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Business, Consumer Services and Housing Agency
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LICENSING COMMITTEE REPORT

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a. **Summary of Discussion Regarding and Possible Action to Approve Policy Statement Related to New Requirements for Nonresident Pharmacies Included in Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025)**

Relevant Law

Business and Professions Code (BPC) section 4112, as recently amended and operative on July 1, 2026, requires a PIC of a nonresident pharmacy to be licensed in California. Further, as amended and operative on July 1, 2026, the section establishes explicit authority for the Board to inspect nonresident pharmacies, including provisions for the Board to recover costs for such inspections.

BPC section 4113, as recently amended, extends the timeframe for a nonresident pharmacy to notify the Board in writing of the name and license number of the PIC to 90 days from the date of designation. Prior to January 1, 2026, all pharmacies (resident or nonresident) were required to notify the Board of this information within 30 days of designating the PIC.

BPC section 4303 authorizes the Board to take disciplinary or administrative action against a nonresident pharmacy on any of the same grounds upon which such action might be taken against a resident pharmacy.

Background

Recent changes in Assembly Bill (AB) 1503 amended several provisions of Pharmacy Law related to nonresident pharmacies. To provide guidance to such entities about the changes in the law, it is recommended that the Board release a policy statement to provide additional education and to convey the Board's policy related to compliance and enforcement.

Summary of Committee Discussion

During the meeting, members considered a draft policy statement. Members noted that the draft policy statement is intended to serve as a compliment to other educational materials released by the Board following passage of AB 1503;

that is, it is not intended to serve as a full description of or an all-inclusive resource regarding legal requirements that apply to nonresident pharmacies.

Members agreed the policy statement is an appropriate means to convey the Board's current enforcement priorities.

Not specifically related to the draft policy statement, members inquired if complaints have been received about the timeline for compliance with the new requirements for PIC licensure. Other members noted that the delay in implementation built into the bill was intended to provide additional time to achieve compliance with the new requirements. (**Note:** As a reminder, AB 1503 was signed by the governor on October 1, 2025, and while most of its provisions became effective on January 1, 2026, several of the new provisions affecting nonresident pharmacies, including the requirement that the PIC of a nonresident pharmacy be licensed in California, do not become operative until July 1, 2026.)

Members also noted it may be appropriate to develop a specific landing page on the Board's website for nonresident pharmacies.

Specifically related to the draft policy statement, members received public comments supporting the Board's efforts to provide guidance but expressing concern about the use of open ended phrases in the policy statement (e.g., "examples include," "not limited to"). It was recommended that the Board remove the open ended language.

Public comment also suggested that the Board include more specificity regarding records retention requirements, noting that not all jurisdictions require maintenance of records for three years.

Following public comment, members agreed that the language of the policy statement should be more precise in some areas, including language addressing inspection report expectations, records retention requirements, and identification of pharmacy personnel. Members also suggested incorporating a general statement that the policy statement is intended to provide guidance but is not intended as an all-inclusive resource.

Separate from the policy statement, members also noted that the licensing process can be complicated. Members also suggested that it may be appropriate to develop a fact sheet on the inspection process specifically designed for nonresident pharmacies. It was suggested that development of the fact sheet should be completed by the Communication and Public Education Committee.

Recent Update

Following the meeting, Chairperson Oh worked with staff to update the draft policy statement consistent with the Committee's discussion.

Should the Board agree with the draft policy statement, the following motion could be used to approve the policy statement.

Recommended Motion: Approve the draft policy statement [either as presented or consistent with the Board's discussion.]

Attachment 1 includes a copy of the updated draft policy statement.

b. Summary of Discussion Regarding and Possible Action to Approve Frequently Asked Questions Related to Digitizing Pharmacy Records Consistent with Business and Professions Code Section 4105

Relevant Law

BPC section 4105, as recently amended, expressly states that paper records may be converted into a digital format and maintained only in a noneditable format. The section further provides that certification that the digitized documents have not been altered may be required by the Board.

Background

AB 1503 established provisions that allow records to be maintained in a digitized format subject to specified conditions. As part of the implementation of AB 1503, the Board determined it appropriate to develop FAQs about these provisions.

Summary of Committee Discussion

During the meeting, members considered the draft FAQs provided below.

Q. Is a pharmacy allowed to digitize paper records?

A. Yes, Business and Professions Code section 4105 states that paper records may be converted into a digital format. The section further provides that digitized records must be maintained in a noneditable format.

Q. Does the Board require certification that digitized records have not been altered?

A. Pursuant to Business and Professions Code section 4105, the Board may require certification that digitized documents have not been altered.

Q. Will other regulators accept digitized records?

A. A pharmacy will need to consult with other regulators and payors to confirm if they will similarly allow for digitized records.

Q. How long is a pharmacy required to retain digitized records?

A. All records required to be maintained pursuant to Chapter 9 of Division 2 of the Business and Professions Code, regardless of form (i.e., paper or digital/electronic), shall be retained for at least three years from the date of making. (See Bus. & Prof. Code §§ 4081, 4105, and 4333.)

Members noted agreement with the FAQs as presented. Members also received public comment in support of digitizing records.

Should the Board agree with the draft FAQs, the following motion could be used to formally approve the draft FAQs.

Recommended Motion: Approve the draft FAQs [either as presented or consistent with the Board's discussion.]

c. Summary of Discussion on Changes in Pharmacy Law Included in Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025) Including Updates on Implementation Activities

Background

Assembly Bill (AB) 1503 is the Board's sunset measure. The measure extends the operations of the Board until January 1, 2030. The measure also includes several policy issues raised by the Board in its 2025 Sunset Oversight Review Report. The measure was approved by Governor Newsom on October 1, 2025.

Given the comprehensive nature of the measure, significant implementation activities are required and will be ongoing.

Since AB 1503 was signed in October 2025, members have discussed activities necessary to implement the various provisions of the measure at both Board and Committee meetings.

Summary of Committee Discussion

During the April meeting, members reviewed progress made to implement the various changes to Pharmacy Law that are included in AB 1503, including recent updates. The activities described below are in addition to the Board's traditional implementation activities such as updates to the Board's mandatory online pharmacy law course, the Board's newsletter, reflected in updated versions of the relevant self-assessment form, and displayed on the Board's website.

Recent Update: At the March 2026 Board meeting, the Board approved a recommendation to award 1 hour of CE to complete the Board's online webinar on AB 1503. Since that time the webinar has been added to the Board's PharmEd learning management system. As of April 16, 2026, 232 pharmacists have completed the training.

New BPC Section 4001.5, Related to the Pharmacy Technician Advisory Committee (PTAC)

Summary: This new section requires the Board to establish an advisory committee to advise and make recommendations to the Board on matters related to pharmacy technicians. The committee shall consist of four licensed pharmacy technicians representing a range of practice settings; two licensed pharmacists, one of whom shall be a member of the Board; and one public member.

Implementation Activities: At the November 2025 Board meeting, members finalized the appointment process, duration of appointment, and minimum qualifications for individuals interested in serving on the PTAC.

Implementation Status: Since the November Board meeting, several implementation activities have been initiated, including updates to the Board Member Procedure Manual to reflect the addition of the PTAC. Members were also surveyed for interest in serving on the PTAC, and Satinder Sandhu was appointed by President Oh to serve as the Board member on the PTAC.

Recent Update: Board staff have submitted the required service ticket to the Department to create the online application portal. It is anticipated that the portal will be available by mid-May.

Amended BPC Sections 4016.5, 4210, and 4233, Related to Advanced Pharmacist Practitioners (Formerly Known as Advanced Practice Pharmacists)

Summary: Renames the title “Advanced Practice Pharmacist” to “Advanced Pharmacist Practitioner.”

Implementation Activities: Pursue a Section 100 change to affected regulations to reflect the new license title. Changes will be required in the following sections of title 16, California Code of Regulations (CCR): 1702, 1702.1, 1706.6, 1730, 1730.1, 1730.2, and 1749.

Reminder: The Board voted to initiate a rulemaking to amend title 16, CCR, section 1730.1 related to Application Requirements for Advanced Practice Pharmacist Licensure that includes more substantive changes.

Implementation Status: Since the November Board meeting, Board staff prepared the Section 100 regulation changes. Updates to the Application and Instructions for Advanced Pharmacist Practitioner Licensure, the Duplicate/Replacement License Request, the online PDF renewal application, and the CE FAQs have also been made. In addition, staff have submitted the appropriate service requests to update impacted IT systems.

Recent Update: The Section 100 change is being prepared by Board staff. Technical changes to the Board's IT systems have been completed.

Amended BPC Section 4036, Pharmacist Defined

Summary: Updates the definition of “pharmacist” to provide that the holder of an unexpired and active pharmacist license issued by the Board is entitled to practice pharmacy as defined by Chapter 9 of Division 2 of the BPC, within or outside of a licensed pharmacy.

Implementation Activities: Pursue regulations to define provisions for remote processing of prescriptions.

Implementation Status: Since the Board approved the initiation of a rulemaking to add section 1717.11 Remote Processing to title 16 of the CCR at the November Board meeting, Board staff prepared the rulemaking materials. Proposed regulatory text was released for a 45-day comment period on January 9, 2026.

Recent Update: During the March 18, 2026 Board meeting, members considered comments received during the 45-day comment period and voted to further modify the proposed regulation text based on the comments received. The revised text went out for a 15-day comment period, which ended on April 3. The Board is considering the comments and proposed responses under a separate agenda item at the April 29-30, 2026 Board meeting.

New BPC Sections 4040.6 and 4102, Related to Self-Assessment Process

Summary: Establishes the self-assessment process in statute.

Implementation Activities: Maintain the process of annual updates to the self-assessment forms for review by the appropriate committee and Board prior to finalizing and updating the form. Pursue a Section 100 change to remove regulations establishing the self-assessment process. Changes will be required in the following sections of title 16 of the CCR: 1715, 1715.1, 1735.1, 1736.1, and 1784.

Implementation Status: Since the November Board meeting, staff have been developing updated draft self-assessment forms for consideration by the Enforcement and Compounding Committee and the Board. Further, Board staff have prepared the Section 100 regulation changes.

Recent Update: The updated Community Pharmacy Self-Assessment/Hospital Outpatient Self-Assessment was approved by the Board in January 2026, and has been posted on the Board's website. Several additional draft self-assessments were considered by the Enforcement and Compounding Committee at its meeting on April 16, 2026, and will be reviewed by the Board under a separate agenda item at the April 29-30, 2026 Board meeting.

The Board was recently advised by the Office of Administrative Law that several of the proposed Section 100 regulation changes must be completed through the

formal rulemaking process. It is anticipated that the Board will consider the proposed changes during the April 29-30, 2026 Board meeting to initiate a rulemaking to repeal regulations that are no longer required given the statutory changes made in AB 1503.

Amended BPC Sections 4051 and 4052, Related to Standard of Care

Summary: Defines “accepted standard of care” and transitions some provisions for pharmacist-provided health care services to a standard of care practice model, including in the following areas:

1. Furnish epinephrine
2. Furnish FDA-approved or authorized medications as part of preventative health care services that do not require a diagnosis, including the following:
 - a. Emergency contraception
 - b. Contraception
 - c. Smoking cessation
 - d. Travel medications
 - e. Anti-viral or anti-infective medications
3. Order and interpret tests
4. Furnish medication used to reverse opioid overdose and medication used to treat substance use disorder (e.g. Naloxone)
5. Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change
6. Initiate and administer immunizations for persons three years of age and older

The law also provides that a pharmacist should not provide a service or function if the pharmacist has made a professional determination that (1) they lack sufficient education, training, or expertise, or access to sufficient patient medical information, to perform the service or function properly or safely; (2) performing or providing the service or function would place a patient at risk; or (3) pharmacist staffing at the pharmacy is insufficient to facilitate comprehensive patient care. Provisions also establish a notification requirement to a patient’s primary care provider, as specified.

As part of the transition to a standard of care practice model for certain pharmacist-provided health care services, some provisions of law that established prescriptive requirements and/or required pharmacists to follow standardized procedures and protocols have been repealed, for example, former BPC sections 4052.01, 4052.02, 4052.03, 4052.3, 4052.8, and 4052.9.

Implementation Activities: Pursue a Section 100 change to repeal several regulations that establish protocols and other prescriptive requirements that are deemed moot by the transition to a standard of care practice model, including the following sections of title 16 of the CCR: 1732.5, 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, and 1747. Further, remove the current online training regarding

HIV PEP and PrEP. Release a policy statement related to standard of care practice model.

Implementation Status: Since the November Board meeting, Board staff prepared the Section 100 regulation changes. The Board's [policy statement](#) was posted on the Board's website and updates to the Board Member Procedure Manual to reflect the addition of the policy statement have been made.

Recent Update: The Board was recently advised by the Office of Administrative Law that several of the proposed Section 100 regulation changes must be completed through the formal rulemaking process. It is anticipated that the Board will consider the proposed changes during the April 29-30, 2026 Board meeting to initiate a rulemaking to repeal regulations that are no longer required given the statutory changes made in AB 1503.

Amended BPC Sections 4081 and 4105, Related to Pharmacy Records

Summary: Updates pharmacy records requirements to specify that policies and procedures related to pharmacy personnel and pharmacy operations must also be maintained. Allows all records to be maintained in digitized format subject to specified conditions.

Implementation Activity: Develop FAQs regarding digitizing records.

Implementation Status: As reported above, the Committee reviewed the draft FAQs at its meeting and agreed to refer them to the full Board for consideration and possible approval. As a reminder, the Board is looking to transition the format of its various FAQs.

Amended BPC Section 4111, Related to Ownership Prohibitions

Summary: Updates ownership prohibition to allow for ownership of a pharmacy by a person with whom the person shares a community or other financial interest under specified conditions.

Implementation Activity: Update the pharmacy license application and instructions.

Implementation Status: Since the November Board meeting, staff have updated the pharmacy license application and instructions.

Amended BPC Sections 4112, 4113, and 4113.1, Related to Nonresident Pharmacies

Summary: Effective July 1, 2026, updates the requirements for a nonresident pharmacy to include authority for the Board to inspect a nonresident pharmacy and assess a reasonable fee to cover the Board's costs. Further, effective July 1, 2026, requires a nonresident pharmacy to designate a California-licensed

pharmacist to serve as the pharmacist-in-charge. In addition, updates the medication error reporting requirements for nonresident pharmacies to clarify that only medication errors related to prescriptions dispensed to California residents must be reported.

Implementation Activities: Update the nonresident pharmacy license application and instructions, and the Change of PIC application form and instructions. Update the FAQs related to AB 1286 related to medication error reporting.

Implementation Status: Since the November Board meeting, the updated FAQs related to AB 1286 have been posted on the Board's website. Staff have also updated the nonresident pharmacy application and instructions. Further, the Board released a subscriber alert describing all of the relevant changes impacting nonresident pharmacies; added two additional CPJE test administration dates to provide more opportunities for pharmacists seeking California licensure in order to serve as the PIC of a nonresident pharmacy; and provided email notification to nonresident pharmacies describing relevant changes. In addition, the Board's [policy statement](#) on the role of the PIC, which highlighted relevant changes related to PICs of nonresident pharmacies, was posted on the Board's website. Finally, as reported above, the Committee considered a possible policy statement related to the new requirements for nonresident pharmacies and agreed to refer it to the full Board for consideration and possible approval.

Amended BPC Section 4113, Related to Pharmacist-in-charge, Staffing

Summary: Provides that the Pharmacist-in-Charge (PIC) shall (instead of may) make staffing decisions at the pharmacy. Requires the PIC to determine appropriate pharmacist to technician ratio, which may not exceed 1 pharmacist to 3 pharmacy technicians (1:3).

Implementation Activities: Update the FAQs related to AB 1286 related to PIC staffing authority. Update the Board provided PIC education. Release a policy statement related to the role of a PIC.

Implementation Status: The Board's [policy statement](#) was posted on the Board's website and updates to the Board Member Procedure Manual to reflect the addition of the policy statement have been made. Further, the updated FAQs related to AB 1286 have been posted on the Board's website.

Recent Update: The Board's Pharmacist-in-Charge: Overview and Responsibilities Training webinar was updated and made available in the Board's learning management system.

Amended BPC Section 4113.6, Related to Chain Community Pharmacy

Summary: Requires a chain community pharmacy to post, in a prominent place for pharmacy personnel, a notice that provides information on how to file a complaint with the Board.

Implementation Activity: Develop a sample notice.

Implementation Status: The Communication and Public Education Committee developed a sample notice. Following review by the Board, the sample notice was posted on the website.

Amended BPC Section 4115, Related to Pharmacy Technicians

Summary: Clarifies the authorized duties of a certified pharmacy technician, increases the pharmacist to pharmacy technician ratio, and establishes authority for pharmacy technicians to perform specified duties outside of a licensed pharmacy.

Implementation Activity: Update the FAQs related to AB 1286 reflecting the changes to pharmacy technician authorizations.

Implementation Status: The updated FAQs have been posted on the Board's website.

Amended BPC Section 4200.5, Related to Retired Pharmacist License

Summary: Establishes provisions for an individual to restore their retired pharmacist license under specified conditions.

Implementation Activity: Develop a standardized request form that can be used to facilitate collection of information and fees.

Implementation Status: Since the November 2025 Board meeting, staff have updated the retired pharmacist form to include provisions for restoration of a license.

New BPC Section 4317.6, Related to Mail Order Pharmacy

Summary: Establishes provisions to allow the Board to issue fines for up to \$100,000 under specified conditions.

Implementation Activity: Include as part of the annual citation and fine presentation, citations issued under the new authority.

Implementation Status: Following implementation, it is anticipated that the first presentations will be provided during the Enforcement and Compounding Committee's 2026 annual presentation. It is anticipated the annual presentation will be provided as part of the Committee's June 10, 2026 meeting.

Amended BPC Section 4400, Related to Fees

Summary: Establishes authority for the Board to waive the application and renewal fee for a pharmacy providing in-person patient care services in a medically underserved area, as defined.

Implementation Status: Board staff processes have been updated. Board staff identified one currently licensed pharmacy that meets the eligibility requirements for a fee waiver.

The Committee did not receive any public comments related to this agenda item.

d. Summary of Discussion of Requirements Related to the Use of Automated Patient Dispensing Systems, Including Provisions in Business and Professions Code Sections 4427.3 and 4427.6 and California Code of Regulations, Title 16, Section 1713

Relevant Law

BPC section 4017.3 defines an “automated drug delivery system” (ADDS) to mean a mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of drugs. The section further provides that an “automated unit dose system” (AUDS) is an ADDS for storage and retrieval of unit doses of drugs for administration to patients by persons authorized to perform these functions. Finally, the section defines “automated patient dispensing system” (APDS) as an ADDS for storage and dispensing of prescribed drugs directly to patients pursuant to prior authorization by a pharmacist.

Article 25 of the Pharmacy Law (BPC sections 4427-4427.8) establishes the provisions for use of ADDS, including licensure and operational requirements. Subdivision (a) of BPC section 4427.3(a) states that an ADDS shall be placed and operated inside an enclosed building, with a premises address, at a location approved by the Board. Subdivision (b)(5) of BPC section 4427.3 further provides that if the ADDS is an APDS, it shall be placed and operated in a location as provided in BPC section 4427.6.

BPC section 4427.6 establishes additional requirements applicable to APDS units. Subdivision (j) of section 4427.6 states: “An APDS may be located and operated in a medical office or other location where patients are regularly seen for purposes of diagnosis and treatment, and the APDS is only used to dispense dangerous drugs and dangerous devices to patients of the practice.” The section further prohibits the Board from issuing a pharmacy more than 15 ADDS licenses for APDS units and specifically provides that the Board may, by regulation, reduce the number of ADDS licenses a pharmacy may be issued for APDS units.

California Code of Regulations, title 16, section 1713 also sets forth specific requirements applicable to the use and operation of an APDS. Such requirements are consistent with the requirements of the statute including provisions for policies and procedures, patient consultation, inclusion criteria for patients, and quality assurance requirements.

BPC section 2290.5 sets forth provisions relating to telehealth. Subdivision (a)(6) defines “telehealth” to mean the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Subdivision (a)(2) defines “distant site” to mean a site where a health care provider who provides health care services is located while providing these services via a telecommunications system. Subdivision (a)(4) defines “originating site” to mean a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.¹

Background

Senate Bill 1447 (Hernandez, Chapter 666, Statutes of 2018) established the current statutory provisions related to automated drug delivery systems, including BPC section 4427.6. The [Legislative Counsel's Digest of the bill](#) states:

This bill, beginning on July 1, 2019, would repeal the general ADDS provisions and the additional conditions for an ADDS located in a health facility. The bill instead would require an ADDS, as defined, to meet specified requirements in order to be installed, leased, owned, or operated in the state, including a license for the ADDS issued by the board to the holder of a current, valid, and active pharmacy license of a pharmacy located and licensed in the state. The bill would limit the placement and operation of an ADDS to specified locations, including the licensed pharmacy holding that ADDS license, a licensed health facility, a licensed clinic, or a specified medical office if the ADDS is an automated patient dispensing system (APDS), as defined.

The bill stemmed from a 2015 pilot project that placed an ADDS at Sharp Memorial Hospital in San Diego. The ADDS delivered new and refilled prescriptions and over-the-counter medications to patients 24 hours a day, seven days a week. Consultation was provided via telephone before medication could be dispensed to a patient for first time fills. The study results concluded that the ADDS was a convenient and safe extension of the hospital’s pharmacy, with similar prescription pick up and consultation patterns as the regular pharmacy

¹ BPC section 2290.5(a) also defines the terms “asynchronous store and forward” and “health care provider.”

counter. Staff note that the type of ADDS used for this study was akin to a pharmacy locker, where the medication was filled at a pharmacy and placed in the pharmacy locker for pick-up. The subsequent legislation referred to this type of ADDS as an APDS.

The legislative history of the bill indicates that the bill contemplated that ADDS units would be located in healthcare settings. (See, e.g., [Senate Floor Analyses dated August 30, 2018](#), stating: “An ADDS is a machine that dispenses prescription drugs outside of a pharmacy. Designs vary by need, but an ADDS is essentially an exceptionally sophisticated drug vending machine with the security and patient safety controls of a pharmacy. These machines enable healthcare settings to have access to limited pharmacy services without bearing the cost and responsibility of housing an entire pharmacy.”)

Section 2290.5 was added to the BPC as part of the Telehealth Advancement Act of 2011, Assembly Bill 415 (Logue, Chapter 547, Statutes of 2011). Section 2290.5 is part of the Medical Practice Act (BPC sections 2000-2529.8.1), but the statute expressly provides that the definitions set forth in subdivision (a) thereof apply for purposes of Division 2 (Healing Arts) of the BPC, which includes the Pharmacy Law.

Since the enactment of SB 1447 in 2018, advances in ADDS technology have occurred. In addition, the healthcare system generally has experienced more widespread adoption and use of telehealth as a means of providing healthcare services. Specifically related to APDS technology, in addition to APDS that function like a prescription drug locker, APDS technology also exists that functions more akin to a “kiosk,” where the machine holds prefilled prescription vials and upon receipt of a prescription, the machine will select the appropriate prefilled prescription vial, label the prescription vial, and release the medication to the patient.

Recently the Board has received inquiries regarding the placement and use of APDS in light of rapid increases in use of telehealth and advancements in APDS technology.

Some inquiries have suggested that any place where a physician and patient interact (including the patient's location when receiving healthcare services via telehealth) meets the requirements of a “medical office or other location where patients are regularly seen for purposes of diagnosis and treatment.” Board staff disagree and note that such an interpretation appears overly broad and oversimplified — since under such an interpretation, an APDS could essentially be placed in any location (including, for example, a parking garage or the patient's home).

Board staff also note that if SB 1447 had contemplated that an APDS would be placed at a location where a patient was receiving healthcare services via telehealth, it would have incorporated the defined terms set forth in BPC section 2290.5, given that BPC 2290.5 was existing law when SB 1447 was passed. Accordingly, it is perhaps inconsistent with the legislative intent of SB 1447 to interpret the phrase “medical office or other location where patients are regularly seen for purposes of diagnosis and treatment” to mean anything other than a traditional, in-person healthcare setting.

The Board has also received requests for clarification about the conditions for use of an APDS when a patient is receiving medical care via telehealth and if such patients can receive their prescriptions from an APDS as opposed to at a pharmacy.

Summary of Committee Discussion

Given recent inquiries, the Committee determined it appropriate to consider if the Board should either provide education or develop regulations to more precisely define the phrase “medical office or other location where patients are regularly seen for purposes of diagnosis and treatment” and/or confirm/clarify which patients are eligible to receive their prescriptions from an APDS when receiving medical care via telehealth.

As part of the discussion, members noted that the current statutory language appears to require clarification and suggested that regulations would be appropriate. Some members suggested that any regulations should provide flexibility but must also focus on incorporating necessary patient protections.

The Committee had received several written comments on this item from the public in advance of the meeting. These comments were posted with the meeting materials. Members also received public comment from several individuals at the meeting. Public commenters at the meeting noted their desire to expand pharmacy access for individuals who need it most, including chronically underserved areas, and noted some of the current challenges pharmacies are facing related to inadequate reimbursement and subsequent closures. Comments suggested that the Board needs to consider how innovative drug delivery systems can transform how medications reach the public, giving as examples systems that integrate telehealth and telepharmacy into a single solution, and asked the Board to clarify that an APDS unit can be placed in any location where a patient is seen. (**Note:** Board staff note that this would appear to include unmanned “kiosks” located, for example, in a grocery store or an airport, where telehealth consultations are provided but no health care staff are present in person.)

Other commenters suggested that APDS can fill a gap in patient access and suggested that Board staff are presenting an overly restrictive and narrow interpretation of existing legal provisions. Commenters also noted that the use of telehealth is expanding and that patients who receive health care via telehealth should have the same access to prescription medications as patients who see their providers in person.

Additional comments suggested that APDS technology paired with pharmacist care and oversight is appropriate and expands access for patients, similar to how telehealth expands access to health care generally.

Commenters also sought clarification on legal requirements related to monthly in-person pharmacist inspections of APDS units located in medical offices. Commenters noted agreement with the use of APDS, indicating that placement in a medical office is appropriate, and noted that patients should be allowed to receive their medications from an APDS in a medical office if they have engaged with their prescriber via telehealth. Commenters encouraged the Committee to not restrict access.

Members also received comments regarding the provisions in California Code of Regulations, title 16, section 1713 related to provisions for delivering prescriptions to a location for a patient to pick up and requested clarification if the Board would have jurisdiction over a physician office that operates an APDS independent of a pharmacy.

Following public comments, Committee members noted that this discussion will be ongoing as the Committee and the Board continues to consider the issue. Some of the questions for the Committee and Board to discuss include clarifying where an APDS unit can be located and which patients can receive medications from an APDS. Members suggested that the Board must focus on health care equity as part of its consideration and noted that while virtual care has a place in health care, it cannot solve all problems. Members noted the tremendous value in in-person health care and the importance of maintaining such services. Members also noted there are other means to address some of the stated challenges to patient access to medications, including the use of mail services and courier services.

Members further noted that special considerations must be given to placement of APDS units, including temperature control issues, drug storage conditions, cleanliness, and security, and underscored the importance of patient consultation.

Members noted the variability of APDS technologies, ranging from systems that serve as a drug storage locker to those that label and dispense medication. Members also requested that future discussion include information about how

APDS are currently operating in California, the types of medications being dispensed, and how other states are using APDS technology, and suggested that an educational presentation would be helpful.

Finally, members requested clarification of the legal requirements surrounding frequency of in-person pharmacist inspections of APDS units.

Recent update: Regarding the legal requirements governing monthly inspections of APDS units, BPC section 4119.11 provides that a pharmacy located in California may provide pharmacy services to the patients of a “covered entity” (as defined) through the use of an APDS located on the premises of the covered entity or on the premises of medical professional practices under contract to provide medical services to covered entity patients, if certain requirements are met. Subdivision (h) of section 4119.11 states: “Review of the drugs contained within, and the operation and maintenance of, the automated patient dispensing system shall be done in accordance with law and shall be the responsibility of the pharmacy. A pharmacist shall conduct the review on a monthly basis, which shall include a physical inspection of the drugs in the automated patient dispensing system, an inspection of the automated patient dispensing system machine for cleanliness, and a review of all transaction records in order to verify the security and accountability of the system.” Accordingly, if the APDS is located on the premises of a medical professional practice under contract to provide medical services to covered entity patients, the monthly in-person pharmacist inspection requirement applies.

e. Summary of Discussion of Proposal to Establish Definitions for Outpatient Pharmacies Based on Business Model

Relevant Law

[BPC section 4037](#) defines a “pharmacy” as an area, place, or premises licensed by the Board in which the profession of pharmacist is practiced and where prescriptions are compounded. “Pharmacy” includes, but is not limited to, any area, place, or premises described in the license issued by the Board wherein controlled substances, dangerous drugs, or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, or repackaged, and from which the controlled substances, dangerous drugs, or dangerous devices are furnished, sold, or dispensed at retail. The definition also exempts some facilities and drug storage areas.

Background

Generally, the requirements for pharmacies apply equally among a variety of business models, unless otherwise specified. This approach allows for broad regulation and requirements yet can become challenging when business models vary yet requirements many times do not.

Within existing law there are several instances where a more specific definition is referenced, but only when applying to a specific provision of the law. As an

example, Pharmacy Law does not currently include a general definition of “chain community pharmacy.” Rather, in specified sections of statute and regulation, the law refers to BPC section 4001 (which defines the composition of the Board and sets forth the appointment process and qualifications for Board membership) for the definition. (**Note:** BPC section 4001 provides, “For the purposes of this subdivision, a ‘chain community pharmacy’ means a chain of 75 or more stores in California under the same ownership, and an ‘independent community pharmacy’ means a pharmacy owned by a person or entity who owns no more than four pharmacies in California.”)

As another example, Pharmacy Law sometimes refers to applicability of a requirement to “outpatient pharmacies” (see, e.g., BPC section 4076(a)(11)(B)). In this context, the Board interprets this to mean pharmacies that provide medications to consumers outside of an inpatient setting, including mail order pharmacies, infusion center pharmacies, and specialty pharmacies. However, such references may cause confusion as Pharmacy Law and regulations continue to change.

Different jurisdictions nationally have taken varying approaches, with some jurisdictions (such as Texas) issuing separate licenses for different classes of pharmacy licenses. Nevada issues a single pharmacy license that covers a variety of different types of business models but requires disclosure of the types of services.

The Committee previously considered this issue during its October 2025 and January 2026 meetings. During this discussion, members noted that development of definitions could allow for more precise regulation and provide better transparency to patients regarding the types of services a pharmacy provides. Members noted that while consideration of definitions may be appropriate, separate license types do not appear appropriate.

Summary of Committee Discussion

During the April meeting, members continued their discussion of the issue and considered if it may be appropriate to establish definitions in regulation that reflect various business models. Once definitions are established, it would be appropriate to then consider changes to regulations to allow for more precise application of regulation requirements. As an example, depending on the final proposed definition of an infusion center pharmacy, the Board could identify some regulation requirements that would not apply to an outpatient pharmacy that solely acts as an infusion center pharmacy such as:

1. Patient consultation requirement as defined in CCR 1707.2
2. Confidential space for consultation as defined in CCR 1714(a)
3. Notice to consumer poster as provided in CCR 1707.6

At the meeting, members considered staff drafted definitions set forth below. As the Committee and Board have previously discussed, a pharmacy could fall within more than one of the proposed definitions depending on their business operations and customer base.

Outpatient Pharmacy is a pharmacy that dispenses drugs and devices to the general public. Such a pharmacy does not include a hospital pharmacy as described in Business and Professions Code section 4029 and California Code of Regulations, title 16, section 1710(a).

Chain Community Pharmacy is an outpatient pharmacy that is part of a chain of 75 or more stores in California under the same ownership.

Independent Community Pharmacy is an outpatient pharmacy that is owned by a person or entity who owns no more than four pharmacies in California.

Central Fill Pharmacy is a California-licensed pharmacy located in California that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy to dispense to the patient. (**Note:** This definition of “central fill pharmacy” has been proposed in a pending rulemaking to amend section 1707.4 of Article 2 of Division 17 of Title 16 of the California Code of Regulations.)

Closed Door Pharmacy is an outpatient pharmacy that is not open to the general public and that provides services to a specific group of patients in the following settings:

- Skilled nursing facilities
- Intermediate care facilities
- Assisted living facilities
- Nursing homes
- Hospice or mental health facilities
- Board and care facilities
- Drug and alcohol treatment facilities

Home Infusion Pharmacy is an outpatient pharmacy that prepares and dispenses sterile parenteral medications for infusion to patients in their homes.

Infusion Center Pharmacy is an outpatient pharmacy that prepares and dispenses sterile parenteral medications for administration to patients by a licensed health care provider at any of the following settings:

- Medical office
- Pharmacy
- Health care facility where patients receive medical care.

Mail Order Pharmacy is an outpatient pharmacy that dispenses and delivers drugs and devices directly to a patient's home or designated address through any mail or courier services. For purposes of this section, Mail Order Pharmacy also is defined as a pharmacy that dispenses and delivers greater than 75% of total aggregate prescriptions dispensed to California residents through any mail or courier services.

Nondispensing Clinical Pharmacy is an outpatient pharmacy that does not hold inventory or dispense drugs or devices but provides clinical services.

Online Pharmacy is an outpatient pharmacy that dispenses drugs and devices and provides other health related services through a digital platform.

Specialty Pharmacy is an outpatient pharmacy that provides high-cost drugs and devices for complex conditions which require special handling, monitoring, and patient support.

Summary of Committee Discussion

Members noted that development of regulations to include the definitions would be a potential implementation approach, with some members suggesting it may be an appropriate time to begin the more formal process of regulation development.

Members again noted that development of the definitions has the potential to streamline some pharmacy operations.

Members also noted that pharmacy business models continue to evolve and questioned if the Board's regulations could keep pace with the rapid changes and/or have unintended consequences. Members also noted that some definitions appear to encompass more than one business model; for example, "online pharmacy" could also encompass a mail order or closed door pharmacy.

Public comment encouraged the Board to be flexible in its approach. Other comments suggested that the Board should consider adding a definition of Managed Care Outpatient Pharmacy.

Commenters also noted the complexity of the issue.

Following public comments, members requested that commenters email their recommendations for consideration and possible inclusion in a regulatory proposal.

Members also contemplated addition of a definition for an outpatient pharmacy that reflects pharmacies with 5-74 pharmacies under common ownership.

f. Summary of Discussion of Licensing Statistics

Licensing statistics for the first 9 months of FY 2025/26 (July 1, 2025 – March 31, 2026) are provided in **Attachment 2**.

During the timeframe, the Board has received 10,000 initial applications, including:

- 1,202 intern pharmacists
- 2,360 pharmacist exam applications (1,175 new, 1,178 retake)
- 152 advanced pharmacist practitioner
- 4,707 pharmacy technicians
- 248 community pharmacy license applications (12 chain, 236 nonchain)
- 60 sterile compounding pharmacy license applications (44 LSC, 11 NSC, 5 SCP)
- 90 nonresident pharmacy license applications
- 16 hospital pharmacy license applications

During the timeframe, the Board has received 8 requests for temporary individual applications (Military Spouses/Partners), including:

- 7 temporary pharmacy technicians
- 1 temporary pharmacist

During the timeframe, the Board has received 391 requests for temporary site license applications, including:

- 188 community pharmacy license applications
- 40 sterile compounding pharmacy license applications
- 61 nonresident pharmacy license applications
- 15 hospital pharmacy license applications

During the timeframe, the Board has issued 6,995 individual licenses, including:

- 1,190 intern pharmacists
- 1,157 pharmacists
- 114 advanced practice pharmacists
- 4,146 pharmacy technicians

During the timeframe, the Board has issued 11 temporary individual applications (Military Spouses/Partners), including:

- 10 temporary pharmacy technicians
- 1 temporary pharmacist

During the timeframe, the Board has issued 555 site licenses without temporary license requests, including:

- 231 automated drug delivery systems (127 AUD, 104 APD)

- 83 community pharmacies
- 0 hospital pharmacy

During the timeframe, the Board has issued 786 temporary site licenses, including:

- 642 community pharmacies
- 13 hospital pharmacies

Site Application Type	Application Processing Times as of 4/2/2026*	Application Processing Times as of 4/21/2026*	Deficiency Mail Processing Times as of 4/2/2026*	Application Processing Times as of 4/21/2026*
Pharmacy	31	20	28	35
Nonresident Pharmacy	37	43	28	35
Sterile Compounding	31	43	37	35
Nonresident Sterile Compounding	43	43	27	39
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	24	43	14	Current
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	31	25	16	33
Clinic	30	43	83	50
Wholesaler	Current	18	63	43
Nonresident Wholesaler	31	33	50	50
Third-Party Logistics Provider	Current	15	Current	8
Nonresident Third-Party Logistics Provider	27	46	50	48
Automated Drug Delivery System	20	15	34	Current
Automated Patient Dispensing System	Current	Current	Current Combined with ADD	Current Combined with ADD
Emergency Medical Services Automated Drug Delivery System	Current	15	Current Combined with ADD	Current Combined with ADD

* Processing times are reported by calendar days.

Individual Application Type	Application Processing Times as of 4/2/2026*	Application Processing Times as of 4/21/2026*	Deficiency Mail Processing Times as of 4/2/2026*	Application Processing Times as of 4/21/2026*
Exam Pharmacist	Current	14	Current	Current
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	10	29	Current	26
Intern Pharmacist	22	41	Current	18
Pharmacy Technician	56	39	7	11
Designated Representative	22	41	6	22
Designated Representatives-3PL	20	39	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	9	28	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Combined with Designated Representative	Combined with Designated Representative

* Processing times are reported by calendar days.