongoing Training
- Pharmacy Technicians - Trainee Class
- Prescriber Dispensing Requirements
- Prescriber Dispensing - Non-Pharmacist Dispensing

- Prescriber Dispensing For Profit
- Expansion of Pharmacists' Prescriptive Authority
- Prescriptive Authority for Pharmacists
- Scope of Practice
- Manpower Study
- Assessing the Need For Pharmacy Schools
- Pharmacist As A Health Care Provider/ Pharmacy As A Profession
- Pharmacist Provider Recognition
- Therapeutic Interchange
- Work Environment

- Work Schedules/Shifts for Pharmacists
- The Board of Pharmacy As A Consumer Protection Agency
- Retention of California State Board of Pharmacy
- General Standards - Facilities and Equipment
- Manufacturer's Drug Product Labeling – Expiration Date, NDC Number and Lot Number
- Labeling For Over-the-Counter and Prescription Products

## NEW POLICY PROPOSALS

### I. Access to Department of Justice Website

**Recommendation:** *The committee reviewed a policy regarding Access to Department of Justice Website and recommends that the House of Delegates adopt this new policy.*

The California Pharmacists Association supports regulation by the California Board of Pharmacy that requires all pharmacies in the retail settings to provide access to pharmacists who choose to monitor patient prescription history via use of the California Department of Justice website.

**Background:** Currently, chain pharmacies do not provide access to the Department of Justice website. The absence of this for most practitioners within the chain environment greatly diminishes the value of data collection by all pharmacists and its potential to curb drug abuse.

The committee felt it was important that:

- All pharmacists have access to the real time Drug Utilization Review (DUR) via the Controlled Substance Utilization Review and Evaluation System (CURES).

- Both the prescriber and the pharmacist use the CURES program to initiate a Patient Activity Report, when appropriate.
- Prescribers and pharmacists collaborate to analyze and evaluate Patient Activity Report data in order to ensure safety and efficacy.
- The California Board of Pharmacy pass regulation that requires all pharmacies in the retail setting to provide pharmacists access to the California Department of Justice website.



## II. Pseudoephedrine to Prescription Status

**Recommendation:** *The committee reviewed a policy regarding Pseudoephedrine to Prescription Status and recommends that the House of Delegates adopt this new policy.*

The California Pharmacists Association (CPhA) supports efforts to change the status of Pseudoephedrine (PSE) to prescription only.

### Background:

- Pseudoephedrine (PSE) has been used in medicine as a prescription item and as an OTC (over the counter) medication for many years.
- Pseudoephedrine (PSE) in a recent Associated press review, of federal data, shows that this product is being used as a precursor for the making and manufacturing of methamphetamine.
- Pseudoephedrine (PSE) sales are close to \$1 billion in the United States and in many communities, is being abused for the manufacture of methamphetamine.
- Since “meth” is so addicting, and easy to make from PSE, meth-related activity is on the rise, nationally, up 34% in 2009-the year with the most recent figures.
- This increase in numbers for methamphetamine abusers include arrests, seizures of the drug and the discovery of abandoned meth production sites.
- In 2005, Congress passed the Combat Meth Act, which set limits on sales to the decongestant and 2 other key ingredients used in methamphetamine.
- States have attempted to put electronic tracking machines into pharmacies and grocery stores in order to separate the legitimate patient and users of PSE, from the methamphetamine addicts. However, this has not worked, due to the fact, that there are different tracking machines and there is no oversight by the federal or state governments.
- The pharmaceutical industry has spent several million dollars to fund the electronic tracking system, which is far cheaper than making the medication available, only by prescriptions.
- In the interest of public health and patient safety, along with epidemic use of methamphetamine in the USA, stemming from PSE products, coming out of grocery stores and pharmacies, we propose, since there are non-addicting drugs which can replace PSE, that it be banned from sales in the U.S., similar to ephedra, phenylpropanolamine (PPA), Ma Huang, Ephedrine.

## III. Increased Security Features on C-II Prescription Blank

**Recommendation:** *The committee reviewed a policy regarding Increased Security Features on C-II Prescription Blank and recommends that the House of Delegates adopt this new policy.*

The California Pharmacists Association supports standardization of the CII controlled substance prescription security forms and increasing the number of security feature requirements on those forms. These could include but are not limited to microprint, holograms, and microfiber security paper.

CPhA also supports accountability regulations that require controlled substance prescription form printers to inform law enforcement if their products are stolen or their company's identity is stolen.

**Background:** Currently, any group who wants to forge CII prescription forms can use modern technology to produce copies of CII forms. Form printers do not have any recourse to help end this fraud and have turned a blind eye on this problem. This has left the local pharmacist to deal with CII prescription fraud. Pharmacies have had to pay back to third party payers their prescription payment on fraudulent CII prescriptions. Additional security features would limit forgeries. Additional regulations would be helpful to require printers to take some action regarding printing fraud.

## REVIEWED POLICY

### IV-A. Pharmacy Technicians

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2007-01, Pharmacy Technicians as follows:*

The California Pharmacists Association supports the following:

1. The pharmacist shall retain those functions involving judgmental decisions, and accept full responsibility for the direct supervision and activities of technical or clerical functions, which are performed by pharmacy technicians.
2. Minimal qualifications for registration as a pharmacy technician shall include: graduation from an accredited pharmacy technician training program that meets Board of Pharmacy standards, or certification by a certifying body approved by the Board of Pharmacy. All candidates for registration as a pharmacy technician must show verifiable pharmacy practice experience and competency.
3. All pharmacy technicians, regardless of practice setting, must be registered with the California Board of Pharmacy.
4. When the health and welfare of the patient can be enhanced by utilizing pharmacy technicians, they should be utilized.
5. The standard ratio of pharmacist to technician shall not exceed 1:2. Should a “Pharmacist-in-Charge” desire to use more pharmacy technicians than this ratio, the pharmacy must have a pharmacy services plan approved by the California State Board of Pharmacy.
6. Individuals convicted of crimes which suggest a predisposition to committing illegal acts involving drugs or which, due to the nature or severity of the offense, subject the individual to pressure which could lead to drug-related crimes shall be denied access to prescription drugs as pharmacy technicians. However, evidence of rehabilitation shall be considered a mitigating factor.
7. Technicians checking the work of other technicians only in instances where technicians with Board of Pharmacy recognized certification are checking other technicians in an inpatient hospital setting, with clinical pharmacy services, and when the work being checked is limited to the filling of a unit dose drug distribution system. Legal responsibility and liability for any “Tech-Check-Tech” program shall include the holder of the pharmacy permit, and the “Pharmacist-in-Charge” and technicians involved. Any “Tech-Check-Tech” program shall include specific written guidelines and continuous quality improvement (CQI) programs. Further, all “Tech-Check-Tech” programs shall establish and maintain a verifiable system which assures the ongoing monitoring and documentation of technician performance.
8. Requiring pharmacy technicians registered with the board to obtain 20 hours of accredited CE per registration cycle.
9. Ongoing training of pharmacy technicians by whatever means are appropriate to develop the necessary skills via programs developed and administered under the guidance of pharmacists.
10. A temporary status classification of “trainee” for technicians to allow on-the-job training of persons seeking registration as pharmacy technicians who have met the educational requirements, who are awaiting review and approval of application.

**Background:** In an effort to clean up the policy manual and make it easier to find policies of similar content, the committee felt that adding the separate technician policies into 2007-01 made



sense, did not change the intent of any of the free standing policies, and made it simpler for staff and leadership to find policy relating to pharmacy technicians.

#### IV-B. Pharmacy Technicians - CE Requirements

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2006-10, Pharmacy Technicians - CE Requirements.*

**Background:** The committee combined this policy into policy 2007-01, Pharmacy Technicians.

#### IV-C. Pharmacy Technicians - Ongoing Training

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2010-04, Pharmacy Technicians - Ongoing Training.*

**Background:** The committee combined this policy into policy 2007-01, Pharmacy Technicians.

#### IV-D. Pharmacy Technicians - Trainee Class

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2010-05, Pharmacy Technicians - Trainee Class.*

**Background:** The committee combined this policy into policy 2007-01, Pharmacy Technicians.

#### V. Prescriber Dispensing Requirements

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2007-74, Prescriber Dispensing Requirements as follows:*

The California Pharmacists Association supports amendment and enforcement of federal and California laws and regulations governing the packaging, labeling, and dispensing of prescription drugs to require all prescriber dispensing to conform to the same standards applicable to pharmacists and to prohibit prescriber abuse of the permissible childproof safety container exemption. CPhA supports expansion of Board of Pharmacy jurisdiction to include oversight of non-pharmacist dispensing.

**Background:** The committee felt that it would like to see this additional sentence added to current policy that expressed a desire for the State Board to have the jurisdiction to be able to monitor and oversee any non-pharmacist dispensing and assure that it is done in consideration of California State Pharmacy Law.

#### VI-A. Prescriber Dispensing - Non-Pharmacist Dispensing

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2007-75, Prescriber Dispensing - Non-Pharmacist Dispensing as follows:*

The California Pharmacists Association opposes non-pharmacist dispensing of medications except under the direction and supervision of a licensed pharmacist.

In those instances where adequate pharmaceutical pharmacist services are not available, CPhA supports dispensing may be performed only by legally authorized personnel in compliance with policies and procedures developed by a consultant pharmacist.

The California Pharmacists Association opposes non-pharmacist licensed prescriber dispensing for human use which is designed to enhance the income of the prescriber.

**Background:** The committee wanted to change the wording from pharmaceutical to pharmacist services and felt that the including of policy 2007-36 wording added clarification to the policy.

#### VI-B. Prescriber Dispensing For Profit

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2007-36, Prescriber Dispensing For Profit.*

**Background:** The committee recommends repeal to of this policy in order to eliminate redundancy with policy 2007-75, Prescriber Dispensing - Non-Pharmacist Dispensing.

#### VII-A. Expansion of Pharmacists' Prescriptive Authority

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2007-78, Expansion of Pharmacists' Prescriptive Authority as follows:*

The California Pharmacists Association supports the development of education and demonstration programs within pharmaceutical care models which promote the Pharmacists' ability to prescribe.

The California Pharmacists Association supports legislative or regulatory action to allow independent prescriptive authority for pharmacists.

CPhA supports legislation to allow pharmacists to prescribe under protocol, order laboratory tests, utilize point-of-care lab devices, perform venipunctures and other procedures.

**Background:** The committee felt that by deleting the words "within pharmaceutical care models" created more opportunities for pharmacists without the limitation of specific care models. Also, by adding the wording from 2007-81 and 2007-05, this also helps clean up the policy manual without changing the intent of either of the included policies.

#### VII-B. Prescriptive Authority for Pharmacists

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2007-81, Prescriptive Authority for Pharmacists.*

**Background:** The committee combined this policy into policy 2007-78, Expansion of Pharmacists' Prescriptive Authority.

#### VII-C. Scope of Practice

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2007-05, Scope of Practice.*

**Background:** The committee combined this policy into policy 2007-78, Expansion of Pharmacists' Prescriptive Authority.

#### VIII. Manpower Study

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2009-55, Manpower Study.*

**Background:** The committee felt that policy 2007-31 said the same thing as 2009-55, and perhaps stated the desire even better.

#### IX. Assessing the Need For Pharmacy Schools

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2009-16, Assessing the Need For Pharmacy Schools as follows:*

The California Pharmacists Association shall seek an active role in assisting assessing current and future pharmacist demands and the need for additional California schools of pharmacy and proposed schools of pharmacy to assess current and future healthcare demands.

**Background:** The committee felt that while this was similar to policy 2007-31, this addressed the need for schools in addition to the demand for pharmacists.



### X-A. Pharmacist As A Health Care Provider/Pharmacy As A Profession

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2007-28, Pharmacist As A Health Care Provider/ Pharmacy As A Profession as follows:*

The California Pharmacists Association supports the recognition of the practice of pharmacy as a profession and pharmacists as health care providers by public and private payors. Further, CPhA supports the expansion of pharmacist CPT codes to enable appropriate compensation for pharmacists' clinical services.

**Background:** The committee felt that this was an opportunity to clean up the manual and make a stronger statement of policy desired.

### X-B. Pharmacist Provider Recognition

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2011-29, Pharmacist Provider Recognition.*

**Background:** The committee recommends repeal of this policy in order to eliminate redundancy with policy 07-28, Pharmacist As A Health Care Provider/ Pharmacy As A Profession.

### XI. Therapeutic Interchange

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2009-24, Therapeutic Interchange.*

**Background:** The committee felt that policy 2010-08 had the same message as 2009-24, but was also more inclusive.

### XII-A. Work Environment

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2006-35, Work Environment as follows:*

The California Pharmacists Association supports work schedules/shifts that comply with labor code to ensure public health and safety and pharmacist well-being. CPhA also supports a work environment in which innovative work schedules/benefits are available to pharmacists, including but not limited to job sharing, split shifts, and creative scheduling.

**Background:** The committee felt that this was another opportunity to clean up the policy manual and combine two similar policies into one that was more inclusive.

### XII-B. Work Schedules/Shifts for Pharmacists

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2011-11, Work Schedules/Shifts for Pharmacists.*

**Background:** The committee felt this policy should be combined with policy 2006-35 and that the second paragraph of 2011-11 should actually have been part of the background information, and not necessarily part of the policy itself.

### XIII-A. The Board of Pharmacy As A Consumer Protection Agency

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2008-30, The Board of Pharmacy As A Consumer Protection Agency as follows:*

The California Pharmacists Association supports the continued existence of the Board of Pharmacy's responsibility as a consumer protection agency. The Board of Pharmacy should ensure pharmacists' competency and protect the public while allowing those pharmacists that the Board regulates to rehabilitate their licenses when violations occur. The Board of Pharmacy should emphasize education and compliance to prevent violations and promote corrective actions prior to utilization of the administrative law process.

**Background:** The committee felt that combining policy 2008-30 and policy 2011-06 made sense and provided extra support for the State Board and its duties.

### XIII-B. Retention of California State Board of Pharmacy

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2011-06, Retention of California State Board of Pharmacy.*

**Background:** The committee recommends repeal of this policy as it has been combined into policy 2008-30, The Board of Pharmacy As A Consumer Protection Agency.

### XIV. General Standards - Facilities and Equipment

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2007-59, General Standards - Facilities and Equipment.*

**Background:** The committee felt that policy 2008-10 had the same message as 2007-59, and felt that "shall" was a little stronger than "should endeavor" when talking about private areas for consultation purposes.

### XV-A. Manufacturer's Drug Product Labeling – Expiration Date, NDC Number and Lot Number

**Recommendation:** *The committee recommends that the House of Delegates amend policy 2011-18, Manufacturer's Drug Product Labeling – Expiration Date, NDC Number and Lot Number as follows:*

The California Pharmacists Association supports the standardization of drug product labeling by manufacturers such that the lot number, National Drug Code number, NDC or UPC barcode, and expiration date are clearly visible. Further, the expiration date and lot number should not be cut or embossed into the surface of the label. The California Pharmacists Association CPhA encourages the manufacturer to include product image and imprint information on the container.

The California Pharmacists Association supports manufacturers and distributors of over-the-counter and prescription products to include the company and location (City, State, or Country) where the product is manufactured and packaged on the label.

**Background:** The committee felt that this was an opportunity to clean up the policy manual by combining policy 2011-27 into 2011-18, without changing the intent of either.

### XV-B. Labeling For Over-the-Counter and Prescription Products

**Recommendation:** *The committee recommends that the House of Delegates repeal policy 2011-27, Labeling For Over-the-Counter and Prescription Products.*

**Background:** The committee recommends repeal of this policy as it has been combined into policy 2011-18, Manufacturer's Drug Product Labeling – Expiration Date, NDC Number and Lot Number.

### Policy Two Committee Members

- Aileen De Revere, Chair
- Rachel Sperling
- Komal Patel
- Aglaia Panos
- Sylvia Moore
- Jarrod Mills
- Dulce Landazuri (Student member)



## POLICIES RECOMMENDED TO RETAIN & RENUMBER

Pursuant to House of Delegates Standing Rule IV, Policy Committee One reviewed the following policies and is recommending to retain and renumber:

2006-03 Truth in Dietary Supplement Advertising	2006-17 Publication of Pharmacy Personnel Names/Addresses by the Board of Pharmacy	2006-26 Return and Reuse of Medications in Licensed Healthcare Facilities
2006-04 Truth in Advertising - Identify Actors Portraying Health Care Professionals	2006-19 Testing and Verification of Computer Programs and Data	2006-28 Workers' Compensation Reimbursement
2006-06 General Standards - Research Findings	2006-20 Standardization of Prior Authorization	2006-32 Third Party Identification Cards
2006-08 Multiple Package Sizes and Unit of Use Packaging	2006-21 Practice Related Questions - State Board Examinations	2006-33 Limiting Access to Pharmacy Patient Data
2006-11 General Standards - Consultation	2006-22 Dispensing for Off-Label Indications	2006-37 Family Leave
2006-12 Patient Health Information	2006-25 HMO Transfer of Pharmacy Risk/HMO Sharing of Capitation Information	2006-38 Gender Neutral Language
2006-14 Professional Advancement		2006-39 Sexual Harassment
2006-16 Notifications by Regulatory Agencies of New Regulations or Statutes Prior to Enforcement		2006-44 General Standards - Patient Health Information