



# california pharmacists association

June 8, 2026

The Honorable Aisha Wahab  
Chair, Senate Business, Professions and Economic Development Committee  
1021 O Street, Suite 7630  
Sacramento, CA 95814

**Subject: AB 1990 (Gibson) - Pharmacy Law: compounded medications: consumer protection.**  
**Position: Oppose**

Dear Chair Wahab:

The California Pharmacists Association (CPhA) has an Oppose position on AB 1990 (Gibson).

CPhA shares the author's commitment to patient safety and to addressing the risks posed by entities that circumvent established compounding standards. We agree that marketing prescription medications to minors or facilitating inappropriate access to prescription drugs is unacceptable and should be addressed. However, despite proponents making youth access and teen use a primary justification for this legislation, AB 1990 does not meaningfully address those concerns. Instead, the bill imposes sweeping new requirements on licensed, regulated pharmacies that already operate under rigorous state and federal standards, while doing little to target the actors responsible for the practices cited by supporters.

California already requires pharmacies to comply with United States Pharmacopeia (USP) standards, which provide a comprehensive, science-based framework for safe compounding. Compounding pharmacies adhere to these standards and operate under the oversight of the California State Board of Pharmacy. These pharmacies have a long history of safely providing customized medications to meet the unique needs of patients when commercially available products are not appropriate.

AB 1990 departs significantly from this established regulatory framework by imposing requirements that more closely resemble those applied to pharmaceutical manufacturers than to pharmacies. These include mandatory impurity profiling of bulk drug substances, batch and expiration testing of finished compounded products, and extensive supply chain verification obligations. These requirements exceed USP standards, are inconsistent with traditional pharmacy practice, and could effectively force many compliant compounding pharmacies out of the market, reducing patient access to medically necessary therapies.

Equally concerning is the message this bill sends regarding the safety of pharmacy compounding. Throughout the discussion surrounding AB 1990, proponents have repeatedly suggested that compounded medications are inherently unsafe or insufficiently regulated. Such assertions are inaccurate and risk creating unwarranted fear among patients who rely on compounded medications every day. Compounding is a well-established and highly regulated area of pharmacy practice that serves an essential role within the healthcare system. Licensed pharmacists compound medications pursuant to state and federal law, professional standards, and regulatory oversight designed to protect patient safety.

Compounded medications are often the only way to meet a patient's specific medical needs. Pharmacists routinely compound medications for patients with allergies to ingredients contained in commercially manufactured products, for patients who require individualized dosages that are not otherwise available, and for patients who cannot use standard dosage forms. Compounding also plays a critical role in oncology care, where individualized chemotherapy preparations are routinely compounded to meet the unique needs of cancer patients. Suggesting that pharmacy compounding is inherently unsafe risks undermining public confidence in these essential patient care services and could discourage patients from seeking therapies that are both appropriate and necessary.

The bill's restrictions are particularly troubling given the vital role compounding pharmacists play in responding to drug shortages and ensuring continuity of care when commercially available products are unavailable. During recent shortages of GLP-1 medications and other critical therapies, compounding pharmacies helped fill gaps in access for patients under the supervision of licensed healthcare professionals. Restricting access to regulated compounding services may ultimately drive patients toward unregulated or illicit sources, undermining the very consumer protection goals the bill seeks to achieve.

Additionally, AB 1990 imposes severe penalties, including fines of \$1,000 per dose and potential license revocation, even in circumstances where pharmacists are acting in good faith. This punitive framework creates substantial liability exposure and uncertainty for pharmacies that are already operating within an extensive regulatory structure. Such penalties are likely to discourage pharmacists from providing compounded therapies, even when clinically appropriate and medically necessary.

Perhaps most concerning, AB 1990 could establish a troubling precedent that extends well beyond GLP-1 medications. By imposing manufacturer-level requirements on pharmacy compounding, the bill creates a framework that could be used in the future to restrict access to other categories of compounded medications. If adopted, this approach may encourage similar efforts targeting additional compounded therapies relied upon by patients with unique medical needs, gradually eroding access to individualized medications that have long been a core component of pharmacy practice.

If the Legislature seeks to address unsafe compounding practices, a more effective approach would focus on strengthening enforcement against non-compliant or unlicensed entities rather than imposing broad new requirements on pharmacies that are already regulated and operating in compliance with established standards.

For these reasons, CPhA respectfully opposes AB 1990.  
Respectfully,



Michelle Rivas  
Executive Vice President, Government Relations

*CPhA was founded in 1869 and is the largest state association representing pharmacists. CPhA represents pharmacists, pharmacy technicians, and student pharmacists from all practice settings. These practice settings include community pharmacy (both independent owners and employees working in chain drug stores), hospitals & health-systems, and specialty practices such as compounding, managed care, and long-term care.*