



Legislation and Regulation Committee Report

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a. Discussion and Possible Action to Recommend to the Board Positions on Pending Legislation Impacting the Practice of Pharmacy, the Board's Jurisdiction, or Board Operations

Provided below are several measures for the Committee's consideration. A brief summary of each measure is provided along with staff comments and recommendations. A link to each measure and committee bill analysis is also provided, where available. During the meeting, members will have the opportunity to discuss each measure.

1. Assembly Bill 910 (Bonta, 2025) Pharmacy Benefit Management.

Version: [1/22/2026 - Amended](#)

Status: Referred to Senate Rules Committee

Committee Analysis: [1/28/2026 – Assembly Floor Analysis](#)

Summary: Requires the Department of Health Care Access and Information (HCAI) to include prescription drug pricing and payment data in its annual health care report and to notify the Department of Managed Health Care (DMHC) if a pharmacy benefit manager (PBM) fails to comply with specified requirements. The measure also requires DMHC to post links on its website to analyses and reporting published by HCAI.

Recommended Position: Support

Comments: Board staff note that this measure builds upon Senate Bill 41 (Wiener, Chapter 605, Statutes of 2025) by strengthening data transparency and regulatory enforcement. Specifically, the measure requires data collection and analysis of pricing and payments, creates a notification pathway when PBMs don't comply, and ensures public transparency via DMHC's website.

Fiscal Impact: Minor and Absorbable

Support: None on File

Opposition: None on File

2. Assembly Bill 957 (Ortega, 2025) Cigarette and Tobacco Products: Retail Sale: Pharmacies.

Version: [4/28/2025 - Amended](#)

Status: 7/07/2025 – Reconsideration Granted, Senate Business, Professions, and Economic Development Committee (Deadline 7/2/2026)

Committee Analysis: [6/29/2025 - Senate Business, Professions And Economic Development](#)

Summary: Prohibits pharmacies from selling cigarettes or tobacco products. A pharmacy caught selling tobacco would be committing a misdemeanor.

Board's Prior Position: Support

Comments: This measure appears consistent with the below Board policy statement adopted October 29, 2014.

The California State Board of Pharmacy recognizes that pharmacists are health care providers and pharmacies are in the business of improving customer health; therefore, the Board recommends that pharmacies and chain stores that include pharmacies eliminate the sale of tobacco, e-cigarettes and tobacco products, as these products are known to cause cancer, heart disease, lung disease and other health problems.

Fiscal Impact: Minor and Absorbable

Support:

Alameda County Tobacco Control Coalition
American Academy of Pediatrics, California
American Lung Association in California
Breathe California
California Academy of Preventive Medicine
California Medical Association (CMA)
California Orthopedic Association
California Pharmacists Association
California State Board of Pharmacy
Center for Environmental Health
County Health Executives Association of California (CHEAC)
County of Santa Clara
San Francisco Tobacco Free Coalition
San Francisco Tobacco-free Coalition
Solano County Democratic Central Committee
Tobacco Education and Research Oversight Committee

Opposition: None on File

3. Assembly Bill 1460 (Rogers, 2025) Prescription Drug Pricing.

Version: [6/27/2025 - Amended](#)

Status: 7/16/2025 – Hearing postponed by Senate Health (Deadline 7/2/2026)

Committee Analysis: [7/14/2025 – Senate Health Committee](#)

Summary: Prohibits drug manufacturers from blocking or interfering with qualifying nonprofit community health clinics' ability to buy drugs at the reduced federal 340B price, under specified conditions.

Board's Prior Position: Support

Comments: During its prior discussion, the Board noted concerns about proposed changes to restrict 340B programs and their negative impacts. Members noted that 340B federal programs play a vital role in providing services to underserved communities at a reduced cost.

Fiscal Impact: No direct fiscal impact to the Board.

Support:

California Partnership for Health (co-sponsor)

California Primary Care Association Advocates (co-sponsor)

Plus 78 organizations, including health care associations, clinics, and hospitals

Opposition:

California Life Sciences

Plus 37 other organizations

4. Assembly Bill 1558 (Arambula, 2026) Uniform Emergency Volunteer Health Practitioners Act.

Version: [1/8/2026 - Introduced](#)

Status: Passed out of Assembly Health Committee and Re-referred to Assembly Appropriations (Deadline 5/15/2026)

Committee Analysis: None

Summary: Would establish the Uniform Emergency Volunteer Health Practitioners Act and creates a statewide system for registering out-of-state volunteer health care practitioners (doctors, pharmacists, veterinarians, etc.) to provide health services for a host entity, as specified, and to the extent necessary to respond to a declared emergency. The measure would establish the qualification requirements for a volunteer registration system.

The Emergency Medical Services Authority would oversee the program, and may during an emergency declaration, limit or restrict specified provisions including the duration of practice, geographical areas in which volunteers may practice, and types of volunteers that may practice.

As related to the Board, the measure would authorize the applicable licensing board to restrict or modify the health or veterinary services that a volunteer health practitioner may provide. It would further authorize a licensing board to impose administrative sanctions upon a health practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency, and to impose administrative

sanctions upon a practitioner not licensed in this state for conduct in California in response to an in-state emergency, if certain conditions are met.

Recommended Position: Support if Amended

Comments: Board staff believe technical amendments are necessary to establish a feedback loop between the Emergency Medical Services Authority and the Department of Consumer Affairs/Board of Pharmacy to ensure that the Board is notified of licensees providing emergency medical services both within and outside of California.

Fiscal Impact: The Board does not anticipate any significant fiscal impact.

Support: None on File

Opposition: None on File

5. Assembly Bill 1587 (Ta, 2026) Prescription Drug Refills: Prescriber

Notifications.

Version: [3/18/2026 - Amended](#)

Status: Ordered to Assembly Consent Calendar 4/16/2026 (Deadline 5/29/2026)

Committee Analysis: [4/13/2026 – Assembly Appropriations](#)

Summary: This measure, as amended, amends the conditions for pharmacist authority to provide emergency refills to specify that notification to a prescriber is only required if a prescriber is identified.

Recommended Position: Watch

Fiscal Impact: Minor and absorbable.

Support:

- Biocom California
- California Senior Legislature
- California Pharmacists Association
- Universities Allied for Essential Medicines
- Five individuals

Opposition: None on File

6. Assembly Bill 1773 (Blanca Rubio, 2026) Pharmacy Benefit Managers.

Version: [3/16/2026 - Amended](#)

Status: Assembly Appropriations Hearing 4/22/2026 (Deadline 5/15/2026)

Committee Analysis: [4/20/2026 – Assembly Appropriations](#)

Summary: This measure would require the Department of Managed Health Care to maintain a public website displaying specified information for each licensed pharmacy benefit manager, including, among other things, the legal name, license number, and license expiration date.

Recommended Position: Support

Fiscal Impact: No direct fiscal impact on the Board.

Support:

Chronic Care Policy Alliance (sponsor)
California Pharmacists Association

Opposition: None on File

7. Assembly Bill 1775 (Ward, 2026) Veterans.

Version: [2/9/2026 - Introduced](#)

Status: Referred to Assembly Appropriations (Deadline 5/15/2026)

Committee Analysis: [4/20/2026 - Assembly Appropriations](#)

Summary: This measure extends the current expedited licensing process for veterans to also cover service members who were discharged solely because of the federal action to restrict military service by transgender individuals, not just those who were honorably discharged.

Recommended Position: Support

Comments: Board staff note that the Board has historically supported measures that impact licensure access for military members, veterans, and military spouses.

Fiscal Impact: Minor and Absorbable

Support:

Advocates for Trans Equality
Alliance for TransYouth Liberation
California Commission on the Status of Women and Girls
California LGBTQ Health and Human Services Network
CalPride Valle Central
Courage California
El/La Para TransLatinas
Equality California
Families United for Trans Rights (FUTR) East Bay Chapter
Gender Affirming Professionals
Lyon-Martin Community Health Services
Out in National Security
PFLAG Clayton-concord
PFLAG Fresno
PFLAG San Francisco
Planned Parenthood Affiliates of California
Public Counsel
Rainbow Families Action Bay Area
San Diego Pride
Sparta Pride
The San Diego LGBT Community Center
The TransLatin@ Coalition
Transcanwork
Viet Rainbow of Orange County
West Hollywood/Hernan Molina, Governmental Affairs Liaison

Opposition: None on File

8. Assembly Bill 1778 (Patterson, 2026) Controlled Substances: Testosterone.

Version: [2/9/2026 - Introduced](#)

Status: Assembly Public Safety Committee Consent Calendar (Deadline 4/24/2026)

Committee Analysis: [4/20/2026 – Assembly Public Safety](#)

Summary: If the federal government removes testosterone from its Schedule III controlled substances list, this measure automatically requires California to follow that change without requiring separate state legislation.

Recommended Position: Watch

Comments: Board staff note that testosterone can be misused and abused and, as a result of AB 82 (Ward, Chapter 679, Statutes of 2025), is no longer reported to CURES. Should the federal government remove testosterone from Schedule III, it would remove it from California's schedule, which could lead to overprescribing and increase the risk of misuse.

Fiscal Impact: Minor and Absorbable

Support: California Pharmacists Association

Opposition: None on File

9. Assembly Bill 1794 (Ransom, 2026) Pharmacy: Enteral Products.

Version: [4/15/2026 - Amended](#)

Status: Re-referred to Assembly Appropriations on 4/16/2026 (Deadline 5/15/2026)

Committee Analysis: [4/12/2026 – Assembly Business and Professions](#)

Summary: This measure authorizes a pharmacist, manufacturer, or wholesaler to participate in an arrangement or agreement to deliver enteral nutrition supplements or replacements directly to a patient's residence pursuant to a valid order from a prescriber acting within their scope of practice..

Recommended Position: None

Fiscal Impact: Minor and Absorbable.

Support:

California Association of Medical Product Suppliers (sponsor)

Biocom California

California Life Sciences Association

Opposition:

California Pharmacist Association

10. Assembly Bill 1811 (Rogers, 2026) Health Professional Shortage Areas

Version: [3/19/2026 – Amended](#)

Status: Passed out of Assembly Health Committee and Re-referred to Assembly Appropriations with Consent Calendar Recommendation

(Deadline 5/15/2026)

Committee Analysis: [4/18/2026 – Assembly Health](#)

Summary: Defines “health professional shortage area” until January 1, 2035, to include areas designated by California’s Department of Health Care Access and Information, areas federally designated by HHS, and those federally designated on January 1, 2025—even if no longer federally recognized. Ensures areas proposed for withdrawal post-2025 remain eligible for state prioritization and benefits. The measure includes a January 1, 2035 sunset date.

Recommended Position: Support

Comments: Board staff note that this measure maintains current shortage areas, but amendments could clarify its application to pharmacies as defined health professional shortage areas.

Fiscal Impact: Minor and absorbable

Support: California Hospital Association

Opposition: None on file

11. Assembly Bill 1854 (Krell, 2026) Legally Protected Health Care Activities

Version: [3/19/2026 - Amended](#)

Status: Passed out of Assembly Judiciary Committee, Referred to Assembly Appropriations (Deadline 5/15/2026)

Committee Analysis: [4/18/2026 - Assembly Judiciary](#)

Summary: This measure expands California’s protections for people who provide, support, or receive certain protected health care services, such as reproductive care or gender-affirming care, including when those services occur outside the state. Additionally, the measure stops California agencies and law enforcement from helping other states with arrests, information requests, or investigations related to these protected activities. It also blocks subpoenas, warrants, and other legal requests from other states, except in very limited situations.

Recommended Position: Support

Fiscal Impact: Minimal and absorbable

Support:

Attorney General Rob Bonta (Sponsor)

Access Reproductive Justice

California Chapter of the American College of Emergency Physicians

Equality California

Reproductive Freedom for All California

Opposition:

California Chamber of Commerce

California Hospital Association

12. Assembly Bill 1930 (Zbur, 2026) Legally Protected Health Care Activity: Inquiries, Investigations, Subpoenas, or Summons.

Version: [3/19/2026 - Amended](#)

Status: Assembly Public Safety Committee (Deadline 4/24/2026)

Committee Analysis: [4/20/2026 – Assembly Public Safety](#)

Summary: This measure would stop any person or business in California from giving information to another state about legally protected health care activities unless certain conditions are met. To share information, the request must include an affidavit stating under penalty of perjury that the investigation involves an act that is actually illegal under California law, and it must identify the specific California law that was violated. The Attorney General would be responsible for enforcing the provisions.

Recommended Position: Support

Fiscal Impact: Minor and Absorbable.

Support: Attorney General Rob Bonta (co-sponsor)

Equality California (co-sponsor)

Access Reproductive Justice

California Legislative LGBTQ Caucus

Casita Feliz Latine LGBTQ+ Center

Courage California

El/la Para TransLatinas

Gender Affirming Professionals

Oakland Privacy

PFLAG Clayton-Concord

Rainbow Families Action Bay Area

Reproductive Freedom for All California

San Francisco Aids Foundation

Somos Familia Valle

The TransLatin@ Coalition

Western Center on Law & Poverty

Opposition:

California Chamber of Commerce

California Family Council

California Hospital Association (unless amended)

Cause: Californians United for Sex-based Evidence in Policy and Law

Democrats for an Informed Approach to Gender

LGB (Lesbian, Gay, and Bisexual) Alliance Foundation

Our Duty

Women are Real

Women's Liberation Front (unless amended)

13. Assembly Bill 1979 (Bonta, 2026) Health Care Services: Artificial Intelligence.

Version: [4/9/2026 - Amended](#)

Status: Assembly Privacy and Consumer Protection Committee Hearing Postponed (Deadline 4/24/2026)

Committee Analysis: [4/19/2026 – Assembly](#) Privacy and Consumer Protection

Summary: This measure prohibits health facilities (as defined in Health and Safety Code section 1250), clinics, and medical offices from using artificial intelligence (AI) to replace the professional judgment of a licensed health care provider. (Health care provider is defined as anyone licensed pursuant to Division 2 of the Business and Professions Code.) It also prohibits the use of AI to direct or supervise unlicensed personnel in performing duties that require a professional license. Additionally, the measure authorizes the relevant licensing board to seek injunctive relief when a violation amounts to unlicensed practice. Finally, the measure clarifies that these restrictions do not apply to AI tools used solely for administrative documentation or basic communication functions that do not require professional judgment, such as automated patient notifications.

Recommended Position: Support if amended

Comments: Board staff note that this measure does not apply to pharmacies and other unlicensed areas where pharmacists and advanced pharmacist practitioners may work, including, for example, ambulatory care settings. Board staff believe that the prohibitions should extend to these other practice sites where health care providers are providing patient care services.

The Board raised concerns with the use of AI as part of its 2025 Sunset Report and noted that “while the Board does not believe a total prohibition on the use of AI in pharmacy practice is either necessary or in the best interest of patients, and while the Board believes that AI is a tool to assist a pharmacist in making a clinical judgement, the Board stands firm that AI cannot and should not supplant such clinical judgement.” The policy goals of this measure align with the Board’s position.

Board staff recommend offering amendment to ensure the prohibitions extend to all pharmacist and advanced pharmacist practitioner sites.

Fiscal Impact: Minor and absorbable.

Support:

- California Nurses Association (sponsor)
- Consumer Watchdog

Opposition:

- Adventist Health
- California Chamber of Commerce
- California Medical Association
- Civil Justice Association of California
- Connected Health Initiative
- TechNet

14. Assembly Bill 1990 (Gipson, 2026) Pharmacy Law: Compounded

Medications: Consumer Protection.

Version: [4/15/2026 - Amended](#)

Status: Referred to Appropriations Committee on April 21, 2026

Committee Analysis: [4/10/2026 – Assembly Business and Professions](#)

Summary: This measure includes several legislative findings and declarations, including that the safety and integrity of compounded medications are paramount for the health and well-being of residents of California; that there have been increasing attempts by unscrupulous actors to exploit regulatory gaps to introduce inferior or contaminated active pharmaceutical ingredients (API) into the supply chain for medications intended for compounding; and that recent cases, such as those involving medications for weight loss, have demonstrated that high demand can lead to the proliferation of the use of illicit, substandard, and potentially harmful API, jeopardizing patient health and safety.

This measure makes it unlawful for any person or entity to engage in the sale, transfer, or distribution of a drug compounded under section 503A of the federal Food, Drug, and Cosmetic Act (FDCA) using a drug substance that is a glucose-dependent insulinotropic polypeptide receptor or glucagon-like peptide-1 (GLP-1) receptor agonist used for obesity or weight management or a drug substance that is a component of a generic equivalent approved by the FDA for obesity or weight management unless the compounder of the drug takes specified actions. These acts would include ensuring that the bulk drug substance, as defined, is a pharmaceutical grade product.

The bill would also make it unlawful for a manufacturer or wholesaler to sell, transfer, or distribute a bulk drug substance in California for use in a compounded drug used for obesity or weight management, as specified, without providing to the purchaser written verification that the bulk drug substance meets specified conditions, including being pharmaceutical grade.

The bill would make a violation of its provisions punishable by a fine of \$1,000 per dose of the illegally compounded drug sold, transferred, or distributed and license revocation.

Further, the measure requires any person or entity engaging in the sale, transfer, or distribution of compounded drugs as specified to maintain all records related to the acquisition, testing, and examination of the bulk drug substance for at least two years after the expiration date of the last lot of drug containing the bulk drug substance, and to provide those

records to the Board upon request. The measure also authorizes the Board to inspect any person or entity that engages in compounding drugs, or any domestic supplier, wholesaler, repackager, or other provider of the bulk drug substance for compounding, as specified. Finally, the measure would make it unlawful for any person, as defined, to advertise or otherwise promote compounded medications used for obesity or weight management, as specified, unless the advertisement is truthful and not misleading, including not containing an unsubstantiated claim, as defined, with respect to the product.

As recently amended, this measure would provide that its provisions do not apply to physicians and surgeons, as specified.

Recommended Position: Watch

Comments:

Board staff note that this measure does not apply equally to all locations where the compounding of GLP-1s occurs, e.g. physician's offices, medical spas, etc. Board staff have conducted inspections and participated in investigations where significant patient safety issues have been identified, yet the Board generally lacked authority to protect patients from these unsafe practices. Board staff support strengthening requirements to improve patient safety. Significant gaps in patient safety will continue to proliferate if these requirements do not equally apply to all settings where such compounding, advertising, etc. occurs.

Board staff also note that the penalties established by the measure (i.e., assessment of a fine of \$1,000 per dose of the illegally compounded drug sold, transferred, or distributed, as well as revocation of the person or entity's license) remove the Board's ability to assess the facts of an investigation to determine the appropriate outcome, consistent with its consumer protection mandate.

Board staff further note that many of the provisions included in the measure are current requirements under either section 503A of the FDCA or the USP compounding chapters, and/or are addressed in the Board's compounding regulations. Other provisions in the bill extend beyond current legal requirements.

Staff are recommending a watch position on this measure and believe it is appropriate for Board staff to engage with the author's office to seek to address the concerns and issues raised.

The measure recently passed out of the Assembly Privacy and Consumer Protection Committee with amendments. The amendments are not yet in

print.

Fiscal Impact: Board staff believe this measure could result in increased inspection and investigation costs.

Support:

- American Diabetes Association
- Biocom California
- California Life Sciences Association
- National Consumers League
- National Hispanic Health Foundation
- Partnership for Safe Medicines

Opposition:

- Alliance for Pharmacy Compounding
- California Pharmacists Association
- Chamber of Progress

15. Assembly Bill 2000 (Aguiar-Curry, 2026) Drug Formularies.

Version: [4/16/2026 - Amended](#)

Status: Referred to Assembly Appropriations (Deadline 5/15/2026)

Committee Analysis: [4/10/2026 - Assembly Health](#)

Summary: This measure, as amended, would prohibit health plans and insurers from changing their drug lists during the plan year except in limited cases. In such instances, if a change would force someone to switch medications, a patient could stay on their original drug for the rest of the year if it was already approved and safe for their condition, as specified. This measure would also require plans, insurers and PBMs to provide 90-day notice before making changes and report any changes to the state within 30 days. State agencies could audit, investigate, and penalize plans that don't follow these rules.

Recommended Position: Support if amended

Comments: As currently drafted, the measure allows modification of a drug formulary to remove a drug due to safety concerns raised by the United States Food and Drug Administration (FDA). Board staff notes that there are other reliable sources outside of the FDA. Board staff recommends offering an amendment to include other reliable resources.

Fiscal Impact: No direct fiscal impact on the Board.

Support:

- California Academy of Family Physicians (sponsor)
- Association for Clinical Oncology
- California Chronic Care Coalition
- California Life Sciences Association Crohn's and Colitis Foundation
- National Health Law Program

Opposition:

- Association of California Life & Health Insurance Companies

16. Assembly Bill 2141 (Patterson, 2026) Pharmacies: License Discipline: Stipulated Settlement and Disciplinary Order.

Version: [4/7/2026 - Amended](#)

Status: Referred to Assembly Appropriations with Consent Calendar Recommendation (Deadline 5/15/2026)

Committee Analysis: [4/17/2026 – Assembly Judiciary](#)

Summary: This bill authorizes the Board and a licensee to enter into a stipulated settlement and disciplinary order before a formal accusation is filed, provided certain conditions are met. These conditions include the licensee voluntarily waiving administrative hearing rights under the Administrative Procedure Act and submitting specified mitigation and rehabilitation information. A designated Board committee must review this information and is permitted to extend a stipulated settlement and disciplinary order offer to the licensee.

Recommended Position: None

Comments: Between 2019 and 2021, the Board explored creating an alternative enforcement model to improve the efficiency of its disciplinary process. During this time the Board explored several options but never finalized development of a proposal and in July 2021, the Board stopped its consideration of this matter at the request of stakeholders.

Fiscal Impact: A full cost analysis has not been completed; however, staff believe the measure will result in additional costs related to increased Board member time. Some of these costs could be offset by reductions in other enforcement related costs. The Board may also incur costs related to development of this alternate process, including regulations that may be necessary.

Support:

Alliance for Pharmacy Compounding (Sponsor)

California Naturopathic Doctors Association

Opposition: None on File

17. Assembly Bill 2282 (Alanis, 2026) Health Facilities: Emergency Medical Services.

Version: [4/13/2026 - Amended](#)

Status: Referred to Assembly Appropriations (Deadline 5/15/2026)

Committee Analysis: [4/18/2026 – Assembly Health](#)

Summary: This bill allows a general acute care hospital to get a special permit to operate an emergency stabilization unit in Patterson, Stanislaus County — a separate location not connected to the main hospital — to serve the community previously served by Del Puerto Health Care District.

Recommended Position: None

Comments: Board staff note that as the bill is currently drafted, the Board would not have the authority to issue a hospital pharmacy license at the location. The Board may wish to consider recommending technical amendments to provide such authority.

Fiscal Impact: Minor and Absorbable

Support: None on File

Opposition: None on File

18. Assembly Bill 2565 (Wallis, 2026) Medi-Cal: Pharmacist Services: Reporting.

Version: [3/19/2026 - Amended](#)

Status: Referred to Assembly Appropriations with Consent Calendar Recommendation (Deadline 5/15/2026)

Committee Analysis: [4/18/2026 – Assembly Health](#)

Summary: This measure requires the Department of Health Care Services to direct each Medi-Cal managed care plan to submit an annual report detailing pharmacist services that fall within the authority of managed care plans and are not part of the Medi-Cal Rx fee-for-service system. The department must compile this information and submit a consolidated annual report to the appropriate legislative policy and fiscal committees. The consolidated report must include specified information related to implementation, compliance, access to services, claims processing, oversight, and the fiscal and public health impacts.

Recommended Position: None

Fiscal Impact: Minor and absorbable

Support: California Pharmacist Association (Sponsor)

Opposition: None on File

19. Assembly Bill 2571 (Flora, 2026) Reimbursement for Pharmacist Services.

Version: [2/20/2026 - Introduced](#)

Status: Passed out of the Assembly on 4/16/2026. Referred to Senate Rules Committee (Deadline 8/31/2026)

Committee Analysis: [4/6/2026 - Assembly Appropriations](#)

Summary: This bill requires that advanced pharmacist practitioners be paid at the same rate as physicians under Medi-Cal (100% of the physician fee schedule, instead of the current 85%).

Recommended Position: Support

Comments: This measure is similar to AB 1366 (Flora, 2025), on which, through the delegated authority given to the Board president, the Board had established a support position.

Fiscal Impact: Minor and Absorbable.

Support:

California Society of Health-System Pharmacists (sponsor)

California Academy of Family Physicians

Stanford Medicine Children's Health

Opposition: None on File

20. Senate Bill 915 (Menjivar, 2026) Health Care Provider Entities: Patients Accompanied by Immigration Enforcement Officers.

Version: [4/16/2026 - Amended](#)

Status: Referred to the Senate Appropriations Committee

Committee Analysis: [4/20/2026 – Senate Judiciary](#)

Summary: This measure would require health care provider entities to verify and document the identity and agency of any immigration enforcement officer who accompanies a patient. It requires staff to ask the officer to leave the room during discussions of patient care or while providing medical treatment, except as specified, and it prohibits the officer from making or influencing medical decisions for the patient. If an officer refuses to follow these requirements, staff must report such refusal to management or legal counsel, who must document the incident and, if possible, record the officer's name and badge number.

The measure would further establish provisions for transitions of care and discharge planning requirements consistent with state and federal law, as specified.

Recommended Position: Support

Comments: The measure recently passed out of the Senate Judiciary Committee with amendments. The amendments are not yet in print.

Fiscal Impact: Minor and Absorbable.

Support:

California Immigrant Policy Center (co-sponsor)

California Pan-Ethnic Health Network (co-sponsor)

Plus 53 organizations, including health care associations listed in the Senate Committee on Health analysis.

Opposition:

California Dental Association (unless amended)

California Hospital Association (unless amended)

21. Senate Bill 964 (Smallwood-Cuevas, 2026) Prescription Drug Coverage: Dose Adjustments.

Version: [4/6/2026 - Amended](#)

Status: Senate Appropriations Suspense File (Deadline 5/15/2026)

Committee Analysis: [4/10/2026 - Senate Appropriations](#)

Summary: This measure enables a patient's treating provider to adjust patient medication doses or dosing frequency without seeking prior authorization from health plans or insurers, under specified conditions.

Recommended Position: Support

Fiscal Impact: Minor and Absorbable.

Support:

Crohn's and Colitis Foundation (sponsor)
Alliance for Headache Disorders Advocacy
California Chapter American College of Cardiology
California Chronic Care Coalition
California Hospital Association
California Life Sciences Association
California Pharmacists Association
California Retired Teachers Association
California Rheumatology Alliance
Health Access California
U.S. Pain Foundation
Western Center on Law & Poverty, Inc.

Opposition:

Association of California Life & Health Insurance Companies
California Association of Health Plans

22. Senate Bill 1023 (Laird, 2026) Health Care Coverage: Antiretroviral Drugs, Drug Devices, and Drug Products.

Version: [3/16/2026 - Amended](#)

Status: Senate Appropriations Suspense File (Deadline 5/15/2026)

Committee Analysis: [4/17/2026 – Senate Appropriations](#)

Summary: Existing law generally prohibits a health care service plan (excluding a Medi-Cal managed care plan) or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under existing law, a health care service plan or health insurer is not required to cover all of the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy. This measure would instead prohibit health care service plans (excluding Medi-Cal managed care plans) and health insurers from applying prior authorization or step therapy requirements to medically necessary antiretroviral drugs, drug devices or drug products used for HIV/AIDS prevention. Beginning January 1, 2027, any health plan contract or insurance policy that covers FDA-approved, non-self-administered antiretroviral HIV prevention treatments as a medical benefit must also cover those same products as an outpatient prescription drug benefit.

Recommended Position: Support

Comments: This measure is similar to AB 554 (González, 2025), which Governor Newsom vetoed in 2025, but the two differ in scope. AB 554 took a broad approach by addressing coverage and access requirements for all antiretroviral drugs used for both HIV treatment (PEP) and prevention

(PrEP). In contrast, SB 1023 is narrowly focused on resolving a specific insurance reimbursement issue for injectable, long-acting PrEP by ensuring a workable billing and reimbursement pathway for clinics. The Board's position on AB 554 was support.

Fiscal Impact: Minor and absorbable.

Support:

- APLA Health (cosponsor)
- California Insurance Commissioner Ricardo Lara (cosponsor)
- Equality California (cosponsor)
- Los Angeles LGBT Center (cosponsor)
- San Francisco AIDS Foundation (cosponsor)
- Plus 23 organizations and four individuals

Opposition:

- Association of Life & Health Insurance Companies
- California Association of Health Plans

23. Senate Bill 1094 (Weber Pierson, 2026) Prescription Drugs.

Version: [4/8/2026 - Amended](#)

Status: Senate Health Hearing 4/22/2026 (Deadline 4/24/2026)

Committee Analysis: [04/20/26- Senate Health](#)

Summary: As related to the Board's jurisdiction, this bill would allow a pharmacist to substitute a biosimilar drug (a nearly identical version of a brand-name biologic drug) when filling a prescription; as long as the prescription does not include "do not substitute" or words of similar meaning, as specified.

Recommended Position: Watch

Comments: Current law establishes authority for a pharmacist to select an alternative biological product that is interchangeable. This bill expand these provisions to also allow a pharmacist to select a biosimilar product.

Fiscal Impact: Minor and absorbable.

Support:

- American Muslims for Sustainability
- Association of California Life and Health Insurance Companies
- Blue Shield of California
- California Association of Health Plans
- California Chamber of Commerce
- CPCA Advocates, Subsidiary of the California Primary Care Association
- CVS Health
- CVS/Caremark Corporation
- Health Access California
- Los Angeles Civil Rights Association
- SEIU California
- Shalom International Outreach
- Sharp Healthcare

The Sperantia Foundation

Opposition:

Amgen

BIO

Biocom California

California Rheumatology Alliance

Osteopathic Physicians and Surgeons of California

24. Senate Bill 1199 (Weber Pierson, 2026) Prescription Drug Cost Sharing.

Version: [2/19/2026 - Introduced](#)

Status: Senate Health Committee Hearing 4/22/2026 (Deadline 4/24/2026)

Committee Analysis: [4/20/2026 – Senate Health](#)

Summary: This measure requires health care service plans and health insurers to count all payments made by or on behalf of an enrollee—including permitted manufacturer assistance—toward the enrollee’s out-of-pocket maximum and other cost-sharing requirements. The measure establishes an administrative penalty for each violation by a health insurer, enforceable by the Insurance Commissioner following notice and an opportunity for a hearing.

Recommended Position: Support

Comments: This measure appears to be designed to benefit patients by ensuring that any financial assistance they receive toward prescription drugs—such as manufacturer copay coupons or third-party assistance—counts toward their in-network deductible and out-of-pocket maximum.

Fiscal Impact: Minor and Absorbable.

Support: Insurance Commissioner Ricardo Lara

Opposition: None on File

25. Senate Bill 1347 (Niello, 2026) Pupil Health: Emergency Stock Albuterol Inhalers.

Version: [4/6/2026 - Amended](#)

Status: Senate Third Reading File (Deadline 5/29/2026)

Committee Analysis: [4/10/2026 – Senate Floor](#)

Summary: Existing law authorizes a school district, county office of education, or charter school to provide emergency stock albuterol inhalers, as specified, to school nurses or trained personnel who have volunteered, and authorizes school nurses or trained personnel to use an emergency stock albuterol inhaler to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from respiratory distress, as provided. This bill expands the emergency albuterol inhaler program to also apply to a childcare program, as defined, that is operated by or contracts with a school district, county office of education, or charter school.

Recommended Position: Support

Comments: Board staff note that the provisions in this measure reside only in the Education Code and as such pharmacies may not be aware of the authority to fill prescriptions issued pursuant to these provisions. It may be appropriate to recommend technical changes to amend Pharmacy Law to include also include this authority.

Staff notes that there are similar authorities to provide epinephrine and naloxone that exist both in the Education Code and Pharmacy Law (see Business and Professions Code sections 4119.2 and 4119.8). Board staff believes amending Pharmacy Law to also include provisions referencing the Education Code section authorizing provision of emergency stock albuterol inhalers may help raise awareness of the legal authority for pharmacies furnish albuterol inhalers to schools and childcare programs.

Fiscal Impact: Minor and Absorbable.

Support:

American Medical Response West
California School Nurses Organization
California Society for Allergy, Asthma and Immunology
California Society for Respiratory Care
Small School Districts Association

Opposition: None on File

b. Discussion and Consideration of Board Regulations

1. Board-Approved Regulations – 45-day Public Comment Period

Attachment 1

- i. California Code of Regulations, Title 16, Section 1793.65, Pharmacy Technician Certification Programs

Summary of Regulation: This proposal extends the sunset date of the Board's acceptance of pharmacy technician certification programs through June 30, 2027.

Status: Notice for 45-day public comment period began on April 10, 2026, and will end on May 26, 2026.

2. Board-Approved Regulations Undergoing Pre-Notice Review by the Department of Consumer Affairs, or Business, Consumer Services and Housing Agency

Attachment 2

- i. California Code of Regulations, Title 16, Sections 1793.7 and 1793.8, Requirements for Pharmacies Employing Pharmacy Technicians in Hospitals with Clinical Pharmacy Programs

Summary of Regulation: This proposal amends the pharmacist to pharmacy technician ratio as well as pharmacy technician duties in the hospitals with clinical pharmacy programs.

Status: Approved by the Board on November 6, 2025. Submitted for pre-notice review on January 13, 2026.

- ii. California Code of Regulations, Title 16, Section 1710, Hospital Pharmacies Exempt from CAMER

Summary of Regulation: This proposal exempts hospital pharmacies from CAMER as required by Business and Professions Code section 4113.1.

Status: Approved by the Board on November 6, 2025. Resubmitted for pre-notice review on February 20, 2026.

- iii. California Code of Regulations, Title 16, Section 1749, Fee Schedule

Summary of Regulation: This proposal amends certain fees to restore the Board's fund balance to the statutory one-year reserve level.

Status: Approved by the Board on March 18, 2026. Submitted for pre-notice review on March 23, 2026.

- iv. California Code of Regulations, Title 16, Section 1707.51, Accessible Prescription Drug Labels

Summary of Regulation: This proposal adds requirements for pharmacies to provide accessible prescription drug labels as required by Assembly Bill 1902 (Alanis, Chapter 330, Statutes of 2024).

Status: Approved by the Board on June 20, 2025. Re-submitted for pre-notice review on April 8, 2026.

3. Board-Approved Regulations – Documents Returned to Staff for Review

Attachment 3

1. California Code of Regulations, Title 16, Sections 1702, 1702.1, 1706.6, 1730, 1730.1, 1730.2, and 1749, Advanced Pharmacist Practitioners

Summary of Regulation: This proposal updates nonsubstantive changes to reflect the updated title of “advanced pharmacist practitioner.” Additionally, the proposal changes requirements for licensure as an advanced pharmacist practitioner to more accurately reflect relevant experience earned as part of a collaborative practice agreement in preparation for licensure as an advanced pharmacist practitioner.

Status: Approved by the Board on November 6, 2025. Returned to Board staff on March 1, 2026, for edits. Board staff are updating rulemaking documents.

4. Board-Approved Regulations – Board Staff Drafting Initial Rulemaking Documents

Attachment 4

1. California Code of Regulations, Title 16, Section 1793.5, Pharmacy Technician Application

Summary of Regulation: The proposal amends the pharmacy technician application update questions on the application to better address mental health challenges faced by health care professionals.

Status: Approved by the Board on November 6, 2025. Board staff are drafting rulemaking documents.

5. Board-Approved Regulations – Withdrawn

Attachment 5

- i. California Code of Regulations, Title 16, Section 1746.6, Medication Assisted Treatment Protocol

Summary of Regulation: This proposal adds to the Board's regulations regarding medication-assisted treatment.

Status: Withdrawn from Office of Administrative Law on February 20, 2026.

6. Section 100 Undergoing Review by the Office of Administrative Law

Attachment 6

- i. California Code of Regulations, Title 16, Section 1760, Disciplinary Guidelines

Summary of Regulation: This proposal makes nonsubstantive changes to the Board's Disciplinary Guidelines to reflect the updated title of advanced pharmacist practitioner.

Status: Approved by the Office of Administrative Law on April 15, 2026.

7. Section 100 Withdrawn from Review by the Office of Administrative Law (to be filed as Regular Rulemaking packages)

- i. California Code of Regulations, Title 16, Sections 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, and 1747, Standard of Care
- ii. California Code of Regulations, Title 16, Sections 1715, 1715.1, 1735.1, 1736.1, and 1784, Self-Assessment

Summary of Regulation: As part of AB 1503 (Berman, Chapter 196, Statutes of 2025) implementation efforts, the Board approved Section 100 changes related to self-assessment forms and standard of care. Board staff was advised by the Office of Administrative Law that desired changes required a regular rulemaking process.

Status: Board staff withdrew the Section 100 changes from Office of Administrative Law review on March 24, 2026.