California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

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

California State Board of Pharmacy
Department of Consumer Affairs
Enforcement and Compounding Committee Meeting Minutes

Date: October 16, 2025

Location: OBSERVATION AND PUBLIC COMMENT IN PERSON:
California State Board of Pharmacy
2720 Gateway Oaks Drive, First Floor Hearing Room
Sacramento, CA 95833

Board of Pharmacy staff members were present at the observation and public comment location. All Committee members participated from remote locations via Webex.

PUBLIC PARTICIPATION AND COMMENT FROM REMOTE LOCATIONS VIA WEBEX

Board Members Present:
Maria Serpa, PharmD, Licensee Member, Chair
Renee Barker, PharmD, Licensee Member, Vice Chair
Jeff Hughes, Public Member
Seung Oh, PharmD, Licensee Member
Ricardo Sanchez, Public Member
Nicole Thibeau, PharmD, Licensee Member

Staff Present:
Anne Sodergren, Executive Officer
Julie Ansel, Deputy Executive Officer
Lori Martinez, Chief of Legislation, Policy and Public Affairs
Corinne Gartner, DCA Counsel
Jennifer Robbins, DCA Regulations Counsel
Julie McFall, Executive Specialist Manager

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

Chairperson Serpa called the meeting to order at approximately 9:00 a.m. Dr. Serpa reminded everyone that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law.

Department of Consumer Affairs' staff provided instructions for participating in the meeting.

Roll call was taken. The following members were present via Webex: Renee Barker, Licensee Member; Jeff Hughes, Public Member; Seung Oh, Licensee Member; Ricardo Sanchez, Public Member; Nicole Thibeau, Licensee Member; and Maria Serpa, Licensee Member. A quorum was established.

Dr. Serpa reminded Committee members to remain visible with cameras on throughout the open session of the meeting. Dr. Serpa advised if members needed to temporarily turn off their camera due to challenges with internet connectivity, they must announce the reason for their non-appearance when the camera was turned off.

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

Members of the public participating in Sacramento and via Webex were provided the opportunity to comment; however, no comments were made.

III. Discussion and Possible Action to Approve Minutes of the June 11, 2025 Enforcement and Compounding Committee Meeting

The draft minutes of the June 11, 2025 Enforcement and Compounding Committee meeting were presented for review and approval. Members were provided the opportunity to comment; however, no comments were made.

Motion: Approve June 11, 2025 Enforcement and Compounding Committee meeting minutes as presented.

M/S: Sanchez/Oh

Members of the public participating in Sacramento and via Webex were provided the opportunity to comment; however, no comments were made.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Hughes	Support
Oh	Support
Sanchez	Support
Serpa	Support
Thibeau	Support

IV. Presentation by JK Fujimoto, Supervising Inspector and Discussion Related to the Board's Outsourcing Program

Dr. Serpa provided background on Senate Bill 1193 (Hill, Chapter 484, Statutes of 2016), which added Article 7.7 (sections 4129 to 4129.9) to Chapter 9 of Division 2 of the Business and Professions Code. These statutory provisions require an outsourcing facility to be licensed by the Board before doing business in the State of California. The provisions further require that outsourcing facilities be inspected by the Board before prior to issuance or annual renewal of the license. Dr. Serpa noted that some members may be unfamiliar with the outsourcing program and therefore Board staff offered to provide the Committee with a presentation.

Dr. Serpa introduced Supervising Inspector Dr. JK Fujimoto, who oversees the Board's outsourcing facility field inspection program.

Dr. Fujimoto explained that the Drug Quality and Security Act defines an outsourcing facility as a facility located at a single geographic location or address that compounds sterile drugs, has chosen to register with the FDA as an outsourcing facility, and complies with all requirements outlined in section 503B of the federal Food, Drug, and Cosmetic Act. Dr. Fujimoto noted that drugs compounded by a 503B outsourcing facility can qualify for certain exemptions from FDA drug approval and labeling requirements, but they are not exempt from current good manufacturing practice (CGMP) requirements.

Dr. Fujimoto provided some comparisons between a 503A compounding pharmacy versus a 503B outsourcing facility, noting that 503A pharmacies are designed to serve individual patients and are primarily regulated by state

boards of pharmacy, while 503B facilities generally operate on a larger scale and therefore are regulated by both state boards and the FDA.

Dr. Fujimoto then provided an overview of the typical layout of an outsourcing facility along with a description of a standard staffing structure, noting one of the most important aspects is the separation of the quality assurance and quality control unit from the production unit to ensure proper oversight and maintain product quality.

Dr. Fujimoto further compared the different licensure and registration requirements that apply to compounding pharmacies and outsourcing facilities, noting that outsourcing facilities must register with the FDA every year and the annual Board inspections may last as long as three days with two inspectors.

Dr. Fujimoto then provided an overview of Code of Federal Regulations (CFR) and CGMP requirements that apply to outsourcing facilities.

Dr. Fujimoto concluded by noting he was proud of the success of the Board's outsourcing program, the dedication of the staff involved, and the commitment of the licensees who have worked diligently to meet the high standards. He then provided insight on the challenges faced by the Board's outsourcing inspection program, the steps taken to navigate those challenges, and provided recommendations for possible statutory amendments the Board could consider to better align the statutory language with current FDA requirements.

Dr. Serpa noted appreciation for the presentation and commended Dr. Fujimoto and his staff for the in-depth inspection process that has been implemented and noted that there may be opportunities to provide changes that will be addressed at future Committee meetings.

Members were provided the opportunity to comment. Members appreciated the presentation. A member noted that at a recent national conference some attendees remarked that their states rely on the California Board's inspections to evaluate outsourcing facilities for compliance.

A member requested information on what products can be compounded or manufactured at a 503B outsourcing facility. Dr. Fujimoto explained that, similar to 503A pharmacies, 503B outsourcing facilities have rules they must follow related to what they can and cannot compound. Dr. Fujimoto noted that 503B outsourcing facilities have a set of Active Pharmaceutical Ingredients (APIs) they can work with. Outsourcing facilities can also compound products that are in drug shortage, and engage in repackaging activities.

Dr. Serpa added that health systems commonly use outsourcing facilities to provide antibiotics, cardiac drips, controlled substance drips, and products to help with shortages.

Dr. Fujimoto added there is a high level of quality assurance that comes with an outsourcing facility's product and noted that products oftentimes have longer beyond-use dates or expiry dates than what a hospital might be able to provide, which helps free up labor for hospital systems. Dr. Fujimoto further noted that many 503B products contain RFID chips that are useful to many end users.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. Several commenters appreciated the presentation, noting it was excellent and professional. One commenter provided a personal recollection of the outsourcing model done by Kaiser in the 1980s. Another commenter appreciated hearing about the inspection process and looked forward to hearing future discussions about possible regulatory change.

V. Presentation by Julie Ansel, Deputy Executive Officer and Discussion Related to Duty to Consult Including Possible Discussion of California Code of Regulations, Title 16, Section 1707.2

Dr. Serpa recalled at the July 2024 Enforcement and Compounding Committee meeting, strategic goal 2.11 was added to the Board's Strategic Plan for 2022-2026. This goal states: "Enhance patient consultation compliance by evaluating barriers to consultation to provide patient education and reduce medication errors."

Dr. Serpa noted that the Committee would be receiving a presentation on the duty to consult and after the presentation, the Committee would have the opportunity to discuss whether the Board's current consultation requirements remain appropriate, consider what barriers exist to pharmacist-provided consultation, and evaluate opportunities to improve patient understanding of medications, reduce medication errors, and best practices on educating patients on their medications.

Dr. Serpa welcomed Deputy Executive Officer, Julie Ansel.

Ms. Ansel thanked the members for the opportunity to discuss patient consultation and noted that the duty to consult was the best opportunity for patients to get to know their pharmacists and for pharmacists to provide education to patients about medications. Ms. Ansel discussed the value of consultation and provided information on the relevant pharmacy law related to the duty to consult. Additionally, Ms. Ansel provided data on consultation violations, gave examples of violations, and discussed violation outcomes.

Ms. Ansel then discussed barriers to consultation and provided a few examples in the areas of pharmacist related barriers, patient related barriers, and system related barriers. Ms. Ansel noted the Board has laws and regulations designed to reduce barriers, support effective patient-pharmacist interaction, and ensure that patients receive meaningful and appropriate consultation.

Ms. Ansel noted some actions the Board has taken to support consultation, including updates to the Notice to Consumer poster, which encourages patients to speak with their pharmacist and informs them of their right to consult a pharmacist regarding new medications; the Point to Your Language notice, which assists patients in identifying their preferred language so they can receive medication information in a language they understand; interpretive services for limited or no English proficiency patients; patient centered labeling to assist the patient; options to receive translated directions upon request; and the requirement of providing a written notice of consultation on mail-order and delivered prescriptions.

Members were provided the opportunity to comment. Members discussed whether mechanisms could be established to incentivize pharmacists to deliver consultation services (such as providing compensation/reimbursement for consultations) and finding alternative ways to consult. Members noted that workflow and staffing could also be a factor

in consultation and medication errors; for example, when a pharmacist gets pulled away from a task to provide consultation it may create an increased risk for medication errors, and this risk should be acknowledged in future discussions. Members also noted that future discussions should include possible exceptions to consultation and provided the example of a retail pharmacy filling a prescription for a long-acting injectable drug, which is then given to a physician to administer so there is no patient to consult. Members also discussed whether the regulation language should remain prescriptive as to what a consultation must include, or be changed to enable pharmacists to use their professional judgment to decide in each case what is important for the patient to know.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. Commenters appreciated the presentation. One commenter provided a personal historical recollection about when consultation was first introduced and noted a controlled study done by Kaiser that determined patient consultation reduced costs of medical care and improved patient outcomes. The commenter agreed that consultation was very important and encouraged the Board to continue discussions. Another commenter from CPhA agreed that the presentation accurately highlighted barriers to consultation in pharmacy practice today. The commenter agreed that there needs to be ways to incentivize patient care beyond dispensing, including consultation, counseling, prescribing, and monitoring. The commenter noted that CPhA remains committed to working with the Department of Managed Health Care on AB 317 pharmacists' reimbursement. Another commenter suggested that pharmacy technicians do not appear to initiate conversations with patients and managers of operations do not appear to be pursuing systems to improve patient care.

VI. Discussion of Hospital Pharmacy and Business and Professions Code Section 4113.1 Medication Error Reporting Including Possible Action to Make a Recommendation to the Board Regarding Proposed Amendment to California Code of Regulations, Title 16, Section 1710

Dr. Serpa recalled the Institute for Safe Medication Practices was approved by the Board as the entity to receive and review medication error reports under Business and Professions Code (BPC) section 4113.1. The Board refers to medication error reporting under section 4113.1 as the California Medication Error Reporting (CAMER) program. Subdivision (c) of section 4113.1 defines "community pharmacy" for purposes of section 4113.1 to include any

pharmacy that dispenses medication to an outpatient, but does not include facilities of the Department of Corrections and Rehabilitation.

Dr. Serpa noted that existing regulation, California Code of Regulations (CCR), title 16, section 1710, establishes the conditions and sets volume limits under which a hospital pharmacy may furnish drugs to outpatients or employees of the hospital or to walk-in customers.

Dr. Serpa further noted that there are also existing requirements that already apply to hospitals under the Health and Safety Code, including requirements to report adverse events and to adopt a formal plan to eliminate or substantially reduce medication-related errors.

Dr. Serpa noted the Board has received comments asking for clarity on whether hospital pharmacies are required to register and report to CAMER. Dr. Serpa further noted her belief that it is the policy of the Board that if a hospital pharmacy's dispensing volume to outpatients is within the limits set forth in 16 CCR section 1710, the hospital pharmacy is not required to report medication errors through the CAMER program. She continued that this policy was discussed at previous committee and Board meetings and she believes it was the Board's intent, but that staff is now requesting that the Committee confirm the Board's policy and, if appropriate, consider a change to the regulatory text of section 1710 to clarify to the regulated public that the term "community pharmacy," as defined in BPC section 4113.1, does not include a hospital pharmacy operating consistent with subdivision (a) of 16 CCR section 1710.

Dr. Serpa referenced attachment 4 of the meeting materials, which included draft regulation language for the Committee's consideration. Dr. Serpa noted her agreement with the draft language and reminded the Committee that if members agree the language is ready for consideration and approval by the Board, a motion is not necessary to refer the item to the full Board.

Members were provided the opportunity to comment. Members expressed support for the proposed language and requested additional information on hospital dispensing volumes to outpatients, including data illustrating what the 1% threshold represents.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment.

A commenter suggested a change to clarify what the 1% specifically refers to and to specify that walk-ins are not exempt from consultation.

Members were provided another opportunity to comment; however, no comments were made. The draft language will be sent to the full Board for consideration and possible action.

VII. Discussion and Possible Action to Make a Recommendation to the Board Regarding Updates to Frequently Asked Questions (FAQs) Related to Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023)

Dr. Serpa recalled as part of the discussion on implementation of Assembly Bill 1286, Board staff developed FAQs that were updated and approved by the Board during the June 2025 Board meeting. Dr. Serpa noted that given the passage of the Board's sunset bill, Assembly Bill 1503, and other recent developments, Board staff have now proposed additional updates to the FAQs to provide further clarification on certain topics, including California Medication Error Reporting (CAMER), Pharmacy Technician Expanded Duties, Unprofessional Conduct and Surgical Clinic Requirements.

Dr. Serpa noted attachment 5 of the meeting materials includes a copy of the FAQs incorporating the proposed updates and highlighted the changes in questions 8, 9, 11, 21, 22, 26, 27, and 30.

Members were provided the opportunity to comment. Members noted the need to identify effective methods for disseminating the substantial amount of information included in the FAQs. Members also suggested that questions 14 and 15 be updated to reflect the changes in AB 1503 pursuant to which PICs now must make staffing decisions effective January 1, 2026; as well as reviewing question 17 as it was believed that AB 1503 also had updates regarding this question.

Motion: Recommend approval of the updated FAQs related to Assembly Bill 1286 consistent with the Committee's discussion, including updates to 14, 15 and possibly 17.

M/S: Oh/Barker

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment.

A member from CPhA commented in support of updating the FAQs and looks forward to further collaborations in the future.

Support: 6 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Barker	Support
Hughes	Support
Oh	Support
Sanchez	Support
Serpa	Support
Thibeau	Support

The Committee took a break from 10:53 a.m. to 11:10 a.m. Roll call was taken. The following members were present via Webex: Renee Barker, Licensee Member; Jeff Hughes, Public Member; Seung Oh, Licensee Member; Ricardo Sanchez, Public Member; Nicole Thibeau, Licensee Member; and Maria Serpa, Licensee Member.

VIII. Discussion of Enrolled or Recently Signed Legislation Impacting the Practice of Pharmacy

Dr. Serpa noted AB 1503 implementation recommendations were discussed at the Licensing Committee meeting on October 15, 2025, and further noted that in the meeting materials, staff are offering recommendations on implementation activities and other recommendations pertaining to the measures that will be discussed today.

a. Assembly Bill 82 (Ward, Chapter 679, Statutes of 2025) Health Care: Legally Protected Health Care Activity

Dr. Serpa noted that the bill was amended to its current version before the June Board meeting, and neither the Committee nor the Board had previously considered this bill. Dr. Serpa detailed that the bill expands the address confidentiality program to a gender-affirming health care provider, employee, or volunteer who faces threats of violence or harassment from the public because of their affiliation with a gender-affirming health care services facility and prohibits a prescription for or the dispensing of testosterone or mifepristone from being reported to the Department of Justice, CURES, or a contractor. This measure was signed and chaptered on October 13, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment. Members agreed with the recommendations and noted how important this bill is for people who provide gender-affirming care.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

b. <u>Assembly Bill 144 (Committee on Budget, Chapter 105, Statutes of 2025) Health</u>

Dr. Serpa noted AB 144 authorizes pharmacists to independently initiate and administer immunizations that, as of January 1, 2025, have a federal ACIP recommendation or are recommended by the California Department of Public Health. Dr. Serpa noted that this bill was amended to its current version in September, and neither the Committee nor the Board had previously considered this bill. Dr. Serpa detailed that this measure was signed and chaptered on September 17, 2025, and a pharmacy alert was sent to licensees on September 18, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment; however, no comments were made.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. A representative of CPhA commented that a care gap for vaccinations existed because of differing recommendations and they believe this care gap has now been bridged.

c. <u>Assembly Bill 260 (Aguiar-Curry, Chapter 136, Statutes of 2025) Sexual and Reproductive Health Care</u>

Dr. Serpa noted that the bill was amended to its current version before the June Board meeting, and neither the Committee nor the Board had previously considered this bill. Dr. Serpa detailed that the measure was signed and chaptered on September 26, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment. Members noted the importance of this bill to allow patients to maintain access to reproductive healthcare.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

d. <u>Assembly Bill 309 (Zbur, Chapter 685, Statutes of 2025) Hypodermic Needles and Syringes</u>

Dr. Serpa noted that the measure was signed and chaptered on October 13, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment. A member noted that with the enactment of AB 1503, all pharmacists may be able to furnish prescribed hypodermic needles and syringes as well, providing more opportunities for pharmacies to be able to assist patients with obtaining needles and syringes.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

e. <u>Assembly Bill 447 (González, Chapter 363, Statutes of 2025) Emergency Room Patient Prescriptions</u>

Dr. Serpa noted this bill allows prescribers to dispense the unused portion of a dangerous drug as defined, excluding controlled substances, that the hospital pharmacy acquired, to emergency room patients upon discharge, provided it is necessary to continue treatment. Dr. Serpa further noted such drugs must have been administered from single patient use multidose packaging (like an inhaler or eye drop), can be self-administered by the patient, and must be fully labeled as a prescription.

Dr. Serpa indicated this measure also makes changes to certain AUD licensure in hospital emergency rooms.

Dr. Serpa noted the measure was signed and chaptered on October 6, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment; however, no comments were made.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

f. **Assembly Bill 742 (Elhawary, 2025) Department of Consumer Affairs: Licensing: Applicants Who Are Descendants of Slaves**

Dr. Serpa noted that the bill was vetoed by the governor on October 13, 2025, and therefore, the staff's recommended implementation activities were no longer applicable.

g. Senate Bill 40 (Wiener, Chapter 737, Statutes of 2025) Health Care Coverage: Insulin

Dr. Serpa noted the measure was signed and chaptered on October 13, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment. A member noted that a separate executive order on insulin and epinephrine pricing applies to Federally Qualified Health Centers and that such clinics must comply with both the executive order and this bill. The member suggested this information be included in the Board's educational materials regarding SB 40.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

h. Senate Bill 41 (Wiener, Chapter 605, Statutes of 2025) Pharmacy Benefits

Dr. Serpa noted the measure was signed and chaptered on October 11, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment. Members noted that some provisions of the bill may necessitate coordination with the Department of Managed Health Care regarding consumer facing benefits.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. A commenter agreed with dissemination of information on this bill to pharmacists but also recommended putting selected provisions of the bill into the pharmacy law book. A representative of CPhA noted their support of the implementation plan and collaboration with DMHC.

i. <u>Senate Bill 306 (Becker, Chapter 408, Statutes of 2025) Health Care Coverage: Prior Authorizations</u>

Dr. Serpa noted the bill requires health care service plans and insurers to temporarily exempt certain services from requiring prior authorization if 90% or more of requests for those services were approved in the previous calendar year. Dr. Serpa further noted the measure was signed and chaptered on October 6, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Member Barker left the meeting at 11:30 a.m.

Members were provided the opportunity to comment. Members discussed the need for this legislation and provided examples.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

j. <u>Senate Bill 418 (Menjivar, 2025) Health Care Coverage: Prescription Hormone Therapy and Nondiscrimination</u>

Dr. Serpa noted that the bill was amended to its current version after the June Board meeting, and neither the Committee nor the Board had previously considered this bill. Dr. Serpa noted that the bill was vetoed by the governor on October 13, 2025, and therefore, the staff's recommended implementation activities were no longer applicable.

k. <u>Senate Bill 470 (Laird, Chapter 222, Statutes of 2025) Healing Arts: Bagley-Keene Open Meeting Act: Teleconferencing</u>

Dr. Serpa noted the measure was signed and chaptered on October 1, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment. Members were grateful and noted it allows accessibility for board members.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. A commenter requested the Board clarify how the provisions of the law will apply to committee meetings.

l. <u>Senate Bill 497 (Wiener, Chapter 764, Statutes of 2025) Legally Protected Health Care Activity</u>

Dr. Serpa noted the measure was signed and chaptered on October 13, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment. Members noted it may be helpful to have an FAQ related to what information and under which conditions pharmacists are required to provide information and further noted that some pharmacy software may share records across state lines. Members discussed providing examples and guidance with general scenarios beyond just the changes in the legislation.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. A commenter agreed with members and requested that the Board issue guidance to help pharmacies understand the new law. Another commenter agreed there could be confusion and FAQs with examples would be very helpful.

m. <u>Senate Bill 568 (Niello, Chapter 322, Statutes of 2025) Pupil Health: Epinephrine Delivery Systems: School Sites and Childcare Programs</u>

Dr. Serpa noted that neither the Committee nor the Board had previously considered this bill. Dr. Serpa detailed the bill expands the authority for pharmacies to provide a broader range of epinephrine delivery devices to local educational agencies, including school districts, county offices of

education, and charter schools, under existing safety and training requirements.

Dr. Serpa noted the measure was signed and chaptered on October 3, 2025. Dr. Serpa agreed that the implementation activities identified by staff were appropriate.

Members were provided the opportunity to comment; however, no comments were made.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment; however, no comments were made.

n. <u>Senate Bill 641 (Ashby, 2025) Department of Consumer Affairs and Department of Real Estate: States of Emergency: Waivers and Exemptions</u>

Dr. Serpa noted that the bill was vetoed by the governor on October 13, 2025, and therefore, the staff's recommended implementation activities are no longer applicable.

XI. Discussion of Enforcement Statistics

Dr. Serpa advised the meeting materials included a summary of enforcement statistics for the first three months of fiscal year 2025/26. The Board initiated 914 complaints and closed 747 investigations. As of September 30, 2025, the Board had 1,736 field investigations pending. The meeting materials provided a breakdown of the average timeframe for the various stages of the field investigation process.

Members were provided the opportunity to comment; however, no comments were made.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. A commenter suggested adding which enforcement actions were related to the standard of care.

XII. Advisement of Future Committee Meeting Dates

Dr. Serpa advised the next meeting was scheduled for January 7, 2026.

XIII. Adjournment

The meeting adjourned at 11:46 a.m.