

**California State Board of Pharmacy**

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Business, Consumer Services and Housing Agency

Department of Consumer Affairs

Gavin Newsom, Governor

**California State Board of Pharmacy
Department of Consumer Affairs
Licensing Committee Meeting Minutes****Date:** October 15, 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 A REMOTE LOCATION VIA WEBEX**Board Members
Present via Webex:**

Seung Oh, PharmD, Licensee Member, Chairperson
Trevor Chandler, Public Member, Vice Chairperson
Renee Barker, PharmD, Licensee Member
Satinder Sandhu, PharmD, Licensee Member
Claudia Mercado, Public Member

**Board Members
Not Present:**

Jessi Crowley, 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 Oh called the meeting to order at approximately 9:04 a.m.

President Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. Department of Consumer Affairs' staff provided instructions for participating in the meeting.

Roll call was taken. The following members were present via Webex: Trevor Chandler, Public Member; Renee Barker, Licensee Member; Satinder Sandhu, Licensee Member; Claudia Mercado, Public Member; and Seung Oh, Licensee Member. A quorum was established.

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

Dr. Oh requested staff send out a link to all Board members when the livestream of the meeting is available to ensure members that are interested have an opportunity to review the meeting prior to the November Board meeting.

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

Members of the public participating from Sacramento were provided the opportunity to comment. A representative from CPhA noted appreciation for the Board's leadership and collaboration on AB 1503 and SB 41, and spoke about how CPhA is working to support implementation of the bills. The commenter noted that CPhA applauds the creation of the Pharmacy Technician Advisory Committee, continues discussions with Department of Health Care Access and Information to integrate community health workers into pharmacy teams, and is committed to working with the Board to meet consumer protection.

Members of the public participating via Webex were provided the opportunity to comment. A specialty pharmacist noted that she was pleased with the passage of AB 1503 and has received feedback from her employer

that they are awaiting clarifying guidance on remote processing. Another commenter noted the importance of starting the meeting on time.

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

III. Discussion and Possible Action to Approve Minutes of the June 12, 2025 Licensing Committee Meeting

The draft minutes of the June 12, 2025 Licensing Committee meeting were presented for review and approval.

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

Motion: Approve the June 12, 2025 Licensing Committee meeting minutes as presented in the meeting materials.

M/S: Barker/Sandhu

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

Support: 5 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Chandler	Support
Crowley	Not Present
Oh	Support
Sandhu	Support
Mercado	Support

IV. Discussion of Pharmacy Practice Experience Requirements Pursuant to Business and Professions Code Section 4209, Including Presentations and Possible Action to Make a Recommendation to the Board

Chairperson Oh provided background on the item and indicated the meeting materials included information on the updated Accreditation Council for Pharmacy Education (ACPE) standards that all accredited

pharmacy school programs must satisfy. Dr. Oh noted the standards establish rotation requirements and require completion of a total of 1,740 hours of experience, but do not require all experience to be related to direct patient care. Dr. Oh further noted the Board had received comments suggesting that it reestablish a requirement for an intern to complete internship hours outside of the practice experience gained as part of their pharmacy education. Dr. Oh advised the Committee would receive three presentations providing additional education on the topic.

1. Sarah McBane, Associate Dean, University of California Irvine

Dr. Oh introduced Dr. Sarah McBane, Associate Dean, University of California Irvine.

Dr. McBane outlined the ACPE experiential accreditation requirements and noted that the new ACPE standards became effective July 1, 2025. Dr. McBane described key differences in the updated standards, specifically reviewing Standard 3: Experiential Learning. Dr. McBane explained that Standard 3.1 Introductory Pharmacy Practice Experiences (IPPEs) focuses on common contemporary pharmacy practice models and students must complete no less than 300 hours, including 75 hours in a community setting and 75 hours in a hospital/health system setting, and the remaining 150 hours in various settings that must include patient care. Dr. McBane stated that simulation cannot be used towards this requirement and noted students can “place out” of some hours, however, the schools must document achievement of the outcomes that would be expected from that practice setting and must replace with other patient care IPPE hours.

Dr. McBane next explained that Standard 3.2 Advanced Pharmacy Practice Experiences (APPEs) emphasizes continuity of care and incorporates acute, chronic, and wellness promoting patient care services with the intention of exposing students to diverse patient populations. Dr. McBane noted the duration of APPEs is no less than 1,440 hours and each APPE must be at least 160 hours of which the majority must be focused on patient care. Dr. McBane explained that elective hours may be non-patient care, however, the maximum non-patient care hours cannot exceed 320 hours. Dr. McBane further explained that the required APPEs include community, ambulatory care, hospital/health systems, and inpatient adult care. Dr. McBane indicated that on the licensure application in California there is an hours affidavit that notes 600

hours may be completed in other settings that are substantially related to the practice of pharmacy. Dr. McBane noted electives are intended as areas for students to further highlight their areas of interest and professional growth and development.

Dr. McBane then highlighted the level of rigor applied to pharmacy programs by ACPE to obtain accreditation.

Finally, Dr. McBane reviewed Entrustable Professional Activities (EPAs), which describe the work of pharmacists as workplace tasks and responsibilities that students are entrusted to do in the experiential setting with direct or distant supervision.

Members were provided the opportunity to comment. Members asked how feedback was collected from students and how hours were tracked. Dr. McBane explained feedback was collected in a variety of ways including evaluations submitted at the conclusion of every rotation, and hours are generally tracked through software systems.

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

2. James Scott, PharmD, Former Dean, Touro University

Dr. Oh next introduced Dr. James Scott, Former Dean, Touro University.

Dr. Scott added to Dr. McBane's comments and noted there are 1,740 hours required, although with the new ACPE standards nonpatient care is limited to 320 hours. Dr. Scott further noted in California all schools have 240-hour (i.e., six-week) rotations, which ensures that students receive 1,500 patient care hours.

Dr. Scott noted that accelerated programs (i.e., programs less than four years long) have a harder time fitting in rotation hours due to year-round curriculum with no summer break. Dr. Scott indicated half the schools in California offer accelerated programs, which makes it difficult for students to find time to obtain internship hours if required to be separate from the required rotation hours. Dr. Scott further noted that many students are not able to work during pharmacy school because of the pressures within the academic institutions and expressed that having to do additional external

hours would be burdensome for many students. Dr. Scott also noted that pharmacy schools would have additional workload burdens to collect hours and set up external rotations.

Members were provided the opportunity to comment. A member requested information on Dr. Scott's opinion related to the biggest challenges facing students. Dr. Scott noted his opinion that the CPJE is the biggest barrier.

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

Members of the public participating via Webex were provided the opportunity to comment. One commenter was curious how many other states currently have an intern hours requirement that is external to the experiential rotations. Another commenter noted there is a database which details the state intern hours requirements and shows that most states do not have an external requirement beyond the ACPE experiences. The commenter added that ACPE requires schools to have a process to verify earned hours and preceptors are asked to verify hours. The commenter also spoke on the nonpatient care hours limitation of 320 hours and indicated that it does not mean every student must do that, but rather that students who wish to do an elective in areas such as managed care, pharmacy administration, or pharmaceutical industry have an opportunity to do one of their APPEs in that area.

3. Scott Takahashi, PharmD, FCSHP, FASHP

Dr. Oh then introduced Dr. Scott Takahashi.

Dr. Takahashi provided an overview of his background, including his experience as an APPE instructor, site coordinator, and preceptor, and noted he has seen a change in graduates over time and believes it is in part because of lack of intern experience. Dr. Takahashi noted that during the pharmacist shortage in the early 2000s, as school expansions occurred, experiential practice sites became unavailable.

Dr. Takahashi expressed his personal view that the strongest students were those who worked consistently and were able to integrate practical experience into their coursework and vice versa. He noted this reflected the apprenticeship dimension of the internship experience, which he

viewed as particularly valuable because it unfolds over several years rather than during a brief six-week period. Dr. Takahashi noted concerns with the integration of artificial intelligence and observed that, in his view, new graduates are starting practice unable to perform basic tasks, and students will be more prepared to enter the workforce if they have external internship hours behind them. Dr. Takahashi also noted the accountability level for graduates tends to be different for internships versus IPPE and APPE experiences since IPPE and APPE tend to be instruction oriented rather than work oriented.

Members were provided the opportunity to comment. Members discussed whether pharmacy practice should be viewed as a profession versus a job, and shared their opinions and observations on this topic.

Members generally agreed with Dr. Takahashi's views of learning integration between classroom and actual patient care, and some shared his observation that some new graduates seem to lack basic job skills. It was noted that interns with outside experience understand operational issues and learn faster. Members also agreed with the limitations on availability of hours for interns. Members questioned if there are other paradigms for external internship requirements that could be considered given student commitment with the IPPEs, APPEs, and accelerated programs. Members also discussed generational shifts and differing attitudes towards work that they have observed in practice.

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

Members of the public participating via Webex were provided the opportunity to comment. Several commenters urged the Board not to increase pharmacy practice experience hours beyond those already required by ACPE and questioned if there is data to support that increasing experience hours improves patient safety. Commenters also noted the current requirements for ACPE do not prevent any student from seeking an external internship, but also pointed out that finding sites for IPPEs and APPEs is already difficult and this would be a problem for external internships, too. Another commenter noted that IPPEs and APPEs do not allow students to be paid and suggested that the Board needs to obtain information about which IPPE and APPE hours are done through simulations versus on site practice.

Dr. Oh noted that many other pharmacists have indicated that students do not appear practice ready and suggested the Board look at creative and innovative ways to incentivize students to earn practice experience.

Members were provided the opportunity to comment. Members generally agreed that experience as an intern was valuable but also agreed that reestablishing an external internship requirement was not the solution, and that the Board should instead look at creative ways to incentivize students to obtain additional experience.

A member of the public participating in Sacramento was provided the opportunity to comment. The commenter echoed all comments and noted some of the challenges schools may see with preceptors and how to incentivize the preceptor to ensure quality APPEs as well as accounting for interstate pharmacists' outcomes.

The Committee took a break from 10:48 a.m. to 11:05 a.m.

Roll call was taken. The following members were present via Webex; Renee Barker, Licensee Member; Trevor Chandler, Public Member; Claudia Mercado, Public Member; Satinder Sandhu, Licensee Member; and Seung Oh, Licensee Member. A quorum was established.

V. Discussion of Changes in Pharmacy Law Included in, and Possible Action to Make a Recommendation to the Board Regarding Implementation Activities Regarding, Assembly Bill 1503 (Berman, 2025)

Dr. Oh noted the governor signed AB 1503 on October 1, 2025. As a result, significant changes to pharmacy law will become effective January 1, 2026. Dr. Oh proceeded to highlight several provisions in the bill and led a discussion on proposed implementation activities.

New Section 4001.5, Related to a Pharmacy Technician Advisory Committee

Dr. Oh noted that new section 4001.5 of the Business and Professions Code (BPC) requires the Board to establish an advisory committee that will be responsible for making recommendations to the Board on matters related to pharmacy technicians. The committee shall consist of four licensed pharmacy technicians representing a range of practice settings, two licensed pharmacists, one of whom shall be a member of the Board and shall be appointed by the Board president, and one member of the public.

Dr. Oh noted agreement with the criteria staff recommended for appointment to the committee and also recommended the Board establish a four-year term for members of the committee. Dr. Oh questioned if the appointment process should be done at the Board level in a public meeting, or if it might instead be appropriate to delegate authority to the Board president to appoint members to the committee.

Dr. Oh highlighted there was a public comment from CSHP posted on the website regarding this agenda item.

Dr. Oh also noted the importance of defining practice experience for pharmacy technicians serving on the committee.

Members were provided the opportunity to comment. Members agreed that pharmacy technician appointees to the committee should be currently practicing and that the term for committee members should be consistent with the four-year term that applies to Board members. Members also agreed that the committee membership should represent diverse practice settings and supported requiring 2-4 years of practice experience in a consistent setting, possibly mirroring the practice settings required on the Board. Members also spoke in support of requiring letters of recommendation as part of the application process.

Members discussed the application review process but did not reach consensus on the issue of how members of the committee should be appointed, so that issue will be brought to the full Board for further discussion. A member asked how the availability of the new committee would be publicized. Staff noted that information will be disseminated through *The Script*, subscriber alerts, website updates, as well as through associations, meetings, and conferences.

Members also noted there is no implementation timeline established in the legislation.

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

Members of the public participating via Webex were provided the opportunity to comment. One commenter spoke in support of the great opportunity for pharmacy technicians to come together and stated they look forward to

hearing skill recommendations required to serve on the committee. Another commenter suggested that initially terms should be staggered to maintain consistency in the committee's composition. A representative of CSHP thanked the Committee for incorporating their comments into the agenda and noted that CSHP has been a long supporter of advancing pharmacy technician practice. A representative of CPhA noted strong support and echoed the Committee's suggestion regarding experience requirements, noting that geolocation should be a part of diversity.

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

Dr. Oh noted agreement with staff recommendations for implementation of these statutory amendments.

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. One commenter inquired if there was consideration of a new acronym in place of the current one, APH. Another commenter inquired if new licenses will be issued to reflect the new designation.

Amended Section 4036 Pharmacist Defined

Dr. Oh noted this statutory amendment clarifies that pharmacists are not restricted to practicing only within the four walls of a licensed pharmacy, and accordingly, the Committee may wish to consider whether it is appropriate to pursue regulations that expressly permit broader remote processing authority for pharmacists.

Dr. Oh noted he worked with staff to draft possible regulatory language for the Committee's consideration.

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. One commenter spoke in appreciation of the statutory amendment and

encouraged the Board to expedite rulemaking on remote processing, but noted concern about the inspection requirement in the proposed regulatory language. The commenter further noted Kentucky allows for virtual inspection and requested the Board consider requiring virtual inspections instead. The Committee also heard comments from specialty pharmacists that their employer is waiting on clarification from the Board on remote processing and inquiring if the Board will be providing guidance. Another commenter noted concerns with the language related to subsection (b)(1) with relation to a specific practice setting, and requested the Board rethink the language.

Dr. Oh noted that much of the proposed language derived from the remote processing waivers the Board granted in the past, and that the Board could review and simplify the language. Dr. Oh also noted the inspection requirement does not mean there would be surprise inspections, only that the Board has authority to conduct an inspection if circumstances warrant it.

Members were provided the opportunity to comment. One member noted concern about cybersecurity, and another member noted that subdivision (a)(1) in the proposed language appears to address that. A member also mentioned wanting less prescriptive requirements.

Dr. Oh reminded the Committee that this is related to dispensing a prescription and not providing clinical knowledge. Dr. Oh also noted that the Board might consider drafting a policy statement regarding remote processing.

A member noted that if the Board made pharmacies responsible for security and inspecting the space, the specific requirements could then be in the pharmacies' Standard Operating Procedures (SOPs). This way, the pharmacy would be responsible for inspecting the space, and if the Board needed to inspect, the Board could follow the established SOP inspection method.

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

Dr. Oh noted the transition to statutory provisions for the self-assessment process will streamline the approval process for self-assessment forms and assist licensees in maintaining compliance with pharmacy law. Dr. Oh further noted that consistent with prior Board action, Enforcement and Compounding Committee Chairperson Maria Serpa and President Oh had preliminary discussions with staff on simplifying the self-assessment process and streamlining the forms.

Dr. Oh noted that as required by statute, the Board will review and approve all self-assessment forms, and this could occur as early as the Board's January 2026 meeting.

Members were provided the opportunity to comment. Members spoke in support of the change.

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.

Amended Sections 4051 and 4052, Related to Standard of Care

Dr. Oh noted there is significant work to implement the standard of care provisions in AB 1503. He continued that while much of the work can be performed by the executive officer under delegated authority, he believed it appropriate to consider if release of a policy statement is appropriate. Dr. Oh noted the meeting materials included a draft statement.

Members were provided the opportunity to comment. Members spoke in support of the policy statement and suggested summary headings for ease of reading.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. Several commenters commended the Board in moving the standard of care transition for pharmacy practice forward and supported the approach of deferring to professional judgement. Another commenter requested language in the policy statement that reminds people that the standard of care does not apply to all pharmacist functions, such as compounding.

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

Amended Sections 4081 and 4105, Related to Pharmacy Records

Dr. Oh noted agreement with staff's recommendation to develop FAQs to clarify how to operationalize digitizing records.

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

Amended Section 4111, Related to Ownership Prohibitions

Dr. Oh noted agreement with the identified implementation activities.

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 noted that pharmacy records are located "in the cloud" and not physically located in the pharmacy and the Board may want to review language around that. Additionally, the commenter noted federal law requires backup for information that is digitized and this may need to be addressed as well.

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

Dr. Oh highlighted the substantive amendments to BPC section 4112, which, among other things, provide authority for the Board to inspect nonresident pharmacies and require that the PIC of a nonresident pharmacy be licensed in California, become effective July 1, 2026.

Dr. Oh noted agreement with the recommended implementation activities, including updating FAQs related to medication error reporting requirements, PIC trainings, and any other items.

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. One commenter noted he has received several calls from operators of nonresident pharmacies and recommended a communication be distributed as quickly as possible explaining what is required for licensure in California, including potentially taking the NAPLEX. Another commenter requested clarification on whether the home state PIC must apply for California licensure or if any pharmacist could test and become the California PIC.

Dr. Oh noted that the Board will distribute information to nonresident pharmacies through subscriber alerts as well as *The Script*. Dr. Oh also noted that the law does not specify that the home state PIC must be the PIC for California. The PIC must have vested resources and authority to function as the PIC for California operations. Dr. Oh suggested creating an FAQ or other guidance on this and bringing it before the full Board.

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

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

Dr. Oh noted agreement with updating the FAQs.

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

Amended Section 4113.6, Related to Chain Community Pharmacy

Dr. Oh noted agreement with developing a sample notice that a chain community pharmacy could post to provide information on how to file a complaint with the Board. If the Committee agreed, the sample notice could be developed by the Communication and Public Education Committee.

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.

Amended Section 4115, Related to Pharmacy Technicians

Dr. Oh noted agreement with updating the FAQs related to AB 1286 reflecting the changes to pharmacy technician authorizations allowing pharmacy technicians to be able to perform certain functions outside of a pharmacy.

Members were provided the opportunity to comment. A member requested clarification on what was meant by “outside the four walls.” Dr. Oh explained that pharmacy technicians providing immunizations outside the four walls of a

pharmacy would technically not be allowed currently. Dr. Oh noted with the amendments, pharmacy technicians will be able to give flu shots and COVID shots outside of a pharmacy.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. One commenter shared personal accounts of technicians being technically outside the pharmacy assisting in a hospital or in the over-the-counter area of a pharmacy and requested language and FAQ definitions be reviewed. A representative of CPhA spoke in support of modernizing technician practice.

Amended Section 4200.5, Related to Retired Pharmacist License; New Section 4317.6, Related to Mail Order Pharmacy; Amended Section 4400, Related to Fees

Dr. Oh noted agreement with the recommended implementation activities related to the new provisions for individuals to restore their retired pharmacy license as well as the recommended implementation activities related to the higher fine authority for mail order pharmacies and the Board's authority to waive fees for a pharmacy providing in-person patient services in a medically underserved area.

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.

Dr. Oh provided one last opportunity for members of the public to comment on any agenda item related to AB 1503. A commenter thanked the Board members and Board staff for the work and applauded Dr. Rita Shane's contribution to the bill regarding discharge medication for high risk patients.

Members were provided the opportunity to comment on AB 1503. A member inquired if there were sentiments from legislators that the Board should be aware of as they move forward. Ms. Sodergren noted that as the Board moves forward with implementation activities, the Board will be keeping the consultants from the Senate and Assembly Business and Professions Committees apprised.

VI. Discussion of California Code of Regulations, Title 16, Section 1793.8, Technicians in Hospitals with Clinical Pharmacy Programs, Including Possible Action to Make a Recommendation to the Board Regarding Proposed Amendment to Section 1793.8

Dr. Oh noted the meeting materials highlight several relevant provisions of pharmacy law and include a brief background of the actions the Board has undertaken to evaluate the critical role pharmacy technicians play in supporting pharmacists and the changes made to the authorized functions of pharmacy technicians.

Dr. Oh noted attachment 3 of the meeting materials included proposed regulation language to incorporate changes and develop a regulatory model to allow a hospital pharmacist in charge to determine additional nondiscretionary tasks that a pharmacy technician may perform in a hospital with a clinical pharmacy program.

Dr. Oh noted agreement with the recommended approach.

Members were provided the opportunity to comment. Members spoke in support of the draft language.

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 CSHP spoke in support of the proposed language.

VII. Discussion of Pharmacist to Pharmacy Technician Ratio in the Inpatient Setting, Including Possible Action to Make a Recommendation to the Board Regarding Proposed Amendment to California Code of Regulations, Title 16, Section 1793.7, Requirements for Pharmacies Employing Pharmacy Technicians

Dr. Oh reminded members that in 2024 the Board released a survey related to the pharmacist to pharmacy technician ratio. The results were discussed during the July 2024 Licensing Committee meeting. The results differentiated the data between the institutional (hospital) and noninstitutional (community) settings. Dr. Oh noted since the ratio in the noninstitutional setting is set in statute, the Board prioritized the assessment of the ratio in that setting to meet the timing of the sunset review process, but today the Committee would begin its review of the ratio for the institutional setting, which is established in regulation.

Dr. Oh noted the pharmacist-to-pharmacy technician ratio is a critical component in ensuring both operational efficiency and patient safety within hospital and health-system pharmacies and the Board's regulations currently have established a fixed ratio.

Dr. Oh recalled during the June 2025 meeting, the Committee reached consensus that the Board should consider providing greater flexibility for hospitals to establish the appropriate pharmacist to pharmacy technician ratio.

Dr. Oh referred to attachment 4 of the meeting materials, which included proposed regulation language, and noted the proposed language takes an approach that will allow the PIC to establish the appropriate ratio. Dr. Oh noted the approach was generally consistent with the PIC delegation authority to establish a ratio in the community pharmacy setting. Dr. Oh noted the proposed language also included some nonsubstantive changes to reflect updates in state department names.

Dr. Oh noted the current and proposed language is clear that the ratio is only "in connection with the dispensing of a prescription."

Members were provided the opportunity to comment. Members spoke in support of the proposed text.

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 CSHP spoke in support of the proposal. Another commenter found it interesting the ratio only applies to dispensing of a prescription and noted in hospitals there are "orders," so the regulation language may cause confusion and may need additional clarification.

Dr. Oh noted the Board would review the language to determine if further clarification was needed.

VIII. Discussion of Proposal to Establish Definitions for Pharmacies Based on Business Model

Dr. Oh noted the requirements for pharmacies apply equally among a variety of business models, unless otherwise specified, and that this approach allows for broad regulation but can become challenging when business models vary but requirements do not. Dr. Oh further noted that within existing law there are instances where a more specific definition is referenced, but only when

applying to a specific provision of the law. For example, pharmacy law does not currently include a general definition of “chain community pharmacy,” but instead refers to BPC section 4001 for the definition. Dr. Oh noted BPC section 4001 states a chain community pharmacy means a chain of 75 or more stores in California under the same ownership, and an independent community pharmacy means a pharmacy owned by a person or entity who owns no more than four pharmacies in California.

Dr. Oh noted different jurisdictions nationally have taken varying approaches, with some jurisdictions, such as Texas, issuing separate licenses for different types of pharmacies. On the other hand, Nevada issues a single pharmacy license that covers a variety of different types of business models and requires disclosure of the types of services.

Dr. Oh noted he is a proponent of maintaining a broad licensing scheme but understands the value in developing definitions that could result in more precise regulation of pharmacy requirements.

Members were provided the opportunity to comment. Members noted they would like to hear from staff how added business models would impact their work in terms of efficiency and costs. Ms. Sodergren noted that definitions would probably be helpful at the staff level, while establishing different types of licenses would have some impacts to workload while implementing but could absolutely be undertaken. Members discussed impacts of adding new license types, creating a requirement for disclosure of specific services, or adding definitions. Members noted that definitions would allow for better data and liked that it would provide better consumer transparency and provide clarity.

There were no public members in the Sacramento location. Members of the public participating via Webex were provided the opportunity to comment. One commenter noted that the definition of a chain community pharmacy is good, but vendor drop offs are challenging. Another commenter provided background on his experiences, indicated he doesn't favor the Texas model, and noted there are places where clarity is needed such as if businesses have 5-74 pharmacies, are they independent or chain. Another commenter spoke in support of adopting definitions.

Dr. Oh noted that due to time constraints, the Committee would not be discussing agenda item XI. Member Chandler noted he would not be returning after lunch.

The Committee took a break from 1:00 p.m. - 1:45 p.m.

Roll call was taken. The following members were present via Webex: Renee Barker, Licensee Member; Claudia Mercado, Public Member; Satinder Sandhu, Licensee Member; and Seung Oh, Licensee Member. A quorum was established.

IX. Discussion of Infusion Center Pharmacies, Including Discussion of Possible Changes to Pharmacy Law to Create a New Licensing Program

Dr. Oh noted the meeting materials detailed the relevant provisions of pharmacy law related to this agenda item and noted infusion center pharmacies are a unique business model in which patients go to an infusion center for infusion of their medications by an authorized health provider. Currently, this specific business model is required to meet all of the requirements established for a community pharmacy.

Dr. Oh stated that he believed infusion center pharmacies may be an instance where establishing a new license type may be appropriate and will allow for more targeted regulation.

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. One commenter provided a personal recollection of the history of infusion centers and spoke in support of providing clarity in the law. Another commenter agreed it would be beneficial to have some definitions and felt if there was a change to the licensing requirements that centers may lose elements such as patient counsel and rights for patient safety as the business model is becoming more robust. A third commenter expressed that it was important the license requirements match the practice. The commenter continued that infusion centers are closer to hospital pharmacies than to retail pharmacies and some legal requirements for community pharmacies, such as font on the label and consumer postings, do not apply to infusion centers.

Members were provided the opportunity to comment. Members agreed that more clarity is needed and that a separate license is probably not necessary, but definitions may be helpful. A member also requested that an informational presentation be provided at a future meeting to allow the

Committee to better understand the scope of services offered by infusion centers and more details about how they operate.

X. Discussion of Application Requirements for Advanced Practice Pharmacist Licensure, Including Possible Action to Make a Recommendation to the Board Regarding Proposed Amendment to California Code of Regulations, Title 16, Section 1730.1

Dr. Oh noted that the meeting materials detailed the relevant sections of pharmacy law related to this agenda item and that Attachment 5 of the materials contained possible changes to regulation text.

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. One commenter spoke in support of the proposed amendment and suggested additional ways to streamline the pathway to licensure and align it with a standard of care practice model. Another commenter noted that the Board should be cautious to ensure the changes do not inadvertently prevent other pathways such as those available through the Veterans Administration.

Members were provided an opportunity to comment. A member requested clarification on “one year of experience” and it was clarified that the regulation defines that to mean no fewer than 1,500 hours.

Dr. Oh highlighted that an Advanced Pharmacist Practitioner can be a collaborative practice agreement holder and noted that licensing data shows that the number of Advanced Pharmacist Practitioners has increased the last three years.

XI. Presentation on and Discussion Regarding Results of Pharmacist and Pharmacy Technician Workforce Surveys

This item was not discussed due to time constraints.

XII. Discussion of Licensing Statistics

Dr. Oh noted the meeting materials included a summary of the licensing statistics for the first 3 months of the fiscal year and three-year fiscal year comparison data.

Dr. Oh noted processing times for the various facility business types vary, and while a few of the licensing programs are within the Board's performance targets, others exceed the 30-day target. Dr. Oh reminded members the processing time noted in the meeting materials represents the oldest application of each type and the average processing time is lower. Dr. Oh thanked licensing staff for working so diligently to process applications.

Dr. Oh noted that licensing statistics reflect a 2% decrease in the number of individual applications received and a 44% increase in facility applications received, which is primarily driven by changes of ownership for chain community pharmacies. Dr. Oh further noted the number of individual licenses renewed increased by 4% and the number of facility licenses renewed increased by 3%.

Members were provided an opportunity to comment. A member appreciated the data and the ability to view the trends.

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 it may be appropriate for the Board to consider expanding those entities that are eligible for a remote dispensing site pharmacy license.

XIII. Advisement of Future Committee Meeting Dates

Dr. Oh announced the next Licensing Committee meeting was currently scheduled for January 8, 2026.

XIV. Adjournment

The meeting adjourned at 2:21 p.m.