
THIRD READING

Bill No: AB 1503
Author: Berman (D)
Amended: 7/17/25 in Senate
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 10-0, 7/14/25
AYES: Ashby, Choi, Archuleta, Arreguín, Grayson, Menjivar, Niello,
Smallwood-Cuevas, Strickland, Umberg
NO VOTE RECORDED: Weber Pierson

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/29/25
AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 54-1, 6/2/25 - See last page for vote

SUBJECT: Pharmacy

SOURCE: Author

DIGEST: This bill, the sunset bill for the Board of Pharmacy (Board), 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.

ANALYSIS:

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) 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.
- 3) 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.
- 4) Authorizes pharmacy technician trainees to receive their training from an accredited employer-based pharmacy technician training program.
- 5) Requires all Board-licensed to biannually complete a specified self-assessment process on a form approved by the Board, developed in consultation with stakeholders.
- 6) 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. Authorizes a pharmacist to furnish over-the-counter medications if requested. Authorizes a pharmacist to furnish FDA- approved or - authorized medications as part of preventative health care services that do not require a diagnosis including emergency contraception, contraception, smoking cessation, travel medications, and anti-viral or anti-infective medications. Authorizes a pharmacist to broadly order and interpret tests. Authorizes a pharmacist to initiate and administer any FDA-approved or -authorized immunization for persons three years of age and older consistent with best evidence-based practice.
- 7) Continues 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

- 8) 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.”
- 9) Requires pharmacies to maintain records of policies and procedures related to pharmacy personnel and pharmacy operations in a readily retrievable format that, if maintained electronically, provide an audit trail for revisions and updates of each record, in addition to existing record keeping requirements.
- 10) 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.
- 11) Beginning July 1, 2026, 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. Authorizes the Board to inspect and 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.
- 12) 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 three pharmacy technicians to be working in the pharmacy for each pharmacist working in the pharmacy.
- 13) Specifies that pharmacies are only required to report medication errors related to prescriptions dispensed to California residents.
- 14) 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.
- 15) Authorizes a pharmacy technician to perform compounding activities and administer vaccinations outside a licensed pharmacy under supervision.
- 16) 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.
- 17) Revises the process for restoring a retired license to active status.

- 18) 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.
- 19) Changes the title “advanced practice pharmacist” to “advanced pharmacist practitioner.”
- 20) 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.
- 21) 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.
- 22) 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. Requires the Board 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.

Background

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 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.

Among other provisions, this bill continues Board operations for four years to January 1, 2030 in consideration of the Board's critical public protection mission in its regulation of the pharmacy profession in California. The bill adds expertise to the Board's work by establishing a Pharmacy Technician Advisory Committee and expands opportunities for individuals completing an accredited employer-based training program to be able to gain experience as a trainee to obtain practical experience. The bill reflects important discussions about pharmacists' ability to provide safe access to care by revising certain provisions of Pharmacy Law related to practice authority. The bill centralizes the self-assessment requirement for licensees to ensure consistency in the Board's approach to promoting self-compliance. The bill responds to discussions at the Board-level and concerns about nonresident pharmacies adequately understand California requirements and whether there is adequate oversight by the Board by expanding accountability measures for these licensed entities. The bill responds to rising number of complaints specifically related to mail order pharmacies by extending 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. The bill responds to significant issues with payor activities and practices that place patients at risk and resulting in the closures of pharmacies by specifying 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. The bill responds to ongoing concerns about insufficient pharmacy staffing by authorizing a PIC to make the decision regarding how many pharmacy technicians may be working in a pharmacy and allows for up to three pharmacy technicians to be working in the pharmacy for each pharmacist working in the pharmacy.

Comments

The California Community Pharmacy Coalition requests additional amendments related to nonresident pharmacy inspections, suggesting that the Board accept other states' inspection reports that are similar or follow the National Association of Boards of Pharmacy (NABP) pharmacy inspection blueprint or consider approving third party inspection programs, such as those offered by NABP and other pharmacy inspection specialists. The organization also notes, related to

enforcement, that it is “unreasonable to hold a permit holder responsible for the actions of an individual licensee who violates state laws and regulations, especially when the violation would not have occurred had the licensee adhered to the company’s written policy.”

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Committee on Appropriations, the bill will result in annual revenue loss of approximately \$15,000 from waived application fees for pharmacies operating in medically underserved areas, which is anticipated to be absorbable and minor and absorbable costs to update educational materials and repeal obsolete regulations. The Office of Information Services within the Department of Consumer Affairs reports minor costs of approximately \$4,000 to create new enforcement codes and update fee waiver codes, which is anticipated to be absorbable within existing resources.

SUPPORT: (Verified 8/29/25)

California Pharmacists Association
California State Board of Pharmacy
National Association of Chain Drug Stores

OPPOSITION: (Verified 8/29/25)

None received for the current version of this bill.

ARGUMENTS IN SUPPORT:

The National Association of Chain Drug Stores states that enacting AB 1503 will secure more value, drive innovation, and provide cost-effective healthcare services to improve the lives of California residents.

According to the Board, AB 1503 reflects Board conclusions about pharmacist practice stemming from its extensive review and evaluation of a number of areas of practice by removing some of the current prescriptive requirements while also seeking to address barriers to care.

The California Pharmacists Association notes “This bill demonstrates a thoughtful and timely effort to ensure that California’s pharmacy regulations align with contemporary healthcare delivery, improve patient access, and strengthen public safety through appropriate oversight and accountability. These regulatory updates collectively represent a significant step forward for pharmacy practice and public

health in California; ultimately enhancing patient care by expanding access to essential health services, improving medication safety, and empowering pharmacists to play a more proactive role in disease prevention, chronic condition management, and timely intervention, especially in underserved communities.”

ASSEMBLY FLOOR: 54-1, 6/2/25

AYES: Addis, Aguiar-Curry, Ahrens, Alvarez, Ávila Farías, Bauer-Kahan, Bennett, Berman, Boerner, Bryan, Calderon, Caloza, Carrillo, Connolly, DeMaio, Elhawary, Flora, Fong, Gabriel, Garcia, Gipson, Mark González, Hadwick, Haney, Harabedian, Hart, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, McKinnor, Nguyen, Ortega, Pacheco, Papan, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schultz, Sharp-Collins, Solache, Soria, Stefani, Wicks, Wilson, Rivas

NOES: Bains

NO VOTE RECORDED: Alanis, Arambula, Bonta, Castillo, Chen, Davies, Dixon, Ellis, Gallagher, Jeff Gonzalez, Hoover, Lackey, Macedo, Muratsuchi, Patel, Patterson, Sanchez, Schiavo, Ta, Tangipa, Valencia, Wallis, Ward, Zbur

Prepared by: Sarah Mason / B., P. & E.D. /
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