



Sheila de la Guerra **Public Comment**

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**From:** Carol Millage <arabpharm@aol.com>  
**Sent:** Thursday, April 16, 2026 7:53 PM  
**To:** sbcob  
**Cc:** Trang Ngo; Pulido, Veronica  
**Subject:** PHD Pharmacy Consolidation: Comments from previous Pharmacy Director (2001-2022) Consultant Pharmacist (2022-current), Dr. Carol Millage, PharmD

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Dear Board of Supervisors,

It is important for the Board to understand the history of the PHD Pharmacy Program and its purpose to the surrounding community. I was the PHD Pharmacy Director, also known as the Supervising Pharmacist, from 2001 until 2022, when I retired. When I was hired, the Santa Barbara pharmacy was losing millions of dollars. The first year after I started, I saved the county over a million dollars. The pharmacy was not well run and I changed workflows, decreased wait times to 20 minutes, and improved customer services. The pharmacy was providing services to our uninsured and underinsured in the community, an important component of our mission statement. Initially, many patients just put their charges "on account" and racked up large account receivables. It was not unheard of to have patients owing 30,000-50,000 dollars to the PHD. We added Patient Assistance programs and sliding scale fees to our services and eventually were able to completely eliminate the account receivables. Patients were relieved to get their medications at deep discounts, free under patient assistance, not to mention eliminating the crushing debt under their names.

The pharmacy program entered a new era by opening 2 more pharmacies in Lompoc and Santa

Maria. These new services of patient assistance and sliding scale discounts were now available throughout the county for the Franklin, Carpinteria, Santa Barbara, Santa Maria, and Lompoc locations. Many chain pharmacies do not have the time or incentive to provide complicated formulary assistance, free patient assistance programs, or durable medical goods (nebulizers, glucose monitors, etc) to the community. Our PHD Pharmacies thrive on providing help to patients and providers when other pharmacy providers fail. Our PHD pharmacists suggest alternative therapies, patient assistance, and Durable Medical Goods to have a net positive effect on the whole community. Many times the nursing staff or doctors come to our PHD Pharmacies letting us know that the community pharmacies could not help the patients get their child a nebulizer for their acute bronchitis/pneumonia or asthma or would not fill a prescription that was not covered by insurance and the patient, not understanding the process would not get their medications, allowing their health to further decline.

Financially the PHD Pharmacy programs are one of the few programs consistently providing revenues to the Public Health Department. While our PHD pharmacies lost money in the beginning of my tenure, we were building a strong program that went from losing millions of dollars to finally providing positive revenues for the PHD. We started covering our costs completely and providing 1-3 million a year in positive revenue for the county. While we have been involved with 340B since I was hired, HRSA began permitting 340B contracts with community pharmacies. We eventually peaked in net positive revenues to approximately 6-7 million dollars several years in a row. However, the 340B landscape is a constantly changing environment. The manufacturers began fighting against the 340B contract pharmacies indicating that the 340B program was meant only for FQHC owned pharmacies or other qualified 340B entities owned pharmacies. Many county facilities began to add 340B "Entity owned pharmacies/In House Pharmacies" to capture those 340B revenues that could no longer be captured at

the community 340B contract pharmacies. This issue is still in litigation.

Unfortunately, PHD has forgotten our historical roots where the PHD Pharmacies helped in our PHD mission statement:

*The [Santa Barbara County Public Health Department](#) mission is to improve the health of local communities by preventing disease, promoting wellness and health equity, ensuring access to necessary healthcare, and maintaining a safe, healthy environment. Their vision focuses on achieving healthy people, a healthy community, and a healthy environment.*



*Santa Barbara County, CA +3*

*Key Aspects of the Mission:*

- *Preventive Care & Wellness: Focusing on disease prevention and promoting overall wellness.*
- *Access to Care: Ensuring access to needed healthcare services.*
- *Community Safety: Maintaining a healthy environment, including during emergencies.*
- *Equity: Prioritizing health equity, particularly for underserved populations.*
- *Leadership & Partnership: Providing leadership in public health policy.*

Our pharmacies provide health equity:

- **Example:** Many patients come from other countries and do not understand the simple task of reordering a refill on their prescriptions. I had one patient call me in a panic that he could not get an appointment to see his doctor and he was out of his medications. I reassured him I would help him, looked in his file, and found he had refills on his prescription. I explained the

process of ordering refills in this county since the country he came from refill were not offered. A doctor visit was needed every time.

- Example: Patient did not take the medication doctor prescribed because they could not afford it. I suggested a drug in the same class to the doctor that was free for the patient on patient assistance and patient started taking the medication. This scenario happened multiple times a day, especially when I participated in the Diabetes clinic as a certified diabetic trained pharmacist.

Our Pharmacies provide medications in emergencies:

- Our partnership with Amerisource Bergen allows us to get Hepatitis A vaccine and Rabies vaccines shipped in the same day for Hepatitis A outbreaks. Several years ago, Santa Barbara had a large outbreak at UCSB . In addition, we have provided rabies vaccines for patients who had contact with bats. Both of these scenarios have happened at the PHD. Most pharmacies do not provide those emergency services. Even Cottage hospital would not provide rabies vaccine series in the past.

Our Pharmacies provider leadership and partnership:

- We have been involved in collaborating with disease control, clinics, and even in bioterrorism preparation for policies and procedures.
- Our Pharmacy Director provides clinic audits as the Consultant Pharmacist as required for clinic licensure. The law requires a consultant pharmacist to provide policies and procedures, clinic oversight of pharmaceuticals, and reporting at least quarterly to the Medical Director.

In closure, I think that consolidating the 3 pharmacies into one pharmacy should be reconsidered. The pharmacy program is still covering the overhead costs of the program and is self-sufficient. The Pharmacy program is projected to provide 1.5 million dollars in net positive revenue this fiscal year to the PHD that can be used to help cover the administrative and clinic costs. Focusing on cutting expenditures without consideration of net revenues is short sighted and not a good business model. Money must be spent to create a positive revenue when providing a product such as pharmaceuticals. Pharmacy is an integral component of health care that cannot be ignored nor understated. The partnership the clinics have had with the pharmacies is important to the continued care of our uninsured and underinsured patients of Santa Barbara County.