

Board of Pharmacy Policy Statement: Standard of Care Practice Model

Adopted November 6, 2025

Summary

Under provisions of Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025), certain **pharmacist-provided** patient care services are transitioning to a standard of care practice model. The California State Board of Pharmacy wishes to provide licensees with information on its policy related to this transition.

Background

This transition builds upon efforts included in Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023) that underscore pharmacist autonomy in exercising professional judgement, as well as the Board's evaluation of opportunities for improved patient care through a transition to a standard of care practice model for pharmacists.

AB 1503 provides further progression of pharmacist-provided patient care services initially established under prior law, including Senate Bill 493 (Hernandez, Chapter 469, Statutes of 2013), which took a largely prescriptive approach and required pharmacists to follow a standardized protocol that specified the practice requirements to provide the service.

Impacted Provisions

Under the new changes in AB 1503, prescriptive requirements are removed in favor of a standard of care approach whereby pharmacists may authorize the initiation of a prescription, pursuant to Business and Professions Code (BPC) section 4052, 4052.1, 4052.2, or 4052.6, and otherwise provide clinical advice, services, information, or patient consultation, as set forth in Chapter 9 of Division 2 of the BPC, if certain conditions are met, including a requirement that the pharmacist provide the service or activity consistent with the "accepted standard of care" (i.e., the degree of care a prudent and reasonable California-licensed pharmacist, with similar education, training, experience, resources, and setting, would exercise in a similar situation). (See [Stats. 2025, Ch. 196, Sec. 12 \(AB 1503\)](#), effective January 1, 2026.)

As amended by AB 1503, BPC section 4052 makes clear, however, that a pharmacist is not obligated to perform or provide a service or function authorized by that section if the pharmacist has made a professional determination that any of the following apply:

- (1) The pharmacist lacks sufficient education, training, or expertise, or access to sufficient patient medical information, to perform the service or function properly or safely.
- (2) Performing or providing the service or function would place a patient at risk.
- (3) Pharmacist staffing at the pharmacy is insufficient to facilitate comprehensive patient care.

(See [Stats. 2025, Ch. 196, Sec. 13 \(AB 1503\)](#), effective January 1, 2026.)

To promote and to respect the standard of care practice model, the Board does not intend to provide guidance on how pharmacists are to perform the functions authorized in BPC section 4052. Rather, it will be the responsibility of each pharmacist to determine whether they have sufficient education, training, experience, resources, and setting to perform authorized duties.

As an example, as amended by AB 1503, BPC section 4052(a)(10)(A) authorizes pharmacists to furnish FDA-approved or authorized medications as part of preventative health care services that do not require a diagnosis, including any of the following:

- emergency contraception,
- contraception,
- smoking cessation,
- travel medication,
- anti-viral or anti-infective medications.

(See [Stats. 2025, Ch. 196, Sec. 13 \(AB 1503\)](#), effective January 1, 2026.) As practicing pharmacists, you will determine what is the most appropriate therapy for patients in need of these services. In addition, pharmacists will be expected to provide the services consistent with the accepted standard of care, and in accordance with the other conditions set forth in BPC section 4051(c). (See [Stats. 2025, Ch. 196, Sec. 12 \(AB 1503\)](#), effective January 1, 2026.)

Pharmacist Practice Transition

This change for pharmacist practice is consistent with pharmacist education, training, and experience and removes barriers to care patients face. The Board understands this will bring many questions, but expects that pharmacists will rely on their professional judgement when providing these patient care services, similar to the approach used in so many other aspects of pharmacy practice, such as corresponding responsibility. The Board looks forward to closing gaps in patient access that currently exist within our healthcare environment that this transition to a more robust standard of care practice model will achieve.

What is Not Covered

The Board notes that the standard of care practice model does not apply to all areas of practice. As an example, a pharmacist that is compounding must comply with all Board regulations, and all state and federal laws, applicable to compounding. Further, the standard of care practice model does not include operational issues.