THIRD READING

Bill No: AB 1794
Author: Ransom (D)
Amended: 6/8/26 in Senate
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 11-0, 6/15/26
AYES: Wahab, Choi, Archuleta, Arreguín, Caballero, Grayson, Menjivar, Niello, Smallwood-Cuevas, Strickland, Umberg

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 73-0, 5/11/26 - See last page for vote

SUBJECT: Pharmacy: enteral nutrition supplements or replacements

SOURCE: California Association of Medical Product Suppliers

DIGEST: This bill authorizes a pharmacist, manufacturer, or wholesaler to participate in an arrangement or agreement to deliver enteral nutrition supplements, as defined, or replacements directly to a patient's residence pursuant to a valid order from a prescriber acting within their scope of practice without this being considered the unlicensed practice of pharmacy.

ANALYSIS:

Existing law:

1) Regulates the practice of pharmacy under the Pharmacy Law and establishes the California State Board of Pharmacy (Board) to administer and enforce the Pharmacy Law. (Business and Professions Code (BPC) §§ 4000-4427.8)

2) Exempts a manufacturer or wholesaler that provides dialysis drugs and devices directly to patients from the prohibition against unlicensed pharmacy practice. (BPC § 4054)

3) Authorizes a pharmacist, or a manufacturer or wholesaler exempted from the unlicensed practice of pharmacy for dialysis drugs, to distribute dangerous drugs and dangerous devices directly to dialysis patients pursuant to regulations adopted by the board, as specified. (BPC § 4059(c))

4) Defines "food" as (a) articles used for food or drink for humans or animals, (b) chewing gum, and (c) articles used for components of any such article. (Health and Safety Code § 109935)

5) The Sherman Food, Drug, and Cosmetic Law establishes California's statutory framework governing foods, drugs, devices, and cosmetics, including provisions relating to their manufacture, packaging, labeling, distribution, and sale within the state.

6) Defines “medical food” as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. (21 United States Code (U.S.C.) § 360ee(b)(3))

This bill authorizes a pharmacist, manufacturer, or wholesaler to participate in an arrangement or agreement to deliver enteral nutrition supplements or replacements directly to a patient’s residence pursuant to a valid order from a prescriber acting within their scope of practice without this being considered the unlicensed practice of pharmacy. Defines “enteral nutrition supplements or replacements ” as medical food used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food.

Background

Nutrition therapy is a component of care used to maintain or improve nutritional status in patients with medical conditions. Nutrition therapy may be provided orally, enterally, or parenterally. Enteral nutrition involves the delivery of nutrients through the gastrointestinal tract, including through feeding tubes when a patient cannot consume adequate nutrition by mouth. Parenteral nutrition, by contrast, delivers nutrients intravenously and bypasses the gastrointestinal tract.

Certain enteral nutrition products may qualify as “medical foods” under federal law. Medical foods are defined in the Orphan Drug Act as foods formulated to be consumed or administered enterally under the supervision of a physician for the specific dietary management of a disease or condition with distinctive nutritional

requirements established by medical evaluation. (21 U.S.C. § 360ee(b)(3).) Enteral nutrition products administered orally or through feeding tubes may qualify as medical foods when they are formulated and used for the specific dietary management of a disease or condition and otherwise satisfy the requirements of federal law. Thus, federal law recognizes that certain products used in connection with medical treatment and physician supervision may nonetheless be regulated as foods.

According to the U.S. Food and Drug Administration's (FDA) 2023 Guidance for Industry, Frequently Asked Questions About Medical Foods – Third Edition, medical foods are a distinct category of food and are not regulated as prescription drugs. FDA guidance describes medical foods as products intended for oral consumption or enteral administration by tube for patients with medically determined nutritional requirements that cannot be met by modification of the normal diet alone. FDA guidance further indicates that medical foods are not required under federal law to be dispensed solely pursuant to a prescription. Accordingly, the fact that a physician orders a medical food, or that a pharmacy processes the order for dispensing, labeling, or reimbursement purposes, does not by itself alter the product's regulatory classification as a food. A physician may prescribe or order enteral nutrition as part of a patient's medical treatment, but the product generally remains regulated as a food unless it independently satisfies the statutory definition of a drug.

The Health and Safety Code similarly defines “food” broadly to include articles used for food or drink for humans and articles used as components of such articles. Enteral nutrition products generally fall within California's food regulatory framework, although particular products may also be subject to regulation as drugs or devices depending on their composition, intended use, and applicable law. The Sherman Food, Drug, and Cosmetic Law establishes California's statutory framework governing foods, drugs, devices, and cosmetics, including provisions relating to their manufacture, packaging, labeling, advertising, distribution, and sale within the state.

Because enteral nutrition products are generally regulated as foods rather than drugs, proponents argue that existing law already permits direct delivery of prescribed enteral nutrition products to patients, including circumstances in which a pharmacist processes the order for labeling, documentation, or reimbursement purposes. Under this interpretation, the prescription serves as evidence of medical necessity and physician supervision, but does not itself transform the enteral nutrition product into a dangerous drug subject to all provisions of Pharmacy Law.

AB 1794 appears intended to provide express statutory authority for direct-to-patient delivery arrangements involving prescribed enteral nutrition products and to clarify the permissible roles of pharmacists, wholesalers, and manufacturers in those arrangements.

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

SUPPORT: (Verified 6/30/26)

California Association of Medical Product Suppliers (source)
Biocom
California Life Sciences Association

OPPOSITION: (Verified 6/30/26)

None received

ARGUMENTS IN SUPPORT: California Association of Medical Suppliers writes that the approach in this bill "provides a safe alternative for family members and caregivers who may struggle to safely transport an individual on their own. Drop shipment allows caregivers to spend less time coordinating pharmacy trips and more time on other aspects of care. AB 1794 seeks to prioritize the needs of medically fragile individuals who already suffer from mobility issues, pain and fatigue, while maintaining appropriate clinical safeguards provided by pharmacists."

Biocom states that "Enteral nutrition products are medically necessary for patients with serious conditions affecting their ability to eat or absorb nutrients through normal means. For these patients, consistent and timely access to enteral products is not a convenience - it is a clinical necessity. AB 1794 removes unnecessary friction by aligning the treatment of enteral nutrition products with the existing framework already in place for dialysis drugs and devices, ensuring that patients receive the nutrition they need without interruption."

According to the California Life Sciences Association, "AB 1794 makes a simple, targeted fix; it allows enteral nutrition supplements or replacements to be delivered directly to a patient's home pursuant to a valid order from a prescriber acting within their scope of practice, just as other essential medical and nutritional products routinely are. This change does not alter the prescriber oversight process, a valid order remains required, it simply removes a logistical intermediary that serves no clinical purpose for this category of product. The result will be greater continuity of care, reduced risk of harmful interruptions in nutrition, and improved quality of life for patients who depend on these products every day."

ASSEMBLY FLOOR: 73-0, 5/11/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Ramos, Ransom, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Arambula, Lowenthal, Quirk-Silva, Celeste Rodriguez, Michelle Rodriguez, Solache, Soria

Prepared by: Sarah Mason / B., P. & E.D. /
7/1/26 16:55:00

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