MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 387
AUTHOR:	Gabriel
BILL DATE:	July 2, 2019, Amended
SUBJECT:	Task Force: Adverse Drug Events: Prescriptions
SPONSOR:	Author
POSITION:	Oppose

DESCRIPTION OF CURRENT LEGISLATION:

This bill would establish the Prescription Labeling and Adverse Drug Event Prevention Advisory Task Force (Task Force) for the purposes of developing information and making recommendations to the Medical Board of California (Board), the California Board of Pharmacy (BOP), and the Legislature on ways to increase adherence to prescription medication and decrease adverse drug events.

BACKGROUND:

Current law already requires a prescription label to include the condition or purpose for which the drug was prescribed, if requested by the patient, which is an "opt-in" system. This means that if a patient does not request a physician to include the medication's purpose on the prescription, a pharmacist is not required to include it on the prescription label.

According to the author, adverse drug events (ADEs) due to medications with similar names are common and estimated to be responsible for thousands of deaths and millions of dollars in costs every year. One study indicated that up to 25% of medication errors can be attributed to name confusion and 33% to packaging and labeling confusion. In addition to increasing hospital admissions, prolonging hospital stays, requiring additional clinical visits, and increasing risks of disability or death, ADEs are estimated to cost the healthcare system approximately $50 billion annually.

ANALYSIS:

This bill would establish a Task Force until January 1, 2024, which must be composed of the following members:

- A representative from the Board.
- A representative from BOP.
- A representative with pharmacy or medical expertise appointed by the Governor's office.
- A representative from the California Department of Public Health.
- A representative with pharmacy or medical expertise appointed by the Senate Committee on Rules.

- A representative with pharmacy or medical expertise appointed by the Speaker of the Assembly.
- A representative from community pharmacies.
- A representative from retail pharmacies.
- A representative from a patient advocacy group.
- A representative from a physician organization.
- A representative from a family physician organization.

This bill would specify that the representatives from the Board and the BOP will serve as the chairs of the Task Force. This bill would specify that members of the Task Force shall not receive compensation or any other payment for their service on the Task Force. This bill would specify that all administrative expenses for the Task Force shall be absorbed by the Board and the BOP. This bill would allow the Task Force to receive funding pursuant to an appropriation in the Budget Act.

This bill would require the Task Force to develop information and make recommendations to the Board, the BOP, and the Legislature on ways to increase adherence to prescription medication and decrease ADEs. This bill would specify that the information developed by the Task Force shall include, but not be limited to, information on the following topics:

- The prevalence of patient opt-in.
- Prescriber and pharmacy compliance with existing BOP regulations that require prescription labels to include the condition or purpose for which the drug was prescribed if the condition or purpose is indicated on the prescription.
- Barriers to increasing the number of patient opt-ins.
- A cost-benefit analysis of the benefits of increasing patient opt-ins versus the administrative burden caused by increased patient opt-ins.
- Prevalence of ADEs for varying demographics, including, but not limited to, race, age, gender, income, disabilities, and geographic location.
- Recommendations to improve the patient opt-in process, increase the prevalence of patient opt-in, and reduce the prevalence of ADEs.

This bill would require the Task Force to prepare and submit a report on its findings and recommendations to the Board, the BOP and the Legislature by September 1, 2020. This bill would require the Board and the BOP to adopt regulations to implement recommendations in the report that are within the jurisdiction of the relevant board if, in the independent determination of the board, the regulations will achieve the goals of improving the patient opt-in process, increasing the prevalence of patient opt-in, and reducing the prevalence of ADEs.

The Board previously had a support position on this bill when it changed existing law that requires a physician to include the purpose for a drug or device on the prescription label from an opt-in basis to an opt-out basis. However, this bill now requires a Task Force to meet, develop specified information, and make recommendations to the Board, the BOP, and the Legislature. The Board believes this bill is unnecessary; a task force can be created without statute. Interested stakeholders could look into these issues

now, as could the Board and the BOP. It is also unlikely that recommendations could be implemented via regulations, as regulations only make law more specific, they cannot require something new that existing law does not already require. For these reasons, the Board has taken an oppose position on this bill.

FISCAL: This bill will result in increased workload and administrative expenses of the Task Force that must be absorbed by the Board and the BOP.

SUPPORT: California Medical Association

OPPOSITION: None on file.