

Attachment 4

**The original noticed text and
comments received during the 45-
day comment period**

**Department of Consumer Affairs
Title 16. Pharmacy**

**Proposed Regulatory Language
Remote Processing**

Legend: Added text is indicated with an underline.

Add section 1717.11 to Division 17 of Title 16 of the California Code of Regulations, to read as follows:

§1717.11. Remote Processing.

- (a) A pharmacist located and licensed in the state may perform remote processing of prescriptions, from a location outside of a licensed facility, under the following conditions:
- (1) The pharmacy is responsible for ensuring all appropriate and necessary security and confidentiality provisions are in place, including compliance with HIPAA requirements, and specified in its policies and procedures.
 - (2) The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a written agreement with the pharmacy. Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008.
 - (3) The written agreement (including modifications) required in (a)(2) of this section shall be maintained, for at least three years following the pharmacist's employment, in a readily retrievable format and shall be available for inspection by the Board.
 - (4) The duties for remote processing of prescriptions shall be approved by the pharmacist-in-charge and specified in the pharmacy's policies and procedures.
 - (5) A pharmacy shall maintain a record of all the pharmacist's activities performed pursuant to this section.
- (b) For purposes of this section, "remote processing of prescriptions" does not include final product verification, supervision of pharmacy personnel, or the dispensing of a drug.

Note: Authority cited: Sections 4005 and 4036, Business and Professions Code.

Reference: Sections 4005, 4008, and 4036, Business and Professions Code.

#	Section	Commenter	Comment	Staff Recommendations
1	General Comment	Jessica Le, PharmD	Please approve for remote work at home. Thanks.	Board staff thank the commenter for their comment in support of the regulation.
2	General Comment	Stewart Chu, PharmD	<p>I am in favor of this regulation moving forward. This will only improve job outlook and satisfaction for pharmacists working in California.</p> <p>I do not see any downsides from this legislation being enacted.</p>	Board staff thank the commenter for their comment in support of the regulation.
3	General Comment	Thomas Kim, Clinical Hemophilia Pharmacist	<p>I am writing to emphasize the critical importance of allowing remote work processing for pharmacists, particularly in the specialty pharmacy setting. Remote processing enables pharmacists to perform essential tasks such as prescription verification, clinical review, patient consultation, and other pharmacy operations that expedite the delivery of life-saving medications to patients across the country. Specialty medications are often complex, high-cost therapies that require timely initiation to achieve optimal outcomes. Delays in processing can significantly impact patient health, especially for those with rare or chronic conditions. By leveraging remote work</p>	Board staff thank the commenter for their comment in support of the regulation.

			<p>capabilities, pharmacists can ensure that these therapies are verified and prepared promptly, reducing treatment delays and improving adherence. Expedited delivery of specialty medications not only enhances patient care but also helps prevent unnecessary emergency room visits and hospitalizations, ultimately reducing healthcare costs for patients and the system as a whole. Remote processing is a win-win solution—supporting clinicians in providing high-quality care while improving patients' quality of life. For these reasons, I strongly advocate for policies that support remote work processing for pharmacists in specialty pharmacy. This approach aligns with our shared goal of improving patient outcomes and ensuring timely access to critical therapies.</p> <p>Thank you for your consideration.</p>	
4	General Comment	Kristen Wright, PharmD, MHA	I would like to comment on this bill proposal to see if the Board could address if technicians licensed in CA, supervised by a CA-licensed pharmacist, could process remotely.	Board staff thank the commenter for their comment. Board staff does not recommend any changes to the text based upon the comment. Remote work by pharmacy technicians exceeds the scope of this proposed

				regulation. Board staff note that the Board's policy decision regarding remote processing was related to pharmacists working remotely.
5	General Comment	Frank Briganti, Pharm.D.	<p>1. If passed DOES this permit a registered license pharmacist . in another state to</p> <p>2. Only restricted to consulting work! ****No dispensing in a physical pharmacy. Ex. Retired CA pharmacist license. But</p>	Board staff thank the commenter for their comment. Board staff does not recommend any changes to the text based on the comment. The Board staff refers the commenter to Business and Professions Code Section 4052 regarding the clinical services that may be performed by a pharmacist, and subsection (a) of the proposed regulation, which specifies that the remote processing pharmacist must be licensed in the state. Staff further note that the commenter appears to be seeking to expand authority for a retired pharmacist. Under existing law, a retired pharmacist cannot exercise the privileges of a pharmacist license.

6	General Comment	Petra M. Villarruel, Pharmacy Technician	<p>I am writing to express my support for the proposed addition of Title 16 CCR § 1717.11 regarding Remote Processing.</p> <p>Allowing remote processing is a necessary and forward-thinking step that reflects the evolving landscape of pharmacy practice. Remote processing can help address ongoing staffing shortages, improve workflow efficiency, and allow pharmacists and pharmacy technicians to better focus [sic] on patient care and safety at the dispensing site.</p> <p>When implemented with appropriate safeguards, remote processing enhances accuracy, reduces burnout, and supports continuity of operations—especially in underserved or high-volume settings. Many pharmacies already utilize advanced technology, secure systems, and standard verification processes to make remote processing both safe and effective.</p> <p>Additionally, this regulation supports workforce flexibility which is increasingly important for retaining qualified pharmacy professionals [sic]. Providing modern work options helps ensure that</p>	Board staff thank the commenter for their comment in support of the regulation.

			<p>California pharmacies can continue to meet patient needs while maintaining high standards of care.</p> <p>I appreciate the Board's consideration of this proposal and encourage the adoption of the regulation as written. Thank you for your continued commitment to protecting public health while advancing the profession of pharmacy.</p>	
7-1	General Comment	Vincent J Chairez CVS Pharmacy Technician, & UFCW Local 324 Steward	Regarding Remote Processing language for 1717.11, as a whole there has been general positive feedback from our pharmacists and non-union pharmacists with the following questions and feedback.	Board staff thank the commenter for their comment in support of the regulation.
7-2	(a) (2) & (3)	Vincent J Chairez CVS Pharmacy Technician, & UFCW Local 324 Steward	<p>Section A2 & A3: Should clarify and include where and what pharmacy the pharmacists are performing remote processing or who has remotely accessed the store. Currently a daily report prints out of pharmacists names, number of data and product verifications performed to support their "community". This will also help inspectors inspect the area to ensure that compliance and regulations are being observed by the company and individual pharmacist.</p>	Board staff thank the commenter for their comment. Board staff does not recommend any changes to the text based on the comment. As outlined in the Initial Statement of Reasons, the written agreement referenced in (a) (2) and (a) (3) will be between a specific pharmacy and the pharmacist who will perform remote processing. Under

			For further emphasis, state that remote processing should always be done in pharmacy.	(a)(1) and (a)(4), all appropriate and necessary security and confidentiality provisions would be set forth in the licensed pharmacy's policies and procedures.
7-3	(a)(4)	Vincent J Chairez CVS Pharmacy Technician, & UFCW Local 324 Steward	Section A4 If you could clarify, does that mean the PIC will need to approve remote processing for their pharmacy daily and approve who and if said individual pharmacist shall be allowed to perform remote processing for their specific pharmacy? Secondly, "Pharmacy's policy and procedure" does this mean the employer can make performing the task of remote processing a condition of employment or retain employment?	Board staff thank the commenter for their comment. For the purposes outlined in the Initial Statement of Reasons, the proposed text defers to the pharmacist-in-charge (PIC) to approve the duties performed and approvals required for remote processing in the pharmacy's policies and procedures. The Board processing tasks must be documented in the policies and procedures before the remote processing activities begin as this is a decision for the PIC as the employer of the remote processing pharmacist.
7-4	(b)	Vincent J Chairez	Section B This has 100 percent support from pharmacists of removing all product	Board staff thank the commenter for their comment. For the purposes

		CVS Pharmacy Technician, & UFCW Local 324 Steward	<p>verifications from remote processing, and if there's any area of compromise or additions.</p> <p>Consider to exclude that all controlled prescriptions be excluded from any remote processing.</p> <p>This will provide consistency and safety for the patients and pharmacists who may not have access to progress notes and treatment plans.</p>	outlined in the Initial Statement of Reasons, the purpose of the regulation is to establish what duties are not permitted via remote processing. The decision related to whether or not controlled prescriptions are excluded from remote processing would be a decision made by the PIC.
7-5	General Comment	Vincent J Chairez CVS Pharmacy Technician, & UFCW Local 324 Steward	<p>To repeat a cited CVS Reddit comment "cvs made qv1 and qv2 into a rat race where the rphs that just send it thru get their numbers good and the rphs that do their actual job of verifying every script get yelled at for low shared numbers. This is incredibly unsafe for the community." https://www.reddit.com/r/CVS/s/x8cAM6mKvf</p>	Board staff thank the commenter for their comment. Board staff have reviewed this comment and do not recommend a change based on the comment.
8	General Comment	Signed by Multiple Pharmacists: Sandra K. Williams; Jackie Stover; Safia Ghaniezadeh;	<p>To Whom It May Concern:</p> <p>As licensed pharmacists in the state of CA, we are writing to support Title 16 CCR 1717.11, related to Remote Processing, and the revised definition of Pharmacist: entitled to practice within or outside of a licensed pharmacy.</p>	Board staff thank the commenters for their comment in support of the regulation.

		<p>Inas Anton; Nancy Simandjuntak; Linda Romero; Nicole Canard; Jimmy Kim; Jina Ha; Esther Kim; Huy Diep; Cindy Wong; Pooja Vasnani; Dylan Ly; Priti Patel; Paul Molina; Nova Edusada; Jessica Le; Matthew Sierra; Ebony Thomas; Dez Hutaaruk; Cristine Norris; Charlotte Furdui; Viral Shah; Sherin Kerlach; Sawsan Aljaizrawi; Karina Rojas; Marian Sharaby; Anthony Le; Wasseem Basiely; Calvin Lee; Megan Reynoldson;</p>	<p>We appreciate the efforts and consideration given by the Board of Pharmacy to make Remote Processing possible in the state of CA. Many of our RPh peers in other states are currently able to perform Remote Processing. Due to the COVID pandemic, many business entities- including CA pharmacists- successfully performed Remoted Processing from 2020 to 2023. This unique precedence demonstrated a continuation of patient care and a favorable business model. The flexibility of Remote. Processing will help to expand the profession of pharmacy and ensure that consumers receive the best in class patient care.</p>	
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		Michael Nguyen; Lonnie Tung		
9	Recommended Adding (c)	Beth C. Spiegel, Pharm.D., J.D. Pharmacy Services Manager – Regulatory Compliance Officer California Correctional Health Care Services	<p>California Correctional Health Care Services (CCHCS) appreciates the opportunity to provide comment in response to the proposed text for California Code of Regulations §1717.11. Remote Processing. CCHCS operates approximately 39 licensed Correctional Pharmacies, 320 licensed Correctional Clinics and 480 Automated Drug Dispensing Systems (ADDS) across 31 Institutions.</p> <p>The Pharmacist I, staff pharmacists within our institutions, are responsible for performing the order verification function covered by §1717.11 . However, they are also responsible for preparing and dispensing medications, ensuring proper handling and record keeping of drugs, dangerous devices, and dispensing and management of DEA controlled substances in accordance with federal and state code and regulations.</p> <p>A major portion of their essential functions include final product check on medications dispensed to patients, and clinics, maintaining inventory management and quality assurance systems, inspections of Automated Drug</p>	Board staff agree with this comment and recommend the addition of subdivision (c) as reflected in the proposed modified text.

			<p>Dispensing Cabinets and Licensed Correctional Clinics and ensuring adequate and effective control of drugs. At the present time, all staff involved in the verification of new orders and the final product verification are located within our physical pharmacy operations. The ability to ensure patient care across all facets of physical dangerous drug furnishing, prescription dispensing, DEA controlled substances dispensing and oversight requires the physical presence of staff onsite. Therefore, CCHCS respectfully requests the following modification to the proposed regulation:</p> <p>“§1717.11. Remote Processing. ...(b)For purposes of this section, “remote processing of prescriptions” does not include final product verification, supervision of pharmacy personnel, or the dispensing of a drug. (c)This section does not apply to facilities of the California Department of Corrections and Rehabilitation.”</p>	
10-1	General Comment	Nadine Jarjur, PharmD, MBA Director of Compliance, PharMerica	On behalf of PharMerica, please accept these comments in response to the proposed regulation on remote processing. Per our comments below, PharMerica supports the proposed thoughtful recommendations that will	Board staff thank the commenter for their comment in support of the regulation.

		<p>help benefit the health and welfare of California residents, as well as worker safety. Our comments are intended to seek clarity on certain provisions to ensure the regulation's alignment with our operations and the people we serve. By way of background, PharMerica operates seven (7) California pharmacy locations that serve California's most vulnerable populations. These pharmacies provide contracted closed-door vendor pharmacy services to assisted living facilities (ALFs), residential care facilities, group homes for individuals with disabilities in the community and other long-term care settings including skilled nursing facilities (SNFs). We consider ourselves to be a Long-Term Care (LTC) pharmacy provider, different from an in-house or hospital pharmacy. Our typical patient suffers from multiple complex and chronic conditions and cognitive impairment and take 12-13 prescription medications a day. Medications are delivered to the LTC facilities or group homes, and are administered by care coordinators, medication managers or nurses.</p> <p>PharMerica offers its support for the proposed regulations. As COVID and past declared emergencies showed,</p>	
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			remote processing is a proven initiative in helping ensure continued access to patient care. For example, remote processing can bridge access to California's rural communities where pharmacists may be scarce, as well as offering flexibility for pharmacists who require an alternative location to increase productivity. In short, the BOP proposal to initiate remote processing is a win for California's patients, pharmacists, and pharmacies statewide.	
10-2	(a) (2)	Nadine Jarjur, PharmD, MBA Director of Compliance, PharMerica	Clarity Requested on Proposed Inspection Process for Remote Processing Space We appreciate the proposed language in section (a)(2) that allows the pharmacist to work with the pharmacy in jointly identifying the most efficient space to exercise remote processing. To that end, often that most efficient workspace can include the pharmacist's home or a personal, intimate setting. While PharMerica supports a transparent and accessible inspection process, we would be concerned about such a process including full access to a pharmacist's home or other personal setting where the pharmacist conducts remote processing. We would like to seek clarity on how the Board would approach such an inspection in this type of setting and	The Board thanks the commenter for their support of the proposed regulation. The Board staff recommend amendment to the language of (a)(2) relating to the requirement for the remote processing location to be open for inspection, as reflected in the proposed modified text.

			would urge the Board to exercise judgement and consideration if the mutually agreed workspace includes a home or more personal setting. PharMerica thanks the Board for the opportunity to comment. We fully support an allowance of remote processing coupled with a responsible regulatory oversight of program. This is critical to protecting the public's health. Thank you for your support, and for your consideration of our response to section (a)(2).	
11	General Comment	Lorri Walmsley, RPh, FAzPA Director, Pharmacy Affairs, Walgreens	I am writing to express my strong support for the proposed regulation, Title 16 CCR §1717.11: Remote Processing, which is designed to formalize and expand remote verification of prescriptions by pharmacists in California. Support for Remote Processing: <ul style="list-style-type: none"> • <i>Enhances Patient Safety & Continuity of Care During the COVID-19 pandemic,</i> the Board authorized a temporary remote processing waiver to maintain service delivery during lockdowns. This waiver allowed pharmacists to verify prescriptions outside the physical pharmacy, which proved vital for uninterrupted patient care. It also allowed employers to offer accommodations for 	The Board thanks the commenter for their support of the proposed regulation.

		<p>immunocompromised team members to continue practicing and serving the community while providing a safer environment tailored to each employee's individual needs.</p> <ul style="list-style-type: none"> • <i>Legislative Authority & Regulatory Mandate</i> Remote processing fills a significant gap in Business & Professions Code §4036, which empowers pharmacists to practice inside or outside a pharmacy. Formalizing §1717.11 aligns with this legal framework and the Board's mission under §4001.1 to protect public health. • <i>Long-Term Benefit & Modernization</i> While the pandemic waivers expired in 2023, remote processing remains beneficial in non-emergency contexts—such as rural pharmacies or staffing challenges—by improving workforce flexibility and ensuring continuous pharmacist oversight of prescription accuracy and patient counseling. <p>Value Proposition:</p> <ul style="list-style-type: none"> • <i>Regulatory Clarity & Consistency</i> A permanent regulation under §1717.11 provides clear standards for pharmacy operations, supporting compliance and minimizing risk of ad hoc interpretations. I urge the Board to adopt §1717.11 as proposed. A fully enacted remote processing regulation will ensure safer, 	
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			more accessible, and continuously reliable pharmacy services across California.	
12-1	General Comment	Vincent Chairez	Regarding Remote Processing language for 1717.11, as a whole there has been general positive feedback from our pharmacists and non-union pharmacists with the following questions and feedback.	This is a duplicate comment. Please see response to comment #7-1.
12-2	(a) (2) & (3)	Vincent Chairez	Section A2 & A3: Should clarify and include where and what pharmacy the pharmacists are performing remote processing or who has remotely accessed the store. Currently a daily report prints out of pharmacists names, number of data and product verifications performed to support their "community". This will also help inspectors inspect the area to ensure that compliance and regulations are being observed by the company and individual pharmacist. For further emphasis, state that remote processing should always be done in pharmacy.	This is a duplicate comment. Please see response to comment #7-2.
12-3	(a)(4)	Vincent Chairez	Section A4 If you could clarify, does that mean the PIC will need to approve remote processing for their pharmacy daily and approve who and if said individual	This is a duplicate comment. Please see response to comment #7-3.

			<p>pharmacist shall be allowed to perform remote processing for their specific pharmacy?</p> <p>Secondly, "Pharmacy's policy and procedure" does this mean the employer can make performing the task of remote processing a condition of employment or retain employment?</p>	
12-4	(b)	Vincent Chairez	<p>Section B</p> <p>This has 100 percent support from pharmacists of removing all product verifications from remote processing, and if there's any area of compromise or additions. Consider to exclude that all controlled prescriptions be excluded from any remote processing.</p> <p>This will provide consistency and safety for the patients and pharmacists who may not have access to progress notes and treatment plans.</p> <p>Lastly, add that no prescription should be stuck in the cloud (aka community) for longer than 24 hours.</p> <p>So that pharmacists can actually see all the prescriptions that need to be completed for their store and patients will be informed in a timely manner of when their prescription is filled and time left to pick up.</p>	<p>Board staff thank the commenter for their comment. For the purposes outlined in the Initial Statement of Reasons, the purpose of the regulation is to establish what duties are not permitted via remote processing. The decision related to whether or not controlled prescriptions are excluded from remote processing or the timeframe for such activities would be a decision made by the PIC.</p>

			There has been several situations where a prescription is sitting in the waitbin for days because of the promise time. Therefore the product verification is delayed in the community but the insurance company shows a processing date, days earlier.	
12-5	General Comment	Vincent Chairez	To repeat a cited CVS Reddit comment "cvs made qv1 and qv2 into a rat race where the rphs that just send it thru get their numbers good and the rphs that do their actual job of verifying every script get yelled at for low shared numbers. This is incredibly unsafe for the community." https://www.reddit.com/r/CVS/s/x8cAM6mKvf	This is a duplicate comment. Please see response to comment #7-5.
13	General Comment	Megan Orton Pharmacy Tech III Redlands, Ca CVS Specialty	I am writing to express my support for the proposed addition of Title 16 CCR § 1717.11 regarding Remote Processing. Allowing remote processing is a necessary and forward-thinking step that reflects the evolving landscape of pharmacy practice. Remote processing can help address ongoing staffing shortages, improve workflow efficiency, and allow pharmacists and pharmacy technicians to better focus [sic] on patient care and safety at the dispensing site.	Board staff thank the commenter for their comment. Board staff does not recommend any changes to the text based upon the comment. Remote work by pharmacy technicians exceeds the scope of this proposed regulation. Board staff note that the Board's policy decision regarding remote processing was related to pharmacists working remotely.

			<p>When implemented with appropriate safeguards, remote processing enhances accuracy, reduces burnout, and supports continuity of operations- especially in underserved or high-volume settings. Many pharmacies already utilize advanced technology, secure systems, and standard verification processes to make remote processing both safe and effective.</p> <p>Additionally, this regulation supports workforce flexibility which is increasingly important for retaining qualified pharmacy professionals [sic], such as pharmacists and pharmacy technicians. Providing modern work options helps ensure that California pharmacies can continue to meet patient needs while maintaining high standards of care. I appreciate the Board's consideration of this proposal for pharmacists and encourage the adoption of the regulation written to additionally include pharmacy technicians. Thank you for your continued commitment to protecting public health while advancing the profession of pharmacy.</p>	
14	(a)(2)	John P. Gray, PharmD, MSL	Kaiser Permanente appreciates the opportunity to respond to the California Board of Pharmacy's request for	The Board thanks the commenter for their support of the proposed regulation.

		<p>Director, National Pharmacy Legislative and Regulatory Affairs Kaiser Permanente</p>	<p>comments on the proposed new regulation pertaining to pharmacist remote prescription processing. Kaiser Permanente comprises the non-profit Kaiser Foundation Health Plan, the non-profit Kaiser Foundation Hospitals; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan. These entities work together seamlessly to meet the health needs of Kaiser Permanente's nine million members in California. Kaiser Permanente's pharmacy enterprise in California is comprised of hundreds of licensed pharmacies that are staffed by thousands of individual pharmacy licentiates.</p> <p>Kaiser Permanente has long advocated for commonsense regulations that permit pharmacists to perform prescription processing tasks outside of a licensed pharmacy. We commend the Board for its efforts during last year's Sunset Review process to amend section 4036 of the Business and Professions Code to clear the statutory barrier to such a regulation. We believe that this proposed regulation will provide pharmacists and employers with greater operational flexibility and may improve opportunities for traditionally underrepresented groups as</p>	<p>As noted above in response to Written Comment 10-2, Board staff recommend removing the requirement for the remote processing location to be open for inspection as reflected at section (a)(2) of the proposed modified text.</p>
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		<p>demonstrated by a 2022 McKinsey and Company study.¹</p> <p>¹ McKinsey & Company, <i>Hybrid Work: Making It Fit With Your Diversity, Equity, and Inclusion Strategy</i> (2022), https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/hybrid-work-making-it-fit-with-your-diversity-equity-and-inclusion-strategy. Kaiser Permanente supports the proposed regulation in principle; however, we are gravely concerned by the provision that would subject a pharmacist's remote work site to warrantless searches by Board inspectors—a clear violation of the Fourth Amendment of the United States Constitution's "right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures."²</p> <p>² U.S. Const. amend. IV.</p> <p>The proposed regulation includes a requirement that the pharmacist's designated remote processing work location must "be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008." This provision is problematic for several reasons. First, section 4008 of the Business and Professions Code gives inspectors the authority to inspect "all</p>	
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		<p>pharmacies, wholesalers, dispensaries, stores, or places where drugs or devices are compounded, prepared, furnished, dispensed, or stored," as well as a physician's office or clinic under certain circumstances, a health care facility licensed pursuant to subdivisions (c) or (d) of section 1250 of the Health and Safety Code, and a location or proposed location of an Automated Drug Delivery System.³</p> <p>³ Cal. Bus. & Prof. Code § 4008. Based on several years' experience with the Board's remote processing waiver during the COVID-19 pandemic, it should be clear to all parties that, if this regulation is finalized, the vast majority of pharmacists' remote work sites will be in their homes. There is no provision in section 4008 of the Business and Professions Code that authorizes a Board of Pharmacy inspector to enter and inspect the home of a person who is an individual Board licensee; therefore, the regulation's reference to section 4008 of the Business and Professions Code is unsound.</p> <p>Second, and more importantly, the requirement that a pharmacist's remote work location must be open to inspection facially violates the United States Constitution's Fourth Amendment</p>	
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			<p>protection against unreasonable searches as established in <i>Camara v. Municipal Court</i>.⁴</p> <p>4 U.S. Const. amend. IV. , 5</p> <p>5 <i>Camara v. Mun. Ct. of S.F.</i>, 387 U.S. 523 (1967). In <i>Camara</i>, the Supreme Court unequivocally held that administrative inspections of private residences require either consent or a warrant, even when conducted pursuant to regulatory authority. The Court rejected the argument that regulatory inspections fall outside Fourth Amendment protections, stating that "except in certain carefully defined classes of cases, a search of private property without proper consent is 'unreasonable' unless it has been authorized by a valid search warrant."⁶</p> <p>6 <i>Id.</i> When a pharmacist performs remote processing from their home—the most likely scenario under this regulation—their residence does not shed its constitutional protection merely because professional activities occur within. As the <i>Camara</i> Court emphasized, the Fourth Amendment's "basic purpose... is to safeguard the privacy and security of individuals against arbitrary invasions by governmental officials."⁷</p> <p>7 <i>Id.</i> The proposed regulation contains no warrant requirement, no provision for</p>	
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consent, and no meaningful limitation on the scope, timing, or manner of inspection. It simply declares the space "shall be open for inspection"—precisely the type of warrantless administrative search scheme that *Camara* invalidated.

The Board might argue that pharmacies constitute a "closely regulated industry" as discussed in *New York v. Burger*, thereby exempting these inspections from the warrant requirement.⁸

⁸ *New York v. Burger*, 482 U.S. 691 (1987). This argument fails for several critical reasons. First, residential spaces are categorically different. *Burger* involved a commercial automobile junkyard—a business premise with a long history of pervasive regulation. The Supreme Court has consistently distinguished between commercial and residential properties, affording the latter heightened protection. Even assuming pharmacy practice is closely regulated, a pharmacist's home does not become a commercial premise subject to warrantless inspection merely because professional work occurs there. The closely regulated industry exception has never been extended to authorize warrantless searches of residential spaces. To do so would effectively allow

			<p>the government to circumvent the core Fourth Amendment protections identified in <i>Camara</i> in any and all cases in which professionals work from home. Even if the warrantless search exception applied to residential properties, which it does not, <i>Burger</i> established three requirements for warrantless administrative searches.⁹</p> <p>⁹ Id. First, there must be a "substantial government interest" in the regulatory scheme. While pharmacy regulation serves public health interests, the question is whether warrantless home inspections are substantially necessary—not whether pharmacy regulation generally serves important goals. Second, warrantless inspections must be "necessary to further the regulatory scheme." This regulation fails this prong entirely. Remote processing can be effectively regulated through virtual records review and audits, inspections of the licensed pharmacy facility where final product verification occurs, and announced inspections with consent or a warrant.</p> <p>The third prong of the <i>Burger</i> test stipulates that the inspection program must provide "a constitutionally adequate substitute for a warrant" by</p>	
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			<p>limiting inspector discretion as to time, place, and scope.¹⁰</p> <p>10 Id. The proposed regulation provides no such limitations. It does not specify when inspections may occur, how much notice, if any, must be provided, what areas of the home may be inspected, what the scope of inspection may encompass, or any temporal limitations on inspection authority. This unbounded discretion is antithetical to the warrant requirement's purpose and fails <i>Burger's</i> third prong.</p> <p>In summary, warrantless searches of the home—undeniably the location where pharmacist remote processing is most likely to occur—of a pharmacist who is performing remote prescription processing are impermissible under <i>Camara</i>. Furthermore, the closely regulated industry exception to the Fourth Amendment's warrant requirement as provided in <i>Burger</i> applies to commercial properties and not to an individual's residence. Even if the closely regulated industry exception applies to a pharmacist's remote work location, the proposed regulation does not meet <i>Burger's</i> requirements for warrantless administrative searches. Beyond these glaring constitutional deficiencies, this provision raises the</p>	
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		<p>following practical concerns: (1) it forces pharmacists to choose between professional practice flexibility and residential privacy; (2) it creates potential liability for pharmacies as they cannot and should not attempt to guarantee access to employees' homes; (3) it provides no protection for family members' privacy interests in shared residential spaces; and (4) it offers no safeguards against inspector overreach or inspection of non-work areas. Given all of these factors, Kaiser Permanente strongly urges the Board to delete the second sentence of section 1717.11(a)(2) of the proposed regulation as shown below and instead conduct inspections of a pharmacist's remote work location pursuant to the pharmacist's consent to inspection or a warrant.</p> <p>§1717.11. Remote Processing. 4</p> <p>(a) A pharmacist located and licensed in the state may perform remote processing of prescriptions, from a location outside of a licensed facility, under the following conditions:</p> <p>(1) The pharmacy is responsible for ensuring all appropriate and necessary security and confidentiality provisions are in place, including compliance with</p>	
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			<p>HIPAA requirements, and specified in its policies and procedures.</p> <p>(2) The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a written agreement with the pharmacy. Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008.</p>	
15	(a)(2)	<p>Henry Chan, Pharm.D. California Region Director of Pharmacy Operations, Commonspirit Health</p>	<p>Dignity Health values the opportunity to provide constructive input on the proposed draft regulation CCR 1717.11, concerning remote processing. Our comprehensive comments and recommendations, aimed at enhancing clarity and efficacy, are appended to this correspondence.</p> <p>We are concerned with the Board of Pharmacy's proposal for subsection (a)(2) which allows BOP inspection of remote processing spaces. We disagree with the Board's proposed verbiage because it includes inspection of an employee's private residence or office where drugs or devices are not compounded, prepared, furnished, dispensed, nor stored. Please consider our proposal for subsection (a)(2):</p> <p>The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a</p>	<p>The Board thanks the commenter for their support of the proposed regulation. As noted above in response to Written Comment 10-2, Board staff recommend removing the requirement for the remote processing location to be open for inspection as reflected at section (a)(2) of the proposed modified text.</p>

			<p>written agreement with the pharmacy. Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008. <u>Such space does not include private residences unless the space meets the provisions of Business and Professions Code section 4008.</u></p>	
16	General Comment	<p>Steven C. Anderson, FASAE, CAE, IOM President and Chief Executive Officer National Association of Chain Drug Stores</p>	<p>On behalf of our members operating chain pharmacies throughout the state of California, the National Association of Chain Drug Stores (NACDS) thanks the Board of Pharmacy (Board) for the opportunity to comment on proposed rule §1717.11 authorizing the remote processing of prescriptions. We commend the Board for initiating this rulemaking, as policies like this enable pharmacies to deploy flexible and innovative workflow models that bolster their capacity to deliver essential pharmacy care services to the public. The people of California increasingly rely on neighborhood pharmacies for a growing range of pharmacy healthcare services such as immunizations, testing services, and other important care. In fact, 58% of Americans are now more likely to first seek non-emergency healthcare at pharmacies,¹ and the number of prescriptions that Americans filled at retail pharmacies reached an all-</p>	<p>Board staff thank the commenter for their comment. Board staff does not recommend any changes to the text based upon the comment. Pursuant to the Board's prior policy discussions based on the Board's consumer protection mandate, pharmacists conducting the remote processing must be located in California.</p>

time high of 7.1 billion in 2024.² Enabling pharmacies to implement modernized care models that lean on technology advancements and optimize existing pharmacy resources and workforce is critical to supporting pharmacies' ability to meet growing community demands. Considering how deeply the public relies on neighborhood pharmacies for many valued services, allowances for remote processing, without undue restrictions and administrative burdens, can help California pharmacies to meet the dynamic and evolving healthcare needs of their patients across the state.

1

<https://www.wolterskluwer.com/en/know/pharmacy-next>

2 IQVIA Blog Post on "U.S. Life Sciences Industry Thrives with Robust Growth and Innovation" Available at:

<https://www.iqvia.com/locations/united-states/blogs/2025/10/us-life-sciences-industry-thrives-with-robust-growth-and-innovation>

Given the imperative to support pharmacies and pharmacists in meeting the growing public demand for pharmacy care services, we encourage the Board to advance this rulemaking with a revision enabling pharmacies to maximize the pharmacy personnel who

			<p>could participate in remote processing activities under this rule. Specifically, we encourage the Board to revise paragraph (a) to authorize licensed pharmacists located outside of California to perform remote processing activities. Suggested Revision to §1717.11 (a) “A pharmacist located and licensed in the state may perform remote processing of prescriptions, from a location outside of a licensed facility, under the following conditions: ...”</p> <p>This is especially important considering the Pharmacy Workforce Center’s most recent <i>Pharmacy Demand Report for 2025</i> showing that the number of open positions for retail pharmacists in California grew from 662 in Q1 to 961 as of the end of Q4. Allowing pharmacists located in other states to perform remote processing activities would afford pharmacies the added flexibility to utilize available staffing to serve their patients in California.³</p> <p>3 https://www.aacp.org/article/pharmacy-demand-report-pdr</p> <p>2 NACDS thanks the Board for considering our perspectives on this rulemaking.</p>	
17-1	General	Loriann De Martini,	On behalf of the California Society of Health-System Pharmacists (CSHP), which	Board staff have reviewed the comment and do not

		<p>Pharm.D., MPH, BCGP Chief Executive Officer California Society of Health-System Pharmacists (CSHP) Executive Director CSHP Research and Education Foundation</p>	<p>represents pharmacists practicing in hospitals, health systems, clinics, and integrated care environments across the state, we appreciate the opportunity to comment on the Board's proposed regulation § 1717.11 regarding remote processing. CSHP respectfully opposes the regulation as currently written. Although we share the Board's commitment to patient safety and responsible pharmacy practice, the proposed requirements conflict with existing statutory authority, introduce unnecessary administrative and safety burdens, and inadvertently undermine the legislative intent to modernize pharmacy operations and expand remote work capabilities. CSHP's primary concern is that the proposal is inconsistent with Business and Professions Code § 4071.1. Under this statute, a prescriber, a prescriber's authorized agent, or a pharmacist may electronically enter a prescription or medication order into a pharmacy or hospital system from any location outside the pharmacy or hospital, provided they have the facility's permission. The statute does not impose limitations on the type of location, the conditions under which the pharmacist must work, or any requirement for a written agreement or</p>	<p>recommend a change to the proposed text. As stated in the Notice of Proposed Action, BPC section 4071.1 grants pharmacists very limited authority to practice outside the pharmacy. This regulation expands the duties a pharmacist may perform as part of "remote processing," if certain conditions are met.</p>
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			inspection of the workspace. The proposed regulation, however, places constraints exclusively on pharmacists, establishing obligations that do not apply to prescribers or to unlicensed prescriber agents who are also permitted under §4071.1 to enter orders remotely. This results in an inequitable and contradictory regulatory framework that is inconsistent with the statute’s plain language and intent.	
17-2	(a)(2)	California Society of Health-System (CSHP) Foundation	Additionally, the proposed requirement for individualized written agreements for each pharmacist engaged in remote processing creates a significant administrative burden without improving patient safety or privacy protections. Health systems and pharmacies already maintain comprehensive policies and procedures governing remote access, cybersecurity, HIPAA compliance, and workforce responsibilities. Pharmacists are already trained and obligated under federal and state law—including HIPAA and the California Confidentiality of Medical Information Act—to protect patient information regardless of physical location. Adding individualized written workspace agreements does not enhance compliance, and instead imposes duplication of requirements that	The Board thanks the commenter for their comment. As outlined in the Initial Statement of Reasons, the written agreement between the pharmacy and the pharmacist working remotely shall document requirements related to the space where the remote processing shall be performed. The proposed regulation does not require individualized written policies and procedures; rather the proposed regulation states that the “duties for remote processing of prescriptions shall be . . . specified in the pharmacy’s policies and

			are already well-established,	procedures." The purpose of subsection (a)(2) is not to be administratively burdensome but rather to put a written requirement in place for the pharmacist to agree to engage in remote processing, to designate a space to perform such remote processing, and to ensure the written agreement is available for Board inspection.
17-3	(a)(2)	Loriann De Martini, Pharm.D., MPH, BCGP Chief Executive Officer California Society of Health-System Pharmacists (CSHP) Executive Director CSHP Research and Education Foundation	The proposed mandate that a pharmacist's remote workspace be subject to inspection by the Board presents serious personal safety risks. Pharmacists expressed substantial concern that allowing Board inspectors into their homes exposes them and their families to security threats, particularly given the Board's documented reports of impersonators posing as inspectors. Health professionals such as physicians, nurses, and others routinely handle protected health information remotely without being subjected to home inspections. Requiring pharmacists alone to open private residences for is disproportionate, unnecessary, and inappropriate, especially when no	The Board thanks the commenter for their support of the proposed regulation. As noted above in response to Written Comment 10-2, Board staff recommend removing the requirement for the remote processing location to be open for inspection as reflected at section (a)(2) of the proposed modified text.

			<p>dangerous drugs or devices are stored, handled, or dispensed at these locations. The proposed regulation appears to treat remote pharmacists' workspaces as if they are extensions of licensed pharmacy premises, despite the fact that remote processing does not involve drug storage, preparation, compounding, dispensing, or final verification. Business and Professions Code §4037 clearly defines the activities that constitute a pharmacy, and remote order entry does not fall within those parameters. Applying requirements meant for licensed facilities to private homes or non-pharmacy workplaces exceeds the Board's jurisdiction and mischaracterizes the nature of remote professional activities.</p>	
17-4		<p>Loriann De Martini, Pharm.D., MPH, BCGP Chief Executive Officer California Society of Health-System Pharmacists (CSHP) Executive Director</p>	<p>The proposal also risks harming workforce stability and patient access to care. Health systems have already begun planning to eliminate remote work or hybrid options for pharmacists if the regulation is adopted. This directly undermines the modern workforce expectations that help attract and retain talented professionals, and could create new barriers to hiring in a health care environment already facing staffing shortages. In many rural or medically underserved regions, pharmacists who</p>	<p>The Board thanks the commenter for their comment. As outlined in the Initial Statement of Reasons, the proposed regulation will have the opposite impact than that described by the commenter. The proposed regulation specifies the requirements that, if met, will allow for the expansion of duties pharmacists can perform outside of a</p>

		CSHP Research and Education Foundation	provide remote processing services are essential for timely access to therapy. Requiring pharmacists to relocate to specific physical environments would reduce access and eliminate flexibility that health systems and clinics rely on to support patient care. Furthermore, by reducing remote work options, the proposal inadvertently increases commuting, contributing to environmental and air-quality impacts that contradict broader state sustainability goals.	licensed pharmacy under “remote processing”.
17-5		Loriann De Martini, Pharm.D., MPH, BCGP Chief Executive Officer California Society of Health-System Pharmacists (CSHP) Executive Director CSHP Research and Education Foundation	CSHP is also concerned that the regulation could unintentionally increase the risk of medication-order transcription errors. If pharmacists are prevented from remotely entering orders due to restrictive workspace requirements, they may be forced to rely on less qualified personnel to enter prescriptions or may need to verbally transmit orders to intermediaries. This creates additional opportunities for miscommunication and manual transcription errors, thus diminishing patient safety—the very outcome the regulation intends to prevent.	The Board thanks the commenter for their comment. As outlined in the Initial Statement of Reasons, the proposed will regulation will have the opposite impact than that described by the commenter. The proposed regulation specifies requirements that, if met, will allow for the expansion of duties pharmacists can perform outside of a licensed pharmacy under “remote processing”.
17-6		Loriann De Martini,	In summary, the proposed §1717.11 introduces significant operational, legal,	The Board thanks the commenter for their

		<p>Pharm.D., MPH, BCGP Chief Executive Officer California Society of Health-System Pharmacists (CSHP) Executive Director CSHP Research and Education Foundation</p>	<p>safety, and practical issues without achieving measurable improvements in patient protection. It conflicts with existing statutory authority, duplicates privacy laws, imposes unjustified burdens on pharmacists, expands the Board's oversight into private residences, and reduces access to remote work options that are essential for workforce sustainability and patient care delivery in modern health-system environments. CSHP urges the Board to withdraw or substantially revise the proposal to align with BPC §4071.1 and existing privacy laws and to preserve remote processing practices under employer policies, PIC-approved procedures, and established HIPAA and CMIA requirements.</p> <p>We remain committed to collaborating with the Board to develop regulatory language that protects patients while recognizing the realities of contemporary health-system practice and supporting pharmacists' ability to provide high-quality care from appropriate remote settings. Thank you for considering our comments.</p>	<p>comment. As outlined in the Initial Statement of Reasons, the proposed will regulation will have the opposite impact than that described by the commenter. The proposed regulation specifies requirements that, if met, will allow for the expansion of duties pharmacists can perform outside of a licensed pharmacy under "remote processing".</p>
18	General Comment	Priti Patel, Registered Pharmacist	To whom may it concern, This is Priti Patel, Registered Pharmacist in California. I am supporting remote	The Board thanks the commenter for their support of the proposed regulation.

			<p>processing for pharmacists. Remote processing allows pharmacists to work on patients care without distractions which improves patient health outcomes significantly. It provides extra time to focus on patients clinical needs. In general remote processing is beneficial for patients and that is the reason I support it.</p> <p>I highly recommend all the other governing agencies to consider it and make it in law.</p>	
19	General Comment	Huy Diep, PharmD	<p>I am writing to the Board of Pharmacy to support remote processing. Eleven years ago, my company started to allow front-end pharmacists to work from home. Many of my colleagues in Massachusetts, Illinois, Kansas and Arizona took this opportunity. To my surprise and disappointment, California wasn't one of the states that allows remote processing. However, this changed during COVID-19 and California pharmacists were allowed to work from home. Of course my California colleagues and I jumped at this opportunity. Before we were allowed to work from home, our supervisor went over the rules that are meant to protect patient's privacy. First, we had to log into a secured VPN before we could access the company's computer. The VPN also</p>	The Board thanks the commenter for their support of the proposed regulation.

			<p>allowed the company to track our location. Second, we had to set up a webcam so our supervisor can monitor us whenever she chooses. Third, we went paperless. Everything was done on the computer which added an extra layer of protection.</p> <p>After working from home for two and half years, I can confidently say remote processing not only works but it also allows pharmacists to safely and securely manage their patients' medications. I wholeheartedly support this proposal.</p> <p>Huy Diep, PharmD</p>	
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**Department of Consumer Affairs
Title 16. Pharmacy**

**Modified Regulation Text
Remote Processing of Prescriptions**

Legend: Added text is indicated with an underline.

Modified changes made to the proposed regulation language are shown by ~~double strikethrough~~ for deleted language and double underline for added language.

Add section 1717.11 to Division 17 of Title 16 of the California Code of Regulations, to read as follows:

§1717.11. Remote Processing of Prescriptions.

- (a) A pharmacist located and licensed in the state may perform remote processing of prescriptions, from a location outside of a licensed facility, under the following conditions:
- (1) The pharmacy is responsible for ensuring all appropriate and necessary security and confidentiality provisions are in place, including compliance with HIPAA requirements, and specified in its policies and procedures.
 - (2) ~~The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a written agreement with the pharmacy. Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008.~~ The pharmacy and pharmacist enter a written agreement under which the pharmacist agrees to perform remote processing and designates a specific location or locations to perform such processing.
 - (3) The written agreement (including modifications) required in (a)(2) of this section shall be maintained, for at least three years following the pharmacist's employment, in a readily retrievable format and shall be available for inspection by the Board.
 - (4) The duties for remote processing of prescriptions shall be approved by the pharmacist-in-charge and specified in the pharmacy's policies and procedures.
 - (5) A pharmacy shall maintain a record of all the pharmacist's activities performed pursuant to this section.
 - (6) Records maintained pursuant to this section shall meet the same requirements as those described in Sections 4081 and 4105 of the Business and Professions Code.
- (b) For purposes of this section, "remote processing of prescriptions" does not include final product verification, supervision of pharmacy personnel, or the dispensing of a drug.
- (c) This section does not apply to facilities of the California Department of Corrections and Rehabilitation.

Note: Authority cited: Sections 4005 and 4036, Business and Professions Code.

Reference: Sections 4005, 4008, and 4036, Business and Professions Code.

Written Comments Received

#1

From: [Le, Jessica](#)
To: PharmacyRulemaking@DCA
Subject: Remote work
Date: Friday, January 9, 2026 1:54:36 PM
Attachments: [image001.png](#)

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Hi Debbie,

Please approve for remote work at home. Thanks.

Jessica Le, PharmD | Specialty Pharmacist, CVS Specialty

Jessica.Le2@cvshealth.com

1127 Bryn Mawr Avenue, Suite A Redlands, CA 92374

PRIVILEGED AND CONFIDENTIAL: PATIENT SAFETY WORK PRODUCT UNDER FEDERAL LAW



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Written Comments Received

#2

From: [Chu, Stewart S](#)
To: PharmacyRulemaking@DCA
Subject: Title 16 CCR §1717.11 Remote Processing
Date: Friday, January 9, 2026 2:17:19 PM

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To whom it may concern (Debbie Damoth)

I am in favor of this regulation moving forward. This will only improve job outlook and satisfaction for pharmacists working in California.

I do not see any downsides from this legislation being enacted.

Thank you

Stewart Chu, PharmD | Pharmacist, CVS Specialty
p 866-833-3752 | **f** 800-323-2445
CVS Health | 1127 Bryn Mawr Avenue, Redlands, CA 92374

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Written Comments Received

#3

From: [Kim, Thomas Hyunsoo](#)
To: PharmacyRulemaking@DCA
Subject: The Importance of Remote Processing in Specialty Pharmacy
Date: Friday, January 9, 2026 5:47:30 PM

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To Whom It May Concern:

I am writing to emphasize the critical importance of allowing remote work processing for pharmacists, particularly in the specialty pharmacy setting. Remote processing enables pharmacists to perform essential tasks such as prescription verification, clinical review, patient consultation, and other pharmacy operations that expedite the delivery of life-saving medications to patients across the country.

Specialty medications are often complex, high-cost therapies that require timely initiation to achieve optimal outcomes. Delays in processing can significantly impact patient health, especially for those with rare or chronic conditions. By leveraging remote work capabilities, pharmacists can ensure that these therapies are verified and prepared promptly, reducing treatment delays and improving adherence.

Expedited delivery of specialty medications not only enhances patient care but also helps prevent unnecessary emergency room visits and hospitalizations, ultimately reducing healthcare costs for patients and the system as a whole. Remote processing is a win-win solution—supporting clinicians in providing high-quality care while improving patients' quality of life.

For these reasons, I strongly advocate for policies that support remote work processing for pharmacists in specialty pharmacy. This approach aligns with our shared goal of improving patient outcomes and ensuring timely access to critical therapies.

Thank you for your consideration.

Sincerely,

Thomas Kim
Clinical Hemophilia Pharmacist
Hyunsoo.kim@cvshealth.com

Written Comments Received

#4

From: [Kristen Wright](#)
To: PharmacyRulemaking@DCA
Subject: Comments Regarding: Title 16 CCR § 1717.11, related to Remote Processing
Date: Monday, January 12, 2026 8:15:59 AM

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Hello,

I would like to comment on this bill proposal to see if the Board could address if technicians licensed in CA, supervised by a CA-licensed pharmacist, could process remotely.

Thank you,
Kristen

--

Kristen Wright, PharmD, MHA, Director, Regulatory Operations
CAPSULE | (336) 782-4306 | capsule.com | [@capsulecares](https://twitter.com/capsulecares)
CAPSULE IN [BLOOMBERG](#) | [CNBC](#) | [WSJ](#) | [FAST CO](#) | [FORTUNE](#) | [PBS](#)

Written Comments Received

#5

From: [Frank Briganti](#)
To: PharmacyRulemaking@DCA
Subject: Re: add to Tittle 16 remote processing
Date: Wednesday, January 14, 2026 11:10:50 AM

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1. If passed DOES this permit a registered license pharmacist . in another state to also Practice in California?
 2. Only restricted to consulting work! ****No dispensing in a physical pharmacy.
Ex. Retired CA pharmacist license. But also current licensed in NV.
- Thanks for your consideration.
Frank Briganti, Pharm.D.
Sent from my iPad

Written Comments Received

#6

From: [Villarruel, Petra M](#)
To: PharmacyRulemaking@DCA
Subject: Support for Proposed Regulation - Title 16 CCR § 1717.11 (Remote processing)
Date: Wednesday, January 14, 2026 5:58:55 PM

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Dear Members of the California State Board of Pharmacy,
I am writing to express my support for the proposed addition of Title 16 CCR § 1717.11 regarding Remote Processing.

Allowing remote processing is a necessary and forward-thinking step that reflects the evolving landscape of pharmacy practice. Remote processing can help address ongoing staffing shortages, improve workflow efficiency, and allow pharmacists and pharmacy technicians to better focus on patient care and safety at the dispensing site.

When implemented with appropriate safeguards, remote processing enhances accuracy, reduces burnout, and supports continuity of operations—especially in underserved or high-volume settings. Many pharmacies already utilize advanced technology, secure systems, and standard verification processes to make remote processing both safe and effective.

Additionally, this regulation supports workforce flexibility which is increasingly important for retaining qualified pharmacy professionals. Providing modern work options helps ensure that California pharmacies can continue to meet patient needs while maintaining high standards of care.

I appreciate the Board's consideration of this proposal and encourage the adoption of the regulation as written. Thank you for your continued commitment to protecting public health while advancing the profession of pharmacy.

Sincerely,
Petra M. Villarruel
Pharmacy Technician
Fontana, CA
CVS Specialty Pharmacy

Written Comments Received

#7

From: [Damoth, Debbie@DCA](mailto:Damoth,Debbie@DCA)
To: [Vincent Chairez](mailto:Vincent.Chairez)
Cc: PharmacyRulemaking@DCA
Subject: RE: Response to Section 1717.11 for open comment period 1/9/26 -2/24/26
Date: Monday, January 26, 2026 10:23:28 AM
Attachments: [image001.png](#)
[image004.png](#)

Mr. Chairez,

Your email has been forwarded to me for handling. I am sending your email to PharmacyRulemaking@dca.ca.gov for consideration during the 45-day public comment for the open comment period related the Board's rulemaking to add section 1717.11 of Title 16, Division 17, Article 2 of the California Code of Regulations.


Thank you, Debbie

Debbie Damoth, Senior Administration and Regulations Manager
California State Board of Pharmacy
(916) 518-3090 | FAX (916) 574-8614 | www.pharmacy.ca.gov
Be Aware and Take Care: Talk to your Pharmacist!

From: Vincent Chairez <vchairezbusiness@gmail.com>
Sent: Friday, January 23, 2026 3:24 PM
To: McFall, Julie@DCA <Julie.McFall@dca.ca.gov>
Subject: Response to Section 1717.11 for open comment period 1/9/26 -2/24/26

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To the Board of Pharmacy

Regarding Remote Processing language for 1717.11, as a whole there has been general positive feedback from our pharmacists and non-union pharmacists with the following questions and feedback.

Section A2 & A3:

Should clarify and include where and what pharmacy the pharmacists are performing remote processing or who has remotely accessed the store.

Currently a daily report prints out of pharmacists names, number of data and product verifications performed to support their "community".

This will also help inspectors inspect the area to ensure that compliance and regulations

are being observed by the company and individual pharmacist.
For further emphasis, state that remote processing should always be done in pharmacy.

Section A4

If you could clarify, does that mean the PIC will need to approve remote processing for their pharmacy daily and approve who and if said individual pharmacist shall be allowed to perform remote processing for their specific pharmacy?

Secondly, "Pharmacy's policy and procedure" does this mean the employer can make performing the task of remote processing a condition of employment or retain employment?

Section B

This has 100 percent support from pharmacists of removing all product verifications from remote processing, and if there's any area of compromise or additions.

Consider to exclude that all controlled prescriptions be excluded from any remote processing.

This will provide consistency and safety for the patients and pharmacists who may not have access to progress notes and treatment plans.

Lastly, add that no prescription should be stuck in the cloud (aka community) for longer than 24 hours.

So that pharmacists can actually see all the prescriptions that need to be completed for their store and patients will be informed in a timely manner of when their prescription is filled and time left to pick up.

There has been several situations where a prescription is sitting in the waitbin for days because of the promise time. Therefore the product verification is delayed in the community but the insurance company shows a processing date, days earlier.

To repeat a cited CVS Reddit comment

"cvs made qv1 and qv2 into a rat race where the rphs that just send it thru get their numbers good and the rphs that do their actual job of verifying every script get yelled at for low shared numbers. This is incredibly unsafe for the community."

<https://www.reddit.com/r/CVS/s/x8cAM6mKvf>

Vincent J Chairez
CVS Pharmacy Technician, &
UFCW Local 324 Steward

Written Comments Received

#8

From: [Sandra Williams](#)
To: PharmacyRulemaking@DCA
Cc: [Sandra Williams](#)
Subject: RPhs support Remote Processing
Date: Tuesday, January 27, 2026 8:04:03 PM
Attachments: [BOP Remote Processing RPh Support- signatures.pdf](#)

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To Whom It May Concern:

As licensed pharmacists in the state of CA, we are writing to support Title 16 CCR 1717.11, related to Remote Processing, and the revised definition of Pharmacist: entitled to practice within or outside of a licensed pharmacy.

We appreciate the efforts and consideration given by the Board of Pharmacy to make Remote Processing possible in the state of CA.

Many of our RPh peers in other states are currently able to perform Remote Processing. Due to the COVID pandemic, many business entities- including CA pharmacists- successfully performed Remoted Processing from 2020 to 2023.

This unique precedence demonstrated a continuation of patient care and a favorable business model. The flexibility of Remote Processing will help to expand the profession of pharmacy and ensure that consumers receive the best- in- class patient care.

Signed by: 44 CA pharmacists
-please see attachment

Warm Regards,
Sandra K. Williams, license #53539

Subject: Pharmacists Support Remote Processing

1/27/26

To Whom It May Concern:

As licensed pharmacists in the state of CA, we are writing to support Title 16 CCR 1717.11, related to Remote Processing, and the revised definition of Pharmacist: entitled to practice within or outside of a licensed pharmacy.

We appreciate the efforts and consideration given by the Board of Pharmacy to make Remote Processing possible in the state of CA. Many of our RPh peers in other states are currently able to perform Remote Processing. Due to the COVID pandemic, many business entities- including CA pharmacists- successfully performed Remoted Processing from 2020 to 2023. This unique precedence demonstrated a continuation of patient care and a favorable business model. The flexibility of Remote Processing will help to expand the profession of pharmacy and ensure that consumers receive the best in class patient care. Signed by:

Printed Name:

Signature:

CA RPh License#:

Sandra K. Williams

Sandra Williams

53539

Jackie Stover

Jackie Stover

53471

Safia Ghanieradeh

Safia

77689

Inas Anton

Inas

71700

Nancy Simandjuntak

Nancy

76589

Linda Romero

Linda

55100

Nicole Canard

Nicole

69486

Jimmy Kim

Jimmy Kim

70273

Jina Ha

Jina

83171

Subject: Pharmacists Support Remote Processing

1/27/26

To Whom It May Concern:

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Printed Name:

Signature:

CA RPh License#:

Esther Kim



65118

Huy Diep



61926

Cindy Wong



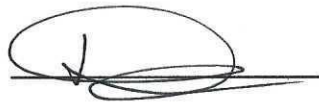
61556

Pooja Vasnani



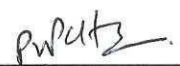
71637

Dylan Ly



65811

Priti Patel



61001

Paul Molina



71477

Nova Edusada



61597

Jessica Le



62087

Subject: Pharmacists Support Remote Processing

1/27/26

To Whom It May Concern:

As licensed pharmacists in the state of CA, we are writing to support Title 16 CCR 1717.11, related to Remote Processing, and the revised definition of Pharmacist: entitled to practice within or outside of a licensed pharmacy.

We appreciate the efforts and consideration given by the Board of Pharmacy to make Remote Processing possible in the state of CA. Many of our RPh peers in other states are currently able to perform Remote Processing. Due to the COVID pandemic, many business entities- including CA pharmacists- successfully performed Remoted Processing from 2020 to 2023. This unique precedence demonstrated a continuation of patient care and a favorable business model. The flexibility of Remote Processing will help to expand the profession of pharmacy and ensure that consumers receive the best in class patient care. Signed by:

Printed Name:

Signature:

CA RPh License#:

Matthew Sierra



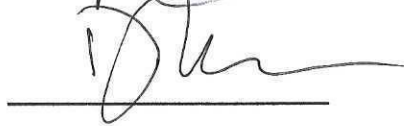
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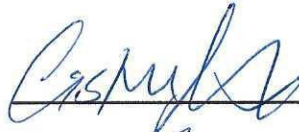
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Cristine Norris



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Charlotte Furdwi



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Vizal Shah

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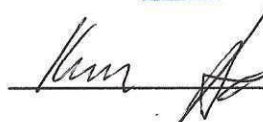
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Sawsan Aljazzawi



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Karina Rojas



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Subject: Pharmacists Support Remote Processing

1/27/26

To Whom It May Concern:

As licensed pharmacists in the state of CA, we are writing to support Title 16 CCR 1717.11, related to Remote Processing, and the revised definition of Pharmacist: entitled to practice within or outside of a licensed pharmacy.

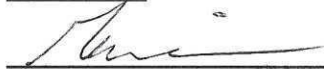
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Printed Name:

Signature:

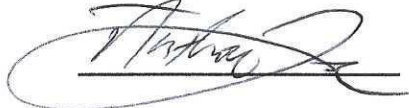
CA RPh License#:

Marian Sharaby



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Anthony Le



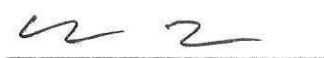
56024

Wasseem Basiely



56185

Calvin Lee



83557

Meagan Reynolds



78871

Michael Nguyen



89321

Louise Tung



66286

Written Comments Received

#9

January 28, 2026

Debbie Damoth/Julia Ansel
California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone No.: (916) 518-3100
Fax No.: (916) 574-8618
E-Mail Address: PharmacyRulemaking@dca.ca.gov

Members of the Board,

California Correctional Health Care Services (CCHCS) appreciates the opportunity to provide comment in response to the proposed text for California Code of Regulations §1717.11. Remote Processing. CCHCS operates approximately 39 licensed Correctional Pharmacies, 320 licensed Correctional Clinics and 480 Automated Drug Dispensing Systems (ADDS) across 31 Institutions.



The Pharmacist I, staff pharmacists within our institutions, are responsible for performing the order verification function covered by §1717.11 . However, they are also responsible for preparing and dispensing medications, ensuring proper handling and record keeping of drugs, dangerous devices, and dispensing and management of DEA controlled substances in accordance with federal and state code and regulations. A major portion of their essential functions include final product check on medications dispensed to patients, and clinics, maintaining inventory management and quality assurance systems, inspections of Automated Drug Dispensing Cabinets and Licensed Correctional Clinics and ensuring adequate and effective control of drugs.

At the present time, all staff involved in the verification of new orders and the final product verification are located within our physical pharmacy operations. The ability to ensure patient care across all facets of physical dangerous drug furnishing, prescription dispensing, DEA controlled substances dispensing and oversight requires the physical presence of staff onsite. Therefore, CCHCS respectfully requests the following modification to the proposed regulation:

“§1717.11. Remote Processing.

...(b)For purposes of this section, “remote processing of prescriptions” does not include final product verification, supervision of pharmacy personnel, or the dispensing of a drug.

(c)This section does not apply to facilities of the California Department of Corrections and Rehabilitation.”

Respectfully,

Signed by:

Beth Spiegel

1/28/2026

888F539D91674B6...

Beth C. Spiegel, Pharm.D., J.D.

Pharmacy Services Manager – Regulatory Compliance Officer

California Correctional Health Care Services

Beth.spiegel@cdcr.ca.gov

Cell: [\(661\)330-0875](tel:(661)330-0875)



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES



cc: Dr. Renee Kanan, Deputy Director Medical
Migdalia Siaca, Deputy Director Plata Personnel
Rainbow Brockenborough, Deputy Director Health Care Services
Mellonie Yang, CCHCS Office of Legal Affairs

Written Comments Received

#10



Debbie Damoth
California Board of Pharmacy
2720 Gateway Oaks Drive, Ste. 100
Sacramento, CA 95833

Via email: PharmacyRulemaking@dca.ca.gov

Re: Remote Processing; Add section 1717.11 of Title 16, Division 17, Article 2 of the California Code of Regulations

Dear Members of the California Board of Pharmacy:

On behalf of PharMerica, please accept these comments in response to the proposed regulation on remote processing. Per our comments below, PharMerica supports the proposed thoughtful recommendations that will help benefit the health and welfare of California residents, as well as worker safety. Our comments are intended to seek clarity on certain provisions to ensure the regulation's alignment with our operations and the people we serve.

By way of background, PharMerica operates seven (7) California pharmacy locations that serve California's most vulnerable populations. These pharmacies provide contracted closed-door vendor pharmacy services to assisted living facilities (ALFs), residential care facilities, group homes for individuals with disabilities in the community and other long-term care settings including skilled nursing facilities (SNFs). We consider ourselves to be a Long-Term Care (LTC) pharmacy provider, different from an in-house or hospital pharmacy. Our typical patient suffers from multiple complex and chronic conditions and cognitive impairment and take 12-13 prescription medications a day. Medications are delivered to the LTC facilities or group homes, and are administered by care coordinators, medication managers or nurses.

PharMerica offers its support for the proposed regulations. As COVID and past declared emergencies showed, remote processing is a proven initiative in helping ensure continued access to patient care. For example, remote processing can bridge access to California's rural communities where pharmacists may be scarce, as well as offering flexibility for pharmacists who require an alternative location to increase productivity. In short, the BOP proposal to initiate remote processing is a win for California's patients, pharmacists, and pharmacies statewide.

Clarity Requested on Proposed Inspection Process for Remote Processing Space

We appreciate the proposed language in section (a)(2) that allows the pharmacist to work with the pharmacy in jointly identifying the most efficient space to exercise remote processing. To that end, often that most efficient workspace can include the pharmacist's home or a personal, intimate setting. While PharMerica supports a transparent and accessible inspection process, we would be concerned about such a process including full access to a pharmacist's home or other personal setting where the pharmacist conducts remote processing. We would like to seek clarity on how the Board would approach such an inspection in this type of setting and would urge the Board to exercise judgement and consideration if the mutually agreed workspace includes a home or more personal setting.

PharMerica thanks the Board for the opportunity to comment. We fully support an allowance of remote processing coupled with a responsible regulatory oversight of program. This is critical to protecting the public's health. Thank you for your support, and for your consideration of our response to section (a)(2).

Best regards,

A handwritten signature in blue ink, appearing to read "Nadine Jarjur".

Nadine Jarjur, PharmD, MBA
Director of Compliance

Written Comments Received

#11



Lorri Walmsley, RPh., FAzPA
Director, Pharmacy Affairs
Walgreen Co.
200 Wilmot Rd.
Deerfield, IL. 60015
p: 602-214-6618
lorri.walmsley@walgreens.com

January 9, 2026

California State Board of Pharmacy
Attention: Anne Sodergren, Executive Director
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Via Email: PharmacyRulemaking@dca.ca.gov

RE: Recommended amendments to § 1717.11 *Remote Processing*

Dear Executive Director Sodergren and members of the California Board of Pharmacy,

I am writing to express my strong support for the proposed regulation, Title 16 CCR §1717.11: Remote Processing, which is designed to formalize and expand remote verification of prescriptions by pharmacists in California.

Support for Remote Processing:

• *Enhances Patient Safety & Continuity of Care*

During the COVID-19 pandemic, the Board authorized a temporary remote processing waiver to maintain service delivery during lockdowns. This waiver allowed pharmacists to verify prescriptions outside the physical pharmacy, which proved vital for uninterrupted patient care. It also allowed employers to offer accommodations for immunocompromised team members to continue practicing and serving the community while providing a safer environment tailored to each employee's individual needs.

• *Legislative Authority & Regulatory Mandate*

Remote processing fills a significant gap in Business & Professions Code §4036, which empowers pharmacists to practice inside or outside a pharmacy. Formalizing §1717.11 aligns with this legal framework and the Board's mission under §4001.1 to protect public health.

• *Long-Term Benefit & Modernization*

While the pandemic waivers expired in 2023, remote processing remains beneficial in non-emergency contexts—such as rural pharmacies or staffing challenges—by improving workforce flexibility and ensuring continuous pharmacist oversight of prescription accuracy and patient counseling.

Value Proposition:

- *Regulatory Clarity & Consistency*

A permanent regulation under §1717.11 provides clear standards for pharmacy operations, supporting compliance and minimizing risk of ad hoc interpretations.

I urge the Board to adopt §1717.11 as proposed. A fully enacted remote processing regulation will ensure safer, more accessible, and continuously reliable pharmacy services across California.

Sincerely,

A handwritten signature in cursive script that reads "Lorri Walmsley".

Lorri Walmsley, RPh, FAzPA
Director, Pharmacy Affairs

Written Comments Received

#12

From: [Vincent Chairez](#)
To: PharmacyRulemaking@DCA
Subject: Public Comment Regarding 1717.11
Date: Friday, February 6, 2026 8:36:15 AM

This Message Is From an External Sender

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Hello

For public comment regarding proposed regulations for Remote Processing 1717.11

To the Board of Pharmacy

Regarding Remote Processing language for 1717.11, as a whole there has been general positive feedback from our pharmacists and non-union pharmacists with the following questions and feedback.

Section A2 & A3:

Should clarify and include where and what pharmacy the pharmacists are performing remote processing or who has remotely accessed the store.

Currently a daily report prints out of pharmacists names, number of data and product verifications performed to support their "community".

This will also help inspectors inspect the area to ensure that compliance and regulations are being observed by the company and individual pharmacist.

For further emphasis, state that remote processing should always be done in pharmacy.

Section A4

If you could clarify, does that mean the PIC will need to approve remote processing for their pharmacy daily and approve who and if said individual pharmacist shall be allowed to perform remote processing for their specific pharmacy?

Secondly, "Pharmacy's policy and procedure" does this mean the employer can make performing the task of remote processing a condition of employment or retain employment?

Section B

This has 100 percent support from pharmacists of removing all product verifications from remote processing, and if there's any area of compromise or additions.

Consider to exclude that all controlled prescriptions be excluded from any remote

processing.

This will provide consistency and safety for the patients and pharmacists who may not have access to progress notes and treatment plans.

Lastly, add that no prescription should be stuck in the cloud (aka community) for longer than 24 hours.

So that pharmacists can actually see all the prescriptions that need to be completed for their store and patients will be informed in a timely manner of when their prescription is filled and time left to pick up.

There has been several situations where a prescription is sitting in the waitbin for days because of the promise time. Therefore the product verification is delayed in the community but the insurance company shows a processing date, days earlier.

To repeat a cited CVS Reddit comment

“cvs made qv1 and qv2 into a rat race where the rphs that just send it thru get their numbers good and the rphs that do their actual job of verifying every script get yelled at for low shared numbers. This is incredibly unsafe for the community.”

<https://www.reddit.com/r/CVS/s/x8cAM6mKvf>

Written Comments Received

#13

From: [MoMo Muffin](#)
To: PharmacyRulemaking@DCA
Subject: Support for Proposed Regulation - Title 16 CCR § 1717.11 (Remote processing)
Date: Thursday, February 19, 2026 7:58:56 PM

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Dear Members of the California State Board of Pharmacy,

I am writing to express my support for the proposed addition of Title 16 CCR § 1717.11 regarding Remote Processing.

Allowing remote processing is a necessary and forward-thinking step that reflects the evolving landscape of pharmacy practice. Remote processing can help address ongoing staffing shortages, improve workflow efficiency, and allow pharmacists and pharmacy technicians to better focus on patient care and safety at the dispensing site.

When implemented with appropriate safeguards, remote processing enhances accuracy, reduces burnout, and supports continuity of operations-especially in underserved or high-volume settings. Many pharmacies already utilize advanced technology, secure systems, and standard verification processes to make remote processing both safe and effective.

Additionally, this regulation supports workforce flexibility which is increasingly important for retaining qualified pharmacy professionals, such as pharmacists and pharmacy technicians. Providing modern work options helps ensure that California pharmacies can continue to meet patient needs while maintaining high standards of care.

I appreciate the Board's consideration of this proposal for pharmacists and encourage the adoption of the regulation written to additionally include pharmacy technicians. Thank you for your continued commitment to protecting public health while advancing the profession of pharmacy.

Sincerely,

Megan Orton

Pharmacy Tech III

Redlands, Ca

CVS Specialty

Written Comments Received

#14



February 23, 2026

Debbie Damoth
California State Board of Pharmacy
2720 Gateway Oaks Drive, Ste. 100
Sacramento, CA 95833

Submitted via electronic mail to: Debbie Damoth, California State Board of Pharmacy

RE: *Proposal to Add Section 1717.11 of Article 2 of Division 17 of Title 16 of the California Code of Regulations*

Dear Ms. Damoth:

Kaiser Permanente appreciates the opportunity to respond to the California Board of Pharmacy's request for comments on the proposed new regulation pertaining to pharmacist remote prescription processing. Kaiser Permanente comprises the non-profit Kaiser Foundation Health Plan, the non-profit Kaiser Foundation Hospitals; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan. These entities work together seamlessly to meet the health needs of Kaiser Permanente's nine million members in California. Kaiser Permanente's pharmacy enterprise in California is comprised of hundreds of licensed pharmacies that are staffed by thousands of individual pharmacy licentiates.

Kaiser Permanente has long advocated for commonsense regulations that permit pharmacists to perform prescription processing tasks outside of a licensed pharmacy. We commend the Board for its efforts during last year's Sunset Review process to amend section 4036 of the Business and Professions Code to clear the statutory barrier to such a regulation. We believe that this proposed regulation will provide pharmacists and employers with greater operational flexibility and may improve opportunities for traditionally underrepresented groups as demonstrated by a 2022 McKinsey and Company study.¹ Kaiser Permanente supports the proposed regulation in principle; however, we are gravely concerned by the provision that would subject a pharmacist's remote work site to warrantless searches by Board inspectors—a clear violation of the Fourth Amendment of the United States Constitution's "right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures."²

The proposed regulation includes a requirement that the pharmacist's designated remote processing work location must "be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008." This provision is problematic

¹ McKinsey & Company, *Hybrid Work: Making It Fit With Your Diversity, Equity, and Inclusion Strategy* (2022), <https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/hybrid-work-making-it-fit-with-your-diversity-equity-and-inclusion-strategy>.

² U.S. Const. amend. IV.

for several reasons. First, section 4008 of the Business and Professions Code gives inspectors the authority to inspect “all pharmacies, wholesalers, dispensaries, stores, or places where drugs or devices are compounded, prepared, furnished, dispensed, or stored,” as well as a physician’s office or clinic under certain circumstances, a health care facility licensed pursuant to subdivisions (c) or (d) of section 1250 of the Health and Safety Code, and a location or proposed location of an Automated Drug Delivery System.³ Based on several years’ experience with the Board’s remote processing waiver during the COVID-19 pandemic, it should be clear to all parties that, if this regulation is finalized, the vast majority of pharmacists’ remote work sites will be in their homes. There is no provision in section 4008 of the Business and Professions Code that authorizes a Board of Pharmacy inspector to enter and inspect the home of a person who is an individual Board licensee; therefore, the regulation’s reference to section 4008 of the Business and Professions Code is unsound.

Second, and more importantly, the requirement that a pharmacist’s remote work location must be open to inspection facially violates the United States Constitution’s Fourth Amendment protection against unreasonable searches as established in *Camara v. Municipal Court*.^{4, 5} In *Camara*, the Supreme Court unequivocally held that administrative inspections of private residences require either consent or a warrant, even when conducted pursuant to regulatory authority. The Court rejected the argument that regulatory inspections fall outside Fourth Amendment protections, stating that “except in certain carefully defined classes of cases, a search of private property without proper consent is ‘unreasonable’ unless it has been authorized by a valid search warrant.”⁶ When a pharmacist performs remote processing from their home—the most likely scenario under this regulation—their residence does not shed its constitutional protection merely because professional activities occur within. As the *Camara* Court emphasized, the Fourth Amendment’s “basic purpose... is to safeguard the privacy and security of individuals against arbitrary invasions by governmental officials.”⁷ The proposed regulation contains no warrant requirement, no provision for consent, and no meaningful limitation on the scope, timing, or manner of inspection. It simply declares the space “shall be open for inspection”—precisely the type of warrantless administrative search scheme that *Camara* invalidated.

The Board might argue that pharmacies constitute a “closely regulated industry” as discussed in *New York v. Burger*, thereby exempting these inspections from the warrant requirement.⁸ This argument fails for several critical reasons. First, residential spaces are categorically different. *Burger* involved a commercial automobile junkyard—a business premise with a long history of pervasive regulation. The Supreme Court has consistently distinguished between commercial and residential properties, affording the latter heightened protection. Even assuming pharmacy practice is closely regulated, a

³ Cal. Bus. & Prof. Code § 4008.

⁴ U.S. Const. amend. IV.

⁵ *Camara v. Mun. Ct. of S.F.*, 387 U.S. 523 (1967).

⁶ *Id.*

⁷ *Id.*

⁸ *New York v. Burger*, 482 U.S. 691 (1987).

pharmacist's home does not become a commercial premise subject to warrantless inspection merely because professional work occurs there. The closely regulated industry exception has never been extended to authorize warrantless searches of residential spaces. To do so would effectively allow the government to circumvent the core Fourth Amendment protections identified in *Camara* in any and all cases in which professionals work from home.

Even if the warrantless search exception applied to residential properties, which it does not, *Burger* established three requirements for warrantless administrative searches.⁹ First, there must be a "substantial government interest" in the regulatory scheme. While pharmacy regulation serves public health interests, the question is whether warrantless home inspections are substantially necessary—not whether pharmacy regulation generally serves important goals. Second, warrantless inspections must be "necessary to further the regulatory scheme." This regulation fails this prong entirely. Remote processing can be effectively regulated through virtual records review and audits, inspections of the licensed pharmacy facility where final product verification occurs, and announced inspections with consent or a warrant.

The third prong of the *Burger* test stipulates that the inspection program must provide "a constitutionally adequate substitute for a warrant" by limiting inspector discretion as to time, place, and scope.¹⁰ The proposed regulation provides no such limitations. It does not specify when inspections may occur, how much notice, if any, must be provided, what areas of the home may be inspected, what the scope of inspection may encompass, or any temporal limitations on inspection authority. This unbounded discretion is antithetical to the warrant requirement's purpose and fails *Burger's* third prong.

In summary, warrantless searches of the home—undeniably the location where pharmacist remote processing is most likely to occur—of a pharmacist who is performing remote prescription processing are impermissible under *Camara*. Furthermore, the closely regulated industry exception to the Fourth Amendment's warrant requirement as provided in *Burger* applies to commercial properties and not to an individual's residence. Even if the closely regulated industry exception applies to a pharmacist's remote work location, the proposed regulation does not meet *Burger's* requirements for warrantless administrative searches. Beyond these glaring constitutional deficiencies, this provision raises the following practical concerns: (1) it forces pharmacists to choose between professional practice flexibility and residential privacy; (2) it creates potential liability for pharmacies as they cannot and should not attempt to guarantee access to employees' homes; (3) it provides no protection for family members' privacy interests in shared residential spaces; and (4) it offers no safeguards against inspector overreach or inspection of non-work areas. Given all of these factors, Kaiser Permanente strongly urges the Board to delete the second sentence of section 1717.11(a)(2) of the proposed regulation as shown below and instead conduct inspections of a pharmacist's remote work location pursuant to the pharmacist's consent to inspection or a warrant.

§1717.11. Remote Processing.

⁹ *Id.*

¹⁰ *Id.*

(a) A pharmacist located and licensed in the state may perform remote processing of prescriptions, from a location outside of a licensed facility, under the following conditions:

(1) The pharmacy is responsible for ensuring all appropriate and necessary security and confidentiality provisions are in place, including compliance with HIPAA requirements, and specified in its policies and procedures.

(2) The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a written agreement with the pharmacy.

~~Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008.~~

...

Kaiser Permanente appreciates the opportunity to provide feedback in response to the proposed new regulation pertaining to pharmacist remote prescription processing. If you have questions, please contact John Gray (562.417.6417; john.p.gray@kp.org) or Rebecca Cupp (562.302.3217; rebecca.l.cupp@kp.org).

Respectfully,



John P. Gray, PharmD, MSL
Director, National Pharmacy Legislative and Regulatory Affairs
Kaiser Permanente

Written Comments Received

#15

February 24, 2026

Board of Pharmacy
2720 Gateway Oaks Drive Ste 100
Sacramento, CA 95833
Email: pharmacyrulemaking@dca.ca.gov

RE: Proposed Regulation CCR 1717.11 Remote Processing

Dear Members of the Board of Pharmacy:

Dignity Health values the opportunity to provide constructive input on the proposed draft regulation CCR 1717.11, concerning remote processing. Our comprehensive comments and recommendations, aimed at enhancing clarity and efficacy, are appended to this correspondence.

We are concerned with the Board of Pharmacy's proposal for subsection (a)(2) which allows BOP inspection of remote processing spaces. We disagree with the Board's proposed verbiage because it includes inspection of an employee's private residence or office where drugs or devices are **not** compounded, prepared, furnished, dispensed, nor stored. Please consider our proposal for subsection (a)(2):

The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a written agreement with the pharmacy. Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008. Such space does not include private residences unless the space meets the provisions of Business and Professions Code section 4008.

Thank you for the opportunity to provide comments on these proposed regulations.

Sincerely,

Henry Chan, Pharm.D.
California Region Director of Pharmacy Operations, Commonspirit Health

Institution - Dignity Health Contact Name - Henry Chan		
Section, Subdivision	Proposed Language	Recommendation / Comment
1717.11 (a)(2)	The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a written agreement with the pharmacy. Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008.	<p>Recommendation: The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a written agreement with the pharmacy. Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008. <u>Such space does not include private residences unless the space meets the provisions of Business and Professions Code section 4008.</u></p> <p>Rationale: We agree with the intent to ensure patient information privacy and HIPAA security, but disagree with the potential for inspection of an employee's private residence because drugs or devices are not compounded, prepared, furnished, dispensed, nor stored in these spaces.</p> <p>Remote pharmacists are engaged in "processing" activities (e.g., order entry, prescription verification, drug utilization review, clinical interpretation, adjudication, communication, etc.). There is no physical handling, storing, compounding, or dispensing of any medications in these situations. It is unclear if subdivision (a)(2) is intending to inspect spaces at an employee's private residence where there is no handling of medications. In fact, there is a sense of privacy that needs to be respected for an employee's private residence.</p> <p>All healthcare employees, including pharmacists performing remote processing, are required to follow HIPAA laws and employers are required to implement privacy safeguards for patients.</p> <p>Therefore we recommend an amendment to the proposal for subsection (a)(2) to clarify that private residences are excluded from inspection unless the space meets BPC 4008.</p>

Reference:

[16 CCR Section 1717.11 Remote Processing Proposed Text](#)

[16 CCR Section 1717.11 Remote Processing Initial Statement Of Reason](#)

Written Comments Received

#16



February 24, 2026

Debbie Damoth
Board of Pharmacy
2720 Gateway Oaks Drive, Ste. 100
Sacramento, CA 95833

Submitted via PharmacyRulemaking@dca.ca.gov

Re: Proposed Rule §1717.11; Remote Processing

Dear Ms. Damoth,

On behalf of our members operating chain pharmacies throughout the state of California, the National Association of Chain Drug Stores (NACDS) thanks the Board of Pharmacy (Board) for the opportunity to comment on proposed rule §1717.11 authorizing the remote processing of prescriptions. We commend the Board for initiating this rulemaking, as policies like this enable pharmacies to deploy flexible and innovative workflow models that bolster their capacity to deliver essential pharmacy care services to the public.

The people of California increasingly rely on neighborhood pharmacies for a growing range of pharmacy healthcare services such as immunizations, testing services, and other important care. In fact, 58% of Americans are now more likely to first seek non-emergency healthcare at pharmacies,¹ and the number of prescriptions that Americans filled at retail pharmacies reached an all-time high of 7.1 billion in 2024.² Enabling pharmacies to implement modernized care models that lean on technology advancements and optimize existing pharmacy resources and workforce is critical to supporting pharmacies' ability to meet growing community demands. Considering how deeply the public relies on neighborhood pharmacies for many valued services, allowances for remote processing, without undue restrictions and administrative burdens, can help California pharmacies to meet the dynamic and evolving healthcare needs of their patients across the state.

Given the imperative to support pharmacies and pharmacists in meeting the growing public demand for pharmacy care services, we encourage the Board to advance this rulemaking with a revision enabling pharmacies to maximize the pharmacy personnel who could participate in remote processing activities under this rule. Specifically, we encourage the Board to revise paragraph (a) to authorize licensed pharmacists located outside of California to perform remote processing activities.

Suggested Revision to §1717.11 (a) "A pharmacist ~~located and~~ licensed in the state may perform remote processing of prescriptions, from a location outside of a licensed facility, under the following conditions: ..."

This is especially important considering the Pharmacy Workforce Center's most recent *Pharmacy Demand Report for 2025* showing that the number of open positions for retail pharmacists in California grew from 662 in Q1 to 961 as of the end of Q4. Allowing pharmacists located in other states to perform remote processing activities would afford pharmacies the added flexibility to utilize available staffing to serve their patients in California.³

¹ <https://www.wolterskluwer.com/en/know/pharmacy-next>

² IQVIA Blog Post on "U.S. Life Sciences Industry Thrives with Robust Growth and Innovation" Available at: <https://www.iqvia.com/locations/united-states/blogs/2025/10/us-life-sciences-industry-thrives-with-robust-growth-and-innovation>

³ <https://www.aacp.org/article/pharmacy-demand-report-pdr>

NACDS thanks the Board for considering our perspectives on this rulemaking. If you have any questions or need additional information, please contact NACDS's Sandra Guckian at SGuckian@nacds.org.

Sincerely,



Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer
National Association of Chain Drug Stores

###

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit NACDS.org.

Written Comments Received

#17

February 24, 2026

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Subject: Comments on Proposed Regulation §1717.11 – Remote Processing

Dear President Oh and Members of the Board:

On behalf of the California Society of Health-System Pharmacists (CSHP), which represents pharmacists practicing in hospitals, health systems, clinics, and integrated care environments across the state, we appreciate the opportunity to comment on the Board's proposed regulation §1717.11 regarding remote processing. CSHP respectfully opposes the regulation as currently written. Although we share the Board's commitment to patient safety and responsible pharmacy practice, the proposed requirements conflict with existing statutory authority, introduce unnecessary administrative and safety burdens, and inadvertently undermine the legislative intent to modernize pharmacy operations and expand remote work capabilities.

CSHP's primary concern is that the proposal is inconsistent with Business and Professions Code §4071.1. Under this statute, a prescriber, a prescriber's authorized agent, or a pharmacist may electronically enter a prescription or medication order into a pharmacy or hospital system from any location outside the pharmacy or hospital, provided they have the facility's permission. The statute does not impose limitations on the type of location, the conditions under which the pharmacist must work, or any requirement for a written agreement or inspection of the workspace. The proposed regulation, however, places constraints exclusively on pharmacists, establishing obligations that do not apply to prescribers or to unlicensed prescriber agents who are also permitted under §4071.1 to enter orders remotely. This results in an inequitable and contradictory regulatory framework that is inconsistent with the statute's plain language and intent.

Additionally, the proposed requirement for individualized written agreements for each pharmacist engaged in remote processing creates a significant administrative burden without improving patient safety or privacy protections. Health systems and pharmacies already maintain comprehensive policies and procedures governing remote access, cybersecurity, HIPAA compliance, and workforce responsibilities. Pharmacists are already trained and obligated under federal and state law—including HIPAA and the California Confidentiality of Medical Information Act—to protect patient information regardless of physical location. Adding individualized written workspace agreements does not enhance compliance, and instead imposes duplication of requirements that are already well-established, documented, and enforced.

The proposed mandate that a pharmacist's remote workspace be subject to inspection by the Board presents serious personal safety risks. Pharmacists expressed substantial concern that allowing Board inspectors into their homes exposes them and their families to security threats, particularly given the Board's documented reports of impersonators posing as inspectors. Health professionals such as physicians, nurses, and others routinely handle protected health information remotely without being subjected to home inspections. Requiring pharmacists alone to open private residences for

inspection is disproportionate, unnecessary, and inappropriate, especially when no dangerous drugs or devices are stored, handled, or dispensed at these locations.

The proposed regulation appears to treat remote pharmacists' workspaces as if they are extensions of licensed pharmacy premises, despite the fact that remote processing does not involve drug storage, preparation, compounding, dispensing, or final verification. Business and Professions Code §4037 clearly defines the activities that constitute a pharmacy, and remote order entry does not fall within those parameters. Applying requirements meant for licensed facilities to private homes or non-pharmacy workplaces exceeds the Board's jurisdiction and mischaracterizes the nature of remote professional activities.

The proposal also risks harming workforce stability and patient access to care. Health systems have already begun planning to eliminate remote work or hybrid options for pharmacists if the regulation is adopted. This directly undermines the modern workforce expectations that help attract and retain talented professionals, and could create new barriers to hiring in a health care environment already facing staffing shortages. In many rural or medically underserved regions, pharmacists who provide remote processing services are essential for timely access to therapy. Requiring pharmacists to relocate to specific physical environments would reduce access and eliminate flexibility that health systems and clinics rely on to support patient care. Furthermore, by reducing remote work options, the proposal inadvertently increases commuting, contributing to environmental and air-quality impacts that contradict broader state sustainability goals.

CSHP is also concerned that the regulation could unintentionally increase the risk of medication-order transcription errors. If pharmacists are prevented from remotely entering orders due to restrictive workspace requirements, they may be forced to rely on less qualified personnel to enter prescriptions or may need to verbally transmit orders to intermediaries. This creates additional opportunities for miscommunication and manual transcription errors, thus diminishing patient safety—the very outcome the regulation intends to prevent.

In summary, the proposed §1717.11 introduces significant operational, legal, safety, and practical issues without achieving measurable improvements in patient protection. It conflicts with existing statutory authority, duplicates privacy laws, imposes unjustified burdens on pharmacists, expands the Board's oversight into private residences, and reduces access to remote work options that are essential for workforce sustainability and patient care delivery in modern health-system environments. CSHP urges the Board to withdraw or substantially revise the proposal to align with BPC §4071.1 and existing privacy laws and to preserve remote processing practices under employer policies, PIC-approved procedures, and established HIPAA and CMIA requirements.

We remain committed to collaborating with the Board to develop regulatory language that protects patients while recognizing the realities of contemporary health-system practice and supporting pharmacists' ability to provide high-quality care from appropriate remote settings. Thank you for considering our comments.

Sincerely,



Loriann De Martini, Pharm.D., MPH, BCGP

Chief Executive Officer

California Society of Health-System Pharmacists (CSHP)

Executive Director

CSHP Research and Education Foundation

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Written Comments Received

#18

From: [Priti Patel](#)
To: PharmacyRulemaking@DCA
Subject: Remote processing
Date: Tuesday, February 24, 2026 9:37:24 PM

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To whom may it concern,

This is Priti Patel, Registered Pharmacist in California. I am supporting remote processing for pharmacists. Remote processing allows pharmacists to work on patients care without distractions which improves patient health outcomes significantly. It provides extra time to focus on patients clinical needs.

In general remote processing is beneficial for patients and that is the reason I support it.

I highly recommend all the other governing agencies to consider it and make it in law.

Thank you,

Sincerely

Priti.

Sent from my iPhone

Written Comments Received

#19

From: [Huy Diep](#)
To: PharmacyRulemaking@DCA
Subject: Proposed Remote Processing
Date: Tuesday, February 24, 2026 10:43:52 PM

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I am writing to the Board of Pharmacy to support remote processing. Eleven years ago, my company started to allow front-end pharmacists to work from home. Many of my colleagues in Massachusetts, Illinois, Kansas and Arizona took this opportunity. To my surprise and disappointment, California wasn't one of the states that allows remote processing. However, this changed during COVID-19 and California pharmacists were allowed to work from home. Of course my California colleagues and I jumped at this opportunity. Before we were allowed to work from home, our supervisor went over the rules that are meant to protect patient's privacy. First, we had to log into a secured VPN before we could access the company's computer. The VPN also allowed the company to track our location. Second, we had to set up a webcam so our supervisor can monitor us whenever she chooses. Third, we went paperless. Everything was done on the computer which added an extra layer of protection.

After working from home for two and half years, I can confidently say remote processing not only works but it also allows pharmacists to safely and securely manage their patients' medications. I wholeheartedly support this proposal.

Huy Diep, PharmD

Written Comments Received

LATE - #1

From: [O](#)
To: PharmacyRulemaking@DCA
Cc: [Isaac Olshans](#)
Subject: Proposed Regulatory Language Remote Processing Public Comment
Date: Wednesday, February 25, 2026 1:35:36 AM

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One of the most pressing issues in community pharmacy today is not a lack of remote processing capacity — it is insufficient staffing to support direct patient care.

Pharmacies would undoubtedly operate “faster” if pharmacists were insulated from phone calls, patient counseling, and in-person clinical interruptions. However, those interactions are not inefficiencies; they are the core safety functions of pharmacy practice.

Expanding remote processing creates a financial incentive for employers to shift pharmacist labor away from patient-facing responsibilities and into centralized, task-oriented verification roles. While this may improve throughput metrics, it risks reducing real-time clinical access for patients at the point of care.

The practical effect is predictable:

- Fewer pharmacists physically present in stores
- Increased reliance on technicians for workflow management
- Delays in counseling and intervention
- Reduced opportunity for spontaneous clinical assessment

When the profession is already experiencing critical staffing shortages, the solution should prioritize strengthening in-person pharmacist availability, not redistributing pharmacists into remote roles that remove them from direct patient interaction.

If anything, the regulatory focus should be on:

- Minimum on-site pharmacist staffing standards

- Protected time for counseling and clinical services
- Limits on workload volume per pharmacist

We need more pharmacists physically present, not less.

Thank you

Written Comments Received

LATE - #2

February 25, 2026

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Dear Sir/Madam:

We are submitting our comments related to Remote Processing. Please see below:

Institution/Contact Name	Institution: Santa Clara Valley Healthcare (SCVH) Contact: Phoebe Li (Phoebe.Li@hhs.sccgov.org)	
Section/Subdivision	Proposed Language	Recommendation / Comment
Section 1717.11 of Title 16, Division 17, Article 2 of the California Code of Regulations	(2) The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a written agreement with the pharmacy. Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008, <u>where drugs or devices are compounded, prepared, furnished, dispensed, or stored.</u>	Added the phrase “where drugs or devices are compounded, prepared, furnished, dispensed, or stored,” to clarify that Board of Pharmacy inspection authority applies only to locations where these activities physically occur. Remote verification from a pharmacist’s home does not involve handling or storing drugs, so this language prevents unintended interpretation that would allow Board inspections of private residences.

If you have any questions, please contact us at (408) 885-2300 or via email at pharmacyadmin@hhs.sccgov.org.

Sincerely,
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San Jose, CA 95128
Phone: (408) 885-2300
Fax: (408) 885-5822
Email: PharmacyAdmin@hhs.sccgov.org