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

Bill No: AB 968
Author: Boerner
Version: July 9, 2025
Urgency: No
Consultant: Sarah Mason

Hearing Date: July 14, 2025

Fiscal: Yes

Subject: Contraceptives

SUMMARY: Authorizes a pharmacist to furnish nonhormonal contraceptives approved by the federal Food and Drug Administration (FDA) in accordance with the standardized procedures or protocols that were developed and approved for self-administered hormonal contraceptives.

Existing law:

- 1) Prohibits a licensee of a healing arts board from obstructing a patient in obtaining a legally prescribed or ordered drug or device, including emergency contraception drug therapy and self-administered hormonal contraceptives. (Business and Professions Code (BPC) § 733)
- 2) Authorizes a physician and surgeon, registered nurse, certified nurse-midwife, nurse practitioner, physician assistant, or pharmacist to, within their respective scopes, use a self-screening tool to identify patient risk factors for the use of self-administered hormonal contraceptives by a patient, and, after an appropriate prior examination, prescribe, furnish, or dispense self-administered hormonal contraceptives to that patient. (BPC § 2242.2)
- 3) Authorizes a pharmacist to furnish self-administered hormonal contraceptives, in accordance with standardized procedures or protocols developed and approved by the Board and Medical Board of California (MBC) and emergency contraception drug therapy, in accordance with standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice or standardized procedures or protocols developed and approved by both the Board and MBC. Requires a pharmacist to complete specified training and comply with information disclosure requirements for emergency contraception furnishing. (BPC § 4052.3)
- 4) Requires a pharmacist to provide an oral consultation to a patient or the patient's agent in any care setting whenever the prescription drug has not previously been dispensed to a patient; however, a pharmacist is not required to provide oral consultation when a patient or the patient's agent refuses such consultation. (Title 16 California Code of Regulations § 1707.2)

This bill:

- 1) Updates provisions of the law authorizing practitioners to use a self-screening tool to identify patient risk factors for the use of *contraceptives*, rather than just specified self-administered hormonal contraceptives.
- 2) Expands the authority of a pharmacist to furnish specified contraceptives in accordance with standardized procedures or protocols to include FDA-approved nonhormonal contraceptives.
- 3) Deletes obsolete language related to authority for a pharmacist, pharmacist's employer, or pharmacist's agent to charge an administrative fee for emergency contraception drug therapy services.

FISCAL EFFECT: This bill is keyed fiscal by Legislative Counsel. According to the Assembly Committee on Appropriations, the bill will result in minor and absorbable costs to the Board.

COMMENTS:

1. **Purpose.** This bill is sponsored by Birth Control Pharmacist and National Health Law Program. According to the Author, "California can and should lead the nation in eliminating unnecessary barriers to reproductive care. Currently, the law specifies that a pharmacist may furnish hormonal contraceptives. At the time this law was created, over 10 years ago, the goal was to increase access to the most popular method of contraception – the birth control pill. Since then, more nonhormonal options have become available. Now that we have these options, pharmacist should be able to offer non-hormonal contraceptives. For individuals who cannot safely use hormonal contraception—such as cancer survivors, those at risk of thrombotic events or individuals managing complex medication regimens, non-hormonal options are a necessity, not a preference."

The Author notes that the law authorizes pharmacists to furnish self-administered hormonal contraceptives and that at the time the law was created, the goal was to increase access to the most popular method of contraception – the birth control pill. The Author states that now that there are newer options, the specificity of this law unfortunately prevents pharmacists from offering these methods. The Author cites categories of patients for whom hormonal birth control poses elevated health risks or is medically contraindicated, including but not limited to those with current or past breast cancer; those who are breastfeeding; or those with specified health diseases and conditions.

2. **Background.** As noted in its recent sunset review oversight report to the Legislature, the Board is 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 personal professionals, the Board oversees and licenses related business entities, including pharmacies, clinics, wholesalers, third-party logistic providers, and automated drug delivery systems.

SB 493 (Hernandez, Chapter 469, Statutes of 2013) authorized pharmacists to perform additional functions according to specified requirements, including furnishing self-administered hormonal contraceptives based on a state protocol developed jointly by the Board and Medical Board of California (MBC), pursuant to guidelines of the Centers for Disease Control (CDC), among other services.

Nonhormonal contraceptives protect against pregnancy without influencing natural hormones. While many are available over-the-counter and do not require a prescription, some forms of nonhormonal contraceptives are prescribed. This bill clarifies that pharmacists are able to furnish any contraceptives pursuant to a prescription, including nonhormonal contraceptives, in accordance with protocols outlined in the law.

In July 2023, the FDA announced its approval of the medication Opill, a norgestrel tablet to prevent pregnancy. Opill was the first daily oral contraceptive approved for use in the United States without a prescription, significantly increasing access by allowing patients to purchase oral contraceptive medicine at local pharmacies over-the-counter. This approval significantly increased availability and access to birth control for women and other patients seeking to prevent pregnancy.

However, the over-the-counter status of Opill has complicated the implementation of related efforts to increase access to contraception, specifically those related to health coverage and reimbursement. In 2022, the Legislature enacted Senate Bill 523 (Leyva), which requires a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost sharing or medical management restrictions. Because Medi-Cal generally requires a prescription to reimburse for medications, even those approved as over-the-counter by the FDA, patients are not able to take advantage of this legislation when accessing Opill directly from a pharmacy. To resolve this issue, this bill would clarify that a pharmacist may furnish over-the-counter contraceptives without the standardized procedures or protocols required for prescription-only medications.

3. **Arguments in Support.** According to the California Pharmacists Association, “This legislation is a natural and necessary evolution of existing pharmacy practice. Under current law, pharmacists are authorized to furnish self-administered hormonal contraceptives, an authority that has proven highly effective in expanding access to timely, patient-centered reproductive care...By further enabling pharmacists to use their clinical training and professional judgment to furnish a broader range of contraceptive options, AB 968 supports a more responsive and inclusive model of care...CPhA believes that expanding pharmacists’ authority to furnish nonhormonal contraceptives will significantly improve access to reproductive care, reduce delays in treatment, and promote health equity across California.”

Essential Access Health writes that “Limiting the contraceptive methods that pharmacists can furnish to hormonal options creates unnecessary access barriers for consumers and prevents pharmacists from offering a broad range of hormonal and non-hormonal birth control. For example, it prevents pharmacists from furnishing non-hormonal barrier methods including internal condoms, diaphragms,

and cervical caps, as well as non-hormonal vaginal gel (Phexxi). People may choose to use types of non-hormonal methods to prevent pregnancy for a variety of reasons, and access is particularly important for individuals with health conditions like cancer survivors, those at risk of thrombotic events, or individuals managing complex medication regimens that make hormonal contraceptives medically inadvisable.”

SUPPORT AND OPPOSITION:Support:

California Pharmacists Association
Essential Access Health

Opposition:

None received

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