



Recently Signed Legislation Impacting the Practice of Pharmacy

Governor Gavin Newsom has enacted several bills that introduce or revise existing laws regulating pharmacy practice in California. To read the full text of each law, click on the Assembly bill (AB) number or Senate bill (SB) number.

[AB 50](#) **Pharmacists: furnishing contraceptives.** Expands pharmacist authority of over-the-counter contraceptives.

[AB 82](#) **Health care: legally protected health care activity.** Expands confidentiality for reproductive and gender-affirming health care providers.

[AB 144](#) **Committee on Budget. Health.** Establishes baseline for vaccine coverage for the immunization schedule recommended by the Advisory Committee on Immunization Practices as of January 1, 2025.

[AB 260](#) **Sexual and Reproductive Health Care.** Protects reproductive healthcare access, including medication abortion.

[AB 309](#) **Hypodermic needles and syringes.** Deletes the January 1, 2026 repeal date that allows licensees to provide hypodermic needles and sterile

syringes for human use without a prescription or permits if certain conditions are met.

[AB 447](#) **Emergency room patient prescriptions.** Allows physicians or authorized prescribers to dispense an unused portion of a non-controlled medication to an emergency department patient upon discharge if certain conditions are met.

[AB 489](#) **Health care professions: deceptive terms or letters: artificial intelligence.** Prohibits the use by artificial intelligence (AI) or generative artificial intelligence (GenAI) technology of certain terms, letters, or phrases that indicate or imply that the advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriate health care license or certificate.

[AB 1152](#) **Controlled substances: human chorionic gonadotropin.** Removes human chorionic gonadotropin (hCG) from the list of Schedule III controlled substances under the California Uniform Controlled Substances Act.

[AB 1503](#) **Pharmacy Sunset Oversight Review Report.** Makes changes to Pharmacy Law and Board operations, including extending the Board for four years until January 1, 2030.

[SB 40](#) **Health care coverage: insulin.** Prohibits a health care service plan or health insurer from imposing step therapy as a prerequisite to authorizing coverage of insulin.

[SB 41](#) **Pharmacy benefits.** Establishes the regulation of Pharmacy Benefit Managers (PBMs) within the California Department of Managed Healthcare (DMHC).

[SB 306](#) **Health care coverage: prior authorizations.** Requires health care service plans and health insurers to report statistics to the DMHC and the Department of Insurance annually beginning December 31, 2026, and, starting January 1, 2028, to cease requiring prior authorization for the most

frequently approved covered health care services that are approved at a rate that meets or exceeds the threshold rate of 90%. These requirements will be repealed on January 1, 2034.

[SB 470](#) Bagley-Keene Open Meeting Act; teleconferencing. Authorizes a state body to hold a meeting by teleconference subject to specified requirements.

[SB 497](#) Legally protected health care activity. Prohibits the release of medical information related to gender affirming health care or gender-affirming mental health care, as defined in the bill.

[SB 568](#) Pupil health: epinephrine delivery systems: school sites and childcare programs. Expands the authority of pharmacies to provide a broader range of epinephrine delivery devices.

This is for informational purposes only. Please use the links provided to familiarize yourself with the law.

A compilation of changes to laws is available [here](#).

The [November 2025](#) Issue of the Script and the [January 2026 Special Edition of The Script](#) provides additional information regarding many of the measures cited above.

The California State Board of Pharmacy does not offer legal advice. Such requests should be directed to your attorney. While we can share with you commonly accepted interpretations of applicable laws and regulations, it should be noted that the applicability of statutes and regulations depend ultimately on the distinctive nature of a particular case, which will change given a different set of circumstances.

For general questions about pharmacy law or regulations, please visit contact the [Ask and Inspector call line or email](#).

