

ASSEMBLY THIRD READING
AB 2194 (Ward and Lee)
As Introduced February 15, 2022
Majority vote

SUMMARY

Requires pharmacists and pharmacy technicians to complete at least one hour of continuing education through a cultural competency course focused on lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) patients.

Major Provisions

- 1) Defines "cultural competency course" as a cultural competency and humility course that meets the following criteria:
 - a) The course focuses on patients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, or queer, or who question their sexual orientation or gender identity and expression.
 - b) The course is approved from an accreditation agency approved by the Board.
 - c) The course covers recognized health disparities faced by Black, Indigenous, and people of color.
 - d) The course contains elements demonstrating how sexual identity is directly impacted through intersectionality.
- 2) Requires pharmacists to submit proof to the Board that they have completed at least one hour of participation in a cultural competency course as part of their 30 hours of required continuing education as a condition of their biannual license renewal.
- 3) Requires a pharmacy technician to submit proof to the Board that they have completed at least one hour of participation in a cultural competency course as a condition of their biannual license renewal.

COMMENTS

Continuing Education for the Pharmacy Profession. The California State Board of Pharmacy (Board) currently regulates over 47,000 pharmacists, 550 advanced practice pharmacists, 6,500 intern pharmacists, and 70,000 pharmacy technicians. Pharmacists are required to earn at least 30 units of continuing education (CE) every two years after their first renewal cycle. Advanced practice pharmacists must earn an additional 10 units. The subject matter is required to be "pertinent to the socioeconomic and legal aspects of health care, the properties and actions of drugs and dosage forms and the etiology, and characteristics and therapeutics of the disease state."

Pharmacists typically self-certify completion of their CE requirements. The Board conducts random audits of its renewal applicants to ensure compliance with CE. Whenever an audit reveals a deficiency, the Board typically instructs the licensee to obtain the required CE units and issues a citation and fine for misrepresenting completion of CE on the renewal form. For

pharmacists who do not comply, their licenses are converted from active to inactive status until a renewal fee is paid and CE is completed. The Board is authorized to make exceptions from these requirements in emergency or hardship cases.

The Board is not responsible for approving CE providers or courses. Two accreditation agencies are responsible for approving continuing education providers and courses: the ACPE and the California Pharmacists Association. CE providers are not audited. Statute does allow the Board to accept CE approved by other healing arts boards if it meets standards of relevance to pharmacy practice. Pharmacists are also eligible to receive CE credit for attending meetings of the Board or its committees. Credit is also awarded for successfully passing the examination administered by the Commission for Certification in Geriatric Pharmacy.

Currently, there are few CE course requirements that pharmacists must take as part of their 30 hours within the Pharmacy Law. However, there is some specificity in both statute and regulations. Section 1732.5(b) in the Board's regulations requires at least two of the 30 CE hours for a pharmacist license renewal consist of participation in law and ethics courses provided by the Board. Pharmacists who engage in furnishing prescription nicotine replacement products must complete CE specifically on smoking cessation therapy. Pharmacists who initiate or administer vaccinations must complete one hour in CE focused on immunizations and vaccines.

LGBTQ+ Patient Needs. In 2019, SB 159 (Wiener), Chapter 532, Statutes of 2019, was enacted to authorize a pharmacist to furnish preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) in under certain conditions. PrEP involves a combination of two antiretroviral medications that significantly reduce the risk of contracting human immunodeficiency virus (HIV) in high-risk individuals, first approved by the federal Food and Drug Administration (FDA) in 2012. The FDA recommends PrEP for HIV-negative gay or bisexual men who have unprotected sex; heterosexual women who regularly have unprotected sex with partners who are at risk of HIV; and individuals who engage in the use of injectable drugs using shared needles. PEP refers broadly to any medication intended to prevent infection from occurring after exposure to a pathogen. One of the first PEP treatments developed during the HIV/AIDS pandemic was zidovudine or AZT, combined with other antiretroviral medications. An early common use of AZT was to prevent mother-to-child transmission of HIV and treat health care workers exposed to HIV-positive patients.

The efficacy of PrEP diminishes significantly if it is not taken consistently. The CDC urges individuals who are on PrEP to take the drug every single day and see a health care provider every three months. Because missing a dose of PrEP can jeopardize its effectiveness in preventing HIV, supporters of SB 159 expanded the scope of practice of pharmacists to increase the availability and accessibility of the drug, which could previously only be obtained with a prescription from a health provider such as a physician and surgeon.

The CDC recommends using PEP in emergency situations, beginning within 72 hours after a recent possible exposure to HIV. Use of PEP can help prevent an HIV infection following exposure through unprotected sex, needle sharing, or other activities prone to causing infection. A full course of PEP consists of one pill a day for a 28-day regimen. Patients who are regularly exposed to these emergency scenarios are encouraged to instead begin using PrEP.

Similarly to PrEP, PEP was previously only available with a prescription. Safeguards in the bill required a pharmacist to confirm that the patient meets the CDC's clinical criteria, offer to provide HIV testing, counsel the patient on the use of PEP and its potential side effects, and

notify the patient's primary care provider of the treatment. The author of SB 159 argued that expanding access to the drug was critical to ensuring its availability to individuals in crisis, particularly those in at-risk communities.

With many pharmacists now providing critical HIV prevention care, advocates both within the pharmacy profession and within the LGBTQ+ community have observed an urgent need to improve cultural competency for pharmacists to better understand the needs of their LGBTQ+ patients. This bill would achieve that goal by requiring CE specifically in LGBTQ+ cultural competency for both pharmacists and pharmacy technicians. Doing so would arguably go beyond furthering the pharmacy profession's administration of PrEP/PEP but would ensure that an important patient population with unique pharmacy needs is better understood by the health professionals who serve them.

According to the Author

"Healthcare providers have a responsibility to maintain their knowledge of the most recent advances in healthcare. AB 2194 requires pharmacists and pharmacy technicians to have one hour of continuing pharmacy education (CE) that provides culturally competent care to members of the LGBTQ+ community. This bill will help ensure that pharmacists have the necessary tools to provide care to the LGBTQ+ community."

Arguments in Support

The *California Pharmacists Association* (CPhA) is co-sponsoring this bill. CPhA explains that "in 2019, CPhA sponsored SB 159 (Wiener), Chapter 532, 2019, which granted pharmacists the authority to initiate and furnish HIV preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP). The legislature agreed that pharmacists have the proper education and training to provide this life-saving medication. However, we understand of equal importance is the ability to provide care to the LGBTQ+ community with cultural humility."

Equality California (EQCA) is also co-sponsoring this bill. According to EQCA, "AB 2194 is the next step in addressing the role that pharmacists play in closing health gaps for marginalized communities in California. Pharmacists and technicians provide critical services, particularly for patients who may not feel safe consulting a physician." EQCA argues that "ensuring that pharmacists and technicians have a strong foundation in how to provide affirming and inclusive care to LGBTQ+ patients will expand access to care and help to reduce the disparities in health and well-being that LGBTQ+ people continue to face."

Arguments in Opposition

None on file.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, the California State Board of Pharmacy estimates absorbable cost of approximately \$28,000 to update renewal applications, promulgate regulations, track continuing education and change renewal forms.

VOTES

ASM BUSINESS AND PROFESSIONS: 16-0-2

YES: Berman, Flora, Bloom, Mia Bonta, Chen, Cunningham, Smith, Fong, Gipson, Grayson, Lee, McCarty, Ward, Salas, Ting, Akilah Weber

ABS, ABST OR NV: Irwin, Medina

ASM APPROPRIATIONS: 11-0-5

YES: Holden, Bryan, Calderon, Carrillo, Davies, Mike Fong, Levine, Quirk, Robert Rivas, Akilah Weber, Wilson

ABS, ABST OR NV: Bigelow, Megan Dahle, Seyarto, Gabriel, Eduardo Garcia

UPDATED

VERSION: February 15, 2022

CONSULTANT: Robert Sumner / B. & P. / (916) 319-3301

FN: 0002339