
CONSENT

Bill No: AB 447
Author: Mark González (D)
Amended: 5/1/25 in Assembly
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 11-0, 6/23/25
AYES: Ashby, Choi, Archuleta, Arreguín, Grayson, Menjivar, Niello,
Smallwood-Cuevas, Strickland, Umberg, Weber Pierson

SENATE HEALTH COMMITTEE: 11-0, 7/2/25
AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla,
Richardson, Rubio, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 71-0, 5/23/25 (Consent) - See last page for vote

SUBJECT: Emergency room patient prescriptions

SOURCE: California Chapter of the American College of Emergency
Physicians

DIGEST: This bill authorizes a prescriber to dispense unused medication acquired by a hospital pharmacy to an emergency room patient upon the discharge of that patient if the medication was ordered for and administered to the emergency room patient, according to specified conditions.

ANALYSIS:

Existing law:

- 1) Regulates pharmaceutical professionals and premises under the Pharmacy Law. (Business and Professions Code (BPC) §§ 4000–4427.8)

- 2) Establishes the Board of Pharmacy (board) to administer and enforce the Pharmacy Law and delegates to the board the authority to adopt rules and regulations as may be necessary for the protection of the public. (BPC §§ 4001, 4005)
- 3) Defines “dangerous drug” or “dangerous device” as any drug or device unsafe for self-use in humans or animals and includes any drug or device that by federal or state law can be lawfully dispensed only on prescription. (BPC § 4022)
- 4) Defines “administer” as the direct application of a drug or device to the body of a patient by injection, inhalation, ingestion, or other means. (BPC § 4016)
- 5) Defines “dispense,” in relevant part, as the furnishing of drugs or devices directly to a patient by a physician or other healing arts professional acting within their scope of practice. (BPC § 4024(b))
- 6) Prohibits a prescriber from dispensing drugs or dangerous devices to patients in the prescriber’s office or place of practice unless all of the following conditions are met:
 - a) The dangerous drugs or dangerous devices are dispensed to the prescriber’s own patient, and the drugs or dangerous devices are not furnished by a nurse or physician attendant. (BPC § 4170(a)(1))
 - b) The dangerous drugs or dangerous devices are necessary in the treatment of the condition for which the prescriber is attending the patient. (BPC § 4170(a)(2))
 - c) The prescriber does not keep a pharmacy, open shop, or drugstore, advertised or otherwise, for the retailing of dangerous drugs, dangerous devices, or poisons. (BPC § 4170(a)(3))
 - d) The prescriber fulfills all of the labeling requirements imposed upon pharmacists, all of the recordkeeping requirements of the Pharmacy Law, and all of the packaging requirements of good pharmaceutical practice. (BPC § 4170(a)(4))
 - e) The prescriber does not use a dispensing device unless the prescriber personally owns the device and the contents of the device, and personally dispenses the dangerous drugs or dangerous devices to the patient. (BPC § 4170(a)(5))

- f) The prescriber, before dispensing, offers to give a written prescription to the patient that the patient may elect to have filled by the prescriber or by any pharmacy. (BPC § 4170(a)(6))
 - g) The prescriber provides the patient with written disclosure that the patient has a choice between obtaining the prescription from the dispensing prescriber or obtaining the prescription at a pharmacy of the patient's choice. (BPC § 4170(a)(7))
- 7) Defines "prescriber," for purposes of prescriber dispensing, as a person who holds a physician's and surgeon's certificate, a license to practice optometry, a license to practice naturopathic medicine, a license to practice dentistry, a license to practice veterinary medicine, a certificate to practice podiatry, a certificate to practice as an independent nurse practitioner, or a certificate to practice as a nurse-midwife, and who is duly registered by the Medical Board of California, the Osteopathic Medical Board of California, the California State Board of Optometry, the California Board of Naturopathic Medicine, the Dental Board of California, the Veterinary Medical Board, the Podiatric Medical Board of California, or the Board of Registered Nursing. (BPC § 4170(d))
- 8) Authorizes a prescriber to dispense a dangerous drug to an emergency room patient if all of the following apply:
- a) The hospital pharmacy is closed and there is no pharmacist available in the hospital. (BPC § 4068(a)(1))
 - b) The dangerous drug is acquired by the hospital pharmacy. (BPC § 4068(a)(2))
 - c) The dispensing information is recorded and provided to the pharmacy when the pharmacy reopens. (BPC § 4068(a)(3))
 - d) The hospital pharmacy retains the dispensing information and, if the drug is a controlled substance, reports the information to the Department of Justice. (BPC § 4068(a)(4))
 - e) The prescriber determines that it is in the best interest of the patient that a particular drug regimen be immediately commenced or continued, and the prescriber reasonably believes that a pharmacy located outside the hospital is not available and accessible at the time of dispensing. (BPC § 4068(a)(5))

- f) The quantity of drugs dispensed are limited to that amount necessary to maintain uninterrupted therapy while other pharmacies are not readily available or accessible, but shall not exceed a 72-hour supply. (BPC § 4068(a)(6))
- g) The prescriber ensures that the drug label contains all the information required for an ordinary prescription. (BPC § 4068(a)(7))
- 9) Defines “automated drug delivery system” (ADDS) as a mechanical system that performs operations relative to the storage, dispensing, or distribution of drugs and requires an ADDS to collect and maintain all transaction information to track the movement of drugs in and out of the system. (BPC § 4017.3(a))
- 10) Defines “automated unit dose system” (AUDS) as a subtype of ADDS used for the storage and retrieval of unit doses of drugs for administration to patients by authorized persons. (BPC § 4017.3(b))
- 11) Requires that an ADDS be licensed by the board, except as specified. (BPC § 4427.2(a))
- 12) Exempts an AUDS from licensure if (1) it is operated by a licensed hospital pharmacy, as specified, (2) used solely to provide doses administered to patients while in a licensed general acute care hospital facility, (3) the AUDS complies with all other safety, security, informational, and procedural requirements for an ADDS, and (4) the hospital pharmacy maintains a list of the locations of each AUDS it operates and makes the list available to the board upon request. (BPC § 4427.2(i))

This bill:

- 1) Authorizes a prescriber to dispense unused medication acquired by a hospital pharmacy to an emergency room patient upon the discharge of that patient if the medication was ordered for and administered to the emergency room patient, if it was administered from single patient use multidose packaging and can be self-administered by the patient, including, but not limited to, an inhaler, eye drop, ear drop, nose drop or spray, topical product, or liquid product, and if dispensing the unused portion of the medication is required to continue the emergency room patient’s treatment.
- 2) Specifies that the medication dispensed by a prescriber to an emergency room physician cannot be a controlled substance.

- 3) Requires the prescriber to ensure that the label on the drug contains all of the information Pharmacy Law requires to be on labels.
- 4) Exempts an AUDS operated by a licensed hospital pharmacy used to provide doses dispensed to an emergency room patient from the requirement to obtain a ADDS license if the hospital pharmacy owns the AUDS and owns the medication and devices in the AUDS.

Background

Dispensing Unused Medications. Ordinarily, hospital emergency room (ER) personnel may not dispense medication to patients for use outside the ER, except under certain circumstances. One such exception authorizes a prescriber (e.g., a physician) to dispense medication to an ER patient when the hospital pharmacy is closed and there is no pharmacist available in the hospital. When dispensing medication pursuant to this authority, the quantity of medication provided may not exceed a 72-hour supply, the prescriber must reasonably believe there is no local pharmacy accessible at the time, and the medication must be labeled with all the information required of a typical pharmacy-issued prescription.

This bill would create an additional authority for prescribers to dispense medication to an ER patient for use outside the hospital. Specifically, it would authorize a prescriber to dispense the unused portion of a medication that was administered to the patient in the ER, provided the medication remains necessary for treatment following discharge.

Because of the existing limitations on prescribers' authority to dispense medication, any unused portion of a multi-use medication must be disposed of when the patient is discharged, even if the medication is necessary for the patient's continued treatment. Instead of allowing the ER patient to take home the unused medication, the prescriber who administered the drug will issue a prescription to be filled at an external pharmacy. According to the author and sponsor, this process causes hospitals to unnecessarily waste usable medication and creates additional inconvenience and expense for patients.

The authority created by this bill is designed specifically for medications contained in multi-use packaging that are difficult or impossible to separate into discrete doses. For example, an inhaler may come in an aerosol container with 30 doses, but an ER patient may only require 3 doses during their ER stay. However, unlike with pills or capsules, there is no way for the hospital pharmacy to separate out 3 aerosol doses to administer to one ER patient and save the remaining 27 doses for

other patients. Nor can a prescriber measure out a 72-hour supply of aerosol doses and dispense it to the patient upon discharge under the existing prescriber authority. This bill, therefore, creates a pathway for prescribers and hospital pharmacies to dispense portions of necessary medication that would otherwise be disposed of.

Expansion of AUDS Licensure Exemption. To help streamline the processing and distribution of drugs throughout the facility, hospital pharmacies often maintain an automated drug delivery system, or ADDS. An ADDS is an automated cabinet that securely stores medications for ready access by authorized employees. Hospitals may also use a subtype of ADDS known as an automated unit dose system, or AUDS, which specifically dispenses individually-packaged doses for hospital personnel to administer to patients. By packaging and dispensing drugs in single doses, the use of an AUDS can help reduce human error and expedite delivery of medications.

All operators of an ADDS must obtain a license for the system from the Board. However, if an ADDS is an AUDS operated by a licensed hospital pharmacy and is used solely to administer doses to patients in an acute care hospital, the ADDS is exempt from the licensure requirement. This licensure exemption does not exempt the hospital pharmacy from following all other safety, recordkeeping, reporting, and inspection requirements under the Pharmacy Law—it merely exempts the hospital pharmacy from obtaining a separate license and paying the licensing fee. This bill would expand the licensure exemption to expressly exempt AUDSs used to provide medication to ER patients under existing prescriber dispensing authority or under the proposed authority in this bill.

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

SUPPORT: (Verified 8/19/25)

California Chapter of the American College of Emergency Physicians (source)

California Emergency Nurses Association

California Hospital Association

California Medical Association

California Pharmacists Association

California Society of Health-system Pharmacists

California State Association of Psychiatrists

Climate Health Now Action Fund

Physician Assistant Board

OPPOSITION: (Verified 8/18/25)

None received

ARGUMENTS IN SUPPORT: Supporters note that this bill will promote efficient use of health care resources, reduce costs, and improve environmental sustainability — all while upholding the highest standards of patient care. Supporters also write that the bill improve health care efficiency, support vulnerable populations, and reduce financial burdens on patients and our health care delivery system.

The bill’s sponsor, the California Chapter of the American College of Emergency Medicine adds that “Current California law results in redundant prescriptions, increased cost to the health system, and increased medical waste. AB 447 would allow providers to dispense remaining doses of non-narcotic prescriptions to emergency room patients. Allowing patients to take home the remaining doses of their multiuse medication will reduce unnecessary spending, medical waste, and guarantee timely access to necessary prescriptions.”

ASSEMBLY FLOOR: 71-0, 5/23/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Calderon, Caloza, Carrillo, Castillo, Connolly, Davies, DeMaio, Dixon, Elhawary, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wilson, Zbur, Rivas

NO VOTE RECORDED: Bryan, Chen, Ellis, Nguyen, Sanchez, Schultz, Sharp-Collins, Wicks

Prepared by: Sarah Mason / B., P. & E.D. /
8/21/25 16:45:23

**** **END** ****