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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

Enforcement and Compounding Committee Report
June 10, 2026

Maria Serpa, PharmD, Licensee Member, Chair
Renee Barker, PharmD, Licensee Member, Vice Chair
Jeff Hughes, Public Member
Seung Oh, PharmD, Licensee Member, President
Ricardo Sanchez, Public Member
Nicole Thibeau, PharmD, Licensee Member

I. Call to Order, Establishment of Quorum, and General Announcements

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Note: The Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code sections 11125, 11125.7(a).]

III. Discussion and Possible Action to Approve Minutes of the April 16, 2026, Enforcement and Compounding Committee Meeting

Attachment 1 includes a copy of the draft minutes.

IV. Annual Presentation by Board Staff on the Board's Inspection Program

Background

Pharmacy inspections are conducted by Board inspectors (licensed pharmacists) and are triggered for a variety of reasons, including receipt of a consumer complaint, required annual inspections for specific license categories (*e.g.*, sterile compounding pharmacies, outsourcing facilities, etc.), or routine inspections to determine a pharmacy's compliance with state and federal laws and regulations. This process also involves an educational component, wherein licensees have an opportunity to meet and speak with Board inspectors, ask questions and receive guidance, and obtain pharmacy law updates. The Board's policy is to have all pharmacies inspected at least once every four years.

For Committee Consideration and Discussion

During the meeting, the Committee will receive a presentation on the Board's

inspection program, focusing primarily on routine inspections conducted during the last fiscal year. In fiscal year 2025/26, through May 31, 2026, staff conducted 3,358 in-person inspections including 1,501 routine inspections of pharmacies where the sole purpose of the inspection was routine evaluation. Of the routine inspections completed, 628 inspections resulted in correction(s) being issued and 46 pharmacies were issued a notice of violation(s). Further, 135 routine inspections revealed violations of the Board's patient consultation requirements, either failure to provide consultation, failure to provide written notice of consultation on delivered or mail order prescriptions, or failure of written notice of consultation to meet all required elements. The Board remains committed to its goal to inspect each licensed pharmacy every four years.

V. Annual Presentation by Board Staff on the Board's Citation Program

Relevant Law

Business and Professions Code (BPC) section 4314 establishes authority for the Board to issue citations which may include fines and/or orders of abatement. This section provides that the order of abatement may include a requirement that up to six hours of continuing education courses be completed and specifies that any such continuing education courses shall be in addition to those required for license renewal.

California Code of Regulations, title 16, sections 1775-1775.4 are the Board's regulations governing its citation and fine program. More specifically, section 1775 includes the authority of the executive officer or their designee to issue citations which may contain either or both an administrative fine and an order of abatement, and details the types of violations for which a citation may be issued.

Section 1775.2 establishes the factors to be considered in assessing the amount of an administrative fine, as follows:

1. The gravity of the violation.
2. The good or bad faith of the cited person or entity.
3. The history of previous violations.
4. Evidence that the violation was or was not willful.
5. The extent to which the cited person or entity has cooperated with the Board's investigation.
6. The extent to which the cited person or entity has mitigated or attempted to mitigate any damage or injury caused by the violation.
7. Other matters as may be appropriate.
8. The number of violations found in the investigation.

Section 1775.3 establishes the order of abatement (OOA) compliance requirements.

BPC section 4317.5 establishes authority for the Board to bring an action for fines of up to $100,000 per violation for repeated violations of materially similar provisions of Pharmacy Law within five years by three or more pharmacies operating under common ownership or management within a chain community pharmacy under

specified conditions. This section further provides authority for the Board to bring an action against a chain community pharmacy operating under common ownership or management for fines not to exceed $150,000 for any violation of Pharmacy Law demonstrated to be the result of a written policy or that was expressly encouraged by any owner or manager.

BPC section 4317.6, which became effective January 1, 2026, establishes new authority for the Board to bring an action for fines of up to $100,000 per violation for repeated violations of materially similar provisions of Pharmacy Law within five years for a single mail order pharmacy, or multiple mail order pharmacies operating under common ownership or management, under specified conditions. (For purposes of section 4317.6, "mail order pharmacy" is defined as a nonresident pharmacy that dispenses medications and ships them to patients via the postal service or other mail delivery method.)

Background
Provided below is summary information providing comparisons for the past five fiscal years.

Citation and Fine	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	FY 25/26*
Citations Issued	1,274	1.053	843	642	460
Average Days to Complete	341	325	359	430	484
Order of Abatements Issued	269	196	97	55	62
Amount of Fines Assessed	$2,029,012	$3,418,500	$ 3,363,265	$1,976,050	$1,076,650
Amount Collected	$1,093,911	$1,713,100	$1,813,951	$1,738,2895	$1,880,342

*July 1, 2025, through May 31, 2026

For Committee Consideration and Discussion
During the meeting, members will receive a presentation providing updated information on the Board's citation and fine program.

VI. Discussion of Information Received During Pharmacist and Patient/Consumer Listening Sessions on Pharmacist Provided Consultation

Relevant Law:

California Code of Regulations, title 16, section 1707.2 outlines the Board's requirements governing the duty to consult. This section establishes requirements for a pharmacist to provide consultation to a patient or the patient's agent.

Background

Strategic goal 2.11 of the Board's Strategic Plan for 2022-2026 states: "Enhance patient consultation compliance by evaluating barriers to consultation to provide patient education and reduce medication errors."

As discussed at the October 2025 Committee meeting, the Committee is interested in gathering more information to assist in its evaluation of the Board's current consultation requirements and to better understand what barriers exist to pharmacist-provided consultation. Accordingly, the Committee seeks feedback and knowledge from the regulated public on possible opportunities to:

- improve patient understanding of medications
- reduce medication errors
- educate patients on their medications, so they are taken safely and effectively

During the January 2026 Board meeting, members voted to hold listening sessions at which the public and licensees could share their opinions and insights on the pharmacist's duty to consult.

Over a five-week period, four pharmacist listening sessions and one consumer session were convened. A total of 376 pharmacists registered for the pharmacist sessions, and 90 ultimately attended the sessions. Due to lower interest, only one consumer session was held. Thirty-seven consumers or patients registered, and nine individuals participated. Outreach efforts to recruit consumers and patients included contacting a range of consumer-facing, patient-oriented, and senior-citizen organizations. The Committee Chair facilitated all sessions, and participants were encouraged to share feedback and respond to the Board's question prompts related to pharmacist consultation.

Questions posed during the pharmacist listening session and a summary of participant comments are included below:

1. **Do you believe patient consultation is needed for all prescriptions?**
2. **How and where does the pharmacist provide patient consultation?**
3. **Does the patient receive the medication prior to consultation?**
4. **Should the pharmacy be required to document the consultation?**
5. **Can technology assist in identifying, documenting, and providing patient consultation?**
6. **What challenges or barriers exist making it difficult for the pharmacist to provide consultation?**
7. **What is your vision of best practice for patient consultation?**
8. **Are there opportunities for compensation for medication reviews and patient**

counseling?

9. **If you mail or deliver prescriptions to patients, how do you provide consultation? Do you believe the requirements should be different than face to face consultation?**

Summary of responses: There was broad agreement that patient consultation should not be required for every prescription, particularly when the patient has previously taken the medication. However, there was strong consensus that consultation remains essential in specific situations, including new therapies, dosage or instruction changes, high-risk or specialty medications, and drugs with critical storage or handling requirements. Many pharmacists noted that meaningful counseling in these cases can prevent harm, improve adherence, and uncover issues that would otherwise go unnoticed. Pharmacists supported giving patients the option to decline counseling, while also allowing pharmacists to use professional judgment to require patients to receive consultation when clinically necessary.

Consultation is delivered through multiple channels, including in-person at pickup, over the phone before delivery for high-risk medications, printed materials, or responding to patient calls, and, with follow-up calls after discharge from the hospital to review changes and ensure continuity of care.

Pharmacists generally agreed that patient consultation should be documented, noting that documentation demonstrates the pharmacist's value and provides proof that counseling occurred.

Respondents agreed that technology can play a significant role in improving how pharmacists identify, document, and deliver patient consultation. Many suggested that systems should better distinguish true new prescriptions from routine renewals and automatically flag high-risk medications that would always warrant pharmacist consultation. Participants supported expanding digital options for patients, including secure text messaging, video or text-based counseling, QR codes on prescription bottles linking to educational videos, and app-based access to consultation using secure login or facial recognition.

Pharmacists identified numerous barriers that make providing meaningful consultation difficult, including lack of integration between hospitals, prescribers, and dispensing pharmacies. Consultation space and privacy concerns also continue to be a challenge. Operational constraints were the most frequently cited barrier: chronic understaffing, high workload, long lines, phone systems that make it challenging for patients to reach a pharmacist, language barriers, and financial or employer pressures. Respondents emphasized that meaningful consultation requires adequate staffing, time, privacy, and flexibility to use professional judgment and meet patients through their preferred communication methods.

Respondents noted that there are opportunities for compensation for medication reviews and patient counseling, particularly in hospital and post-discharge settings where pharmacists can bill for reconciliation, clinical reviews, and follow-up calls. Respondents stressed that long medication reviews are time-consuming and should be reimbursed with dedicated consultation pharmacists.

Questions posed during the consumer/patient listening session and a summary of participant comments are included below:

1. **Has a pharmacist ever spoken to you about your medications? Did you find this information helpful?**
2. **Has a pharmacy clerk or technician asked you "do you want to talk to the pharmacist" versus directing you to the pharmacist for consultation?**
3. **Have you received a new prescription without being directed to talk with the pharmacist? Or multiple consultations on the same medication?**
4. **In addition to receiving written information, does the pharmacist speak to you in a confidential manner or private area?**
5. **Has the pharmacist ever corrected your prescription or contacted your doctor after consulting with you?**
6. **Do you receive prescriptions via mail or delivery? Are you aware of how to contact the pharmacy for information on your prescription?**
7. **Are you aware that pharmacies may offer prescription information in different languages as well as accessible prescription labels?**

Summary of responses: Consumers described a wide variation in the quality of pharmacist consultation, noting that some pharmacies require counseling before handing over a prescription, while others allow patients to simply sign a keypad and leave with no pharmacist interaction at all. Respondents noted lack of privacy, explaining that consultation often occurs at a window or counter where people in line can overhear sensitive medical information. One patient who receives delivered medications reported that they typically receive written information only, with no proactive outreach from the pharmacy. Several consumers believe pharmacists are overworked and lack the time needed for meaningful consultation due to high prescription volume, constant phone calls, and staffing shortages. Some suggested that the Board consider workload thresholds or staffing requirements to ensure pharmacists have adequate time for counseling. One respondent, who worked in healthcare, emphasized that education is a core responsibility of pharmacists and that consultation should be verbal, documented, and effective, not reduced to a keypad waiver. They questioned how effective consultation can be enforced and stressed that better staffing, privacy, and accountability are needed for pharmacists to provide the level of care patients expect and deserve.

<u>For Committee Consideration and Discussion</u>

During the meeting, the Committee will have the opportunity to review and discuss the responses and feedback provided by licensees and the public during the five listening sessions related to pharmacist provided patient consultation to determine next steps.

VII. Discussion and Possible Action to Make a Recommendation to the Board Regarding Updates to the Automated Drug Delivery System Self-Assessment (Form #17M-112)

Relevant Law
BPC section 4102 requires the pharmacist-in-charge of the pharmacy operating the system to complete an "Automated Drug Delivery System Self-Assessment" form by July 1 of every odd-numbered year, and within 30 days of certain triggering events.

Background
The Board requires specified licensees to periodically engage in the self-assessment process, defined as the process of self-evaluation of a facility's compliance with state and federal laws as a means to promote compliance through self-examination and education. (BPC section 4040.6.) The self-assessment forms include a compilation of relevant laws applicable to the license type. Historically, the Board's self-assessment requirements resided in various provisions of pharmacy law and regulations. The Board's sunset bill, Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025) centralized the self-assessment process into statute. New BPC section 4040.6 provides that the self-assessment process shall be performed on a form approved by the Board in consultation with stakeholders and posted on its internet website. As such, AB 1503 allows the Board to streamline the process of annually updating the forms and ensures consistency in the Board's approach to promoting licensee self-compliance. As part of the current round of updates, the Board is taking the opportunity to not only update the substance of the forms to reflect new laws and regulations but also to update the format of these compliance tools for ease of use by the regulated public.

For Committee Consideration and Discussion
During the meeting, members will have the opportunity to review the updated Automated Drug Delivery System Self-Assessment form. It is recommended that during the meeting, members provide staff with feedback to finalize the form.

After discussion, should the Committee believe the updated self-assessment is ready for consideration by the Board, the Committee may refer the draft to the full Board for discussion and possible action.

Attachment 2 includes a copy of the updated Automated Drug Delivery System Self-Assessment form.

VIII. Discussion and Possible Action to Make a Recommendation to the Board Regarding Updates to the Compounding Self-Assessment (Form #17M-39)

Relevant Law
BPC section 4102 requires the pharmacist-in-charge of a compounding pharmacy to complete a "Compounding Self-Assessment" form by July 1 of every odd-numbered year, and within 30 days of certain triggering events.

Background
See item VII above for background information on this item.

For Committee Consideration and Discussion
During the meeting, members will have the opportunity to review the updated Compounding Self-Assessment form. It is recommended that during the meeting, members provide staff with feedback to finalize the form.

After discussion, should the Committee believe the updated self-assessment is ready for consideration by the Board, the Committee may refer the draft to the full Board for discussion and possible action.

Attachment 3 includes a copy of the updated Compounding Self-Assessment form.

IX. Discussion and Possible Action to Make a Recommendation to the Board Regarding Proposed Outsourcing Facility Self-Assessment (Form #17M-117)

Relevant Law
BPC section 4102 requires the designated quality control personnel of an outsourcing facility to complete an "Outsourcing Facility Self-Assessment" form by July 1 of every odd-numbered year, and within 30 days of certain triggering events.

Background
BPC section 4102 established a new requirement for outsourcing facilities to complete a self-assessment by July 1 of every odd-numbered year. The Committee is proposing a newly drafted self-assessment to be completed by outsourcing facilities. The format of the outsourcing facility self-assessment is consistent with the formatting of other self-assessments that are currently being updated by the Board.

For Committee Consideration and Discussion
During the meeting, members will have the opportunity to review the proposed Outsourcing Facility Self-Assessment form. It is recommended that during the meeting, members provide staff with feedback to finalize the form.

After discussion of the new form, should the Committee believe the draft self-

assessment is ready for consideration by the Board, the Committee may refer the draft to the full Board for discussion and possible action.

Attachment 4 includes a copy of the draft Outsourcing Facility Self-Assessment form.

X. Discussion of Enforcement Statistics

From July 1, 2025, through June 1, 2026, the Board initiated 3,581 complaints and closed 2,627 investigations. The Board has issued 78 Letters of Admonishment and 468 citations and referred 187 cases to the Office of the Attorney General. The Board has revoked 59 licenses, accepted the disciplinary surrender of 24 licenses, formally denied 4 application(s), and imposed other levels of discipline against 76 licensees and/or applicants.

As of June 1, 2026, the Board had 2,270 field investigations pending. Following is a breakdown providing more detail in the various investigation processes:

	Jul. 1, 2025		Oct. 1, 2025		Jan. 1, 2026		Apr. 1, 2026		Jun 1, 2026	
	Vol.	Avg. Days	Vol.	Avg. Days	Vol.	Avg. Days	Vol.	Avg. Days	Vol.	Avg. Days
Awaiting Assignment	107	10	125	7	107	9	83	8	92	5
Cases Under Investigation	957	137	987	110	1,189	114	1,334	124	1,231	77
Pending Supervisor Review	322	65	401	76	410	119	518	116	675	106
Pending Second Level Review	161	41	165	50	148	40	189	79	269	67
Awaiting Final Closure	35	42	58	29	29	45	12	19	3	42

Attachment 5 includes the enforcement statistics.

XI. Advisement of Future Committee Meeting Dates

- October 1, 2026

XII. Adjournment