SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT
Senator Angelique Ashby, Chair
2025 - 2026 Regular

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Author:	Berman		
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Consultant:	Sarah Mason		

Subject: Pharmacy

SUMMARY: The sunset bill for the Board of Pharmacy (Board), this bill makes numerous changes to the Pharmacy Law and Board operations, including extending the Board for four years, stemming from the sunset review oversight for the Board.

Existing law establishes the Pharmacy Law and establishes the Board to enforce the Pharmacy Law until January 1, 2026. (Business and Professions Code (BPC) §§ 4000 *et seq.*)

This bill:

1) Extends Board operations to January 1, 2030.

2) Authorizes a pharmacist-in-charge (PIC) to make the decision regarding how many pharmacy technicians may be working in a pharmacy and allows for up to four pharmacy technicians to be working in the pharmacy for each pharmacist working in the pharmacy. Requires the Board to adopt regulations to ensure that the judgment of the PIC in making staffing decisions related to pharmacy technicians is not subjected to inappropriate pressure or coercion by the owner or management of the pharmacy.

3) Defines “accepted standard of care” as the degree of care a prudent and reasonable pharmacist licensed pursuant to the Pharmacy Law, with similar education, training, experience, resources, and setting, would exercise in a similar situation. Requires pharmacists to provide specified services and activities consistent with the accepted standard of care, including when authorizing the initiation of a prescription.

4) Repeals various statutes providing pharmacists with specific authority to perform certain services or functions and instead amends the Pharmacy Law to more broadly authorize pharmacists to perform various services and functions, subject to specified conditions, unless the pharmacist has made a professional determination that the pharmacist would not be able to perform the service or function properly or safely.

5) Requires the Board to establish and appoint a Pharmacy Technician Advisory Committee to advise and make recommendations to the Board on matters relating to pharmacy technicians.

6) Specifies that only the Board has the authority to interpret and enforce the provisions of the Pharmacy Law regarding the practice of pharmacy and the licensing of pharmacists and pharmacies, that any violation of the Pharmacy Law shall be determined exclusively by the Board, and that the Board has sole authority to conduct investigations, hold hearings, and impose disciplinary actions for violations of the Pharmacy Law. Prohibits a state agency other than the Board from defining or interpreting Pharmacy Law and its regulations for Board or licensees and from developing standardized procedures or protocols pursuant to the Pharmacy Law unless authorized or required.

7) Changes the title “advanced practice pharmacist” to “advanced pharmacist practitioner.”

8) Authorizes pharmacy technician trainees to receive their training from an accredited employer-based pharmacy technician training program.

9) Requires all Board-licensed to biannually complete a specified self-assessment process on a form approved by the Board.

10) Requires pharmacies or outsourcing facilities to notify the Board if they receive prescriptions for dispensing to patients from a telehealth platform, as defined, and requires the disclosure of any financial relationship between the pharmacy or outsourcing facility and the platform.

11) Expands the types of records that must be maintained by pharmacies to include staffing schedules, pharmacy personnel job duty statements, consultant reports, and policies and procedures related to pharmacy personnel and pharmacy operations.

12) Allows paper records to be converted into a digital format and maintained in a noneditable digital format.

13) Clarifies the prohibition against a person receiving a license from the Board who shares a community or other financial interest with person authorized to prescribe or write a prescription.

14) Requires pharmacies located in another state (nonresident pharmacies) to identify a California licensed pharmacist designated as the PIC employed and working at the nonresident pharmacy. Requires the Board to inspect a licensed nonresident pharmacy as a condition of renewal once every four years, unless the board determines more frequent inspections are necessary and requires the nonresident pharmacy to pay the costs associated with this inspection. Authorizes the Board to take action against a nonresident pharmacy on grounds that would not be grounds for action in the state in which the nonresident pharmacy is permanently located.

15) Requires an appropriate examination of a patient prior to the dispensing or furnishing of a dangerous drug or dangerous device on the internet for delivery to that patient, rather than a “good faith examination.”

16) Specifies that pharmacies are only required to report medication errors related to prescriptions dispensed to California residents.

17) Requires certain chain community pharmacies to be staffed with sufficient pharmacists with overlapping schedules when patient care services other than dispensing or immunizations are provided.

18) Requires a chain community pharmacy to post, in a prominent place for pharmacy personnel, a notice that provides information on how to file a complaint with the Board.

19) Authorizes a pharmacy technician to perform compounding activities and administer vaccinations outside a licensed pharmacy under supervision.

20) Requires a pharmacist at a hospital pharmacy to obtain an accurate medication profile or list for each high-risk patient upon discharge in addition to admission.

21) Revises the process for restoring a retired license to active status.

22) Authorizes the Board to deny an application for licensure if the applicant has been convicted of a crime involving fraud in violation of state or federal laws related to health care or a crime involving financial identify theft.

23) Revises Board authority to bring an action for increased fines against a chain community pharmacy for violations of the Pharmacy Law by allowing the Board to demonstrate that the violation was expressly encouraged by any owner or manager.

24) Provides that it is a mitigating factor, not a defense, in an action for increased fines for a pharmacy to establish that the violation was contrary to a written policy, and requires that the pharmacy demonstrate compliance with that policy.

25) Extends the Board's authority to bring an action for increased fines against certain pharmacies for repeat violations of the Pharmacy Law to allow for similar actions to be brought against mail order pharmacies.

26) Defines "medically underserved area" for purposes of the Pharmacy Law as a location that does not have a physical pharmacy that provides in-person patient care services by a pharmacist and that serves the general public within 50 road miles of an existing pharmacy.

27) Requires the BOP to waive the application fee, and authorizes the BOP to waive the renewal fee, for a pharmacy that opens or maintains a physical pharmacy operating and located in a medically underserved area.

FISCAL EFFECT: This bill is keyed fiscal by Legislative Counsel. According to the Assembly Committee on Appropriations, the Board states this bill will have minor and absorbable fiscal impact as it relates to education on the changes in law, and the repeal of regulations that are no longer required. By extending the Board, this bill costs the state approximately $38.8 million per year, based on fiscal year 2025-26 budgeted

expenditures. In addition, the Department of Consumer Affairs Office of Information Services estimates absorbable costs of $4,000 to update its online licensing and enforcement system.

COMMENTS:

1. **Purpose.** The Author is the Sponsor of this bill. According to the Author, the bill extends the sunset date for the Board and enacts technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

2. **Oversight Hearings and Sunset Review of Licensing Boards and Programs.** In early 2025, the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions (Committees) began their comprehensive sunset review oversight of 10 regulatory entities. The Committees conducted three oversight hearings in March of this year. This bill and the accompanying sunset bills aim to implement legislative proposals which are reflected in the background papers prepared by Committee staff for each agency and program reviewed this year, along with those proposals raised in the sunset review reports and those discussed during the sunset review oversight hearings.

3. **Board of Pharmacy.** The Board is the regulatory body within the Department of Consumer Affairs responsible for overseeing the practice of pharmacy in California. The Board is currently estimated to regulate over 50,700 pharmacists, 1,300 advanced practice pharmacists, 4,400 intern pharmacists, and 65,700 pharmacy technicians across a total of 32 licensing programs. In addition to regulating professionals, the Board oversees and licenses pharmacies, clinics, wholesalers, third-party logistic providers, and automated drug delivery systems. In the face of persistent concerns such as the ongoing opioid crisis, the Board is empowered to ensure that dangerous drugs and controlled substances are dispensed and furnished only under lawful circumstances. Under regulations enforced by the Board, pharmacists are tasked with a corresponding responsibility for ensuring that the prescriptions they fill are legitimate and not for purposes of abuse.

   The Pharmacy Law provides that the Board consists of thirteen members, seven of which are licensees of the Board and six of which are unlicensed members of the public. The Governor is responsible for appointing the pharmacist members, who are required to reside in different parts of the state, as well as four public members. The Speaker of the Assembly and the Senate Committee on Rules are responsible for appointing one additional public member each. Of the seven professional members on the Board, at least five are required to be actively engaged in the practice of pharmacy. The Board is also required to include at least one pharmacist representative from each of the following practice settings: an acute care hospital, an independent community pharmacy, a chain community pharmacy, a compounding pharmacy specializing in human drug preparations, and a long-term health care or skilled nursing facility. At least one of the professional members must also be a pharmacist who is a member of a labor union.

4. **Review of the Board.** The background paper for the Board's sunset review oversight hearing contained a total of 32 issues and recommendations, each of which is eligible to result in statutory changes enacted through the Board's sunset bill.

   a) *Issue 1: Board Member Expertise.*

   The Pharmacy Law requires at least five of the pharmacist appointees to be actively engaged in the practice of pharmacy, with specific representatives required for identified practice settings. While the Board's membership was amended during its last sunset review to further specify the practice settings that must be represented among the pharmacist members, an identifiable lack of representation on the Board continues to be the absence of a pharmacy technician member. In addition to overseeing the licensure of pharmacists, the Board is also responsible for regulating pharmacy technicians. However, the professional membership of the Board currently only includes pharmacists. Other healing arts boards are often allotted one or two appointments for associated licensed auxiliaries and allied professionals; it may be worthy of consideration that a technician be added to the current Board to ensure that it is conscious of distinct issues impacting that occupation. *This bill requires the Board to establish and appoint a Pharmacy Technician Advisory Committee to advise and make recommendations to the Board on matters relating to pharmacy technicians.*

   b) *Issue 10: Pharmacy Technician Training*

   Currently, the Pharmacy Law provides for several different pathways to licensure as a pharmacy technician, including through completion of a training program. The Pharmacy Law defines a "pharmacy technician trainee" as a person who is enrolled in a pharmacy technician training program. Under current law, these programs must be operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary Education. The Board has determined that the current definition of pharmacy technician trainee is too limited, arguing that individuals completing an accredited employer-based training program should also be able to gain experience as a trainee to obtain practical experience. *This bill authorizes pharmacy technician trainees to receive their training from an accredited employer-based pharmacy technician training program.*

   c) *Issue 11: Pharmacies Operating Under Common Ownership*

   Historically, the Pharmacy Law holds each pharmacy and its PIC responsible for operations at the individual site, even if that pharmacy is part of a larger chain. However, in many cases, administrative or disciplinary action at an individual store may be the result of policies set at a corporate level. During the Board's most recent sunset review, the Committees considered whether the Board should be better empowered to take enforcement action against the owners and operators of pharmacies under common ownership and control for system-wide violations of law.

Subsequently, the Board's sunset bill was amended to include language authorizing the Board to bring an action for increased civil penalties for repeated violations of the Pharmacy Law by one or more chain community pharmacies operating under common ownership or management. Additionally, the bill authorized the Board to bring an action against a pharmacy operating under common ownership or management for civil penalties not to exceed $150,000 for any violation of the Pharmacy Law demonstrated to be the result of a policy or which was otherwise encouraged by the common owner or manager.

Since enactment of these provisions, the Board reports that it has issued 195 citations under this new authority. The Board reports that the vast majority of the citations issued by the Board under this authority are appealed. The Board states that it has experienced some challenges in utilizing the authority granted in its most recent sunset bill, including what appears to be attempts to apply the law inconsistent with the policy goals of the legislation. *This bill provides that it is a mitigating factor, not a defense, in an action for increased fines for a pharmacy to establish that the violation was contrary to a written policy, and requires that the pharmacy demonstrate compliance with that policy.*

d) *Issue 12: Standard of Care Model for Pharmacy Practice.*

During the Board's prior review, the Committees discussed whether there should be consideration of the Board transitioning to a standard of care model in its enforcement activities. A number of healing arts boards are granted a substantial amount of flexibility in investigations when determining whether a licensee should be subject to discipline. Rather than enforcing strict adherence to codified practice requirements, boards may instead focus on the question of whether a licensee followed the "standard of care" and acted reasonably under the circumstances as a trained professional.

Representatives of the profession have advocated that a similar model should be enacted for the Board in regards to its actions against its licensees. The Board established a Standard of Care Ad Hoc Committee, which convened seven meetings and subsequently submitted a report to the Legislature with its findings and recommendations. The Board concluded that California patients would benefit from pharmacists gaining additional independent authority to provide patient care services, not limited to the traditional dispensing tasks performed at licensed facilities, consistent with their respective education, training, and experience. The Board further recommended revisions to certain provisions detailing a pharmacist's authorized scope of practice for specified clinical patient care services and transition to a standard of care model for specified patient care services, where sufficient safeguards are in place to ensure pharmacists retain autonomy to utilize professional judgment in making patient care decisions.

This bill defines "accepted standard of care" as the degree of care a prudent and reasonable pharmacist licensed pursuant to the Pharmacy Law, with similar education, training, experience, resources, and setting, would exercise in a similar situation. The bill also requires pharmacists to provide specified services and activities consistent with the accepted standard of care, including when authorizing the initiation of a prescription, The bill repeals various statutes

providing pharmacists with specific authority to perform certain services or functions and instead amends the Pharmacy Law to more broadly authorize pharmacists to perform various services and functions, subject to specified conditions, unless the pharmacist has made a professional determination that the pharmacist would not be able to perform the service or function properly or safely.

e) *Issue 13: Self-Assessment Processes*

The Board requires completion of a self-assessment form for a number of its licensed businesses as a means to promote self-evaluation and compliance through self-examination and education. These self-assessment forms include a compilation of relevant laws applicable to the license type—for example, community pharmacy, hospital pharmacy, sterile compounding license, surgical clinic, and so forth. In each instance, the law establishes the process to be followed, the frequency with which the self-assessment must be completed, and the required signatories of the form. The Board is proposing to centralize the self-assessment requirement into statute to ensure consistency in the Board's approach to promoting self-compliance. *This bill requires all Board-licensed to biannually complete a specified self-assessment process on a form approved by the Board.*

f) *Issue 14: Nonresident Pharmacies*

Any pharmacy located outside of California that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into California must obtain a license from the Board. During recent public meetings, the Board has expressed concern about whether these pharmacies adequately understand California requirements, and whether there is adequate oversight by the Board. Under current law, while a nonresident pharmacy is required to hold a nonresident pharmacy license issued by the Board, neither the pharmacist-in-charge or other pharmacists are required to be licensed in California. The Board argues that this stands in contrast to many other states which require such licensure. *This bill requires nonresident pharmacies to identify a California licensed pharmacist designated as the PIC employed and working at the nonresident pharmacy. The bill also requires the Board to inspect a licensed nonresident pharmacy as a condition of renewal once every four years, unless the board determines more frequent inspections are necessary and requires the nonresident pharmacy to pay the costs associated with this inspection. This bill authorizes the Board to take action against a nonresident pharmacy on grounds that would not be grounds for action in the state in which the nonresident pharmacy is permanently located.*

g) *Issue 15: Mail Order Pharmacies*

Mail order pharmacies offer insurers and patients a different option to provide pharmacy care. The Board believes that while there are benefits to this pharmacy model, it also creates unique challenges in meeting patient care issues. The Board also notes a significant number of investigations involving mail order pharmacies, where patients are required to use such services in lieu of the

pharmacy of their choice at the direction of their health insurer or face higher costs. Faced with this, many patients accept the payor-driven pharmacy model and use the services of a mail order pharmacy to receive their prescription medications. The Board reports that it has received a significant number of complaints specifically related to mail order pharmacies, including delays in therapy and concerns about storage of medications throughout the shipping and delivery process. Mail order pharmacies arguably create unique challenges for patients attempting to resolve issues in part because of difficulties speaking with a pharmacist.

Under the Board's current authority, the maximum fine the Board can assess is $5,000 per investigation. The Board argues the current $5,000 maximum fine amount has not been sufficient to bring about changes in the practice to align with legal requirements, similar to challenges previously faced in pursuing enforcement against pharmacies operating under common ownership by major corporate chains that resulted in language in its previous sunset bill. The Board is requesting similar enhanced enforcement authority where it can demonstrate a pattern of similar violations over a period of time. *This bill extends the Board's authority to bring an action for increased fines against certain pharmacies for repeat violations of the Pharmacy Law to allow for similar actions to be brought against mail order pharmacies.*

h) *Issue 16: Online Health Platforms*

As new telehealth technologies have emerged in recent years, the Committees have routinely sought to balance consumer convenience and increased access to care with the potential risks of harm that may be associated with patients receiving less direct, in-person care from providers. In its report to the Committees, the Board states that it has become aware of telehealth platforms that steer patients to a pharmacy owned and operated by the telehealth platform. At a minimum, this practice potentially violates the intent of the anti-kickback statute prohibiting offering or receiving any remuneration to induce referrals for services.

The Board has expressed concerns over the fact that telehealth platforms may not have full visibility into the patient's history, including underlying medical conditions, and medication use, including over-the-counter and prescription medications. The Board is concerned that this can lead to contraindications and duplication in therapies being overlooked, placing patients at risk. The Board has stated its belief that, at a minimum, patient protection must be addressed to avoid potential patient steering or other violations of anti-kickback provisions. *This bill requires pharmacies or outsourcing facilities to notify the Board if they receive prescriptions for dispensing to patients from a telehealth platform, as defined, and requires the disclosure of any financial relationship between the pharmacy or outsourcing facility and the platform.*

i) *Issue 17: Payor Activities*

Over the past several years, the Board has become increasingly concerned about the emergence of payor practices that it believes negatively impact patient

care. The Board argues that these payor practices appear to go unresolved and continue to place patients at risk. There are two general areas where payor practices have drawn concern: failure to comply with existing requirements of the law, including mandates for health insurers to reimburse for pharmacy services; as well as unfair practices by pharmacy benefit managers placing patients at risk. Legislation has been introduced to address some payor practices, including those of pharmacy benefit managers (PBMs). The Board does not believe it has the current authority to prevent certain payor driven practice, which it worries can result in challenges in coordinating care and delays in therapy.

The Board routinely receives complaints from consumers indicating that a pharmacy delayed dispensing of a medication in violation of the law. Through the Board's investigation however, the Board frequently discovers that the delay was not caused by the actions of a pharmacy but rather, the delays were caused by payor requirements for things such as prior authorizations, for which there is no enforcement of provisions that such authorizations be approved within a specified time frame. The Board has also been advised that some payors, as part of their audit process, claw back payments based on a determination by the auditor that the pharmacy has violated the Pharmacy Law or has otherwise not met requirements the payor believes are appropriate. The Board believes that many of these payor practices are placing patients at risk and are resulting in the closures of pharmacies, creating pharmacy deserts and barriers to care. The Board asks that these issues be addressed to protect patients and ensure patients have access to pharmacist care in all communities. *This bill specifies that only the Board has the authority to interpret and enforce the provisions of the Pharmacy Law regarding the practice of pharmacy and the licensing of pharmacists and pharmacies, that any violation of the Pharmacy Law shall be determined exclusively by the Board, and that the Board has sole authority to conduct investigations, hold hearings, and impose disciplinary actions for violations of the Pharmacy Law. Prohibits a state agency other than the Board from defining or interpreting Pharmacy Law and its regulations for Board or licensees and from developing standardized procedures or protocols pursuant to the Pharmacy Law unless authorized or required.*

j) *Issue 19: Pharmacist to Pharmacy Technician Ratio.*

The Pharmacy Law authorizes pharmacies to employ pharmacy technicians, who assist pharmacists by performing "packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist." Current law limits the number of pharmacy technicians that may work in a pharmacy at any given time relative to the number of pharmacists working in the pharmacy at that time. Specifically, the Pharmacy Law provides that "a pharmacy with only one pharmacist shall have no more than one pharmacy technician"—however, if more than one pharmacist is working in the pharmacy, that ratio increases to allow up to two pharmacy technicians per pharmacist.

The pharmacist to pharmacy technician ratio does have some exceptions. The ratio does not apply to certain practice settings, including an inpatient of a licensed health facility, a patient of a licensed home health agency, an inmate of

a correctional facility of the Department of Corrections and Rehabilitation, and to persons receiving treatment in a facility operated by the Department of State Hospitals, the Department of Developmental Services, or the Department of Veterans Affairs. The Board is authorized to adopt regulations establishing a greater ratio applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency. Additionally, if a pharmacy technician is only performing clerical functions, they are not counted toward the ratio. Finally, Assembly Bill 1286 (Haney) allowed pharmacy technicians who have received additional training to perform additional functions, such as administering vaccines or collecting specimens for certain lab tests. If a pharmacy technician is performing these advanced tasks in the pharmacy, a second pharmacy technician is both authorized and required to assist the pharmacist.

For a number of years, representatives of chain community pharmacies have advocated to change the ratio restrictions to allow for more pharmacy technicians to assist pharmacists in their pharmacies. Despite ongoing concerns from representatives of practicing pharmacists about insufficient staffing in community pharmacies, there has been opposition to increasing the pharmacy technician ratio in these settings out of fear that pharmacies would displace their pharmacist workforce with additional pharmacy technicians. Concerns have also been raised about requiring overworked pharmacists to supervise additional personnel. However, supporters of an expansion of the ratio argue that California continues to have one of the most restrictive pharmacist to pharmacy technician ratios in the country, with over half of all states in the country allowing four or more pharmacy technicians per pharmacist. Meanwhile, the National Association of Boards of Pharmacy has recommended the eliminations of ratios entirely. The Board is recommending language that would authorize the Board to adopt regulations establishing, for different community pharmacy practice settings, a ratio different than what the Pharmacy Law currently allows. The Board believes that this approach, which would mirror the regulatory discretion that is already provided for inpatient settings, would allow for continued discussion among stakeholders about what ratio is appropriate for certain pharmacies, and for the outcome of these discussions to be effectuated through the rulemaking process rather than necessitating further statutory change. *This bill authorizes a PIC to make the decision regarding how many pharmacy technicians may be working in a pharmacy and allows for up to four pharmacy technicians to be working in the pharmacy for each pharmacist working in the pharmacy. The bill requires the Board to adopt regulations to ensure that the judgment of the PIC in making staffing decisions related to pharmacy technicians is not subjected to inappropriate pressure or coercion by the owner or management of the pharmacy.*

k) *Issue 29: Stop Dangerous Pharmacies Act.*

In 2023, the Legislature enacted Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023), which was sponsored by the Board and established a number of new requirements aimed at increasing worker and patient safety at community pharmacies. Among other provisions, the bill authorized PICs to make staffing decisions in a pharmacy; required a PIC or pharmacist on duty to notify store

management of any conditions that present an immediate risk of death, illness, or irreparable harm, and required store management to take action to address and resolve those conditions, and authorized the Board to close a pharmacy if the conditions aren't resolved; and required a chain community pharmacy to be staffed with at least one clerk or pharmacy technician fully dedicated to performing pharmacy-related services. The bill also authorized pharmacy technicians with specified training to perform additional tasks under supervision, including administering influenza and COVID-19 vaccines and epinephrine and performing specimen collection for laboratory tests. The Board reports that, as it has moved forward with implementation of Assembly Bill 1286, it has received public comments from interested stakeholders suggesting that clarification is needed on authorized tasks for pharmacy technicians, specifically those related to the transfer of prescriptions. *This bill requires certain chain community pharmacies to be staffed with sufficient pharmacists with overlapping schedules when patient care services other than dispensing or immunizations are provided.*

l) *Issue 30: No Pharmacist Left Alone Law.*

The Legislature enacted Senate Bill 1442 (Wiener) in 2018, which prohibited a community pharmacy from requiring a pharmacist employee to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless another employee is made available to assist the pharmacist at all times. Following the completion of the Board's rulemaking to implement the bill, it reports that it has received a number of allegations of non-compliance with the legal requirements regarding pharmacy operations, including staffing requirements and quota prohibitions. The Board is proposing updates to the Pharmacy Law to explicitly state that additional records must be maintained and made available to the Board upon request. The types of records would include job duty statements, which would confirm whether an individual meets the requirements of the Board's regulation; staffing schedules that would demonstrate compliance with staffing requirements and performance metrics; and training records that confirm an individual meets the requirements to perform specified tasks, among other records. The Board argues that clear access to these records will aid in its implementation and enforcement of Senate Bill 1442 to ensure that its intent is achieved. *This bill expands the types of records that must be maintained by pharmacies to include staffing schedules, pharmacy personnel job duty statements, consultant reports, and policies and procedures related to pharmacy personnel and pharmacy operations.*

m) *Issue 32: Continued Regulation.*

In consideration of the Board's critical public protection mission in its regulation of the pharmacy profession in California, it is likely that the committees will ultimately determine that the Board's repeal date should be extended for an additional term. This bill extends Board operations to January 1, 2030.

5. **Remote Processing.** While this bill comprehensively addresses the myriad issues raised throughout the Board's sunset review oversight, stakeholders and the Board alike continue to request updates to Pharmacy Law based on the sunset review oversight.

One issue in particular may benefit from being addressed this year, specifically whether prescriptions should be able to be processed remotely outside of a hospital setting. "Remote Processing" means entering an order or prescription into a computer from outside of the pharmacy or hospital for a licensed pharmacy. The Board previously issued a "Remote Processing Waiver" as part of its response to the COVID-19 public health emergency. While the Pharmacy Law does not explicitly require a pharmacist performing verification of medication orders to do so onsite, there was not any clear authority for this form of remote processing to occur. The Board's waiver expressly provided legal authorization for remote processing in order to allow for greater flexibility under pandemic conditions. The waiver allowed that pharmacists performing remote processing could also receive, interpret, evaluate, clarify, and approve medication orders and prescriptions, including medication orders and prescriptions for controlled substances. Under the waiver, remote processing also included order entry, other data entry, performing prospective drug utilization review, interpreting clinical data, insurance processing, performing therapeutic interventions, providing drug information services, and authorizing release of medication for administration. The waiver did not permit dispensing of a drug or final product verification by remote processing. Further, the waiver expanded the authority for remote processing by pharmacy technicians and pharmacy interns to include nondiscretionary tasks, including prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders for which supervision by a pharmacist was provided using technology that facilitates remote supervision.

Following the formal end to the COVID-19 pandemic, the Board sought legislation to continue allowing for remote verification of medication orders. In 2023, the Board sponsored Assembly Bill 1557 (Flora), which maintained the authorization for a licensed pharmacist to verify medication chart orders on behalf of a licensed hospital, from a location outside of the hospital. However, remote processing outside of a hospital setting continues to be prohibited since the expiration of the waiver, and some stakeholders have raised concerns about the impact on the pharmacist workforce in California. *In order to allow for continued flexibility and expanded authority for pharmacy services to be provided efficiently, moving forward, the Author should consider amending the bill to allow for remote processing that is not dependent on one particular setting.*

6. **Arguments in Support.** The American Disease Prevention Coalition strongly supports the provisions in AB 1503 that would increase California's pharmacist to pharmacy technician ratio in retail pharmacy settings from 1:2 to 1:4, writing "AB 1503 will support pharmacies' continued ability to meet public demand for pharmacy vaccine services by allowing pharmacies to implement staffing models that maximize the full pharmacy team to effectively meet the public's growing pharmacy care needs – including vaccinations."

   The California Pharmacists Association notes that pharmacists "are highly trained professionals with specialized expertise in medication management, chronic disease treatment, and evidence-based clinical decision-making. A clear and recognized standard of care enables pharmacists to collaborate more effectively within interdisciplinary healthcare teams. By sharing responsibilities such as

medication adjustments, therapeutic monitoring, and patient counseling, pharmacists significantly reduce the burden on physicians, allowing them to focus on diagnosis and more complex care decisions." The organization also supports: extending the Board's sunset date; creating a Pharmacy Technician Advisory Committee; waiving application and renewal fees for pharmacies operating in underserved communities directly supports healthcare equity and the expansion of pharmacy services where they are most needed; applying fair, clear, and enforceable standards to chain and mail-order pharmacies ensures public protection without hindering innovation or service delivery; requiring pharmacist-in-charge designation and compliance with California standards for out-of-state operations promotes safety and consistency in patient care; increasing the technician-to-pharmacist ratio; maintaining staffing records and clarifying digital recordkeeping ensures accountability."

The National Association of Chain Drug Stores "is especially supportive of AB 1503's provision to increase the pharmacy technician-to-pharmacist ratio from 1:1 to 4:1. This adjustment reflects the evolving demands of pharmacy practice, and by safely expanding the allowable ratio, AB 1503 helps ensure that pharmacies can more efficiently meet patient needs, reduce wait times, and enhance the quality of care through improved workflow and task delegation. NACDS supports this provision as a meaningful step toward optimizing the use of trained pharmacy technicians, and allowing pharmacists to spend more time on pharmacy services that require their clinical expertise. NACDS also commends the elements of the bill that institute a "standard of care" to guide pharmacy practice. A standard of care approach encourages innovation, pharmacists' professional judgment, and responsiveness to emerging health needs and challenges, while still holding licensees accountable for patient safety. The modernization provided by this provision would improve patient outcomes and strengthen the pharmacy profession's ability to improve health across the state."

7. **Arguments in Opposition.** A coalition of organizations representing physicians states "We recognize the invaluable role pharmacists play in connecting their patients with needed treatments. However, pharmacists should continue to practice within the scope of their training, education and expertise. Many of the services proposed in the bill go beyond the existing education and training requirements of pharmacists, which raises patient safety concerns. This bill contains numerous, inappropriate scope expansions by allowing pharmacists to furnish prescription medications without a prescription. Currently, this bill includes authorization for pharmacists to furnish medications for minor nonchronic health conditions, for conditions identified by CLIA-waived tests, for substance use disorder, and for preventative health care services that do not require a diagnosis. These authorizations are governed under the same vague standard of care model, with no defined guardrails to ensure patient safety or to preserve physicians' ability to coordinate and manage their patients' care."

   The United Nurses Associations of California/Union of Health Care Professionals is opposed to updating the pharmacist to pharmacist technician ratio, stating "Pharmacists are already overworked and they work to fill their vital role as part of the health care access and delivery team in California. AB 1503 would impose on pharmacists an onerous new task of monitoring the work of up to four pharmacy

technicians, which is orders of magnitude greater than their current supervisory obligations. While this might allow chain drug stores to process prescriptions more quickly, it greatly increases the risk of serious medication errors to the lack of adequate oversight by a licensed pharmacist. This bill would represent an extreme and dangerous change to health care in California."

Pharmaceutical Research and Manufacturers of America (PhRMA) is concerned with changes to existing law related to therapeutic substation, noting that "therapeutic interchange assumes that each drug product in the same class is an identical product, whether brand or generic. A therapeutic class may have many different prescription drugs to treat a similar clinical indication, but drugs in the same class can have significant differences in their chemical formulas and mechanism of action to provide the drug's benefits. Switching drugs in a class, without the authorization or oversight of the prescriber, can pose significant danger to patient health if there are possible side effects or a patient has additional health conditions. The prescriber, not the pharmacist, has the benefit of knowing the medical background of their patient, what therapies have worked for that patient, the current clinical guidelines to treat their conditions and more. This unique perspective is essential in ensuring the patient receives the appropriate medicine safely."

8. **Additional Comments.** ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, writes that language in the bill related to new requirements for pharmacies or outsourcing facilities to notify the Board if they receive prescriptions for dispensing to patients from a telehealth platform, among other specifications, "create substantial, if not infeasible, compliance challenges on pharmacies, given that pharmacies possess neither the authority to direct nor the capacity to influence prescribers' decisions regarding telehealth versus in-person care delivery." The organization notes concerns that underlying premise of these new requirements suggests that prescriptions from a telehealth entity somehow warrant additional scrutiny. "Clinically, a valid prescription is a valid prescription."

   The California Community Pharmacy Coalition (CPCC) supports the pharmacist to pharmacy technician ratio updates this bill but believes the proposed requirement to require a California retail pharmacy to be staffed with sufficient pharmacists with overlapping schedules when patient care services other than dispensing or immunizations are provided "suggests that two pharmacists would be required for additional clinical services like testing, Medication Therapy Management (MTM), adherence-based calls and prescribing. This would limit clinical services that are already offered at retail pharmacies in the state and would make the addition of other clinical services cost prohibitive." The organization is particularly concerned that these new requirements would create substantial administrative and financial burdens for pharmacies dispensing essential medications, without providing meaningful benefits to California patients. CPCC is also concerned about provisions in AB 1503 related to telehealth platforms and believes that record keeping requirements are burdensome, noting "aach document must have an audit trail, including who made the change and when. In a practical sense, an individual is not responsible for changes to these documents (changes are done by committee) and personnel statements and policy and procedure revisions are not kept at the store level." CPCC is opposed to the Board of Pharmacy's proposed language which

would change “defense” to “mitigating factor”, noting “This will have a significant impact on retail pharmacy business…If this change is adopted in AB 1503 there will be a significant increase in CA retail pharmacies’ liability when a board-licensed pharmacist disregards retail pharmacy company policies and procedures.”

9. **Proposed Amendments.** In order to clarify numerous provisions, respond to various stakeholder concerns, and continue to advance the Board’s patient protection efforts while recognizing the significant training, experience, and safe practice pharmacists offer patients throughout the state, the bill will be amended to do the following:

    - Ensure pharmacy technicians appointed to the new Pharmacy Technician Advisory Committee represent a range of practice settings to provide a diversity of perspectives.

    - Clarify that violations of Pharmacy Law by a Board licensee shall be determined exclusively by the Board.

    - Require the Board to consult with stakeholders in developing a self-assessment form.

    - Revert to existing pharmacist authority related to administering various tests; existing authority to order and interpret tests; existing authority to substitute medication under specific conditions and; various other existing practice authority specified in the Pharmacy Law.

    - Authorize a pharmacist to furnish FDA- approved or – authorized medications as part of preventative health care services that to not require a diagnosis including emergency contraception, contraception, smoking cessation, travel medications, and anti-viral or anti-infective medications.

    - Authorize a pharmacist to initiate and administer any FDA-approved or – authorized immunization for persons three years of age and older consistent with best evidenced based practice.

    - Continue the authority for a pharmacist to authorize a pharmacist to furnish COVID-19 oral therapeutics following a positive test for SARS-CoV-2, the virus that causes COVID-19.

    - Delete the requirement for a pharmacy to maintain specific records on staffing schedules, job statements, and consultant reports and specifies that records shall be maintained in a readily retrievable format.

    - Delete new requirements for telehealth platforms.

    - Delete the requirement that the Board inspect nonresident pharmacies as a condition of renewal.

- Delete the authority for the Board to adopt regulations to ensure that PIC judgment in making staffing decisions is not subjected to inappropriate pressure or coercion by the owner or management of a pharmacy and specifies that the PIC shall determine the appropriate pharmacist to pharmacy technician ratio, provided the ratio does not exceed the maximum ratio.

- Update the ratio to allow three pharmacy technicians to be working in the pharmacy for each pharmacist working in the pharmacy.

- Delete the requirement that a chain community shall be staffed with sufficient pharmacists with overlapping scheduled when patient care services other than dispensing or immunizations are provided.

- Revert to existing law specifying that in an action brought against the board, it shall be a defense for a pharmacy to establish various specifications about the violation.

- Make various technical and conforming changes.

SUPPORT AND OPPOSITION:

Support:

American Disease Prevention Coalition
California State Board of Pharmacy
Komoto Pharmacy, INC
National Association of Chain Drug Stores
National Community Pharmacists Association
UFCW - Western States Council

Opposition:

American College of Obstetricians & Gynecologists - District IX
Biocom California
California Medical Association
California Orthopaedic Association
California Rheumatology Alliance
California Society of Pathologists
California Society of Plastic Surgeons
Latinx Physicians of California
Osteopathic Physicians and Surgeons of California
Pharmaceutical Research and Manufacturers of America
Psychiatric Physicians Alliance of California
United Nurses Associations of California/union of Health Care Professionals

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