



**California State Board of Pharmacy  
Department of Consumer Affairs  
Public Board Meeting Minutes**

**Date:** April 29-30, 2026

**Location:** OBSERVATION AND PUBLIC COMMENT IN PERSON:  
California Department of Consumer Affairs  
1625 N. Market Blvd., Hearing Room, First Floor  
Sacramento, CA 95834  
PUBLIC PARTICIPATION AND COMMENT FROM A  
REMOTE LOCATION: Webex

**Board Members**

**Present:** Seung Oh, PharmD, Licensee Member, President  
Jessica Crowley, PharmD, Licensee Member, Vice President  
Renee Barker, PharmD, Licensee Member (via Webex on  
4/29/26)  
Jeanette Dong, Public Member  
Kartikeya "KK" Jha, RPh, Licensee Member  
Claudia Mercado, Public Member (via Webex)  
Jason "Jay" Newell, MSW, Public Member  
Ricardo Sanchez, Public Member  
Satinder Sandhu, PharmD, Licensee Member  
Maria Serpa, PharmD, Licensee Member  
Nicole Thibeau, PharmD, Licensee Member (via Webex)

**Board Members**

**Not Present:** Trevor Chandler, Public Member, Treasurer  
Jeff Hughes, Public Member

**Staff Present:**

Anne Sodergren, Executive Officer  
Julie Ansel, Deputy Executive Officer  
Corinne Gartner, DCA Staff Counsel  
Shelley Ganaway, DCA Staff Counsel  
Deepi Miller, DCA Regulations Counsel (via Webex)  
Julie McFall, Executive Specialist Manager  
Sara Jurens, Public Information Officer

**April 29, 2026**

**I. Call to Order, Establishment of Quorum, and General Announcements (Including Possible Notifications, Actions, and Disclosures Pursuant to Government Code section 11123.2(j))**

President Oh called the Board meeting to order at 1:00 p.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.

President Oh acknowledged Board member Trevor Chandler and the work he completed while serving on the Board. Dr. Oh noted Mr. Chandler was appointed to the Board in 2022 and his term expires on June 1, 2026.

Roll call was taken. The following Board members were physically present in Sacramento: Jessi Crowley, PharmD, Licensee Member; Jeanette Dong, Public Member; Kartikeya "KK" Jha, RPh, Licensee Member; Jason "Jay" Newell, Public Member; Ricardo Sanchez, Public Member; Satinder Sandhu, PharmD, Licensee Member; Maria Serpa, PharmD, Licensee Member; and Seung Oh, PharmD, Licensee Member. Renee Barker, PharmD, Licensee Member; Claudia Mercado, Public Member; and Nicole Thibeau, PharmD, Licensee Member participated via Webex. Dr. Barker, Ms. Mercado, and Dr. Thibeau disclosed that no persons over 18 years old were present in the room with them as they participated in the meeting remotely via Webex. A quorum was established.

Dr. Oh reminded members participating via Webex to keep their cameras on throughout the open portion of the meeting. Dr. Oh requested members announce the reason for their nonappearance if they needed to turn their camera off temporarily due to internet connectivity issues.

**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; however, no comments were made.

Members of the public participating via Webex were provided the opportunity to comment. A representative from CPhA reported on CPhA's recent engagement with DHCS regarding upcoming Medi-Cal Rx policy changes and encouraged all pharmacists serving Medi-Cal beneficiaries to begin Type 1 NPI enrollment.

A member echoed concerns about the impact of Medi-Cal changes on patients and suggested the Board help share information with pharmacists.

### III. Recognition and Celebration of Pharmacists Licensed in California for 40 Years

President Oh advised the Board's recognition of pharmacists licensed in California for over 40 years was posted on the Board's website and pharmacists were provided with a certificate when they reach this significant milestone. President Oh invited pharmacists licensed for 40 years or more to identify themselves and be recognized by the Board.

Dr. Beth Spiegel thanked the Board for her certificate and noted appreciation for the actions and forward thinking the Board has with patient care in mind.

President Oh then thanked all pharmacists for their work serving the consumers of California.

### IV. Discussion of and Possible Action to Approve Meeting Minutes

#### a. January 26-27, 2026 Board Meeting

President Oh referenced the draft minutes from the January 26-27, 2026 Board meeting. Members were provided an opportunity to comment; however, no comments were made.

**Motion:** Approve the January 26-27, 2026 Board meeting minutes as presented in the meeting materials.

**M/S:** Sanchez/Sandhu

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

**b. March 18, 2026 Board Meeting**

President Oh referenced the draft minutes from the March 18, 2026 Board meeting. Members were provided an opportunity to comment; however, no comments were made.

**Motion:** Approve the March 18, 2026 Board meeting minutes as presented in the meeting materials.

**M/S:** Crowley/Newell

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

**Support: 10    Oppose: 0    Abstain: 1    Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Abstain
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

**V. Election of Board Officers**

President Oh advised that as included in the Board of Pharmacy Board Member Procedure Manual, officers shall serve a one-year term, effective June 1, and may be re-elected for consecutive terms.

President Oh thanked the Board for the opportunity to serve as president. Dr. Oh also thanked Vice President Jessi Crowley and Treasurer Trevor Chandler for their service.

President Oh then opened the nominations for the office of president.

**Nomination for President:** Seung Oh

**Nominated by:** Crowley/Sanchez

Dr. Oh accepted the nomination.

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

Dr. Oh was re-elected as president.

President Oh next accepted nominations for the office of vice president.

**Nomination for Vice President:** Jessi Crowley

**Nominated by:** Oh/Sanchez

Dr. Crowley accepted the nomination.

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

Dr. Crowley was re-elected as vice president.

President Oh then accepted nominations for the office of treasurer.

**Nomination for Treasurer:** Renee Barker

**Nominated by:** Oh/Crowley

Dr. Barker accepted the nomination.

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

Dr. Barker was elected as treasurer.

#### **VI. Report by the California Department of Consumer Affairs**

The Board heard a report from Judie Bucciarelli on behalf of the Department of Consumer Affairs.

Members were provided the opportunity to comment. A member asked for additional information on the Business, Consumer Services and Housing Agency reorganization.

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

#### **VII. Discussion and Possible Action Related to Proposed Amendment of California Code of Regulations, Title 16, Section 1707.4 Related to Central Fill Pharmacies, Including Review of Comments Received During the Second 45-Day Comment Period**

President Oh recalled that in response to public comments requesting clarity on the Board's central fill pharmacy regulations, the Licensing Committee undertook a review of the regulations. Dr. Oh noted the review included presentations from three entities, which received significant public comment, and following that work, the Board voted to initiate a rulemaking to update its regulations. Dr. Oh further noted that the initial 45-day comment period began October 17, 2025, and concluded December 1, 2025.

Dr. Oh advised that at the January 2026 Board meeting, the Board approved staff-recommended modified text and voted to initiate a second 45-day comment period. The second 45-day comment period began on February 23, 2026, and ended on April 9, 2026. Several comments were received during the second comment period.

Dr. Oh noted that he had reviewed the materials and believed the recommendations as presented were appropriate.

Members were provided an opportunity to comment. A member noted the difficulty separating the Licensing Committee's discussion of pharmacy business models from the consideration of this regulation on central fill pharmacies, because there was so much overlap between the two.

**Motion:** Accept the Board staff recommended comment responses and adopt the regulation text for section 1707.4 as noticed on February 23, 2026. Further, delegate to the executive officer the authority to make technical or nonsubstantive changes as may be required by the control agencies to complete the rulemaking file.

**M/S:** Sanchez/Newell

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. The Board heard a comment requesting clarification on whether non-controlled substances can be dispensed from the central fill location.

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

**Support: 10 Oppose: 0 Abstain: 1 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Abstain
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

**VIII. Discussion and Possible Action Related to Proposed Addition of California Code of Regulations, Title 16, Section 1717.11 Related to Remote Processing of Prescriptions, Including Review of Comments Received During the 15-day Comment Period**

President Oh recalled that following passage of AB 1503, the Board developed regulations allowing for the expansion of the duties that could be performed as part of remote processing of prescriptions by making specific the conditions that shall be met in order for such remote processing to occur.

Dr. Oh further recalled that at the November 5-6, 2025 Board meeting, the Board voted to initiate a rulemaking and staff released the proposed text for the 45-day comment period on January 9, 2026. The comment period ended on February 24, 2026. At the March 18, 2026 Board meeting, the Board reviewed comments and voted to amend the text in response to the comments received and Board staff recommendations. Board staff released the revised text for a 15-day comment period on March 19, 2026. The comment period ended on April 3, 2026. Dr. Oh referred to the meeting materials, which included the modified text released for the 15-day comment period, Board staff-prepared summarized comments with recommended comment responses, and copies of the actual comments received during the comment period, and noted that he agreed with the recommendations provided.

**Motion:** Accept the Board staff’s recommended comment responses and modified regulation text as presented. Authorize the Executive Officer to take all steps necessary to complete the rulemaking process and adopt the

proposed regulation text at Section 1717.11. Further, delegate to the Executive Officer the authority to make technical or nonsubstantive changes as may be required by the Control agencies to complete the rulemaking file.

**Department of Consumer Affairs  
Title 16. Pharmacy**

**Modified Regulation Text  
Remote Processing of Prescriptions**

**Legend:** Added text is indicated with an underline.

Modified changes made to the proposed regulation language are shown by ~~double strikethrough~~ for deleted language and double underline for added language.

Add section 1717.11 to Division 17 of Title 16 of the California Code of Regulations, to read as follows:

§1717.11. Remote Processing of Prescriptions.

- (a) A pharmacist located and licensed in the state may perform remote processing of prescriptions, from a location outside of a licensed facility, under the following conditions:
- (1) The pharmacy is responsible for ensuring all appropriate and necessary security and confidentiality provisions are in place, including compliance with HIPAA requirements, and specified in its policies and procedures.
  - (2) ~~The pharmacist has agreed to perform remote processing and designates the space to perform such processing in a written agreement with the pharmacy. Such space shall be open for inspection by the Board consistent with the provisions of Business and Professions Code section 4008. The pharmacy and pharmacist enter a written agreement under which the pharmacist agrees to perform remote processing and designates a specific location or locations to perform such processing.~~  
The pharmacy and pharmacist enter a written agreement under which the pharmacist agrees to perform remote processing and designates a specific location or locations to perform such processing.
  - (3) The written agreement (including modifications) required in (a)(2) of this section shall be maintained, for at least three years following the pharmacist's employment, in a readily retrievable format and shall be available for inspection by the Board.
  - (4) The duties for remote processing of prescriptions shall be approved by the pharmacist-in-charge and specified in the pharmacy's policies and procedures.
  - (5) A pharmacy shall maintain a record of all the pharmacist's activities performed pursuant to this section.
  - (6) Records maintained pursuant to this section shall meet the same requirements as those described in Sections 4081 and 4105 of the Business and Professions Code.

(b) For purposes of this section, "remote processing of prescriptions" does not include final product verification, supervision of pharmacy personnel, or the dispensing of a drug.

(c) This section does not apply to facilities of the California Department of Corrections and Rehabilitation.

Note: Authority cited: Sections 4005 and 4036, Business and Professions Code. Reference: Sections 4005, 4008, and 4036, Business and Professions Code.

**M/S:** Oh/Barker

Members were provided the opportunity to comment. Members spoke both in support of and in opposition to the motion. Members speaking in support noted the regulation will allow increased flexibility for pharmacists and pharmacies, including the ability to adapt to changing technologies. Other members expressed concern that, as currently drafted, the regulation requires a specific location where the remote processing will be performed to be identified in the written agreement, which may be too restrictive. Counsel Miller noted the intent was to have a record of where the remote processing was taking place. The language was written so that the pharmacy and pharmacist would be able to discuss and come to an agreement on specific details, which could include provisions for remote processing locations in the event of emergency situations. A member also expressed concern about security and confidentiality of patient information. Counsel Miller clarified that, as drafted, the proposed language puts the responsibility on the pharmacy to ensure that appropriate security and confidentiality parameters are in place. The member also noted that for transparency, the pharmacist on duty, not just the pharmacist-in-charge, needs to know who is working remotely.

Member Barker left the meeting at 1:52 pm.

Members recalled how crucial the ability to remotely process prescriptions was during COVID and discussed that the proposed language could help pharmacies prepare for rapid responses for future calamities, as well as potentially help pharmacies that have physical space limitations continue or expand services. Members also noted it was important to hold the pharmacy and pharmacist-in-charge accountable and that the Board would be able to monitor the issue moving forward once established in regulation.

Members of the public participating in Sacramento were provided the opportunity to comment. Members heard comments in support of the motion from a representative of the California Department of Corrections and

Rehabilitation.

Members of the public participating via Webex were provided the opportunity to comment. The Board heard comments both in support of and in opposition to the proposed regulation. Comments in support agreed with the Board offering pharmacists opportunities for increased flexibility. Comments in opposition expressed concern for patient confidentiality, noted operational challenges and patient safety concerns associated with pharmacists working remotely, and suggested pharmacy deserts may increase as a result of the regulation.

Members were provided a final opportunity to comment. Dr. Oh spoke in support of the motion, noting that the Board had been working on this issue for years.

**Support: 9 Oppose: 1 Abstain: 0 Not Present: 3**

<b>Board Member</b>	<b>Vote</b>
Barker	Not Present
Chandler	Not Present
Crowley	Oppose
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

The Board took a break from 2:12 p.m. to 2:22 p.m.

Roll call was taken. The following Board members were physically present in Sacramento: Jessi Crowley, PharmD, Licensee Member; Jeanette Dong, Public Member; Kartikeya “KK” Jha, RPh, Licensee Member; Jason “Jay” Newell, Public Member; Ricardo Sanchez, Public Member; Satinder Sandhu, PharmD, Licensee Member; Maria Serpa, PharmD, Licensee Member; and Seung Oh, PharmD, Licensee Member. Claudia Mercado, Public Member, and Nicole Thibeau, PharmD, Licensee Member participated via Webex.

**IX. Discussion and Possible Action Related to Proposed Repeal of California Code of Regulations, Title 16, Sections 1715, 1715.1, 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, 1747, and 1784 and Proposed Amendment of California Code of Regulations, Title 16, Sections 1732.5, 1735.1 and 1736.1**

Dr. Oh advised that following passage of AB 1503, during the November 2025 Board meeting, the Board approved the implementation efforts recommended by the Licensing Committee to pursue Section 100 changes to repeal or amend multiple sections of the Board's regulations related to self-assessment forms and standard of care.

Dr. Oh noted that at the January 2026 Board meeting, Board staff reported that Section 100 changes were prepared for the respective sections, but Board staff was subsequently advised by the Office of Administrative Law (OAL) that the changes proposed would require a regular rulemaking process rather than the streamlined Section 100 process. As a result, Board staff withdrew the Section 100 changes from the OAL on March 24, 2026.

Dr. Oh continued that given the determination by OAL, the Board must initiate a formal rulemaking to repeal or amend these sections of regulation.

Members were provided an opportunity to comment. Members emphasized the importance of clearly communicating that the self-assessment requirement will remain in place and discussed developing FAQs or other guidance to help the regulated public.

**Motion:** Initiate a rulemaking to repeal California Code of Regulations, Title 16, Sections 1715, 1715.1, 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, 1747, and 1784, and to amend California Code of Regulations, Title 16, Sections 1732.5, 1735.1 and 1736.1 as presented, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review, and authorize the executive officer to take all steps necessary to initiate the rulemaking process, make any technical or nonsubstantive changes to the package, and set the matter for hearing, if requested. If, during the 45-day comment period, the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations to repeal California Code of

Regulations, Title 16, Sections 1715, 1715.1, 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, 1747, and 1784, and to amend California Code of Regulations, Title 16, Sections 1732.5, 1735.1 and 1736.1.

**M/S:** Sanchez/Jha

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. A representative of CPhA spoke in support of the motion.

Members were provided a final opportunity to comment.

**Support: 10 Oppose: 0 Abstain: 0 Not Present: 3**

<b>Board Member</b>	<b>Vote</b>
Barker	Not Present
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

#### **X. Organizational Development Committee Report**

Dr. Oh advised the items included in the Organizational Development Committee Report were for information only. Dr. Oh noted that the meeting materials included budget information for the fiscal year that began on July 1, 2025, and the Board's authorized expenditures were anticipated to be about 35.6 million dollars this year.

Dr. Oh further conveyed that the Board's fund condition was expected to decrease slightly at the end of the fiscal year 2026/27 and, according to the report provided by the DCA, the Board's fund currently had 8.2 months in reserve. Dr. Oh reminded the

members that under the provisions of Business and Professions Code section 4400(p), the Board shall seek to maintain a reserve equal to approximately one year's operating expenditures.

Dr. Oh recalled that as discussed at the March 2026 Board meeting, the Department completed its evaluation of the Board's fund condition and costs to deliver various services. Following the Board's vote at the March 2026 Board meeting to initiate a rulemaking to amend California Code of Regulations, title 16, section 1749, related to fees, Board staff were working with the Department to prepare the necessary rulemaking documents and complete necessary reviews and approvals to initiate the formal rulemaking process.

Dr. Oh noted that Board member attendance and mail vote information was included in attachments 2 and 3 of the meeting materials, and expressed his gratitude to everyone for their time and commitment to protecting California consumers.

Moving to the personnel update, Dr. Oh advised that the Board currently had 6 vacant staff positions and that recruitments were ongoing. He then noted that attachment 4 of the meeting materials included the meeting dates for the remainder of 2026.

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

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

#### **XI. Closed Session Matters**

Open session concluded at approximately 2:35 p.m. The Board entered closed session at approximately 2:44 p.m. Closed session ended at 4:09 p.m.

#### **XII. Reconvene in Open Session to Recess for the Day**

The Board reconvened into open session to recess for the day at 4:10 p.m.

**April 30, 2026**

#### **XIII. Call to Order, Establishment of Quorum, and General Announcements (Including Possible Notifications, Actions, and Disclosures Pursuant to Government Code section 11123.2(j))**

President Oh called the second day of the Board meeting to order at approximately 9:00 a.m. Dr. 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.

Dr. Oh reminded individuals participating in the meeting via Webex that consistent with the Board's policy and with implementation of the Board's new learning management system, pharmacists and pharmacy technicians attending the April 30, 2026 meeting via Webex may be awarded up to six hours of CE. Dr. Oh referred individuals to the information on the agenda for additional information. Individuals seeking CE were required to register through the Board's learning management system.

Roll call was taken. The following Board members were physically present in Sacramento: Jessi Crowley, PharmD, Licensee Member; Renee Barker, PharmD, Licensee Member; Jeanette Dong, Public Member; Kartikeya "KK" Jha, RPh, Licensee Member; Jason "Jay" Newell, Public Member; Ricardo Sanchez, Public Member; Safinder Sandhu, PharmD, Licensee Member; Maria Serpa, PharmD, Licensee Member; and Seung Oh, PharmD, Licensee Member. Claudia Mercado, Public Member; and Nicole Thibeau, PharmD, Licensee Member participated via Webex. Member Mercado and Dr. Thibeau disclosed that no persons over 18 years old were present in the room with them as they participated in the meeting remotely via Webex. A quorum was established.

#### **XIV. Enforcement and Compounding Committee Report**

Chairperson Serpa provided the report on the Enforcement and Compounding Committee's meeting held on April 16, 2026. Dr. Serpa thanked fellow Committee members Vice Chairperson Renee Barker, Jeff Hughes, Seung Oh, Ricardo Sanchez, and Nicole Thibeau.

- a. Summary of Discussion Regarding and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1711 Related to Quality Assurance Programs

Dr. Serpa advised that background information on this agenda item was provided in the meeting materials. Dr. Serpa recalled that the Board approved the initiation of a rulemaking in February 2024 to amend section 1711 of the Board's regulations related to quality assurance programs. The rulemaking progressed through multiple comment periods throughout fiscal year 2024-25. As part of this process, Board members discussed the importance of emphasizing a quality assurance program that requires a systematic, aggregate analysis of medication errors. At the June 2025 Board meeting, the Board voted to withdraw the rulemaking to allow for further policy discussion, with the goal of initiating another rulemaking in the future that better addressed the Board's policy.

Dr. Serpa continued that at the April Committee meeting, members reviewed proposed regulatory text recommended by staff, which included requirements to address both individual and aggregate medication error analysis to prevent or mitigate future errors. The proposed text requires that the pharmacy establish policies

and procedures that define the pharmacy's overall quality assurance program.

Dr. Serpa reported that the Committee noted overall support of the amended language and agreed that facilities should define the details of the quality assurance program for their site in their policies and procedures. The Committee discussed that facilities under common ownership may also want flexibility to evaluate medication errors collectively.

Dr. Serpa noted that attachment 1 to the Committee report in the meeting materials includes the proposed amendment to CCR section 1711 that incorporates changes based on the Committee's discussion.

Members were provided the opportunity to comment. Members discussed potential amendments to subsections (a) and (f), whether documentation of communication should be included, and whether unlicensed ADDS should be exempt from med error reporting.

**Motion:** Initiate rulemaking to amend California Code of Regulations, Title 16, Section 1711 consistent with the Board's discussion and direct staff to submit the text to the Director of the Department of Consumers Affairs and the Business, Consumer Services and Housing Agency for review and authorize the executive officer to take all steps necessary to initiate the rulemaking process, make any technical or nonsubstantive changes to the package, and set the matter for hearing, if requested. If during the 45-day comment period, the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting certain action, and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at section 1711. Further, delegate to the Committee Chair to work with staff to refine the language prior to posting.

**M/S:** Serpa/Sanchez

Members of the public participating in Sacramento were provided the opportunity to comment. The Board heard a comment from a representative of the California Retailers Association and the California Community Pharmacy Coalition in support of the Board's goal of improving patient safety but expressing concern about inspectors requiring retail pharmacies that use a patient safety organization for medication error

reporting to sign into CAMER. . The commenter also recommended removing subsection (d) of the proposed regulation to avoid burdening pharmacists and undermining effective quality assurance systems.

Members of the public participating via Webex were provided the opportunity to comment. Commenters raised concerns about proposed quality assurance reporting rules and asked for clarity on whether health systems can submit aggregated reports instead of pharmacy-specific ones. Commenters also noted duplicative reporting burdens, especially for unlicensed ADDS already overseen under other laws. They also questioned whether the proposed requirements align with the Legislature's original intent for ADDS oversight.

Members were provided a final opportunity to comment. Members discussed the distinctions between medication error reporting and quality assurance documentation, emphasizing that each serves a different purpose. There was also interest in understanding hospital pharmacy workflows to avoid imposing unnecessary burdens. Members verified the suggested revisions to subsection (d)(3) to clarify the distinctions among different types of unlicensed automated drug delivery systems and to move the final sentence under the "contracting" subsection into its own standalone section.

**Support: 10 Oppose: 1 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Oppose
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

- b. Summary of Discussion and Possible Action Regarding Frequently Asked Questions Related to Medication Error Reporting Requirements Pursuant to Business and

## Professions Code Section 4113.1

Dr. Serpa advised that background information on this agenda item was provided in the meeting materials. Staff proposed updates to the Frequently Asked Questions (FAQs) regarding medication error reporting requirements based on questions raised by the regulated public. Specifically, a new question was added related to infusion center pharmacies and CAMER reporting requirements to provide clarification. Dr. Serpa noted that the Committee agreed with this addition, and reminded members that the Board was also in the process of reorganizing and reformatting how the Board delivered FAQs on the website.

Dr. Serpa noted that in addition to adding the new question, staff also recommend the Board delegate authority to the Committee Chair to finalize technical changes that would facilitate the transition to the new FAQ formatting and organizational structure discussed in the chair report.

Members were provided the opportunity to comment. Members discussed the delegation of authority to work with staff on the FAQ reformatting/reorganization, and agreed that this authority should be delegated to the president, rather than to the Committee Chair.

**Motion:** Approve the updated FAQs as presented. Delegate to the president to finalize technical/nonsubstantive changes that will facilitate the transition to the new FAQ formatting and organizational structure.

**M/S:** Oh/Barker

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. A pharmacist from Kaiser Permanente provided comments regarding the new FAQ that addresses when infusion center pharmacies must report medication errors to CAMER.

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

c. Summary of Discussion and Possible Action Regarding Frequently Asked Questions Related to Automated Drug Delivery Systems

Dr. Serpa advised that background information on this agenda item was provided in the meeting materials. Staff proposed updates to the ADDS FAQs based on questions raised by the regulated public and recently enacted legislation. The Committee agreed with those updates with some minor adjustments.

Dr. Serpa noted attachment 3 to the Committee report in the meeting materials included the updated FAQs incorporating changes made based on the Committee's discussion.

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

**Motion:** Approve the updated ADDs FAQs as presented.

**M/S:** Oh/Thibeau

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

d. Summary of Discussion and Possible Action Regarding Wholesaler/Third-Party Logistics Provider Self-Assessment (Form 17M-26)

Dr. Serpa reminded members that with the passage of AB 1503, the self-assessment process was now centralized in statute, allowing the Board to streamline the annual update process, and that the Board was taking the opportunity not only to update the contents of each self-assessment form to reflect new laws and regulations but also to revise the format of all self-assessment forms for ease of use by the regulated public.

Dr. Serpa noted the Committee reviewed the updated Wholesaler/Third-Party Logistics Provider Self-Assessment form and agreed with the updates. She also noted that after the Committee meeting, a subscriber alert was sent to designated representatives to solicit comments on the updated form.

Dr. Serpa thanked licensees who responded to the subscriber alert, and as a result of the comments received, Dr. Serpa suggested updating the wording on page 2 from VAWD accreditation to NABP accreditation and to verify that links were directed to the correct regulation.

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

**Motion:** Approve the updated Wholesaler/Third-Party Logistics Provider Self-Assessment form consistent with the Board's discussion.

**M/S:** Serpa/Oh

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

e. Summary of Discussion and Possible Action Regarding Surgical Clinic Self-Assessment (Form 17M-118)

Dr. Serpa advised that background information on this agenda item was provided in the meeting materials.

Dr. Serpa noted the Committee reviewed the updated Surgical Clinic Self-Assessment form and agreed with the updates. She also noted that after the Committee meeting, a subscriber alert was sent to pharmacists to solicit comments on the updated form.

Dr. Serpa thanked licensees who responded to the subscriber alert, and as a result of the comments received, Dr. Serpa suggested adding “if applicable” to the request for the license number of the Clinic Administrator.

Members were provided the opportunity to comment. Members noted that the hyperlink to CCR 1718 needed to be updated.

**Motion:** Approve the updated Surgical Clinic Self-Assessment form consistent with the Board’s discussion.

**M/S:** Sanchez/Sandhu

Members of the public participating in Sacramento and via Webex were

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

f. Summary of Discussion and Possible Action Regarding Hospital Pharmacy Self-Assessment (Form 17M-14)

Dr. Serpa advised that background information on this agenda item was provided in the meeting materials.

Dr. Serpa noted the Committee reviewed the updated Hospital Pharmacy Self-Assessment form and agreed with the updates. She also noted that after the Committee meeting, a subscriber alert was released to solicit comments on the updated form.

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

**Motion:** Approve the updated Hospital Pharmacy Self-Assessment form as presented.

**M/S:** Barker/Oh

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

g. Discussion of Discussion of Enforcement Statistics

Dr. Serpa noted the meeting materials included a summary of enforcement statistics through the third quarter of fiscal year 2025/26. The Board initiated 2,863 complaints and closed 2,185 investigations. As of April 1, 2026, the Board had 2,136 field investigations pending. The materials provide 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.

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

**XV. Licensing Committee Report**

Chair Seung Oh provided a report on the Licensing Committee's meeting held on April 15, 2026. Dr. Oh thanked fellow Committee members Satinder Sandhu, Renee Barker, Jessi Crowley, KK Jha, and Claudia Mercado.

a. Summary of Discussion Regarding and Possible Action to Approve Policy Statement Related to New Requirements for Nonresident Pharmacies Included in Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025)

Dr. Oh noted that AB 1503 made several changes to laws governing nonresident pharmacies. To provide guidance specifically on some of the changes, it was recommended that the Board release a policy statement to provide education and convey the Board's policy related to compliance and enforcement of

these legal provisions.

Dr. Oh noted that during the meeting the Committee considered a draft policy statement and determined that the policy statement was an appropriate means to convey the Board's current enforcement priorities. Dr. Oh further noted that additional information about the Committee's discussion was in the meeting materials.

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

**Motion:** Approve the draft policy statement as presented.

**M/S:** Sandhu/Sanchez

Members of the public participating in Sacramento were provided the opportunity to comment. A representative from Walgreens requested clarification regarding upcoming nonresident pharmacy requirements, specifically related to obtaining a California-licensed PIC by the July 1 deadline. She noted that some out-of-state facilities may face challenges due to testing windows and may not have a PIC in place by the deadline. She sought guidance on how such pharmacies are expected to operate in the interim, including whether their licenses would remain active or be placed on hold.

Members of the public participating via Webex were provided the opportunity to comment. Comments from representatives of multiple nonresident pharmacies expressed concerns about meeting California's PIC licensure deadline despite good-faith efforts to comply, due to delays in exam scheduling, retake intervals, and processing timelines. Another commenter requested clarification on whether their nondispensing nonresident pharmacy needs a California-licensed pharmacist in charge.

Members were provided the opportunity to comment having heard public comment. Dr. Oh noted that during the transition to the new PIC licensure requirement, the Board does not intend to proactively restrict or interrupt the provision of otherwise lawful pharmacy services by a nonresident pharmacy whose PIC has not yet obtained California licensure, and that the Board seeks to promote compliance through education where possible and will consider good faith efforts undertaken to comply with a new California licensure requirement in its assessment of potential violations of pharmacy law. Members discussed amending the policy statement to incorporate this

information. After discussion, Member Sandhu amended the motion, with the agreement of Member Sanchez.

**Motion:** Approve the draft policy statement consistent with the Board's discussion.

**M/S:** Sandhu/Sanchez

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

Dr. Oh noted it may also be appropriate to develop a fact sheet on inspection specifically for nonresident pharmacies, describing what to expect during an inspection by the Board. He added that this work could be coordinated by the Communication and Public Education Committee.

The Board took a break from 10:24 a.m. to 10:45 a.m.

Roll call was taken. The following Board members were physically present in Sacramento: Jessi Crowley, PharmD, Licensee Member; Renee Barker, PharmD, Licensee Member; Jeanette Dong, Public Member; Kartikeya "KK" Jha, RPh, Licensee Member; Jason "Jay" Newell, Public Member; Ricardo Sanchez, Public Member; Satinder Sandhu, PharmD, Licensee Member; Maria Serpa, PharmD, Licensee Member; and Seung Oh, PharmD, Licensee Member. Claudia Mercado, Public Member; and Nicole Thibeau, PharmD, Licensee Member participated via Webex.

b. Summary of Discussion Regarding and Possible Action to Approve Frequently

Asked Questions Related to Digitizing Pharmacy Records Consistent with Business and Professions Code Section 4105

Dr. Oh recalled that one of the implementation activities related to Assembly Bill 1503 was to develop FAQs related to the new provisions for digitizing pharmacy records.

Dr. Oh noted that during the Committee meeting, members considered four possible FAQs and the Committee believed the questions and answers were appropriate. The proposed FAQs were included in the meeting materials.

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

**Motion:** Approve the draft FAQs as presented.

**M/S:** Serpa/Sanchez

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

c. Summary of Discussion on Changes in Pharmacy Law Included in Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025) Including Updates on Implementation Activities

Dr. Oh reminded members that Governor Newsom signed the Board's sunset measure, Assembly Bill 1503, on October 1, 2025, and that with this action,

significant changes to Pharmacy Law became effective January 1, 2026.

Dr. Oh noted his appreciation for the Board's efforts to pursue so many important patient safety provisions and further noted the Board's legislative report and the final outcome on the measure reflected the Board's strong commitment to California consumers.

Dr. Oh recalled that during the January 2026 Board meeting, the Board received the first update on implementation activities undertaken since passage of the measure, and noted that today he would provide additional updates for many of the provisions.

Dr. Oh reminded members that the Board released a newsletter at the end of January which detailed changes made in AB 1503 and also released a training webinar on AB 1503 in its learning management system, which approximately 184 individuals had completed.

#### New BPC Section 4001.5, Related to the Pharmacy Technician Advisory Committee (PTAC)

Dr. Oh reminded members that Satinder Sandhu has been appointed to serve as the Board member on the advisory committee. He also noted that the Board Member Procedure Manual was updated to reflect the addition of the PTAC, and that it is anticipated that the online application portal would be available by mid-May.

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

Dr. Oh noted that implementation activities related to the retitling of Advanced Practice Pharmacist to Advanced Pharmacist Practitioner are underway, and that the Section 100 regulation changes related to this retitling were recently approved by the Office of Administrative Law.

#### Amended BPC Section 4036, Pharmacist Defined

Dr. Oh reminded members that this statutory amendment clarified that pharmacists are not restricted to practicing only within the four walls of a licensed pharmacy and recalled that the Board voted to initiate a rulemaking to establish parameters for remote processing of prescriptions.

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

Dr. Oh advised that consideration of revised self-assessment forms is being handled by the Enforcement and Compounding Committee and that, as discussed yesterday, the Board had identified a need to repeal the prior self-assessment regulation sections and had begun the process of repealing those sections through the streamlined Section 100 process, but the Office of Administrative Law determined the Board must repeal the sections through the formal rulemaking process.

Amended BPC Sections 4051 and 4052, Related to Standard of Care

Dr. Oh reminded members that the Board's policy statement related to the standard of care practice model had been posted on the Board's website and conforming changes were made to the Board Member Procedure Manual. Board trainings related to HIV PEP and PrEP as well as naloxone were also removed from the website as the trainings were no longer required by law.

Dr. Oh next noted that, as discussed yesterday, the Board had initially believed the repeal of numerous regulation sections that established protocols and mandatory CE requirements could be completed through the streamlined Section 100 process, but the Office of Administrative Law determined the Board must repeal these sections through the formal rulemaking process.

Amended BPC Sections 4081 and 4105, Related to Pharmacy Records

Dr. Oh noted the FAQs related to digitizing pharmacy records were discussed in the previous agenda item.

Amended BPC Section 4111, Related to Ownership Prohibitions

Dr. Oh indicated there were no updates to report.

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

Dr. Oh noted the draft policy statement regarding nonresident pharmacies was discussed in a previous agenda item.

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

Dr. Oh indicated the Board's Pharmacist-in-Charge: Overview and Responsibilities training webinar had been updated and was available in the Board's learning management system.

Amended BPC Section 4113.6, Related to Chain Community Pharmacy

Dr. Oh recalled that the Board had approved a sample notice that chain community pharmacies could use to meet the new requirement for a chain community pharmacy to post information on how to file a complaint with the Board and noted that the sample notice was available on the Board's website.

Amended BPC Section 4115, Related to Pharmacy Technicians

Amended BPC Section 4200.5, Related to Retired Pharmacist License

New BPC Section 4317.6, Related to Mail Order Pharmacy

Amended BPC Section 4400, Related to Fees

Dr. Oh indicated there were no new updates to report on these remaining items.

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

Members of the public participating in Sacramento were provided the opportunity to comment. The Board heard a comment from a representative of

CPhA who expressed appreciation for the Board's work and encouraged collaboration, offering CPhA as a resource to support communication and education efforts.

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

d. Summary of Discussion of Requirements Related to the Use of Automated Patient Dispensing Systems, Including Provisions in Business and Professions Code Sections 4427.3 and 4427.6 and California Code of Regulations, Title 16, Section 1713

Dr. Oh advised that section 4017.3 of the Business and Professions Code defines an automated drug delivery system as a mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of drugs. The section further defines an automated patient dispensing system, or APDS, as an ADDS for storage and dispensing of prescribed drugs directly to patients pursuant to prior authorization by a pharmacist.

Dr. Oh noted that the meeting materials described other laws and regulations relevant to today's discussion, including Business and Professions Code section 4427.3, which states that an ADDS shall be placed and operated inside an enclosed building, with a premises address, at a location approved by the Board. Section 4427.6 further provides that an APDS may be located and operated in a medical office or other location where patients are regularly seen for purposes of diagnosis and treatment, and that the APDS may only be used to dispense dangerous drugs and dangerous devices to patients of the practice.

Dr. Oh next noted that the Board has received requests for clarification on the requirements for placement and use of an APDS.

Dr. Oh advised the Committee reviewed this item to consider if members agreed that the statutory language was sufficiently clear, or to discuss if the Board should consider developing regulations to more precisely define terms such as "medical office or other location where patients are regularly seen for purposes of diagnosis and treatment" as well as to clarify which patients are eligible to receive their prescriptions from an APDS when receiving medical care via telehealth. He reported that the Committee believed it was appropriate to continue the discussion on the use of APDS and that from their discussion it appeared clarification of some of the terms used in the statute may be necessary. The Committee considered if education was the best approach or if the Board needed to develop regulations to provide clarity.

The Committee considered written and public comments at the meeting. Public commenters at the meeting noted their desire to expand pharmacy access for individuals who need it most, including chronically underserved areas, and

noted some of the current challenges pharmacies are facing related to inadequate reimbursement and subsequent closures. Comments suggested that the Board needed to consider how innovative drug delivery systems can transform how medications reach the public, giving as examples systems that integrate telehealth and telepharmacy into a single solution, and asked the Board to clarify that an APDS unit can be placed in any location where a patient is seen.

Dr. Oh advised that since the Committee was just beginning its assessment of the issue, it was not offering any final recommendations to the Board at this time.

Before opening this item for member discussion, Dr. Oh spoke briefly about monthly inspection requirements for APDS, noting that he had been advised by Board staff that inspector staff had been briefed on this issue to ensure they understand that monthly inspection requirements apply differently for APDS based on licensure authority. He then invited the Board's legal counsel to clarify the APDS-related issues being brought before the Board today.

DCA staff counsel noted that when the Committee discussed this item, it appeared that two separate issues were being conflated. The first issue concerned the "where": where can an APDS be placed, and specifically should the phrase "medical office or other location where patients are regularly seen for purposes of diagnosis and treatment" be interpreted to only mean traditional in-person healthcare settings or whether it may also include telehealth-only sites without onsite staff. The second issue concerned the "who": which patients are eligible to receive medications from an APDS and whether the modality of care—telehealth versus in-person—affects that eligibility.

Members were provided the opportunity to comment. Members discussed the two issues: defining which patients may use an APDS and determining where an APDS may be located. There was general agreement that the "who" component can be clarified through the Board's discussion today, and the consensus was: where an APDS is located in a medical office, and the patient has a relationship with a prescriber of the medical office, the patient could receive their medications from the APDS located within the medical office. However, members noted that the "where" component, including whether APDS units can be placed outside traditional medical offices, will likely require regulatory action. The discussion highlighted concerns about unintended consequences, patient access, and technology capabilities while supporting safe, appropriate use. Several members expressed discomfort with allowing APDS units to be located in settings such as airports. Members also expressed interest in receiving more information, including possibly a presentation, on current APDS operations in California.

Members of the public participating in Sacramento were provided the opportunity to comment. A commenter thanked the Board for its discussion and support for telehealth patients' access to APDS. The commenter clarified that

their request for clarification applied only to APDS in medical settings and urged the Board to avoid unnecessary rulemaking, adopt a broad statutory interpretation, and ensure telehealth patients are not disadvantaged.

Members of the public participating via Webex were provided the opportunity to comment. Public commenters emphasized the importance of ensuring telehealth patients of a practice can access prescriptions through APDS units in medical office settings without additional rulemaking. They urged the Board to avoid interpretations that delay access or disadvantage telehealth patients, particularly in underserved areas. Commenters clarified that their focus is limited to APDS use in medical offices and expressed appreciation for the Board's clarification on patient eligibility, existing statutory authority, and inspection requirements.

e. Summary of Discussion of Proposal to Establish Definitions for Outpatient Pharmacies Based on Business Model

Dr. Oh advised that under current law, the requirements for pharmacies apply equally among a variety of business models, unless specified, which allows for broad regulation; however, it can become challenging when business models vary but the requirements do not. Dr. Oh further noted that within existing law there are several 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." Rather, in specified sections of statute and regulation, the law refers to Business and Professions Code section 4001 for the definition. BPC section 4001 provides, "For the purposes of this subdivision, 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 reminded members that during the Committee's October 2025 meeting, the Committee considered this issue for the first time and reviewed various pharmacy business models, and during the January 2026 meeting, the Committee received presentations on three specific business models: home health services, skilled nursing facilities, and infusion center pharmacies. Dr. Oh noted the presentations highlighted the opportunity for more specific regulation if the Board pursues the approach of developing definitions and tailoring requirements for specific business models.

Dr. Oh believed the Committee was close to beginning to draft a regulatory proposal that would include the definitions for the various pharmacy models as a starting place to begin action steps to implement the Board's policy in this area.

Dr. Oh noted that the Committee was also considering if additional definitions

may be appropriate and that the intent was to remove some unnecessary regulatory language requirement and not to add more burdens.

Members were provided the opportunity to comment. Members discussed the need to consider “clinic pharmacies,” particularly those within federally qualified health centers that operate as retail pharmacies but are integrated with clinic systems, creating overlap and regulatory gaps. They noted challenges with current definitions, emphasizing that terms like “clinic” can be overly broad and may need refinement to avoid confusion with other legal categories. Members also highlighted complications in distinguishing outpatient locations from outpatient patient status, especially within hospital systems that treat both. Additional concerns included avoiding an excessive number of new pharmacy definitions and ensuring that any definitions created are used only to clarify regulatory requirements, not to establish new license types. Finally, members noted that clearer definitions could improve processes such as self-assessments and consultation requirements.

Members of the public participating in Sacramento were provided the opportunity to comment. A representative from CPhA urged the Board to focus on defining pharmacy services rather than creating strict pharmacy types. They cautioned that rigid definitions lead to gray areas, overlap, and constant revisions as care models evolve—including FQHCs, managed care, skilled nursing facilities, and other formats. They emphasized that a one-size-fits-all definition will not work and recommended a service-based approach that can adapt to changing health care delivery. A representative from Sutter Health highlighted challenges with defining infusion pharmacy services and noted complications with the current definition of satellite compounding pharmacies, especially when infusion centers share a hospital system but have separate addresses and encouraged the Board to take a holistic, service-focused approach and develop clearer regulations to better accommodate those models.

Members of the public participating via Webex were provided the opportunity to comment. A commenter raised concerns about the proposed mail order pharmacy definition and questioned whether limiting the definition to pharmacies delivering over 75% of prescriptions to California residents was intended, as it may exclude pharmacies that deliver large volumes both in-state and nationally. They also noted conflicts between the Board’s proposed definition and traditional PBM definitions, which focus on centralized dispensing and common carrier delivery. Concerns included how differing definitions may affect contracts, regulatory obligations, and pharmacies that offer courier delivery but are not considered mail order by PBMs. Finally, the commenter asked how the Board will handle pharmacies that meet multiple definitions and whether classifications will be exclusive or allow multiple designations. Another commenter noted that chain community pharmacies often face unique workload pressures and regulatory standards due to the broad range of services they provide and urged the Board to consider that managed care outpatient

pharmacies operate differently and may not fit the “chain community pharmacy” model. They suggested the Board consider creating a definition for managed care outpatient pharmacies or a broader category, such as a fully integrated health delivery system pharmacy, to better capture these settings without creating numerous narrow sub-definitions.

Members were provided the opportunity to comment after hearing public comments. Members discussed reviewing PBM definitions of mail order pharmacies and appreciated the earlier suggestion to create broader, more inclusive definitions for different health system models. They cautioned that focusing solely on services may become complicated as more pharmacy settings expand into similar clinical service models. They also noted the need to clarify how exemptions and overlapping definitions would work in practice and how multiple classifications might affect regulatory requirements.

f. Summary of Discussion of Licensing Statistics

Dr. Oh noted that the meeting materials included a summary of the licensing statistics for the first nine months of the fiscal year and that the information had been updated since the Committee meeting to include licensing data for March as well.

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

Dr. Oh added that in the first nine months of the fiscal year the Board had issued 6,995 individual licenses and 555 permanent site licenses with an additional 786 temporary site licenses. Dr. Oh noted the significant increase in the number of pharmacy technician applications the Board had received.

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

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

## **XVI. Legislation and Regulation Committee Report**

Chairperson Crowley provided a report on the Legislation and Regulation Committee's meeting held on April 29, 2026. Dr. Crowley thanked fellow Committee members Vice Chairperson Nicole Thibeau, Trevor Chandler, Jeanette Dong, Maria Serpa, and KK Jha.

a. Discussion and Possible Action to Establish Positions on Pending Legislation

Impacting the Practice of Pharmacy, the Board's Jurisdiction, or Board Operations, Including Consideration of any Committee Recommendations

Chairperson Crowley noted there were several measures included on the agenda for discussion and that February 20, 2026, was the last day to introduce bills. Dr. Crowley further noted that April 24, 2026, was the last day for policy committees to hear and report to fiscal committees bills keyed as fiscal, and May 15, 2026, is the last day for fiscal committees to hear and report to the floor bills introduced in their house. Dr. Crowley highlighted these deadlines as she believed it was important to note that the Legislature is very early in the legislative cycle. Dr. Crowley further noted that since the next Committee meeting was scheduled for June 11, the Committee felt it was appropriate to watch some measures through the first policy and appropriation committee hearings rather than establish a position.

Dr. Crowley added that the meeting agenda and materials identified pending measures impacting the practice of pharmacy, the Board's jurisdiction, or Board operations that were identified during the development of the agenda for the meeting.

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

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

Dr. Crowley reported that Assembly Bill 910 requires the Department of Health Care Access and Information (HCAI) to include prescription drug pricing and payment data in its annual health care report and to notify the Department of Managed Health Care (DMHC) if a pharmacy benefit manager (PBM) fails to comply with specified requirements. The measure also required DMHC to post links on its website to analyses and reporting published by HCAI. The measure passed out of the Assembly with 71 votes in support, 2 in opposition, and 7 in abstention.

Dr. Crowley agreed with the staff recommendation to support the measure and noted that the measure builds upon Senate Bill 41 (Wiener, Chapter 605, Statutes of 2025) by strengthening data transparency via data collection and analysis of pricing and payments and regulatory enforcement by creating a notification pathway for when PBMs don't comply, and it ensures public transparency via DMHC's website.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

were made.

Members of the public participating in Sacramento were provided the opportunity to comment. A representative from CPhA provided comments in support of the bill and offered updates on implementation activities with DMHC.

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that Assembly Bill 957 would prohibit a pharmacy from selling cigarettes or tobacco products, and noted that the policy goals of the measure appear consistent with the Board's policy statement included in the meeting materials.

Dr. Crowley noted this is a two-year bill that was granted reconsideration in July 2025 by the Senate Business, Professions, and Economic Development Committee. The Board previously established a support position on this bill and Dr. Crowley believed that the position remained appropriate. Dr. Crowley further noted that the measure had not moved since reconsideration was granted last year.

The Committee recommended that the Board maintain its support position on the measure and Dr. Crowley advised that the Committee received public comments in support of the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that Assembly Bill 1460 would prohibit a prescription drug manufacturer from blocking or interfering with qualifying nonprofit community health clinics' ability to buy drugs at the reduced federal 340B price, under specified conditions.

Dr. Crowley noted this was a two-year bill that had been held at the Senate Health Committee. The Board previously established a support position on this bill and the Committee believed the position remained appropriate as 340B is a critical program for indigent populations.

Dr. Crowley further noted that during the Committee meeting they received public comment expressing concern that amendments to subsection (f) allow manufacturers to request additional information beyond federal legal requirements and that it would significantly raise costs on pharmacy personnel to comply.

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

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

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

Dr. Crowley advised that Assembly Bill 1558 would create the Uniform Emergency Volunteer Health Practitioners Act, establishing a statewide system to register out-of-state volunteer health practitioners—such as physicians, pharmacists, and veterinarians—to provide services during a declared emergency. The Emergency Medical Services Authority would administer the program and could limit the duration, location, or types of volunteer practice during an emergency.

The measure would allow the Board to restrict or modify the services a volunteer practitioner may provide. It would also authorize the Board to impose administrative sanctions on in-state licensees for misconduct committed during an out-of-state emergency response, and on out-of-state practitioners for misconduct in California during an in-state emergency, provided certain conditions are met. The measure was currently awaiting consideration by the Assembly Appropriations Committee.

Dr. Crowley noted the Committee believed technical amendments were necessary to establish a feedback loop between the Emergency Medical Services Authority and the Department of Consumer Affairs/Board of Pharmacy to ensure that the Board is notified of licensees providing emergency medical services both within and outside of California.

The Committee recommended that the Board establish a position of support, if amended, on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that Assembly Bill 1587 amends the conditions for pharmacist authority to provide emergency refills to specify that notification to a prescriber is only required if a prescriber is identified. Following the release of the Committee's meeting materials, the measure advanced out of the Assembly and was subsequently sent to the Senate.

Dr. Crowley further advised that during its meeting, the Committee noted that the measure was amended from its initial version and that, as amended, the measure appeared to be making it explicitly clear that emergency refills can be provided without a prescriber notification.

The Committee was not recommending a position, and believed the Board should watch the measure and consider it at its meeting in June.

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

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

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

Dr. Crowley advised that, as amended, Assembly Bill 1773 required the Department of Managed Health Care to maintain a public website displaying specified information for each licensed pharmacy benefit manager, including,

among other things, the legal name, license number, and license expiration date. Following the release of the Committee's meeting materials, the measure was ordered to the Assembly Consent Calendar.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

7. Assembly Bill 1775 (Ward, 2026) Veterans

Dr. Crowley advised that Assembly Bill 1775 extended the current expedited licensing process for veterans to also cover service members who were discharged solely because of the federal action to restrict military service by transgender individuals, not just those who were honorably discharged. The measure was awaiting consideration by the Assembly Appropriations Committee.

Dr. Crowley noted that the Board has historically supported measures that impact licensure access for military members, veterans, and military spouses.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that Assembly Bill 1778 removed testosterone from California's Schedule III controlled substances list automatically if the federal government removes it from its scheduled controlled substance list without requiring separate state legislation. Following release of the Committee meeting materials this measure passed out of the Assembly Public Safety Committee and was referred to Assembly Appropriations.

Dr. Crowley reported that the Committee noted testosterone can be misused and abused and, as a result of AB 82 (Ward, Chapter 679, Statutes of 2025), is no longer reported to CURES. Removing it from California's schedule could lead to overprescribing and increase the risk of misuse. However, the Committee also

noted that there were discrepancies in access for patients in California seeking testosterone for gender affirming care. Additionally, it was noted that not rescheduling it within California could create confusion if it was removed from the federal schedule. The Committee also received public comment that noted that the risk of abuse exists regardless of the purpose for which it is being used.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that, as amended, Assembly Bill 1794 authorizes a pharmacist, manufacturer, or wholesaler to participate in an arrangement or agreement to deliver enteral nutrition supplements or replacements directly to a patient's residence pursuant to a valid order from a prescriber acting within their scope of practice. The measure was passed out of the Assembly Appropriations Committee and will move to the Assembly Floor.

Dr. Crowley noted that a Committee member expressed interest about the term “supplements” versus “replacements.”

The Committee was not recommending a position, and believed the Board should monitor the measure and consider it at its June meeting.

Members were provided the opportunity to comment. Members were interested in the reason CPhA opposed the measure.

Members of the public participating in Sacramento were provided the opportunity to comment. A representative from CPhA provided background on their opposition to the measure.

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

Members were provided a final opportunity to comment. Members thanked the CPhA representative for his comments, which provided additional perspective to the Board.

The Board took a break from 12:21 p.m. to 1:05 p.m.

Roll call was taken. The following Board members were physically present in Sacramento: Jessi Crowley, PharmD, Licensee Member; Renee Barker, PharmD, Licensee Member; Jeanette Dong, Public Member; Kartikeya “KK” Jha, RPh, Licensee Member; Jason “Jay” Newell, Public Member; Ricardo Sanchez, Public Member; Satinder Sandhu, PharmD, Licensee Member; Maria Serpa, PharmD, Licensee Member; and Seung Oh, PharmD, Licensee Member. Claudia Mercado, Public Member, and Nicole Thibeau, PharmD, Licensee Member participated via Webex.

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

Dr. Crowley advised that, as amended, Assembly Bill 1811 defined “health professional shortage area” until January 1, 2035, to include areas designated by California’s Department of Health Care Access and Information (HCAI), areas federally designated by HHS, and those federally designated on January 1, 2025—even if no longer federally recognized. As such, this measure ensures areas proposed for withdrawal post-2025 remain eligible for state prioritization and benefits. This measure was currently awaiting consideration by the Assembly Appropriations Committee.

Dr. Crowley reported that based on Board staff research, according to HCAI,

HPSAs are designated by the Federal Health Resources and Services Administration as having shortages of primary care, dental care, or mental health providers, and as such pharmacies are not included.

Dr. Crowley further noted that the measure maintains current shortage areas and she believes amendments could be considered to clarify its application to pharmacies as defined health professional shortage areas.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11    Oppose: 0    Abstain: 0    Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that, as amended, Assembly Bill 1854 stops California agencies and law enforcement from helping other states with arrests, information requests, or investigations related to certain protected health care services, such as reproductive care or gender-affirming care. It also blocks subpoenas, warrants, and other legal requests from other states, except in very

limited situations. The measure was awaiting consideration by the Assembly Appropriations Committee.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that, as amended, Assembly Bill 1930 would stop any person or business in California from giving information to another state about legally protected health care activities unless specified conditions are met, including that the request must include an affidavit stating under penalty of perjury that the investigation involves an act that is actually illegal under California law, and it must identify the specific California law that was violated. Following release of the meeting materials the measure passed out of the Assembly Public Safety Committee and was referred to the Assembly Appropriations Committee.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that Assembly Bill 1979 was amended following the release of the Committee's meeting materials. The policy goals of the measure remain the same, ensuring that a licensed health care professional working in a health facility, clinic, physician's office, or office of a group practice, exercises independent professional judgment when reviewing and approving clinical decisions that are based on the output from a clinical decisions support system. Additionally, it authorizes the appropriate licensing board to seek an injunction or restraining order when violations amount to the unlicensed practice of a health profession. The measure clarifies that these restrictions do not prohibit the use of artificial intelligence for non-clinical tasks that do not require professional judgment, such as documentation or automated patient notifications. Following release of the Board meeting materials this measure passed out of the Assembly Privacy and Consumer Protection Committee and was referred to Assembly

Appropriations.

Dr. Crowley noted that as amended, the measure still does not explicitly apply to pharmacies and may not cover all settings where pharmacists and advanced pharmacist practitioners may work. She stated her belief that the prohibitions should extend to all practice sites where health care providers, including pharmacists, are providing patient care services.

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

During the Committee meeting, a member noted that there is national conversation in this area and some states are taking steps to use AI to bypass physicians and pharmacists for refilling prescriptions.

The Committee recommended that the Board establish a position of support, if amended, on the measure to extend the protections to all practice sites where health care providers, including pharmacists, are providing patient care services.

The Committee’s recommendation served as the motion.

Members were provided the opportunity to comment. A member noted growing legislative efforts nationwide that could bypass traditional patient-provider interactions, expressed concern about these trends, and highlighted a state pilot project that temporarily suspended all health care practitioner regulations when using AI for prescription refills.

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that following release of the meeting materials, this measure was amended. As amended, the measure continues to declare legislative concerns about unsafe or illicit active pharmaceutical ingredients entering the compounding supply chain, particularly amid high demand for weight loss drugs. It prohibits selling or distributing compounded drugs containing certain GLP-1 or related substances used for obesity or weight management unless the compounder takes specified actions, including ensuring that the bulk drug substance is a pharmaceutical grade product and meets specified requirements. Manufacturers and wholesalers must also provide written verification to purchasers that bulk drug substances sold for this purpose meet specified requirements. The bill makes violation of its provisions subject to license revocation and fines of \$1,000 per dose of the illegally compounded drug sold, transferred, or distributed. The measure further requires specified recordkeeping, authorizes Board inspections of compounders and suppliers, and prohibits misleading advertising of compounded weight management drugs.

Dr. Crowley reported that the bill's provisions do not apply to physicians and surgeons. The recent amendments update the proposed disclosure requirements regarding potential side effects, adverse reactions and other warnings associated with active ingredients in the medication, unless the advertiser can demonstrate that a particular disclosure is not relevant to the compounded drug.

Dr. Crowley noted that the measure does not apply uniformly across all settings where GLP-1 compounding occurs, such as physician offices and medical spas, adding that Board staff have encountered significant patient safety issues in these environments during inspections and investigations, but often lack the authority to intervene, and staff believe patient-safety gaps will persist unless the requirements apply to all compounding and advertising settings. She further noted that staff have expressed concern about the bill's mandatory penalties—\$1,000 per dose and license revocation—which removes the Board's discretion to evaluate cases and determine appropriate enforcement consistent with its consumer protection mandate.

Dr. Crowley also noted that some requirements in the bill already exist under federal law, USP standards, or existing Board regulations, while others go beyond current standards.

She continued that following release of the meeting materials, the measure passed out of the Assembly Privacy and Consumer Protection Committee and was referred to the Assembly Appropriations Committee. This measure is author-sponsored.

Dr. Crowley noted the Committee expressed significant concerns about the bill, emphasizing that compounding should only occur for the benefit of patients and within the framework of existing Board regulations, federal law, and national standards. Members expressed concern that the proposal could override the Board's authority and eliminate pharmacists' professional judgment. Additionally, Committee members highlighted the extensive work the Board invested in developing safe, high quality compounding regulations and indicated that the bill appears to serve manufacturers' interests. Finally, members expressed opposition to any effort that would bypass the Board's authority or pharmacists' clinical judgment.

The Committee was not recommending a position; however, Committee members believed the Board may want to take an opposition position.

Dr. Crowley noted that the Committee received several public comments on the measure. Commenters expressed concerns that the bill was unnecessary given existing, robust regulations that already ensure safety when properly followed. They also warned that additional testing requirements would be costly, difficult for patient-specific compounding, and unfairly applied to pharmacies but not to physicians. Several noted that the bill's automatic penalties and overlapping regulations could discourage compounding, create confusion, and

even lead to pharmacy closures. While one perspective supported added safeguards due to increased public exposure, most comments suggested the bill goes too far, creates implementation challenges, and should be considered for an oppose position.

Members were provided the opportunity to comment. Members expressed concern that the measure is redundant given existing compounding regulations, limits pharmacists' judgment, and fails to cover all locations where compounding occurs, such as physician offices. They noted the requirements appear duplicative and may not enhance consumer protection. Members suggested discussing potential amendments with Assembly member Gibson before taking a position.

Members of the public participating in Sacramento were provided the opportunity to comment. A representative from CPhA expressed that CPhA opposes AB 1990 in its current form, citing significant concerns. They noted the bill exempts certain provider types and creates regulatory gaps in settings like medical spas and physician offices. They emphasized that California already has a strong compounding framework and offered to work with the Board and the author's office on technical amendments.

Members of the public participating via Webex were provided the opportunity to comment. One commenter, representing Novo Nordisk, supported AB 1990, arguing that large-scale GLP-1 compounding poses risks not addressed by current standards and that the bill would improve safeguards through stronger API controls and clearer advertising rules. Another speaker, representing the Alliance for Pharmacy Compounding, opposed the bill, asserting it adds duplicative burdens on regulated pharmacies, fails to target unregulated actors, and could restrict patient access.

Members were provided with a final opportunity to comment. Members discussed language in the Legislative Counsel's Digest of the bill stating: "Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program."

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

Dr. Crowley advised that, as amended, Assembly Bill 2000 bans health plans, insurers, and PBMs from changing their drug formularies during the plan year except in limited circumstances. If a change would force a patient to switch medications, the patient may continue their originally approved and safe drug

for the remainder of the year. The measure also requires 90-day advance notice before any changes, mandates reporting changes to the state within 30 days, and authorizes state agencies to audit, investigate, and penalize entities that fail to comply. The measure was awaiting action by the Assembly Appropriations Committee.

Dr. Crowley noted that, as currently drafted, the measure allows modification of a drug formulary to remove a drug due to safety concerns raised by the United States Food and Drug Administration (FDA); however, there are other reliable sources outside of the FDA.

For this reason, the Committee recommended that the Board establish a support, if amended position to include other reliable resources.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that, as amended, Assembly Bill 2141 authorized the Board and a licensee to enter into a stipulated settlement and disciplinary order before a formal accusation is filed, provided certain conditions are met, including the licensee voluntarily waiving administrative hearing rights under the Administrative Procedure Act and submitting specified mitigation and rehabilitation information. A designated Board committee must review this information and is permitted to extend a stipulated settlement and disciplinary order offer to the licensee. The measure was awaiting consideration by the Assembly Appropriations Committee.

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

The Committee noted that there were still legal questions surrounding Board members and what happens should an agreement not be reached during the initial settlement discussions. Additionally, it was noted that the Board has several tools it utilizes to secure compliance and that discipline is only used for egregious cases.

Dr. Crowley further noted that the Committee received public comment in support of the measure.

The Committee did not recommend a position.

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

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. The Board heard a comment in support of AB 2141 that urged the Board to support the bill.

A Board member noted that most inspection issues are resolved on-site through education, with only a small portion resulting in citations or discipline, and only the most serious violations are referred for formal disciplinary action.

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

Dr. Crowley advised that, as amended, Assembly Bill 2282 allows a general acute care hospital to get a special permit to operate an emergency stabilization unit in Patterson, Stanislaus County — a separate location not connected to the main hospital — to serve the community previously served by Del Puerto Health Care District. The measure was awaiting consideration by the Assembly Appropriations Committee.

Dr. Crowley noted that the Committee was not recommending a position; however, the Committee requested that staff offer technical amendments to ensure the Board will have the authority to issue a pharmacy license to an emergency stabilization unit if needed.

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

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

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

Dr. Crowley advised that following release of the meeting materials, Assembly Bill 2565 was amended. As amended, the measure requires the Department of Health Care Services (DHCS) to issue guidance clarifying Medi-Cal managed care plans' obligations to cover pharmacist services. It directs DHCS to update its model Evidence of Coverage to explicitly state that pharmacist services are covered. DHCS must also take corrective action if plans fail to comply with existing pharmacist service coverage requirements or the new guidance. The measure authorizes DHCS to implement these provisions through all plan letters, plan letters, or similar instructions without needing to go through the formal regulatory process. The measure was awaiting consideration by the Assembly Appropriations Committee.

Dr. Crowley noted that during the Committee meeting, the Committee received public comment in support of the measure and providing background information related to managed care organizations.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

Members of the public participating in Sacramento were provided the opportunity to comment. The Board heard a comment from a representative of CPhA who explained that this bill is sponsored by CPhA. The commenter provided background on the bill and encouraged the Board to consider supporting the bill.

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that Assembly Bill 2571 requires that advanced pharmacist practitioners be paid at the same rate as physicians under Medi-Cal (100% of the physician fee schedule, instead of the current 85%).

Dr. Crowley noted that the measure was similar to AB 1366 (Flora, 2025), on which, through the delegated authority given to the Board president, the Board had established a support position. The measure passed through the Assembly and was currently pending with Senate Rules for assignment.

The Committee recommended that the Board establish a support position on

the measure.

The Committee's recommendation served as the motion.

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

Members of the public participating in Sacramento were provided the opportunity to comment. A representative from CPhA provided background on the bill and explained CPhA's "support, if amended" stance.

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that, as amended, Senate Bill 915 requires health care provider entities to verify and document the identity and agency of any immigration enforcement officer who accompanies a patient. Staff must ask the officer to step out during medical discussions or treatment (with limited exceptions) and the officer is prohibited from making or influencing medical decisions. If an officer refuses to comply, staff must report such refusal to management or legal counsel, who must document the incident and, if possible, record the officer's name and badge number. The measure also establishes requirements for care transitions and discharge planning consistent with state and federal law.

Dr. Crowley noted that the measure passed out of the Senate Judiciary Committee with amendments on April 21 and the amendments were not in print in time to be discussed at the Committee meeting.

Dr. Crowley further noted that the April 28th amendments to SB 915 add several clarifications and protections for health care providers when treating patients accompanied by immigration enforcement officers. The amendments specify that a provider satisfies its obligations as long as it complies with the bill's requirements, even if an immigration officer refuses to follow those requirements. Additional language shields providers from liability when they attempt, in good faith, to coordinate discharge planning but cannot reach the receiving facility. A final amendment creates a carve out stating that if a patient in immigration custody also has a valid judicial warrant for a criminal violation, the bill does not prevent the patient from being subject to the same custody related restrictions that apply to other patients in law enforcement custody.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that, as amended, Senate Bill 964 enables a patient's treating provider to adjust patient medication doses or dosing frequency without seeking prior authorization from health plans or insurers, under specified conditions. The measure was currently in the Senate Appropriations Committee Suspense file.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that current law prohibits health care service plans (except

Medi-Cal managed care plans) and health insurers from requiring prior authorization or step therapy for medically necessary PrEP or PEP, but allows them to apply these restrictions to other therapeutically equivalent versions as long as one option is available without restriction.

Senate Bill 1023 removes that exception and fully prohibits prior authorization or step therapy for all antiretroviral drugs, devices, or products used for HIV prevention. Beginning January 1, 2027, any plan that covers FDA-approved, non-self-administered HIV prevention treatments as a medical benefit must also cover them as an outpatient prescription drug benefit.

This measure is similar to AB 554, which the governor vetoed, but differs in scope. AB 554 broadly addressed coverage and access requirements for all antiretroviral drugs used for HIV treatment and prevention, while this bill focuses narrowly on resolving a specific reimbursement issue for injectable, long-acting PrEP by creating a workable billing pathway for clinics. The Board had a support position for AB 554. This measure was on the Senate Appropriations Committee suspense file.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 10 Oppose: 0 Abstain: 1 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support

Sandhu	Support
Serpa	Support
Thibeau	Abstain

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

Dr. Crowley advised that, as amended, Senate Bill 1094 would allow a pharmacist to substitute a biosimilar drug (a nearly identical version of a brand-name biologic drug) when filling a prescription; as long as the prescription does not include “do not substitute” or words of similar meaning, as specified. Following release of the Committee meeting materials, this measure passed out of the Senate Health Committee and will be considered by the Senate Appropriations Committee on May 4.

Dr. Crowley noted that current law grants a pharmacist the authority to select an interchangeable biological product, and this measure expands these provisions to allow a pharmacist to select a biosimilar product.

Dr. Crowley further noted that during the Committee meeting, Committee members discussed the differences between biosimilar substitution and generic substitution, where a doctor can indicate “do not substitute.” The Committee received public comment expressing concern about possible patient steering, the potential cost of biosimilars, and that the cost will not translate into savings for patients. Additionally, public comment noted that current drug formularies address this area.

The Committee did not recommend a position, and believed the Board should watch the measure and consider it at its meeting in June.

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

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

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

Dr. Crowley advised that Senate Bill 1199 requires plans and insurers to count *all* payments made by or on behalf of an enrollee—including permitted manufacturer assistance—toward their out-of-pocket maximum and other cost-sharing requirements. It also establishes an administrative penalty for each violation by a health insurer, enforceable by the Insurance Commissioner after notice and an opportunity for a hearing.

Dr. Crowley noted that the measure appeared to be designed to benefit patients by ensuring that any financial assistance they receive toward prescription drugs—such as manufacturer copay coupons or third-party assistance—counts toward their in-network deductible and out-of-pocket maximum. Following release of the Board meeting materials, the measure passed out of the Senate Health Committee and was referred to Senate Appropriations.

Dr. Crowley further noted that during Committee discussions, members noted that financial assistance coupons are particularly important for high-cost medications and emphasized that, once a deductible is met, the source of payment should not be a determining factor.

The Committee recommended that the Board establish a support position on the measure.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

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

Dr. Crowley advised that existing law allows schools to stock emergency albuterol inhalers and permits school nurses or trained volunteers to use them to assist individuals experiencing respiratory distress. As amended, Senate Bill 1347 expands that program to include childcare programs operated by or contracting with a school district, county office of education, or charter school. The measure remains on the Senate Third Reading File.

Dr. Crowley noted that the measure's provisions appear only in the Education Code, which may limit pharmacies' awareness that they can legally dispense inhalers under these provisions. Board staff suggested making technical amendments to also reference this authority in Pharmacy Law, similar to existing cross-references for emergency epinephrine and naloxone in Business and Professions Code sections 4119.2 and 4119.8. Adding a parallel provision in Pharmacy Law could help ensure pharmacies clearly understand their authority to furnish emergency albuterol inhalers to schools and childcare programs.

The Committee recommended a support position on the measure, with the recommendation for staff to offer technical amendments.

The Committee's recommendation served as the motion.

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

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

**Support: 11 Oppose: 0 Abstain: 0 Not Present: 2**

<b>Board Member</b>	<b>Vote</b>
Barker	Support
Chandler	Not Present
Crowley	Support
Dong	Support
Hughes	Not Present
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

b. Discussion of Board Regulations

Dr. Crowley advised that all items included in the regulations portion of the report were for information only. Dr. Crowley noted that, as detailed in the meeting materials and associated attachments, the Board had several regulations in various stages of promulgation. The Board had one regulation undergoing a 45-day comment period, four regulations undergoing pre-notice review, staff are revising or preparing regulation documents for two regulations, three regulations have been withdrawn from the Office of Administrative Law (OAL), and one package was approved by OAL.

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

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

**XVII. Executive Officer Report**

Ms. Sodergren provided updates on several opportunities for Board members to become further involved with NABP and noted that survey results are pending to guide next steps following the joint forum on controlled substances and medications for opioid use disorder that was held last December. Ms. Sodergren also reported on the Board's new mobile inspection program.

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

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

The meeting adjourned at 2:13 p.m.