Statutory Changes in Pharmacy Law
Unless otherwise noted, the provisions take effect January 1, 2026.
Underlined text is added language; ~~strikethrough~~ text is deleted language.

The Pharmacy Lawbook is a compilation of California laws and regulations governing the practice of pharmacy in California, but is not an official edition of those laws and regulations. While we try to ensure that the material in the Pharmacy Lawbook is accurate and up-to-date, those relying on it for legal research should verify their results against the most current official edition of California statutes and regulations, available at https://leginfo.legislature.ca.gov/faces/home.xhtml and https://govt.westlaw.com/calregs/Index?transitionType=Default&contextData=%28sc.Default%29

Updated 2/2026 to correct BPC section 4064.5(e)

Business and Professions Code

144.7.
(a) For purposes of any code or statute, a national or regional accrediting agency recognized by the United States Department of Education as of January 1, 2025, shall retain that recognition until July 1, 2029, provided that the accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025.
(b) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

733.
(a) A licentiate shall not obstruct a patient in obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary or administrative action by ~~his or her~~ their licensing agency.
(b) Notwithstanding any other law, a licentiate shall dispense drugs and devices, as described in subdivision (a) of Section 4024, pursuant to a lawful order or prescription unless one of the following circumstances exists:
  (1) Based solely on the licentiate's professional training and judgment, dispensing pursuant to the order or the prescription is contrary to law, or the licentiate determines that the prescribed drug or device would cause a harmful drug interaction or would otherwise adversely affect the patient's medical condition.
  (2) The prescription drug or device is not in stock. If an order, other than an order described in Section 4019, or prescription cannot be dispensed because the drug or device is not in stock, the licentiate shall take one of the following actions:
    (A) Immediately notify the patient and arrange for the drug or device to be delivered to the site or directly to the patient in a timely manner.
    (B) Promptly transfer the prescription to another pharmacy known to stock the prescription drug or device that is near enough to the site from which the

prescription or order is transferred, to ensure the patient has timely access to the drug or device.

(C) Return the prescription to the patient and refer the patient. The licentiate shall make a reasonable effort to refer the patient to a pharmacy that stocks the prescription drug or device that is near enough to the referring site to ensure that the patient has timely access to the drug or device.

(3) The licentiate refuses on ethical, moral, or religious grounds to dispense a drug or device pursuant to an order or prescription. A licentiate may decline to dispense a prescription drug or device on this basis only if the licentiate has previously notified ~~his or her~~ their employer, in writing, of the drug or class of drugs to which ~~he or she~~ the licentiate objects, and the licentiate's employer can, without creating undue hardship, provide a reasonable accommodation of the licentiate's objection. The licentiate's employer shall establish protocols that ensure that the patient has timely access to the prescribed drug or device despite the licentiate's refusal to dispense the prescription or order. For purposes of this section, "reasonable accommodation" and "undue hardship" shall have the same meaning as applied to those terms pursuant to subdivision (l) of Section 12940 of the Government Code.

(c) For the purposes of this section, "prescription drug or device" has the same meaning as the definition in Section 4022.

(d) This section applies to emergency contraception drug therapy, over-the-counter contraceptives, and self-administered prescription-only hormonal contraceptives described in Section 4052.3.

(e) This section imposes no duty on a licentiate to dispense a drug or device pursuant to a prescription or order without payment for the drug or device, including payment directly by the patient or through a third-party payer accepted by the licentiate or payment of any required copayment by the patient.

(f) The notice to consumers required by Section 4122 shall include a statement that describes patients' rights relative to the requirements of this section.

4001.

(a) There is in the Department of Consumer Affairs ~~a~~ the California State Board of Pharmacy in which the administration and enforcement of this chapter is vested. The board consists of 13 members.

(b) The Governor shall appoint seven pharmacists who are licensees in good standing and who reside in different parts of the state to serve as members of the board. The Governor shall appoint four public members, and the Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member who shall not be a licensee of the board, any other board under this division, or any board referred to in Section 1000 or 3600. Each appointing authority has power to remove from office at any time any member of the board appointed by that authority pursuant to Section 106.

(c) At least five of the seven pharmacist appointees to the board shall be pharmacists who are actively engaged in the practice of pharmacy. Additionally, the membership of the board shall include at least one pharmacist representative from each of the following practice settings: an acute care hospital, an independent community pharmacy, a chain community pharmacy, a compounding pharmacy specializing in human drug preparations, and a long-term health care or skilled

nursing facility. The pharmacist appointees shall also include a pharmacist who is a member of a labor union that represents pharmacists. 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.

(d) Members of the board shall be appointed for a term of four years. No person shall serve as a member of the board for more than two consecutive terms. Each member shall hold office until the appointment and qualification of their successor or until one year shall have elapsed since the expiration of the term for which the member was appointed, whichever first occurs. Vacancies occurring shall be filled by appointment for the unexpired term.

(e) Each member of the board shall receive a per diem and expenses as provided in Section 103.

(f) This section shall remain in effect only until January 1, ~~2026,~~ 2030, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

4001.5.

(a) The board shall establish and appoint a Pharmacy Technician Advisory Committee to advise and make recommendations to the board on matters relating to pharmacy technicians.

(b) The committee shall serve only in an advisory capacity to the board and the objectives, duties, and actions of the committee shall not be a substitute for, nor conflict with, any of the powers, duties, and responsibilities of the board.

(c) The committee shall consist of the following:

(1) Four licensed pharmacy technicians representing a range of practice settings to provide a diversity of perspectives.

(2) Two licensed pharmacists, of whom one shall be a member of the board and shall be appointed by the board president.

(3) One member of the public.

4003.

(a) The board, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in them by this chapter. The executive officer shall not be a member of the board.

(b) The executive officer shall receive the compensation as established by the board with the approval of the Director of Finance. The executive officer shall also be entitled to travel and other expenses necessary in the performance of their duties.

(c) The executive officer shall maintain and update in a timely fashion records containing the names, titles, qualifications, and places of business of all persons subject to this chapter.

(d) The executive officer shall give receipts for all money received by them and pay it to the department, taking its receipt therefor. Besides the duties required by this chapter, the executive officer shall perform other duties pertaining to the office as may be required of them by the board.

(e) This section shall remain in effect only until January 1, ~~2026,~~ 2030, and as of that date is repealed.

4014.

(a) The board shall have exclusive authority to interpret and enforce the provisions of this chapter regarding the practice of pharmacy and the licensing of pharmacists and pharmacies.
(b) Any violation of this chapter by a licensee of the board shall be determined exclusively by the board.
(c) The board shall have the sole authority to conduct investigations, hold hearings, and impose disciplinary actions for violations of this chapter by licensees of the board.
(d) Nothing in this section shall be construed to prohibit the board from evaluating or acting regarding unlicensed activity.

4016.5.

"Advanced ~~practice~~ pharmacist practitioner" means a licensed pharmacist who has been recognized as an advanced ~~practice~~ pharmacist practitioner by the board, pursuant to Section 4210. A board-recognized advanced ~~practice~~ pharmacist practitioner is entitled to practice advanced practice pharmacy, as described in Section 4052.6, within or outside of a licensed pharmacy as authorized by this chapter.

4036.

"Pharmacist" means a natural person to whom a license has been issued by the board, under Section 4200, except as specifically provided otherwise in this chapter. The holder of an unexpired and active pharmacist license issued by the board is entitled to practice pharmacy as defined by this chapter, within or outside of a licensed pharmacy ~~as authorized by this chapter~~.

4037.

(a) "Pharmacy" means an area, place, or premises licensed by the board in which the profession of ~~pharmacy~~ pharmacist is practiced and where prescriptions are compounded. "Pharmacy" includes, but is not limited to, any area, place, or premises described in a license issued by the board wherein controlled substances, dangerous drugs, or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, or repackaged, and from which the controlled substances, dangerous drugs, or dangerous devices are furnished, sold, or dispensed at retail.
(b) "Pharmacy" shall not include any area in a facility licensed by the State Department of Public Health where floor supplies, ward supplies, operating room supplies, or emergency room supplies of dangerous drugs or dangerous devices are stored or possessed solely for treatment of patients registered for treatment in the facility or for treatment of patients receiving emergency care in the facility.

4038.

(a) "Pharmacy technician" means an individual who assists a pharmacist in a pharmacy in the performance of ~~his or her~~ their pharmacy related duties, as specified in Section 4115.

(b) A "pharmacy technician trainee" is a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational ~~Education.~~ Education or an accredited employer-based pharmacy technician training program.

4040.

(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:
  (1) Given individually for the person or persons for whom ordered that includes all of the following:
    (A) The name or names and address of the patient or patients.
    (B) The name and quantity of the drug or device prescribed and the directions for use.
    (C) The date of issue.
    (D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, the prescriber's license classification, and the prescriber's federal registry number, if a controlled substance is prescribed.
    (E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.
    (F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order pursuant to Section 4052, 4052.1, 4052.2, or 4052.6.
  (2) Issued by a physician, dentist, optometrist, doctor of podiatric medicine, veterinarian, nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to Section 4052, 4052.1, 4052.2, or 4052.6 by a pharmacist licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than

an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

4040.6.

"Self-assessment process" means the process of self-evaluation of a facility's compliance with state and federal laws as a means to promote compliance through self-examination and education. The self-assessment process shall be performed on a form approved by the board in consultation with stakeholders and posted on its internet website.

4050.

(a) For the purposes of this section, "state agency" includes every state office, officer, department, division, bureau, board, authority, and commission.

~~(a)~~(b) In recognition of and consistent with the decisions of the appellate courts of this state, the Legislature hereby declares the practice of pharmacy to be a profession.

~~(b)~~(c) ~~Pharmacy~~ Pharmacist practice is a dynamic, patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of patient-care activities to optimize appropriate drug use, drug-related therapy, ~~and~~ disease management and prevention, and communication for clinical and consultative purposes. ~~Pharmacy~~ Pharmacist practice is continually evolving to include more sophisticated and comprehensive patient care activities.

~~(c)~~(d) The Legislature further declares that pharmacists are health care providers who have the authority to provide health care services.

(e) No state agency other than the board may define or interpret this chapter and its regulations for those licensed pursuant to this chapter or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal law.

4051.

(a) For the purposes of this section, "accepted standard of care" means the degree of care a prudent and reasonable pharmacist licensed pursuant to this chapter, with similar education, training, experience, resources, and setting, would exercise in a similar situation.

~~(a)~~(b) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of a prescriber unless ~~he or she is~~ they are a pharmacist under this chapter.

~~(b)~~(c) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052, 4052.1, 4052.2, ~~4052.3,~~ or 4052.6, and otherwise provide clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:

(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a ~~patient.~~ patient or a patient's agent.

(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.

(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.
(4) The pharmacist provides the service or activity consistent with the accepted standard of care.

4052.

(a) Notwithstanding any other law, a pharmacist may do all of the following:
(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.
(2) Transmit a valid prescription to another pharmacist.
(3) Administer drugs and biological products that have been ordered by a prescriber.
(4) Perform procedures or functions ~~in a licensed health care facility~~ as authorized by ~~Section 4052.1.~~ *Sections 4052.1 and 4052.2.*
(5) ~~Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.~~ Furnish epinephrine.
(6) Perform procedures or functions as authorized by Section 4052.6.
(7) ~~Manufacture,~~ Furnish, manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.
(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease ~~prevention.~~ prevention, and furnish over-the-counter medications if requested.
(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to ~~other~~ patients and health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.
(10) (A) Furnish ~~the medications described in subparagraph (A) in accordance with subparagraph (B):~~ FDA-approved or authorized medications as part of preventative health care services that do not require a diagnosis, including any of the following:
~~(A)~~(i) Emergency ~~contraception drug therapy, over-the-counter contraceptives, and self-administered prescription-only hormonal contraceptives, as authorized by Section 4052.3.~~ contraception. A pharmacist shall not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this subdivision.
(ii) ~~Nicotine replacement products, as authorized by Section 4052.9.~~ Contraception.
(iii) ~~Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.~~ Smoking cessation.

(iv) ~~HIV preexposure prophylaxis, as authorized by Section 4052.02.~~ Travel medication.

(v) ~~HIV postexposure prophylaxis, as authorized by Section 4052.03.~~ Anti-viral or anti-infective medications.

(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

~~(11)~~(C) ~~Administer immunizations pursuant to a protocol with a prescriber.~~ Nothing in this section shall be construed as establishing an obligation on a pharmacist to report an over-the-counter medication sold to a patient that was not captured as a prescription.

~~(12)~~(11) Order and interpret tests ~~for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber~~.

(12) Initiate, adjust, or discontinue drug therapy for a patient under either of the following:

~~(13)~~(A) ~~Initiate, adjust, or discontinue drug therapy for a patient under a~~ A collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single or multiple pharmacists and a single or multiple health care providers with prescriptive authority.

(B) An order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the entity providing health care services, unless a patient's treating prescriber otherwise prohibits the action.

~~(14)~~(13) ~~Provide medication-assisted treatment pursuant to a state protocol, to~~ Furnish medication used to reverse opioid overdose and medication used to treat substance use disorder to the extent authorized by federal law.

(14) Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change.

(15) Initiate and administer immunizations for persons three years of age and older pursuant to this article.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

(d) Nothing in this section shall be construed as establishing an obligation on a pharmacist to perform or provide a service or function authorized by subdivision (a) if the pharmacist has made a professional determination that any of the following apply:

(1) The pharmacist lacks sufficient education, training, or expertise, or access to sufficient patient medical information, to perform the service or function properly or safely.

(2) Performing or providing the service or function would place a patient at risk.

(3) Pharmacist staffing at the pharmacy is insufficient to facilitate comprehensive patient care.

(e) A pharmacist shall notify a patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider or requests not to notify the primary care provider, the pharmacist shall provide the patient with a written or electronic record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

(f) Nothing in this section shall be construed as establishing an obligation on a pharmacist to perform or provide authorized services without payment for the services, including payment directly by the patient, payment through a third-party payer, or payment of any required copayment by the patient.

~~**4052.01.**~~

~~(a) Notwithstanding any other provision of law, a pharmacist may furnish federal Food and Drug Administration-approved opioid antagonist in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. In developing those standardized procedures or protocols, the board and the Medical Board of California shall include the following:~~

~~(1) Procedures to ensure education of the person to whom the drug is furnished, including, but not limited to, opioid overdose prevention, recognition, and response, safe administration of opioid antagonists, potential side effects or adverse events, and the imperative to seek emergency medical care for the patient.~~

~~(2) Procedures to ensure the education of the person to whom the drug is furnished regarding the availability of drug treatment programs.~~

~~(3) Procedures for the notification of the patient's primary care provider with patient consent of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent.~~

~~(b) A pharmacist furnishing an opioid antagonist pursuant to this section shall not permit the person to whom the drug is furnished to waive the consultation required by the board and the Medical Board of California.~~

~~(c) Prior to performing a procedure authorized under this section, a pharmacist shall complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of opioid antagonists.~~

(d) The board and the Medical Board of California are each authorized to ensure compliance with this section. Each board is specifically charged with enforcing this section with respect to its respective licensees. This section does not expand the authority of a pharmacist to prescribe any prescription medication.

(e) The board may adopt emergency regulations to establish the standardized procedures or protocols. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this subdivision are exempt from review by the Office of Administrative Law. The emergency regulations authorized by this subdivision shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect until the earlier of 180 days following their effective date or the effective date of regulations adopted pursuant to subdivision (a).

4052.02.

(a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV preexposure prophylaxis in accordance with this section.

(b) For purposes of this section, "preexposure prophylaxis" means a prescription drug approved by the federal Food and Drug Administration or recommended by the federal Centers for Disease Control and Prevention to reduce a person's chance of contracting HIV.

(c) For purposes of this section, "CDC guidelines" means the "2017 Preexposure Prophylaxis for the Prevention of HIV Infection in the United States–2017 Update: A Clinical Practice Guideline," or any subsequent guidelines or recommendations published by the federal Centers for Disease Control and Prevention.

(d) Before furnishing preexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.

(e) A pharmacist may furnish up to a 90-day course of preexposure prophylaxis if all of the following conditions are met:

(1) The patient is HIV negative, as documented by a negative HIV test result obtained consistent with CDC guidelines. If the patient does not provide evidence of a negative HIV test in accordance with this paragraph, the pharmacist shall order an HIV test. If the test results are not transmitted directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction. If the patient tests positive for HIV infection, the pharmacist or person administering the test shall direct the patient to a primary care provider and provide a list of providers and clinics in the region.

(2) The patient does not report any signs or symptoms of acute HIV infection on a self-reported checklist of acute HIV infection signs and symptoms.

(3) The patient does not report taking any contraindicated medications.

(4) The pharmacist provides counseling to the patient on the ongoing use of preexposure prophylaxis, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of childbearing capacity.

(5) The pharmacist notifies the patient that the patient may need to be seen by a primary care provider to receive subsequent prescriptions for preexposure prophylaxis and that a pharmacist may not furnish a 90-day course of preexposure prophylaxis to a single patient more than once every two years unless the pharmacist ensures that the patient receives testing and followup care consistent with CDC guidelines.

(6) The pharmacist documents, to the extent possible, the services provided by the pharmacist in the patient's record in the record system maintained by the pharmacy. The pharmacist shall maintain records of preexposure prophylaxis furnished to each patient.

(7) The pharmacist does not furnish more than a 90-day course of preexposure prophylaxis to a single patient more than once every two years, unless directed otherwise by a prescriber.

(8) The pharmacist notifies the patient's primary care provider that the pharmacist completed the requirements specified in this subdivision. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of primary care providers in the region.

(f)(1) A pharmacist may furnish preexposure prophylaxis beyond a 90-day course if all of the following conditions are met:

(A) The pharmacist ensures that the patient receives testing and followup care consistent with CDC guidelines, which may include timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of childbearing capacity.

(B) The pharmacist documents, to the extent possible, the services provided by the pharmacist in the patient's record in the record system maintained by the pharmacy. The pharmacist shall maintain records of preexposure prophylaxis furnished to each patient.

(C) The pharmacist notifies the patient's primary care provider that the pharmacist completed the requirements specified in this subdivision. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of primary care providers in the region.

(2) Notwithstanding paragraph (1), this section shall not be construed to expand the scope of practice of a pharmacist beyond that which is authorized by Sections 4052 and 4052.4.

(g) A pharmacist initiating or furnishing preexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.

(h) The board, by October 31, 2024, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations

pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.

4052.03.

(a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV postexposure prophylaxis in accordance with this section.

(b) For purposes of this section, "postexposure prophylaxis" means any of the following:

(1) Tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), taken once daily, in combination with either raltegravir (400 mg), taken twice daily, or dolutegravir (50 mg), taken once daily.

(2) Tenofovir disoproxil fumarate (TDF) (300 mg) and emtricitabine (FTC) (200 mg), taken once daily, in combination with darunavir (800 mg) and ritonavir (100 mg), taken once daily.

(3) Another drug or drug combination determined by the board to meet the same clinical eligibility recommendations provided in CDC guidelines.

(c) For purposes of this section, "CDC guidelines" means the "Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV–United States, 2016," or any subsequent guidelines, published by the federal Centers for Disease Control and Prevention.

(d) Before furnishing postexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.

(e) A pharmacist shall furnish a complete course of postexposure prophylaxis if all of the following conditions are met:

(1) The pharmacist screens the patient and determines the exposure occurred within the previous 72 hours and the patient otherwise meets the clinical criteria for postexposure prophylaxis consistent with CDC guidelines.

(2) The pharmacist provides HIV testing that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) or determines the patient is willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo HIV testing but is otherwise eligible for postexposure prophylaxis under this section, the pharmacist may furnish postexposure prophylaxis.

(3) The pharmacist provides counseling to the patient on the use of postexposure prophylaxis consistent with CDC guidelines, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV and sexually transmitted diseases. The pharmacist shall also

~~inform the patient of the availability of preexposure prophylaxis for persons who are at substantial risk of acquiring HIV.~~

~~(4) The pharmacist notifies the patient's primary care provider of the postexposure prophylaxis treatment. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of physicians and surgeons, clinics, or other health care service providers to contact regarding followup care for postexposure prophylaxis.~~

~~(f) A pharmacist initiating or furnishing postexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.~~

~~(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.~~

4052.04.

(a) In addition to the authority provided in Section 4052, a pharmacist may furnish COVID-19 oral therapeutics following a positive test for SARS-CoV-2, the virus that causes COVID-19.

(b) Prior to furnishing COVID-19 oral therapeutics pursuant to subdivision (a), a pharmacist shall utilize relevant and appropriate evidence-based clinical guidelines published by the federal Food and Drug Administration in providing these patient care services.

(c) A pharmacist who furnishes COVID-19 oral therapeutics shall notify the patient's primary care provider, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs furnished and advise the patient to consult a physician of the patient's choice.

(d) A pharmacist shall document, to the extent possible, the kind and amounts of COVID-19 oral therapeutics furnished pursuant to subdivision (a), as well as information regarding any testing services provided, in the patient's record in the record system maintained by the pharmacy. The records shall be maintained for three years and shall be available for inspection by all properly authorized personnel of the board.

(e) For purposes of this section, "COVID-19 oral therapeutics" means drugs that are approved or authorized by the United States Food and Drug Administration for the treatment of COVID-19 and administered orally.

~~(f) This section shall remain in effect only until January 1, 2026, and as of that date is repealed.~~

4052.05.

A pharmacist may independently initiate and administer an immunization that, on January 1, 2025, had in effect a recommendation from the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention,

regardless of whether the immunization is recommended for routine use, or as modified or supplemented by the State Department of Public Health pursuant to Section 120164 of the Health and Safety Code, to individuals three years of age or older.

4052.3. (Effective September 26, 2025)

(a)(1) Notwithstanding any other law, a pharmacist may furnish self-administered prescription-only hormonal contraceptives in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The standardized procedure or protocol shall require that the patient use a self-screening tool that will identify patient risk factors for use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use developed by the federal Centers for Disease Control and Prevention, and that the pharmacist refer the patient to the patient's primary care provider or, if the patient does not have a primary care provider, to nearby clinics, upon furnishing a self-administered hormonal contraceptive pursuant to this subdivision, or if it is determined that use of a self-administered hormonal contraceptive is not recommended.

(2) The board and the Medical Board of California are both authorized to ensure compliance with this subdivision, and each board is specifically charged with the enforcement of this subdivision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.

(b)(1) Notwithstanding any other law, a pharmacist may furnish emergency contraception drug therapy in accordance with either of the following:

(A) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within ~~his or her~~ their scope of practice.

(B) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The board and the Medical Board of California are both authorized to ensure compliance with this clause, and each board is specifically charged with the enforcement of this provision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.

(2) Prior to performing a procedure authorized under this subdivision, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.

(3) A pharmacist, pharmacist's employer, or pharmacist's agent shall not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this subdivision, but may charge an administrative fee not to exceed ten dollars ($10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As

used in this paragraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. This paragraph shall become inoperative for dedicated emergency contraception drugs if these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.

(4) A pharmacist shall not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this subdivision.

(c) Notwithstanding any other law, a pharmacist may furnish over-the-counter contraceptives without the standardized procedures or protocols that subdivision (a) requires for prescription-only self-administered hormonal contraceptives.

~~(c)~~*(d)* For each emergency contraception drug therapy or self-administered prescription-only hormonal contraception initiated pursuant to this section, the pharmacist shall provide the recipient of the drug with a standardized factsheet that includes, but is not limited to, the indications and contraindications for use of the drug, the appropriate method for using the drug, the need for medical followup, and other appropriate information. The board shall develop this form in consultation with the State Department of Public Health, the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other health care organizations. This section does not preclude the use of existing publications developed by nationally recognized medical organizations.

~~4052.3.~~ (Effective January 1, 2026)

~~(a)(1) Notwithstanding any other law, a pharmacist may furnish self-administered prescription-only hormonal contraceptives in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The standardized procedure or protocol shall require that the patient use a self-screening tool that will identify patient risk factors for use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use developed by the federal Centers for Disease Control and Prevention, and that the pharmacist refer the patient to the patient's primary care provider or, if the patient does not have a primary care provider, to nearby clinics, upon furnishing a self-administered hormonal contraceptive pursuant to this subdivision, or if it is determined that use of a self-administered hormonal contraceptive is not recommended.~~

~~(2) The board and the Medical Board of California are both authorized to ensure compliance with this subdivision, and each board is specifically charged with the enforcement of this subdivision with respect to its respective licensees. This~~

subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.

(b)(1) Notwithstanding any other law, a pharmacist may furnish emergency contraception drug therapy in accordance with either of the following:

(A) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within their scope of practice.

(B) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The board and the Medical Board of California are both authorized to ensure compliance with this clause, and each board is specifically charged with the enforcement of this provision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.

(2) Prior to performing a procedure authorized under this subdivision, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.

(3) A pharmacist, pharmacist's employer, or pharmacist's agent shall not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this subdivision, but may charge an administrative fee not to exceed ten dollars ($10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this paragraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. This paragraph shall become inoperative for dedicated emergency contraception drugs if these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.

(4) A pharmacist shall not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this subdivision.

(c) Notwithstanding any other law, a pharmacist may furnish over-the-counter contraceptives without the standardized procedures or protocols that subdivision (a) requires for prescription-only self-administered hormonal contraceptives.

(d) For each emergency contraception drug therapy or self-administered prescription-only hormonal contraception initiated pursuant to this section, the pharmacist shall provide the recipient of the drug with a standardized factsheet that includes, but is

~~not limited to, the indications and contraindications for use of the drug, the appropriate method for using the drug, the need for medical followup, and other appropriate information. The board shall develop this form in consultation with the State Department of Public Health, the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other health care organizations. This section does not preclude the use of existing publications developed by nationally recognized medical organizations.~~

4052.6.

(a) A pharmacist recognized by the board as an advanced ~~practice~~ pharmacist *practitioner* may do all of the following:
(1) Perform patient assessments.
(2) Order and interpret drug therapy-related tests.
(3) Refer patients to other health care providers.
(4) Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.
(5) Initiate, adjust, or discontinue drug therapy.

(b) A pharmacist who adjusts or discontinues drug therapy shall promptly transmit written notification to the patient's diagnosing prescriber or enter the appropriate information in a patient record system shared with the prescriber, as permitted by that prescriber. A pharmacist who initiates drug therapy shall promptly transmit written notification to, or enter the appropriate information into, a patient record system shared with the patient's primary care provider or diagnosing provider, as permitted by that provider.

(c) This section shall not interfere with a physician's order to dispense a prescription drug as written, or other order of similar meaning.

(d) Prior to initiating or adjusting a controlled substance therapy pursuant to this section, a pharmacist shall personally register with the federal Drug Enforcement Administration.

(e) A pharmacist who orders and interprets tests pursuant to paragraph (2) of subdivision (a) shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

~~4052.7.~~4119.3.

(a) A pharmacy may, at a patient's request, repackage a drug previously dispensed to the patient or to the patient's agent pursuant to a prescription.

(b) Any pharmacy providing repackaging services shall have in place policies and procedures for repackaging these drugs and shall label the repackaged prescription container with the following:

(1) All the information required by Section 4076.

(2) The name and address of the pharmacy repackaging the drug and the name and address of the pharmacy that initially dispensed the drug to the patient.

(c) The repackaging pharmacy and the pharmacy that initially dispensed the drug shall only be liable for its own actions in providing the drug to the patient or the patient's agent.

~~4052.8.~~

~~(a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer any vaccine that has been approved or authorized by the federal Food and Drug Administration and received a federal Advisory Committee on Immunization Practices individual vaccine recommendation published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older.~~

~~(b) In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following:~~

~~(1) Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.~~

~~(2) Be certified in basic life support.~~

~~(3) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.~~

~~(c) A pharmacist administering immunizations pursuant to this section, or paragraph (11) of subdivision (a) of Section 4052, may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.~~

~~4052.9.~~

~~(a) A pharmacist may furnish nicotine replacement products approved by the federal Food and Drug Administration for use by prescription only in accordance with standardized procedures and protocols developed and approved by both the board and the Medical Board of California in consultation with other appropriate entities and provide smoking cessation services if all of the following conditions are met:~~

~~(1) The pharmacist maintains records of all prescription drugs and devices furnished for a period of at least three years for purposes of notifying other health care providers and monitoring the patient.~~

~~(2) The pharmacist notifies the patient's primary care provider of any drugs or devices furnished to the patient, or enters the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist provides the patient with a written record of the drugs or devices furnished and advises the patient to consult a physician of the patient's choice.~~

~~(3) The pharmacist is certified in smoking cessation therapy by an organization recognized by the board.~~

~~(4) The pharmacist completes one hour of continuing education focused on smoking cessation therapy biennially.~~

~~(b) The board and the Medical Board of California are both authorized to ensure compliance with this section, and each board is specifically charged with the enforcement of this section with respect to their respective licensees. Nothing in this section shall be construed to expand the authority of a pharmacist to prescribe any other prescription medication.~~

4064.

(a) A prescription for a dangerous drug or dangerous device may be refilled without the prescriber's authorization if the prescriber is unavailable to authorize the refill and if, in the pharmacist's professional judgment, failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being.

(b) The pharmacist shall inform the patient that the prescription was refilled pursuant to this section.

(c) The pharmacist shall inform the prescriber within a reasonable period of time of any refills dispensed pursuant to this section.

~~(d) Prior to refilling a prescription pursuant to this section, the pharmacist shall make every reasonable effort to contact the prescriber. The pharmacist shall make an appropriate record, including the basis for proceeding under this section.~~

~~(e)~~*(d)* The prescriber shall not incur any liability as the result of a refilling of a prescription pursuant to this section.

~~(f)~~*(e)* Notwithstanding Section 4060 or any other law, a person may possess a dangerous drug or dangerous device furnished without prescription pursuant to this section.

~~(g) During a proclaimed state of emergency, nothing in either this section or any other provision of this chapter prohibits a pharmacist, a clinic licensed under Section 4180, or a mobile pharmacy or clinic described in subdivision (c) of Section 4062 from refilling a prescription if the prescriber is unavailable, or if after a reasonable effort has been made, the pharmacist, clinic, or mobile pharmacy is unable to contact the prescriber.~~

4064.5.

(a) A pharmacist may dispense not more than a 90-day supply of a dangerous drug other than a controlled substance pursuant to a valid prescription that specifies an initial quantity of less than a 90-day supply followed by periodic refills of that amount if all of the following requirements are satisfied:
  (1) The patient has completed an initial 30-day supply of the dangerous drug.
  (2) The total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription, including refills.
  (3) The prescriber has not specified on the prescription that dispensing the prescription in an initial amount followed by periodic refills is medically necessary.
  (4) The pharmacist is exercising ~~his or her~~ <u>their</u> professional judgment.

(b) For purposes of this section, if the prescription continues the same medication as previously dispensed in a 90-day supply, the initial 30-day supply under paragraph (1) of subdivision (a) is not required.

(c) A pharmacist dispensing an increased supply of a dangerous drug pursuant to this section shall notify the prescriber of the increase in the quantity of dosage units dispensed.

~~(d) In no case shall a pharmacist dispense a greater supply of a dangerous drug pursuant to this section if the prescriber personally indicates, either orally or in their own handwriting, "No change to quantity," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "No change to quantity," provided that the prescriber personally initials the box or checkmark. To indicate that an increased supply shall not be dispensed pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "No change to quantity," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "No change to quantity." In either instance, it shall not be required that the prohibition on an increased supply be manually initialed by the prescriber.~~

~~(e)~~(d) This section shall not apply to psychotropic medication or psychotropic drugs as described in subdivision (d) of Section 369.5 of the Welfare and Institutions Code.

~~(f)~~(e) ~~Except for the provisions of subdivision (d), this~~ This section does not apply to FDA-approved, self-administered hormonal contraceptives.

(1) A pharmacist shall furnish or dispense, at a patient's request, up to a 12-month supply of an FDA-approved, self-administered hormonal contraceptive pursuant to a valid prescription that specifies an initial quantity followed by periodic refills.

(2) Nothing in this subdivision shall be construed to require a pharmacist to dispense or furnish a drug if it would result in a violation of Section 733.

(g) Nothing in this section shall be construed to require a health care service plan, health insurer, workers' compensation insurance plan, pharmacy benefits manager, or any other person or entity, including, but not limited to, a state program or state employer, to provide coverage for a dangerous drug in a manner inconsistent with a beneficiary's plan benefit.

4067.

(a) No person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in Section 4022, on the internet for delivery to any person in this state without a prescription issued pursuant to ~~a good faith~~ *an appropriate* prior examination of ~~a~~ *the* human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to ~~a good faith~~ *an appropriate* prior examination of ~~a~~ *the* human or animal, or if the person or entity did not act in accordance with Section 1761 of Title 16 of the California Code of Regulations.

(b) Notwithstanding any other provision of law, a violation of this section may subject the person or entity that has committed the violation to either a fine of up to twenty-five thousand dollars ($25,000) per occurrence pursuant to a citation issued by the board or a civil penalty of twenty-five thousand dollars ($25,000) per occurrence.

(c) The Attorney General may bring an action to enforce this section and to collect the fines or civil penalties authorized by subdivision (b).

(d) For notifications made on and after January 1, 2002, the Franchise Tax Board, upon notification by the Attorney General or the board of a final judgment in an action brought under this section, shall subtract the amount of the fine or awarded civil penalties from any tax refunds or lottery winnings due to the person who is a defendant in the action using the offset authority under Section 12419.5 of the Government Code, as delegated by the Controller, and the processes as

established by the Franchise Tax Board for this purpose. That amount shall be forwarded to the board for deposit in the Pharmacy Board Contingent Fund.

(e) Nothing in this section shall be construed to permit the unlicensed practice of pharmacy, or to limit the authority of the board to enforce any other provision of this chapter.

(f) For the purposes of this section, ~~"good faith~~ "*appropriate* prior examination" includes the requirements for a physician and surgeon in Section 2242 and the requirements for a veterinarian in Section 4826.6.

4068.

(a) Notwithstanding any provision of this chapter, except as provided in subdivision (b), a prescriber may dispense a dangerous drug, including a controlled substance, to an emergency room patient if all of the following apply:

(1) The hospital pharmacy is closed and there is no pharmacist available in the hospital.

(2) The dangerous drug is acquired by the hospital pharmacy.

(3) The dispensing information is recorded and provided to the pharmacy when the pharmacy reopens.

(4) The hospital pharmacy retains the dispensing information and, if the drug is a schedule II, schedule III, or schedule IV controlled substance, reports the dispensing information to the Department of Justice pursuant to Section 11165 of the Health and Safety Code.

(5) The prescriber determines that it is in the best interest of the patient that a particular drug regimen be immediately commenced or continued, and the prescriber reasonably believes that a pharmacy located outside the hospital is not available and accessible at the time of dispensing to the patient.

(6) The quantity of drugs dispensed to any patient pursuant to this section are limited to that amount necessary to maintain uninterrupted therapy during the period when pharmacy services outside the hospital are not readily available or accessible, but shall not exceed a 72-hour supply.

(7) The prescriber shall ensure that the label on the drug contains all the information required by Section 4076.

(b) Notwithstanding any provision of this chapter, including subdivision (a), a prescriber may dispense an unused portion of a dangerous drug acquired by the hospital pharmacy to an emergency room patient upon discharge under all of the following conditions:

(1) The dangerous drug is not a controlled substance.

(2) The dangerous drug has been ordered and administered to the emergency room patient.

(3) The dangerous drug was administered from single patient use multidose packaging and can be self-administered by the patient, including, but not limited to, an inhaler, eye drop, ear drop, nose drop or spray, topical product, or liquid product.

(4) Dispensing the unused portion of the dangerous drug is required to continue treatment of the emergency room patient.

(5) The prescriber shall ensure that the label on the drug contains all of the information required by Section 4076.

~~(b)~~(c) The prescriber shall be responsible for any error or omission related to the drugs dispensed.

4076. (Effective September 26, 2025)

(a) A pharmacist shall not dispense a prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

(1) Except when the prescriber or the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to Section 4052 or pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6 orders otherwise, either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

(2) The directions for the use of the drug.

(3) The name of the patient or patients.

(4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to Section 4052 or pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(5) The date of issue.

(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

(7) The strength of the drug or drugs dispensed.

(8) The quantity of the drug or drugs dispensed.

(9) The expiration date of the effectiveness of the drug dispensed.

(10) The condition or purpose for which the drug was prescribed if the condition or purpose is indicated on the prescription.

(11)(A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

(i) Prescriptions dispensed by a veterinarian.

(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

(iii) Dispensed medications for which no physical description exists in a commercially available database.

(B) This paragraph applies to outpatient pharmacies only.

(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

(b) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system, as defined by administrative regulation, for a patient in a skilled nursing, intermediate care, or other health care facility, the requirements of this section will be satisfied if the unit dose medication system contains the aforementioned information or the information is otherwise readily available at the time of drug administration.

(c) If a pharmacist dispenses a dangerous drug or device in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose containers for a specific patient, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to Section 4052 or pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(d) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include the information required in paragraph (11) of subdivision (a) when the prescription drug is administered to a patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), or the Vocational Nursing Practice Act (Chapter 6.5 (commencing with Section 2840)), who is acting within the scope of practice.

(e) A pharmacist shall use professional judgment to provide a patient with directions for use that enhance the patient's understanding of those directions, consistent with the prescriber's instructions.

(f)(1) Notwithstanding subdivision (a) or any other law, a pharmacist may dispense a drug prescribed pursuant to Section 120582 of the Health and Safety Code and label the drug without the name of an individual for whom the drug is intended if the prescription includes the words "expedited partner therapy" or the letters "EPT."

~~(g)~~(2) A pharmacist who prescribes, dispenses, furnishes, or otherwise renders EPT, as authorized in subdivision (f), shall not be liable in, and shall not be subject to, a civil, criminal, or administrative action, sanction, or penalty for rendering EPT, if the use of EPT is in compliance with this section, except in cases of intentional misconduct, gross negligence, or wanton or reckless activity.

~~(h)~~(3) A pharmacist who provides EPT under this section shall provide written notification that describes the right of an individual who receives EPT to consult with a pharmacist about the medication dispensed and additional information regarding possible drug interactions.

(g)(1) Notwithstanding subdivision (a) or any other law, a pharmacist may, at their discretion, dispense brand name or generic mifepristone or any drug used for medication abortion without the name of the patient as required in paragraph (3) of subdivision (a), the name of the prescriber as required in paragraph (4) of

subdivision (a), or the name and address of the pharmacy as required in paragraph (6) of subdivision (a) if the prescription is labeled with a prescription number or other means of identifying the prescription.

(2) A pharmacist who dispenses, furnishes, or otherwise renders brand name or generic mifepristone or any drug used for medication abortion, as authorized in paragraph (1), shall maintain a log with the prescription numbers and the information required in paragraphs (1) to (10), inclusive, of subdivision (a).

(3) Notwithstanding Section 4081, all records maintained under paragraph (2) shall not be open to inspection by law enforcement without a valid, court-issued subpoena.

(4) This subdivision does not prohibit the investigation of an activity that is punishable as a crime under the laws of this state, provided that records maintained under paragraph (2) are not shared with an individual or entity from another state.

(5) A pharmacist shall inform the patient that the pharmacist is dispensing brand name or generic mifepristone or any drug used for medication abortion as authorized by this subdivision.

4081.

(a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

(b) The owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge, responsible manager, or designated representative-in-charge, for maintaining the records and inventory described in this section.

(c) The pharmacist-in-charge, responsible manager, or designated representative-in-charge shall not be criminally responsible for acts of the owner, officer, partner, or employee that violate this section and of which the pharmacist-in-charge, responsible manager, or designated representative-in-charge had no knowledge, or in which ~~he or she~~ they did not knowingly participate.

(d) Pharmacies that dispense nonprescription diabetes test devices pursuant to prescriptions shall retain records of acquisition and sale of those nonprescription diabetes test devices for at least three years from the date of making. The records shall be at all times during business hours open to inspection by authorized officers of the law.

(e)(1) In addition to the records described in subdivision (a), records that shall be maintained include policies and procedures related to pharmacy personnel and pharmacy operations. Such records shall be maintained in a readily retrievable format.

(2) Records described in paragraph (1) that are maintained electronically shall provide an audit trail for revisions and updates of each record.
(3) Prior versions of each electronically maintained record described in paragraph (2) shall be maintained in a readily retrievable format and include changes to the document, identification of the individual who made the change, and the date of each change.

4102.

(a)(1) As provided in this section, all facilities licensed by the board shall complete the self-assessment process by July 1 of every odd-numbered year, unless otherwise established in this section.
(2) The self-assessment process shall be completed on a form provided by the board pursuant to this section.
(b) The form shall be completed to assess the facility's compliance with federal and state laws identified on the form. For each "no" response, the facility shall undertake a written corrective action or action plan to come into compliance with the law.
(c)(1) The form shall be signed under penalty of perjury by the designated individual, pursuant to this section, and cosigned by the owner or authorized officer of the facility acknowledging they have read, reviewed, and completed the self-assessment to the best of their professional ability and acknowledge that failure to correct any deficiency identified could result in action by the board.
(2) The completed form shall be kept on file in the facility and made available to the board or its designee upon request.
(d) The facility shall use the appropriate designated form based on the type of license, as described in this subdivision and as posted on the board's internet website.
(1) The Community Pharmacy Self-Assessment/Hospital Outpatient Self-Assessment form shall be completed by the pharmacist-in-charge. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:
(A) A new pharmacy license is issued.
(B) There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy.
(C) There is a change in the location of a pharmacy to a new address.
(2) The Hospital Pharmacy Self-Assessment form shall be completed by the pharmacist-in-charge. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:
(A) A new pharmacy license is issued.
(B) There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy.
(C) There is a change in the location of a pharmacy to a new address.
(3) The Automated Drug Delivery System Self-Assessment form shall be completed by the pharmacist-in-charge of the pharmacy operating the system. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:
(A) A new pharmacy license is issued.
(B) There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy.
(C) There is a change in the location of a pharmacy to a new address.

(4) The Compounding Self-Assessment form shall be completed by the pharmacist-in-charge of each pharmacy that compounds drug products. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:
(A) A new pharmacy license is issued.
(B) There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy.
(C) There is a change in the location of a pharmacy to a new address.
(5) The Surgical Clinic Self-Assessment form shall be completed by the consulting pharmacist of the surgical clinic and cosigned by the professional director.
(6) The Wholesaler/Third-Party Logistics Provider Self-Assessment form shall be completed by the designated representative-in-charge or the wholesaler or responsible manager of the third-party logistics provider. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:
(A) A new license is issued.
(B) There is a change of designated representative-in-charge or responsible manager, and they become the new designated representative-in-charge or responsible manager.
(C) There is a change in the location to a new address.
(7) The Outsourcing Facility Self-Assessment form shall be completed by the designated quality control personnel. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:
(A) A new license is issued.
(B) There is a change in the designated quality control personnel.
(C) There is a change in the location to a new address.

4105.

(a) All records or other documentation ~~of the acquisition and disposition of dangerous drugs and dangerous devices~~ required to be maintained pursuant to this chapter by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.
(b) The licensee may remove the original records or documentation from the licensed premises on a temporary basis for license-related purposes. However, a duplicate set of those records or other documentation shall be retained on the licensed premises.
(c) The records required by this ~~section~~ chapter shall be retained on the licensed premises for a period of three years from the date of making. Paper records may be converted into a digital format and maintained only in a noneditable format. Certification that the digitized documents have not been altered may be required by the board.
(d)(1) Any records that are maintained electronically shall be maintained so that the pharmacist-in-charge, or the pharmacist on duty if the pharmacist-in-charge is not on duty, shall, at all times during which the licensed premises are open for business, be able to produce a ~~hardcopy and~~ hardcopy, digitized copy, or electronic copy of all records ~~of acquisition or disposition or other drug or dispensing related records~~ required by this chapter to be maintained electronically.

(2) In the case of a veterinary food-animal drug retailer, wholesaler, or third-party logistics provider, any records that are maintained electronically shall be maintained so that the designated representative-in-charge or the responsible manager, or the designated representative on duty or the designated representative-3PL on duty if the designated representative-in-charge or responsible manager is not on duty, shall, at all times during which the licensed place of business is open for business, be able to produce a ~~hardcopy and~~ hardcopy, digitized copy, or electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

(e)(1) Notwithstanding subdivisions (a), (b), and (c), the board may, upon written request, grant to a licensee a waiver of the requirements that the records described in subdivisions (a), (b), and (c) be kept on the licensed premises.

(2) A waiver granted pursuant to this subdivision shall not affect the board's authority under this section or any other provision of this chapter.

(f) When requested by an authorized officer of the law or by an authorized representative of the board, the owner, corporate officer, or manager of an entity licensed by the board shall provide the board with the requested records within three business days of the time the request was made. The entity may request in writing an extension of this timeframe for a period not to exceed 14 calendar days from the date the records were requested. A request for an extension of time is subject to the approval of the board. An extension shall be deemed approved if the board fails to deny the extension request within two business days of the time the extension request was made directly to the board.

4111.

(a) Except as otherwise provided in paragraph (2), or in subdivision (b), (d), or (e), the board shall not issue or renew a license to conduct a pharmacy to any of the following:

(1) A person or persons authorized to prescribe or write a prescription, as specified in Section 4040, in the State of California.

(2)(A) ~~A~~ Except as provided in subparagraph (B), a person or persons with whom a person or persons specified in paragraph (1) shares a community or other financial interest in the ~~permit~~ license sought.

(B) Subparagraph (A) shall not preclude the issuance of a new or renewal license to conduct a pharmacy if both of the following conditions are met:

(i) Both the person or persons specified in paragraph (1) and the person seeking the license provide statements that the person or persons specified in paragraph (1) disavow any community or financial interest in the license.

(ii) Any interest in the license that is shared community property, as defined in Section 65 of the Family Code, of a person specified in paragraph (1) and the person seeking the license is transmuted into the separate property of the person seeking the license.

(C) A pharmacy that is granted a license pursuant to the exception in subparagraph (B) shall not fill any prescriptions, emergency or otherwise, issued or prescribed by either of the following persons:

(i) A person specified in paragraph (1) who shares a community or other financial interest with the licensee.

(ii) A prescriber at the same place of business as a person specified in clause (i) if the prescriber owns an interest greater than 10 percent in the practice issuing the prescription.

(3) Any corporation that is controlled by, or in which 10 percent or more of the stock is owned by a person or persons prohibited from pharmacy ownership by paragraph (1) or (2).

(b) Subdivision (a) shall not preclude the issuance of a permit for an inpatient hospital pharmacy to the owner of the hospital in which it is located.

(c) The board may require any information the board deems is reasonably necessary for the enforcement of this section.

(d) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a person licensed on or before August 1, 1981, under the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and qualified on or before August 1, 1981, under subsection (d) of Section 1310 of Title XIII of the federal Public Health Service Act, as amended, whose ownership includes persons defined pursuant to paragraphs (1) and (2) of subdivision (a).

(e)(1) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a ~~pharmacist authorized to issue a drug order pursuant to Section 4052.1, 4052.2, or 4052.6.~~ pharmacist.

(2) If the board issues a license pursuant to paragraph (1), the pharmacist owning or owning and operating the pharmacy shall do both of the following when issuing a drug order pursuant to Section 4052, 4052.1, 4052.2, or 4052.6:

(A) Offer to provide a prescription to the patient that the patient may elect to have filled by a pharmacy of the patient's choice unless prohibited by the collaborative practice agreement.

(B) Provide a full patient consultation before issuing the drug order.

4112.

(a) Any pharmacy located outside this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy.

(b) A person may not act as a nonresident pharmacy unless ~~he or she has~~ they have obtained a license from the board. The board may register a nonresident pharmacy that is organized as a limited liability company in the state in which it is licensed.

(c) A nonresident pharmacy shall disclose to the board the location, names, and titles of (1) its agent for service of process in this state, (2) all principal corporate officers, if any, (3) all general partners, if any, and (4) all pharmacists who are dispensing controlled substances, dangerous drugs, or dangerous devices to residents of this state. A report containing this information shall be made on an annual basis and within 30 days after any change of office, corporate officer, partner, or pharmacist.

(d) All nonresident pharmacies shall comply with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as with all requests for information made by the board pursuant to this section. The nonresident pharmacy shall maintain, at all times, a valid unexpired license, permit, or registration to conduct the pharmacy in compliance with the laws

of the state in which it is a resident. As a prerequisite to registering with the board, the nonresident pharmacy shall submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.

(e) All nonresident pharmacies shall maintain records of controlled substances, dangerous drugs, or dangerous devices dispensed to patients in this state so that the records are readily retrievable from the records of other drugs dispensed.

(f) Any pharmacy subject to this section shall, during its regular hours of operation, but not less than six days per week, and for a minimum of 40 hours per week, provide a toll-free telephone service to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. This toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state.

(g) A nonresident pharmacy shall not permit a pharmacist whose license has been revoked by the board to manufacture, compound, furnish, sell, dispense, or initiate the prescription of a dangerous drug or dangerous device, or to provide any pharmacy-related service, to a person residing in California.

(h) The board shall adopt regulations that apply the same requirements or standards for oral consultation to a nonresident pharmacy that operates pursuant to this section and ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state, as are applied to an in-state pharmacy that operates pursuant to Section 4037 when the pharmacy ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state. The board shall not adopt any regulations that require face-to-face consultation for a prescription that is shipped, mailed, or delivered to the patient. The regulations adopted pursuant to this subdivision shall not result in any unnecessary delay in patients receiving their medication.

(i) The registration fee shall be the fee specified in subdivision (a) of Section 4400.

(j) The registration requirements of this section shall apply only to a nonresident pharmacy that ships, mails, or delivers controlled substances, dangerous drugs, and dangerous devices into this state pursuant to a prescription.

(k) Nothing in this section shall be construed to authorize the dispensing of contact lenses by nonresident pharmacists except as provided by Section 4124.

(l) This section shall remain in effect only until July 1, 2026, and as of that date is repealed.

4112. (Effective July 1, 2026)

(a) Any pharmacy located outside this state that is involved in the preparation, dispensing, shipping, mailing, or delivery, in any manner, of controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy.

(b) A person shall not act as a nonresident pharmacy unless the person has obtained a license from the board. The board may register a nonresident pharmacy that is organized as a limited liability company in the state in which it is licensed.

(c) A nonresident pharmacy shall disclose to the board the location, names, and titles of (1) its agent for service of process in this state, (2) all principal corporate officers, if any, (3) all general partners, if any, and (4) all pharmacists who are dispensing controlled substances, dangerous drugs, or dangerous devices to residents of this

state. The report shall be made on an annual basis and within 30 days after any change of office, corporate officer, partner, or pharmacist.

(d) All nonresident pharmacies shall comply with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as with all requests for information made by the board pursuant to this section. The nonresident pharmacy shall maintain, at all times, a valid unexpired license, permit, or registration to conduct the pharmacy in compliance with the laws of the state in which it is a resident. As a prerequisite to registering with the board and ongoing licensure, the nonresident pharmacy shall identify a California-licensed pharmacist employed and working at the nonresident pharmacy to be proposed to serve as the pharmacist-in-charge, and submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.

(e) All nonresident pharmacies shall maintain records of controlled substances, dangerous drugs, or dangerous devices dispensed to patients in this state so that the records are readily retrievable from the records of other drugs dispensed.

(f) Any pharmacy subject to this section shall, during its regular hours of operation, but not less than six days per week, and for a minimum of 40 hours per week, provide a toll-free telephone service to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. This toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state.

(g) A nonresident pharmacy shall not permit a pharmacist to manufacture, compound, furnish, sell, dispense, or initiate the prescription of a dangerous drug or dangerous device, or to provide any pharmacy-related service, to California patients under either of the following conditions:

(1) The pharmacist's license has been revoked by the jurisdiction and has not been subsequently reinstated.

(2) The pharmacist-in-charge of the pharmacy is not licensed in California.

(h) The board shall adopt regulations that apply the same requirements or standards for oral consultation to a nonresident pharmacy that operates pursuant to this section and ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state, as are applied to an in-state pharmacy that operates pursuant to Section 4037 when the pharmacy ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state. The board shall not adopt any regulations that require face-to-face consultation for a prescription that is shipped, mailed, or delivered to the patient. The regulations adopted pursuant to this subdivision shall not result in any unnecessary delay in patients receiving their medication.

(i) The registration fee shall be the fee specified in subdivision (a) of Section 4400.

(j) The registration requirements of this section shall apply only to a nonresident pharmacy that ships, mails, or delivers controlled substances, dangerous drugs, and dangerous devices into this state pursuant to a prescription.

(k) The board may inspect a nonresident pharmacy licensed pursuant to this section. In addition to paying the fees established in Section 4400, the nonresident pharmacy shall deposit, when notified by the board, a reasonable amount, as determined by the board, necessary to cover the board's estimated reasonable costs of performing the inspection. If the required deposit is not received or if the actual

costs of the inspection exceed the amount deposited, the board shall issue an invoice for the remaining amount and shall not take action on the renewal application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant.

(l) Nothing in this section shall be construed to authorize the dispensing of contact lenses by nonresident pharmacists except as provided by Section 4124.

(m) This section shall become operative on July 1, 2026.

4113.

(a)(1) Every pharmacy shall designate a pharmacist-in-charge.

~~(a)~~(2) ~~Every pharmacy shall designate a pharmacist-in-charge and,~~ A pharmacy licensed pursuant to Section 4110 shall, within 30 days ~~thereof, shall~~ of the designation in paragraph (1), notify the board in writing of the identity and license number of that pharmacist and the date they were designated.

(3) A pharmacy licensed pursuant to Section 4112 shall, within 90 days of the designation in paragraph (1), notify the board in writing of the identify and license number of that pharmacist and the date they were designated.

(b) The proposed pharmacist-in-charge shall be subject to approval by the board. The board shall not issue or renew a pharmacy license without identification of an approved pharmacist-in-charge for the pharmacy.

(c)(1) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

(2) The pharmacist-in-charge ~~may~~ shall make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely. If the pharmacist-in-charge is not available, a pharmacist on duty may adjust staffing according to workload if needed. This paragraph does not apply to facilities of the Department of Corrections and Rehabilitation.

(3) The determination of the appropriate pharmacist-to-technician ratio shall be made by the pharmacist-in-charge, provided that the ratio does not exceed the maximum ratio established in subdivision (g) of Section 4115. No other person, permittee, or licensee shall interfere with the exercise of the pharmacist-in-charge's independent professional judgment in setting the pharmacist-to-technician ratio.

(d)(1) The pharmacist-in-charge or pharmacist on duty shall immediately notify store management or the building owner or a similar entity of any conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. Store management shall take immediate and reasonable steps to address and resolve the conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. If the conditions are not resolved within 24 hours, the pharmacist-in-charge or pharmacist on duty shall ensure the board is timely notified.

(2) Nothing in this subdivision shall be construed as presenting, limiting, or restraining a pharmacist-in-charge, pharmacy technician, or member of the public from communication with the board, including filing a complaint.

(3) The conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff may include, but are not limited to, any of the following:
(A) Workplace safety and health hazards that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff.
(B) Sustained temperatures that could impact ambient temperature drug stability according to manufacturer data on acceptable drug storage conditions.
(C) Vermin infestation that poses a risk to the safety or efficacy of medicine.
(4) If, after receipt of a notice described in paragraph (1) and an evaluation and assessment of the relevant evidence, the executive officer has a reasonable belief that conditions within a pharmacy exist that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff, the executive officer may, in conformance with the processes set forth in subdivisions (b) and (c) of Section 4127.3, issue an order to the pharmacy to immediately cease and desist those pharmacy operations that are affected by the conditions at issue. The cease and desist order shall remain in effect until either the executive officer determines the conditions that presented an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff have been abated or for no more than 30 days, whichever is earlier. Evidence of corrective actions taken shall be submitted by the pharmacy to correct the conditions at issue. Failure to comply with a cease and desist order issued pursuant to this section shall be unprofessional conduct pursuant to Section 4156.
(5) Nothing in this paragraph shall prevent the owner of the licensed premises from closing a pharmacy to mitigate against a perceived immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff.
(6) Facilities of the Department of Corrections and Rehabilitation shall be exempt from this subdivision.

(e)(1) Every pharmacy licensed pursuant to Section 4110 shall notify the board in writing, on a form designed by the board, within 30 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge. ~~The proposed replacement pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.~~

(2) Every pharmacy licensed pursuant to Section 4112 shall notify the board in writing, on a form designed by the board, within 90 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge.

(3) The proposed replacement pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

(f) If a pharmacy is unable, in the exercise of reasonable diligence, to identify within 30 days a permanent replacement pharmacist-in-charge to propose to the board on the notification form, the pharmacy may instead provide on that form the name of

any pharmacist who is an employee, officer, or administrator of the pharmacy or the entity that owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis, to act as the interim pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity that owns the pharmacy, shall be prepared during normal business hours to provide a representative of the board with the name of the interim pharmacist-in-charge with documentation of the active involvement of the interim pharmacist-in-charge in the daily management of the pharmacy, and with documentation of the pharmacy's good faith efforts prior to naming the interim pharmacist-in-charge to obtain a permanent pharmacist-in-charge. By no later than 120 days following the identification of the interim pharmacist-in-charge, the pharmacy shall propose to the board the name of a pharmacist to serve as the permanent pharmacist-in-charge. The proposed permanent pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

4113.1.

(a) Except as specified in subdivision (e), a community pharmacy licensed pursuant to this article shall report, either directly or through a designated third party, including a component patient safety organization as defined in Section 3.20 of Title 42 of the Code of Federal Regulations, all medication errors to an entity approved by the board. A community pharmacy shall submit the report no later than 14 days following the date of discovery of the error. These reports are deemed confidential and are not subject to discovery, subpoena, or disclosure pursuant to the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code), except that the board may publish deidentified case summary information compiled from the data in the reports so long as deidentification is done in accordance with the requirements set forth in Section 164.514(b)(2) of Title 45 of the Code of Federal Regulations, and includes omitting the name of the reporting pharmacy. The community pharmacy shall maintain records demonstrating compliance with this requirement for three years and shall make these records immediately available at the request of an inspector. A medication error report made pursuant to this section shall not be subject to investigation, discipline, or other enforcement action by the board based solely on a report received pursuant to this section. However, if the board receives other information regarding the medication error independent of the medication error report, that information may serve as basis for discipline or other enforcement by the board.

(b) Any entity approved by the board shall have experience with the analysis of medication errors that occur in the outpatient setting.

(c) For purposes of this section, "community pharmacy" includes any pharmacy that dispenses medication to an outpatient, but does not include facilities of the Department of Corrections and Rehabilitation.

(d) For purposes of this section, "medication error" includes any variation from a prescription drug order not authorized by the prescriber, including, but not limited to, errors involving the wrong drug, the wrong dose, the wrong patient, the wrong directions, the wrong preparation, or the wrong route of administration. A

medication error does not include any variation that is corrected prior to dispensing to the patient or patient's agent or any variation allowed by law.

(e) An outpatient hospital pharmacy shall not be required to report a medication error that meets the requirements of an adverse event, as specified in subdivision (a), that has been reported to the State Department of Public Health pursuant to Section 1279.1 of the Health and Safety Code. The State Department of Public Health may share a report with the California State Board of Pharmacy.

(f) A pharmacy licensed pursuant to Section 4112 shall only be required to report medication errors related to prescriptions dispensed to California residents.

4113.6.

(a) A chain community pharmacy subject to Section 4113.5 shall be staffed at all times with at least one clerk or pharmacy technician fully dedicated to performing pharmacy-related services. The board shall not take action against a pharmacy for a violation of this subdivision if any of the following conditions apply:
  (1) The pharmacist on duty waives the requirement in writing during specified hours based on workload need.
  (2) The pharmacy is open beyond normal business hours, which is before 8:00 a.m. and after 7:00 p.m. During the hours before 8:00 a.m. and after 7:00 p.m., the requirement shall not apply.
  (3) The pharmacy's prescription volume per day on average is less than 75 prescriptions per day based on the average daily prescription volume for the past calendar year. However, if the pharmacist is also expected to provide additional pharmacy services such as immunizations, tests classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a), or any other ancillary services provided by law, this paragraph does not apply.

(b) Where staffing of pharmacist hours within a chain community pharmacy does not overlap sufficiently, scheduled closures for lunch time for all pharmacy staff shall be established and publicly posted and included on the outgoing telephone message.

(c) A chain community pharmacy shall post, in a prominent place for pharmacy personnel, a notice that provides information on how to file a complaint with the board.

4115.

(a) A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under their supervision by a technician.

~~(b)(1) In addition to the tasks specified in subdivision (a) a pharmacy technician may, under the direct supervision and control of a pharmacist, prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, perform specimen collection for tests that are classified as waived under CLIA, receive prescription transfers, and accept clarification on prescriptions under the following conditions:~~

~~(A)~~(b)(1) ~~The~~ In addition to the tasks specified in subdivision (a), and where the pharmacy has scheduled another pharmacy technician to assist the pharmacist by performing the tasks provided in subdivision ~~(a).~~(a), a certified pharmacy technician

as defined in Section 4202 may, under the direct supervision and control of a pharmacist, do any of the following:

~~(B)~~(A) ~~The pharmacy technician is certified pursuant to paragraph (4) of subdivision (a) of Section 4202 and maintains that certification.~~ Prepare and administer influenza and COVID-19 vaccines via injection or intranasally, and prepare and administer epinephrine, provided that both of the following conditions are met:

~~(C)~~(i) The pharmacy technician has successfully completed at least six hours of practical training approved by the Accreditation Council for Pharmacy Education and includes hands-on injection technique, the recognition and treatment of emergency reactions to vaccines, and an assessment of the pharmacy technician's injection ~~technique.~~ technique prior to performing administration of vaccines.

~~(D)~~(ii) The pharmacy technician is certified in basic life support.

(B)(i) Perform specimen collection for tests that are classified as CLIA.

~~(2)~~(ii) "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a; Public Law 100-578).

(C) Initiate and receive prescription transfers and accept clarification on prescriptions.

(c) This section does not authorize the performance of any tasks specified in subdivisions (a) and (b) by a pharmacy technician without a pharmacist on duty.

(d) This section does not authorize a pharmacy technician to perform any act requiring the exercise of professional judgment by a pharmacist.

(e) The board shall adopt regulations to specify tasks pursuant to subdivision (a) that a pharmacy technician may perform under the supervision of a pharmacist. Any pharmacy that employs a pharmacy technician shall do so in conformity with the regulations adopted by the board.

(f) A person shall not act as a pharmacy technician without first being licensed by the board as a pharmacy technician.

(g)(1) A pharmacy with only one pharmacist shall have no more than ~~one~~ three pharmacy ~~technician~~ technicians performing the tasks specified in subdivision (a). A pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (b). If a pharmacy technician is performing the tasks specified in subdivision (b), a second pharmacy technician shall be assisting a pharmacist with performing tasks specified in subdivision (a). The ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed ~~2:1,~~ 3 to 1 except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, as specified in paragraph (2), an inmate of a correctional facility of the Department of Corrections and Rehabilitation, and for a person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs.

(2) The board may adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency. Any ratio established by the board pursuant to this subdivision shall allow, at a minimum, at least one pharmacy technician

for a single pharmacist in a pharmacy and two pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117.

(3) A pharmacist scheduled to supervise a second pharmacy technician may refuse to supervise a second pharmacy technician if the pharmacist determines, in the exercise of their professional judgment, that permitting the second pharmacy technician to be on duty would interfere with the effective performance of the pharmacist's responsibilities under this chapter. A pharmacist assigned to supervise a second pharmacy technician shall notify the pharmacist-in-charge in writing of their determination, specifying the circumstances of concern with respect to the pharmacy or the pharmacy technician that have led to the determination, within a reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule. An entity employing a pharmacist shall not discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this paragraph.

(h) Notwithstanding subdivisions (a) to (c), inclusive, the board shall by regulation establish conditions to permit the temporary absence of a pharmacist for breaks and lunch periods pursuant to Section 512 of the Labor Code and the orders of the Industrial Welfare Commission without closing the pharmacy. During these temporary absences, a pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. The pharmacist shall be responsible for a pharmacy technician and shall review any task performed by a pharmacy technician during the pharmacist's temporary absence. This subdivision shall not be construed to authorize a pharmacist to supervise pharmacy technicians in greater ratios than those described in subdivision (g).

(i) The pharmacist on duty shall be directly responsible for the conduct of a pharmacy technician supervised by that pharmacist.

(j) In a health care facility licensed under subdivision (a) of Section 1250 of the Health and Safety Code, a pharmacy technician's duties may include any of the following:

(1) Packaging emergency supplies for use in the health care facility and the hospital's emergency medical system or as authorized under Section 4119.

(2) Sealing emergency containers for use in the health care facility.

(3) Performing monthly checks of the drug supplies stored throughout the health care facility. Irregularities shall be reported within 24 hours to the pharmacist-in-charge and the director or chief executive officer of the health care facility in accordance with the health care facility's policies and procedures.

(k) Notwithstanding subdivision (a) of Section 4038, a pharmacy technician may, outside of a licensed pharmacy, do both of the following:

(1) Perform compounding activities only under the direct supervision and control of a pharmacist. The supervising pharmacist of the location where such compounding activities occur shall notify the board in writing.

(2) Administer vaccinations only under the direct supervision and control of a pharmacist.

4115.5.

(a) Notwithstanding any other law, a pharmacy technician trainee may be placed in a pharmacy to complete an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician.

(b)(1) A pharmacy technician trainee participating in an externship as described in subdivision (a) may perform the duties described in subdivision (a) of Section 4115 only under the direct supervision and control of a pharmacist.

(2) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall be directly responsible for the conduct of the trainee.

(3) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall verify any prescription prepared by the trainee under supervision of the pharmacist by initialing the prescription label before the medication is disbursed to a patient or by engaging in other verification procedures that are specifically approved by board regulations.

(4) A pharmacist may only supervise one pharmacy technician trainee at any given time.

(5) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall certify attendance for the pharmacy technician trainee and certify that the pharmacy technician trainee has met the educational objectives established by ~~a California public postsecondary education institution or the private postsecondary vocational institution in which the trainee is enrolled, as established by the institution.~~ the training program.

(c)(1) Except as described in paragraph (2), an externship in which a pharmacy technician trainee is participating as described in subdivision (a) shall be for a period of no fewer than 120 hours and no more than 140 hours.

(2) When an externship in which a pharmacy technician trainee is participating as described in subdivision (a) involves rotation between a community and hospital pharmacy for the purpose of training the student in distinct practice settings, the externship may be for a period of up to 340 hours.

(d) An externship in which a pharmacy technician trainee may participate as described in subdivision (a) shall be for a period of no more than six consecutive months in a community pharmacy and for a total of no more than 12 months if the externship involves rotation between a community and hospital pharmacy. The externship shall be completed while the trainee is enrolled in ~~a course of instruction at the institution.~~ the training program.

(e) A pharmacy technician trainee participating in an externship as described in subdivision (a) shall wear identification that indicates the pharmacy technician trainee's status as a trainee.

4118.5.

(a) A pharmacist at a hospital pharmacy shall obtain an accurate medication profile or list for each high-risk patient upon admission and discharge of the high-risk patient under the following conditions:

(1) The hospital has more than 100 beds.

(2) The accurate medication profile or list may be acquired by the pharmacist during the hospital pharmacy's hours of operation.

(b) Notwithstanding any other law, a pharmacy technician or an intern pharmacist may perform the task of obtaining an accurate medication profile or list for a high-risk patient if both of the following conditions are satisfied:
(1) The hospital pharmacy has a quality assurance program to monitor competency.
(2) The hospital has established policies and procedures for training and proctoring pharmacy technicians or intern pharmacists by the hospital pharmacy department and the pharmacy technician or intern pharmacist has completed that training and proctoring.
(c) The hospital shall establish criteria regarding who is a high-risk patient for purposes of this section, and shall determine the timeframe for completion of the medication profile or list, based on the patient populations served by the hospital.
(d) The board may adopt rules and regulations to carry out the purposes and objectives of this section.
(e) This section shall not apply to the State Department of State Hospitals.
(f) Nothing in this section shall be construed to prohibit a healing arts licensee licensed pursuant to this division from obtaining an accurate medication profile or list.

4119.2.
(a) Notwithstanding any other law, a pharmacy may furnish epinephrine ~~auto-injectors to a school district, county office of education, or charter school~~ delivery systems to a local educational agency pursuant to Section 49414 of the Education Code if all of the following are met:
(1) The epinephrine ~~auto-injectors~~ delivery systems are furnished exclusively for use at a ~~school district site, county office of education, or charter school.~~ local educational agency, as that term is defined in Section 49414 of the Education Code, including at any state or federally subsidized childcare program operated by or under contract with the local educational agency.
(2) A physician and surgeon provides a written order that specifies the quantity of epinephrine ~~auto-injectors~~ delivery systems to be furnished.
(b) Records regarding the acquisition and disposition of epinephrine ~~auto-injectors~~ delivery systems furnished pursuant to subdivision (a) shall be maintained by the ~~school district, county office of education, or charter school~~ local educational agency for a period of three years from the date the records were created. The ~~school district, county office of education, or charter school~~ local educational agency shall be responsible for monitoring the supply of epinephrine ~~auto-injectors~~ delivery systems and ensuring the destruction of expired epinephrine ~~auto-injectors.~~ delivery systems.

~~**4119.3.**~~
~~(a) Notwithstanding any other law, a pharmacy may dispense epinephrine auto-injectors to a prehospital emergency medical care person or lay rescuer for the purpose of rendering emergency care in accordance with Section 1797.197a of the Health and Safety Code, if both of the following requirements are met:~~
~~(1) A physician and surgeon provides a written order that specifies the quantity of epinephrine auto-injectors to be dispensed to a person described in subdivision (b) of Section 1797.197a of the Health and Safety Code. The physician and surgeon may issue the prescription only upon presentation of a current~~

~~certificate demonstrating that the person is trained and qualified under Section 1797.197a of the Health and Safety Code to administer an epinephrine auto-injector to another person in an emergency situation. The prescription shall specify that the dispensed epinephrine auto-injector is for "First Aid Purposes Only" and that the named recipient is a "Section 1797.197a Responder." A new prescription shall be written for any additional epinephrine auto-injectors required.~~

~~(2)(A) The pharmacy shall label each epinephrine auto-injector dispensed with all of the following:~~

~~(i) The name of the person to whom the prescription was issued.~~

~~(ii) The designations "Section 1797.197a Responder" and "First Aid Purposes Only."~~

~~(iii) The dosage, use, and expiration date.~~

~~(B) Each dispensed prescription shall include the manufacturer's product information sheet for the epinephrine auto-injector.~~

~~(b) The person described in subdivision (b) of Section 1797.197a of the Health and Safety Code receiving epinephrine auto-injectors pursuant to this section shall make and maintain a record for five years reflecting dates of receipt, use, and destruction of each auto-injector dispensed, the name of any person to whom epinephrine was administered using an auto-injector, and the circumstances and manner of destruction of any auto-injectors.~~

~~(c) The epinephrine auto-injectors dispensed pursuant to this section may be used only for the purpose, and under the circumstances, described in Section 1797.197a of the Health and Safety Code.~~

4145.5.

(a) Notwithstanding any other provision of law, a pharmacist or physician may, without a prescription or a permit, furnish hypodermic needles and syringes for human use, and a person may, without a prescription or license, obtain hypodermic needles and syringes from a pharmacist or physician for human use, if the furnisher has previously been provided a prescription or other proof of a legitimate medical need requiring a hypodermic needle or syringe to administer a medicine or treatment.

(b) Notwithstanding any other provision of law, ~~and until January 1, 2026,~~ as a public health measure intended to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases among persons who use syringes and hypodermic needles, and to prevent subsequent infection of sexual partners, newborn children, or other persons, a physician or pharmacist may, without a prescription or a permit, furnish hypodermic needles and syringes for human use to a person 18 years of age or older, and a person 18 years of age or older may, without a prescription or license, obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist.

(c) Notwithstanding any other provision of law, a pharmacist, veterinarian, or person licensed pursuant to Section 4141 may, without a prescription or license, furnish hypodermic needles and syringes for use on animals, and a person may, without a prescription or license, obtain hypodermic needles and syringes from a pharmacist, veterinarian, or person licensed pursuant to Section 4141 for use on animals.

(d) A pharmacy that furnishes nonprescription hypodermic needles and syringes shall store hypodermic needles and syringes in a manner that ensures that they are available only to authorized personnel, and are not accessible to other persons.
(e) In order to provide for the safe disposal of hypodermic needles and syringes, a pharmacy or hypodermic needle and syringe exchange program that furnishes nonprescription hypodermic needles and syringes shall counsel consumers on safe disposal and provide consumers with one or more of the following disposal options:
(1) It shall establish an onsite, safe, hypodermic needle and syringe collection and disposal program that meets applicable state and federal standards for collection and disposal of medical sharps waste.
(2) It shall furnish, or make available, mail-back sharps containers authorized by the United States Postal Service that meet applicable state and federal requirements for the transport of medical sharps waste, and shall provide tracking forms to verify destruction at a certified disposal facility.
(3) It shall furnish, or make available, a sharps container that meets applicable state and federal standards for collection and disposal of medical sharps waste.
(f) ~~Until January 1, 2026, a~~ A pharmacy that furnishes nonprescription syringes shall provide written information or verbal counseling to consumers at the time of furnishing or sale of nonprescription hypodermic needles or syringes on how to do the following:
(1) Access drug treatment.
(2) Access testing and treatment for HIV and hepatitis C.
(3) Safely dispose of sharps waste.

4174.
Notwithstanding any other law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner practicing pursuant to Section 2836.1, 2837.103, or 2837.104, or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1 or a naturopathic doctor functioning pursuant to Section 3640.5, or the order of a pharmacist acting under Section 4052, 4052.04, 4052.1, 4052.2, ~~4052.3,~~ or 4052.6.

4200.5.
(a) The board shall issue, upon application and payment of the fee established by Section 4400, a retired license to a pharmacist who has been licensed by the board. The board shall not issue a retired license to a pharmacist whose license has been revoked.
(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active pharmacist's license is required. A pharmacist holding a retired license shall be permitted to use the titles "retired pharmacist" or "pharmacist, retired."
(c) The holder of a retired license shall not be required to renew that license.
(d)(1) The holder of a retired license may request to restore their pharmacist license to active status within three years of issuance of the retired license.
(2) A request made pursuant to paragraph (1) shall be accompanied by the renewal fee established in subdivision (e) of Section 4400 and demonstration that, within the two years preceding the request for restoration, the pharmacist

has successfully completed continuing education consistent with the requirements set forth in subdivision (b) of Section 4231.

~~(d)~~(3) ~~In~~ If more than three years have elapsed since the issuance of the retired license, in order for the holder of a retired license issued pursuant to this section to restore ~~his or her~~ their license to active status, ~~he or she shall pass the examination that is required for initial licensure with the board.~~ they shall reapply for licensure as a pharmacist consistent with the provisions of Section 4200.

4202.6.

Notwithstanding Section 480, the board may deny an application for licensure under this chapter if ~~the~~ any of the following conditions apply:

(a) The applicant has been convicted of a crime or subjected to formal discipline that would be grounds for denial of a federal registration to distribute controlled substances.

(b) The applicant has been convicted of a crime involving fraud in violation of state or federal laws related to health care.

(c) The applicant has been convicted of a crime involving financial identify theft.

4210.

(a) A person who seeks recognition as an advanced ~~practice~~ pharmacist practitioner shall meet all of the following requirements:

(1) Hold an active license to practice pharmacy issued pursuant to this chapter that is in good standing.

(2)(A) Satisfy any two of the following criteria:

(i) Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the Accreditation Council for Pharmacy Education or another entity recognized by the board.

(ii) Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes the provision of direct patient care services with interdisciplinary teams.

(iii) Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced ~~practice pharmacist,~~ pharmacist practitioner, pharmacist practicing collaborative drug therapy management, or health system.

(B) For purposes of this paragraph, if, as a condition of completion of one of the required criteria fulfillment of a second criterion is also required, that completion shall be deemed to satisfy this paragraph.

(3) File an application with the board for recognition as an advanced ~~practice pharmacist.~~ pharmacist practitioner.

(4) Pay the applicable fee to the board.

(b) An advanced ~~practice~~ pharmacist practitioner recognition issued pursuant to this section shall be valid for two years, coterminous with the certificate holder's license to practice pharmacy.

(c) The board shall adopt regulations establishing the means of documenting completion of the requirements in this section.

(d) This section shall become operative on January 1, 2025.

4211.

(a) An applicant for renewal of an advanced ~~practice~~ pharmacist practitioner recognition shall maintain a current and active pharmacist license, and shall submit all of the following as part of the renewal:
  (1) Application and payment of the renewal fees.
  (2)(A) Proof satisfactory to the board that the licensee has completed 10 hours of continuing education pursuant to Section 4233.
    (B) The 10 hours shall be in addition to the continuing education requirements necessary for a pharmacist license renewal pursuant to Section 4231.
    (C) An advanced ~~practice~~ pharmacist practitioner shall retain documentation of completion of continuing education for four years.

(b) Notwithstanding subdivision (a), the board shall not require completion of continuing education for the first renewal cycle of an advanced ~~practice~~ pharmacist practitioner recognition.

(c) The board may issue an inactive advanced ~~practice~~ pharmacist practitioner recognition under any of the following conditions:
  (1) The pharmacist's license becomes inactive.
  (2) The advanced ~~practice~~ pharmacist practitioner fails to provide documentation of the completion of the required continuing education.
  (3) As part of an investigation or audit conducted by the board, the advanced ~~practice~~ pharmacist practitioner fails to provide documentation substantiating the completion of continuing education.

(d) The board shall reactivate an inactive advanced ~~practice~~ pharmacist practitioner recognition only if the advanced ~~practice~~ pharmacist practitioner pays the required renewal fees pursuant to Section 4210, submits satisfactory proof to the board of completion of the continuing education requirements under Section 4233, and meets all renewal requirements in this section.

4233.

A pharmacist who is recognized as an advanced ~~practice~~ pharmacist practitioner shall complete 10 hours of continuing education each renewal cycle in addition to the requirements of Section 4231. The subject matter shall be in one or more areas of practice relevant to the pharmacist's clinical practice.

4303.

(a) The board may report any violation by a nonresident pharmacy of the laws and regulations of this state, any other state, or of the United States, including, but not limited to, any violation of this chapter or of the regulations established by the board, to any appropriate state or federal regulatory or licensing agency, including, but not limited to, the regulatory or licensing agency of the state in which the nonresident pharmacy is a resident or in which the pharmacist is licensed.

(b) The board may cancel, deny, revoke, or suspend a nonresident pharmacy registration, issue a citation or letter of admonishment to a nonresident pharmacy, or take any other action against a nonresident pharmacy that the board may take against a resident pharmacy license, on any of the same grounds upon which such

action might be taken against a resident ~~pharmacy, provided that the grounds for the action are also grounds for action in the state in which the nonresident pharmacy is permanently located.~~ *pharmacy.*

(c) If the home state pharmacy license of a nonresident pharmacy is canceled, revoked, or suspended for any reason, any license issued pursuant to Section 4112 or 4127.2 shall be immediately canceled, revoked, or suspended by operation of law.

4317.5.

(a) The board may bring an action for fines for repeated violations of materially similar provisions of this chapter within five years by three or more pharmacies operating under common ownership or management within a chain community ~~pharmacy, as follows:~~ pharmacy for a third ~~and,~~ or subsequent ~~violation~~ violation, which may be punished by an administrative fine not to exceed one hundred thousand dollars ($100,000) per violation.

(b) The board may bring an action against a chain community pharmacy operating under common ownership or management for fines not to exceed one hundred fifty thousand dollars ($150,000) for any violation of this chapter demonstrated to be the result of a written policy or ~~which~~ that was expressly encouraged by ~~the common~~ any owner or manager.

(c) The board shall not bring an action for fines pursuant to subdivision (a) until at least six months have elapsed from the date the board determines that a violation has occurred unless the violation giving rise to the action resulted in actual harm to any consumer or serious potential harm to the public.

(d) In an action brought by the board pursuant to subdivision (a), it shall be a defense for any pharmacy to establish either of the following:

(1) That the violation was contrary to a written policy that was communicated by ~~the common~~ any owner or manager to all employees of the pharmacies where the violation ~~occurred.~~ occurred, and that the pharmacy has complied with the policy.

(2) That, within six months after the violation, ~~the common~~ any owner or manager corrected all unlawful policies, communicated the change in policy or policies in writing to all pharmacies under its ownership or management, and provided proof of abatement of the violation to the board, so long as the violation did not result in actual harm to any consumer or serious potential harm to the public.

(e) In determining the amount of the fine sought in an action brought pursuant to this section, the board shall consider relevant mitigating and aggravating factors, including, but not limited to, the good faith of the licensee, the communication of written changes to unlawful policies, the gravity of the violation, the potential harm to patients, whether the violation affects the professional judgment or independence of pharmacists and pharmacy technicians, and the history of previous violations by the common owner or manager.

(f) The authority granted by this section is in addition to the authority of the board to institute any other administrative, civil, or criminal action.

(g) For purposes of this section, "chain community pharmacy" shall have the same meaning as defined in Section 4001.

(h) The fines in subdivisions (a) and (b) shall be imposed in accordance with Section 4314.

~~(i) In connection with the board's first Joint Sunset Review Oversight Hearing pursuant to Section 9147.7 of the Government Code occurring after this section becomes operative, the board shall provide to the appropriate committees of the Legislature all of the following information:~~

~~(1) The number of actions brought pursuant to this section.~~

~~(2) The number of actions brought pursuant to this section that did not result in any fines.~~

~~(3) The types of violations giving rise to actions brought pursuant to this section.~~

4317.6.

(a) For the purposes of this section, "mail order pharmacy" is defined as a nonresident pharmacy that dispenses medications and ships them to patients via the postal service or other mail delivery method.

(b) The board may bring an action for fines for repeated violations of materially similar provisions of this chapter within five years for a single mail order pharmacy, or multiple mail order pharmacies operating under common ownership or management for a third or subsequent violation, which may be punished by an administrative fine not to exceed one hundred thousand dollars ($100,000) per violation.

(c) The board shall not bring an action for fines pursuant to subdivision (b) until at least six months have elapsed from the date the board determines that a violation has occurred unless the violation giving rise to the action resulted in actual harm to any consumer or serious potential harm to the public.

(d) In determining the amount of the fine sought in an action brought pursuant to this section, the board shall consider relevant mitigating and aggregating factors, including, but not limited to, the good faith of the licensee, the communication of written changes to unlawful policies, the gravity of the violation, the potential harm to a patient, whether the violation affects the professional judgment or independence of pharmacists, and the history of previous violations by the mail order pharmacy, or in the case of multiple mail order pharmacies operating under common ownership or management, the history of the previous violations by the common ownership or control.

(e) The authority granted by this section is in addition to the authority of the board to institute any other administrative, civil, or criminal action.

(f) The fines in subdivision (b) shall be imposed in accordance with Section 4314.

4318.

(a) Notwithstanding any other state law, and consistent with Sections 1 and 1.1 of Article I of the California Constitution, an individual or state or local officer shall not commence a criminal, civil, professional discipline, or licensing action concerning the manufacture, transport, distribution, delivery, receipt, acquisition, sale, possession, furnishment, dispensation, repackaging, or storage of brand name or generic mifepristone or any drug used for medication abortion that is lawful under the laws of the state.

(b) The board shall not suspend a license, revoke a license, or otherwise take disciplinary action against a licensee solely on the basis that the licensee manufactured, transported, distributed, delivered, received, acquired, sold, possessed, furnished, dispensed, repackaged, or stored brand name or generic

mifepristone or any drug used for medication abortion that is lawful under the laws of the state.

(c) The board shall not deny an application for licensure, or suspend a license, revoke a license, or otherwise impose discipline upon a licensee solely because the licensee is licensed in another state and was convicted or disciplined in that state solely for an activity related to brand name or generic mifepristone or any drug used for medication abortion that, if performed in this state, would not be grounds for denial, suspension, revocation, or other discipline.

4400.

The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a)(1) The fee for a pharmacy license shall be seven hundred fifty dollars ($750) and may be increased to two thousand dollars ($2,000). The fee for the issuance of a temporary pharmacy permit shall be one thousand six hundred dollars ($1,600) and may be increased to two thousand seven hundred forty dollars ($2,740).

(2) The fee for a nonresident pharmacy license shall be two thousand four hundred twenty-seven dollars ($2,427) and may be increased to three thousand four hundred twenty-four dollars ($3,424). The fee for the issuance of a temporary nonresident pharmacy permit shall be two thousand dollars ($2,000) and may be increased to two thousand four hundred sixty-nine dollars ($2,469).

(b)(1) The fee for a pharmacy license annual renewal shall be one thousand twenty-five dollars ($1,025) and may be increased to two thousand dollars ($2,000).

(2) The fee for a nonresident pharmacy license annual renewal shall be one thousand twenty-five dollars ($1,025) and may be increased to two thousand dollars ($2,000).

(c) The fee for the pharmacist application and examination shall be two hundred sixty dollars ($260) and may be increased to two hundred eighty-five dollars ($285).

(d) The fee for regrading an examination shall be one hundred fifteen dollars ($115) and may be increased to two hundred dollars ($200). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license shall be one hundred ninety-five dollars ($195) and may be increased to two hundred fifteen dollars ($215). The fee for a pharmacist biennial renewal shall be four hundred fifty dollars ($450) and may be reduced to three hundred sixty dollars ($360).

(f) The fee for a wholesaler or third-party logistics provider license and annual renewal shall be one thousand dollars ($1,000) and may be increased to one thousand four hundred eleven dollars ($1,411). A temporary license fee shall be seven hundred fifteen dollars ($715) and may be increased to one thousand nine dollars ($1,009).

(g) The fee for a hypodermic license shall be five hundred fifty dollars ($550) and may be increased to seven hundred seventy-five dollars ($775). The fee for a hypodermic license renewal shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(h)(1) The fee for application, investigation, and issuance of a license as a designated representative pursuant to Section 4053, as a designated representative-3PL pursuant to Section 4053.1, or as a designated representative-reverse distributor pursuant to Section 4053.2 shall be three hundred forty-five dollars ($345) and may be increased to four hundred eighty-five dollars ($485).

(2) The fee for the annual renewal of a license as a designated representative, designated representative-3PL, or designated representative-reverse distributor shall be three hundred eighty-eight dollars ($388) and may be increased to five hundred forty-seven dollars ($547).

(i)(1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be three hundred forty-five dollars ($345) and may be increased to four hundred eighty-five dollars ($485).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be three hundred eighty-eight dollars ($388) and may be increased to five hundred forty-seven dollars ($547).

(j)(1) The application fee for a nonresident wholesaler or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars ($1,000) and may be increased to one thousand four hundred eleven dollars ($1,411).

(2) A temporary license fee shall be seven hundred fifteen dollars ($715) and may be increased to one thousand nine dollars ($1,009).

(3) The annual renewal fee for a nonresident wholesaler license or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars ($1,000) and may be increased to one thousand four hundred eleven dollars ($1,411).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars ($40) per course hour.

(l) The fee for an intern pharmacist license shall be one hundred seventy-five dollars ($175) and may be increased to two hundred forty-five dollars ($245). The fee for transfer of intern hours or verification of licensure to another state shall be one hundred twenty dollars ($120) and may be increased to one hundred sixty-eight dollars ($168).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be seventy-five dollars ($75) and may be increased to one hundred dollars ($100).

(o)(1) The fee for processing an application to change information on a premises license record shall be three hundred ninety-five dollars ($395) and may be increased to five hundred fifty-seven dollars ($557).

(2) The fee for processing an application to change a name or correct an address on a premises license record shall be two hundred six dollars ($206) and may be increased to two hundred eighty-two dollars ($282).

(3) The fee for processing an application to change a pharmacist-in-charge, designated representative-in-charge, or responsible manager on a premises license record shall be two hundred fifty dollars ($250) and may be increased to three hundred fifty-three dollars ($353).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a clinic license shall be six hundred twenty dollars ($620) and may be increased to eight hundred seventy-three dollars ($873). The

annual fee for renewal of the license shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(r) The fee for the issuance of a pharmacy technician license shall be one hundred twenty dollars ($120) and may be increased to one hundred sixty-five dollars ($165). The fee for renewal of a pharmacy technician license shall be one hundred eighty dollars ($180) and may be reduced to one hundred twenty-five dollars ($125).

(s) The fee for a veterinary food-animal drug retailer license shall be six hundred ten dollars ($610) and may be increased to eight hundred twenty-five dollars ($825). The annual renewal fee for a veterinary food-animal drug retailer license shall be four hundred sixty dollars ($460) and may be increased to five hundred sixty-one dollars ($561). The fee for the temporary license shall be five hundred twenty dollars ($520) and may be increased to seven hundred thirty-two dollars ($732).

(t) The fee for issuance of a retired license pursuant to Section 4200.5 shall be fifty dollars ($50) and may be increased to one hundred dollars ($100).

(u) The fee for issuance of a sterile compounding pharmacy license or a hospital satellite compounding pharmacy shall be three thousand eight hundred seventy-five dollars ($3,875) and may be increased to five thousand four hundred sixty-six dollars ($5,466). The fee for a temporary license shall be one thousand sixty-five dollars ($1,065) and may be increased to one thousand five hundred three dollars ($1,503). The annual renewal fee of the license shall be four thousand eighty-five dollars ($4,085) and may be increased to five thousand seven hundred sixty-two dollars ($5,762).

(v) The fee for the issuance of a nonresident sterile compounding pharmacy license shall be eight thousand five hundred dollars ($8,500) and may be increased to sixteen thousand five hundred two dollars ($16,502). The annual renewal of the license shall be eight thousand five hundred dollars ($8,500) and may be increased to seventeen thousand forty dollars ($17,040). In addition to paying that application fee, the nonresident sterile compounding pharmacy shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4127.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary license shall be one thousand five hundred dollars ($1,500) and may be increased to two thousand dollars ($2,000).

(w) The fee for the issuance of an outsourcing facility license shall be twenty-five thousand dollars ($25,000) and may be increased to thirty-five thousand two hundred fifty-six dollars ($35,256). The fee for the renewal of an outsourcing facility license shall be twenty-five thousand dollars ($25,000) and may be increased to forty-one thousand three hundred sixty-six dollars ($41,366). The fee for a temporary outsourcing facility license shall be four thousand dollars ($4,000) and may be increased to five thousand six hundred forty-two dollars ($5,642).

(x) The fee for the issuance of a nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars ($28,500) and may be increased to forty-two thousand three hundred eighteen dollars ($42,318). The fee for the renewal of a

nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars ($28,500) and may be increased to forty-six thousand three hundred fifty-three dollars ($46,353). In addition to paying that application fee, the nonresident outsourcing facility shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4129.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary nonresident outsourcing license shall be four thousand dollars ($4,000) and may be increased to five thousand six hundred forty-two dollars ($5,642).

(y) The fee for the issuance of a centralized hospital packaging license shall be three thousand eight hundred fifteen dollars ($3,815) and may be increased to five thousand three hundred eighteen dollars ($5,318). The annual renewal of the license shall be two thousand nine hundred twelve dollars ($2,912) and may be increased to four thousand one hundred seven dollars ($4,107).

(z)(1) The fee for the issuance of a license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be six hundred twenty dollars ($620) and may be increased to eight hundred seventy-three dollars ($873). The annual renewal fee for that correctional clinic license shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(2) The fee for the issuance of an ADDS license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be five hundred dollars ($500) and may be increased to seven hundred five dollars ($705). The annual renewal fee for the correctional clinic ADDS shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(aa) The fee for an ADDS license shall be five hundred twenty-five dollars ($525) and may be increased to seven hundred forty-one dollars ($741). The fee for the annual renewal of the license shall be four hundred fifty-three dollars ($453) and may be increased to six hundred thirty-nine dollars ($639).

(ab) The application and initial license fee for a remote dispensing site pharmacy application shall be one thousand seven hundred thirty dollars ($1,730) and may be increased to two thousand four hundred forty dollars ($2,440). The fee for the annual renewal shall be one thousand twenty-five dollars ($1,025) and may be increased to two thousand dollars ($2,000). The fee for a temporary license shall be eight hundred ninety dollars ($890) and may be increased to one thousand one hundred ninety-nine dollars ($1,199).

(ac) The application and initial license fee to operate EMSADDS shall be one hundred fifty dollars ($150) and may be increased to three hundred eighty dollars ($380) per machine. The fee for the annual renewal shall be two hundred dollars ($200) and may be increased to two hundred seventy-three dollars ($273). The license fee may not be transferred to a different location if the EMSADDS is moved. The application and renewal fee for a licensed wholesaler that is also an emergency medical services provider agency shall be eight hundred ten dollars ($810) and may be increased to one thousand one hundred forty-three dollars ($1,143).

(ad) The fee for application and issuance of an initial license as a designated paramedic shall be three hundred fifty dollars ($350) and may be increased to four hundred ninety-four dollars ($494). The fee of biennial renewal shall be two hundred dollars ($200) and may be increased to two hundred ninety-two dollars ($292).

(ae) The fee for an application for an advanced ~~practice~~ pharmacist practitioner license and renewal of advanced ~~practice~~ pharmacist practitioner license shall be three hundred dollars ($300) and may be increased to four hundred eighteen dollars ($418).

(af)(1) For purposes of this subdivision, "medically underserved area" means a geographic area that does not have within 50 road miles a physical pharmacy that provides in-person patient care services by a pharmacist and serves the general public.

(2) The board shall waive the application fee for a pharmacy that opens a physical pharmacy operating and located in a medically underserved area.

(3) The board may waive the fee for the annual renewal of a license under this chapter if the licensee provides the board with certification of continued operation in the medically underserved area.

~~(af)~~(ag) This section shall become operative on January 1, 2025.

4427.2.

(a) An ADDS installed, leased, owned, or operated in California shall be licensed by the board.

(b) An ADDS license shall only be issued to the holder of a current, valid, and active pharmacy license of a pharmacy located and licensed in California.

(c) A separate application and license shall be required for each ADDS.

(d) An ADDS license shall only be issued when the following conditions are met:

(1) Use of the ADDS is consistent with legal requirements.

(2) The proposed location for installation of the ADDS meets the requirements of Section 4427.3 and the ADDS is secure from access and removal by unauthorized individuals.

(3) The pharmacy's policies and procedures related to the ADDS include appropriate security measures and monitoring of the inventory to prevent theft and diversion.

(4) The pharmacy's policies and procedures include provisions for reporting to the board drug losses from the ADDS inventory, as required by law.

(e) Prior to issuance of the license, the board shall conduct a prelicensure inspection, within 30 days of a completed application for an ADDS license, at the proposed location of the ADDS. Relocation of the ADDS shall require a new application for licensure. Replacement of an ADDS shall require notification to the board within 30 days.

(f) The ADDS license shall be canceled by operation of law if the underlying pharmacy license is not current, valid, and active. Upon reissuance or reinstatement of the underlying pharmacy license, a new application for an ADDS license may be submitted to the board.

(g) The holder of an ADDS license shall advise the board in writing within 30 days if use of the ADDS is discontinued.

(h) The ADDS license shall be renewed annually, and the renewal date shall be the same as the underlying pharmacy license.

(i) An AUDS operated by a licensed hospital pharmacy, as defined in Section 4029, and used solely to provide doses administered to patients while in a licensed general acute care hospital ~~facility or~~ facility, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, to patients while in a licensed acute psychiatric hospital facility, as defined in ~~subdivisions (a) and~~ subdivision (b) of Section 1250 of the Health and Safety Code, or dispensed to patients pursuant to Section 4068 shall be exempt from the requirement of obtaining an ADDS license pursuant to this section if the licensed hospital pharmacy owns or leases the AUDS and owns the dangerous drugs and dangerous devices in the AUDS. The AUDS shall comply with all other requirements for an ADDS in this article. The licensed hospital pharmacy shall maintain a list of the locations of each AUDS it operates and shall make the list available to the board upon request.

(j) An ADDS license is not required for technology, installed within the secured licensed premises area of a pharmacy, used in the selecting, counting, packaging, and labeling of dangerous drugs and dangerous devices.

4441.

(a) For purposes of this section, the following definitions shall apply:
   (1) "Labeler" means a person or entity that receives prescription drugs from a manufacturer or wholesaler and repackages those drugs for later retail sale and who has a labeler code from the federal Food and Drug Administration under Part 207 of Title 21 of the Code of Federal Regulations.
   (2) "Proprietary information" means information on pricing, costs, revenue, taxes, market share, negotiating strategies, customers, and personnel that is held by a pharmacy benefit manager and used for its business purposes.
   (3) "Purchaser" means a health benefit plan sponsor or other third-party payer with whom a pharmacy benefit manager contracts to provide the administration and management of prescription drug benefits, except for a health care service plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.

(b) This section shall apply to pharmacy benefit manager contracts that are entered into, amended, or renewed on or after January 1, 2019.

(c)(1) A pharmacy benefit manager shall exercise good faith and fair dealing.
   (2) A pharmacy benefit manager has a fiduciary duty to a self-insured employer plan that includes a duty to be fair and truthful toward the client, to act in the client's best interests, to avoid conflicts of interest, and to perform its duties with care, skill, prudence, and diligence.

(d) A pharmacy benefit manager shall notify a purchaser in writing of any activity, policy, or practice of the pharmacy benefit manager that directly or indirectly presents a conflict of interest that interferes with the discharge of the pharmacy benefit manager's duty to the purchaser to exercise good faith and fair dealing pursuant to subdivision (c).

(e) The pharmacy benefit manager shall, on a quarterly basis, disclose, upon the request of the purchaser, the following information with respect to prescription product benefits specific to the purchaser:
   (1) The aggregate wholesale acquisition costs from a pharmaceutical manufacturer or labeler for each therapeutic category of drugs containing three or more

drugs, as outlined in the state's essential health benefits benchmark plan pursuant to Section 1367.005 of the Health and Safety Code.

(2) The aggregate amount of rebates received by the pharmacy benefit manager by therapeutic category of drugs containing three or more drugs, as outlined in the state's essential health benefits benchmark plan pursuant to Section 1367.005 of the Health and Safety Code. The aggregate amount of rebates shall include any utilization discounts the pharmacy benefit manager receives from a pharmaceutical manufacturer or labeler.

(3) Any administrative fees received from the pharmaceutical manufacturer or labeler.

(4) Whether the pharmacy benefit manager has a contract, agreement, or other arrangement with a pharmaceutical manufacturer to exclusively dispense or provide a drug to a purchaser's employees, insureds, or enrollees, and the application of all consideration or economic benefits collected or received pursuant to that arrangement.

(5) Prescription drug utilization information for the purchaser's enrollees or insureds that is not specific to any individual enrollee or insured.

(6) The aggregate of payments, or the equivalent economic benefit, made by the pharmacy benefit manager to pharmacies owned or controlled by the pharmacy benefit manager.

(7) The aggregate of payments made by the pharmacy benefit manager to pharmacies not owned or collected by the pharmacy benefit manager.

(8) The aggregate amount of the fees imposed on, or collected from, network pharmacies or other assessments against network pharmacies, and the application of those amounts collected pursuant to the contract with the purchaser.

(f) The information disclosed pursuant to subdivision (e) shall apply to all retail, mail order, specialty, and compounded prescription products.

(g) Except for utilization information specified in paragraph (5) of subdivision (e), a pharmacy benefit manager is not required to make the disclosures required by subdivision (e) unless and until the purchaser agrees, in writing, to maintain as confidential any proprietary information.

(h) A pharmacy benefit manager shall not impose a penalty or offer an inducement to a purchaser for the purpose of deterring the purchaser from requesting the information set forth in subdivision (e).

(i) A pharmacy benefit manager shall disclose to a pharmacy network provider or its contracting agent any material change to a contract provision that affects the terms of reimbursement, the process for verifying benefits and eligibility, dispute resolution, procedures for verifying drugs included on the formulary, and contract termination at least 30 days before the date of the change to the provision.

(j) A pharmacy benefit manager shall not notify an individual receiving benefits through the pharmacy benefit manager that a pharmacy has been terminated from the pharmacy benefit manager's network until the notification of termination has been provided to that pharmacy pursuant to subdivision (i).

(k) A pharmacy benefit manager shall not include in a contract with a pharmacy network provider or its contracting agent a provision that prohibits the provider from informing a patient of a less costly alternative to a prescribed medication.

(l) This section shall not apply to the following:

(1) A health care service plan or health insurer, if the health care service plan or health insurer offers, provides, or administers pharmacy benefit management services and if those services are offered, provided, or administered only to enrollees, subscribers, policyholders, or insureds who are also covered by health benefits offered, provided, or administered by that health care service plan or health insurer.
(2) An affiliate, subsidiary, related entity, or contracted medical group of a health care service plan or health insurer that would otherwise qualify as a pharmacy benefit manager, but offers, provides, or administers services only to enrollees, subscribers, policyholders, or insureds who are also covered by health benefits offered, provided, or administered by the health care service plan or health insurer.
(3) A contract authorized by Section 4600.2 of the Labor Code.

(m) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

Additional Pharmacy Benefit Manager Licensee Requirements can be found under Division 2, Chapter 2.2, Article 6.1 of the Health and Safety Code and Division 2, Part 2, Chapter 1, Article 1 of the Insurance Code, among others.

4999.8.

For purposes of this chapter, the following definitions apply:

(a) "Artificial intelligence" or "AI" has the same meaning as set forth in Section 11546.45.5 of the Government Code.

(b) "Generative artificial intelligence" or "GenAI" has the same meaning as set forth in Section 11549.64 of the Government Code.

(c) "Health care profession" means any profession that is the subject of licensure or regulation under this division or under any initiative act referred to in this division.

4999.9.

(a)(1) A violation of this chapter is subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency.
(2) The appropriate health care professional licensing board may pursue an injunction or restraining order to enforce the provisions of this chapter, as authorized by Section 125.5.
(3) Nothing in this section limits the authority for a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized under the law.

(b) Any provision of this division that prohibits the use of specified terms, letters, or phrases to indicate or imply possession of a license or certificate to practice a health care profession, without at that time having the appropriate license or certificate required for that practice or profession, shall be enforceable against a person or entity who develops or deploys a system or device that uses one or more of those terms, letters, or phrases in the advertising or functionality of an artificial intelligence or generative artificial intelligence system, program, device, or similar technology.

(c) The use of a term, letter, or phrase in the advertising or functionality of an AI or GenAI system, program, device, or similar technology that indicates or implies that the care, advice, reports, or assessments being offered through the AI or GenAI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.
(d) Each use of a prohibited term, letter, or phrase shall constitute a separate violation of this chapter.

Health and Safety Code

11006.5.
~~"Concentrated~~ *(a) Before January 1, 2026, "concentrated* cannabis" means the separated resin, whether crude or purified, obtained from cannabis.
(b) Beginning on January 1, 2026, and until January 1, 2028, "concentrated cannabis" or "cannabis concentrate" means cannabis that has undergone a process to concentrate one or more active cannabinoids, thereby increasing potency, and includes extracts, oils, hash, dab, shatter, rosin, wax, and the separated resin, whether crude or purified.
(c) Beginning on January 1, 2028, the following apply:
(1) "Concentrated cannabis" or "cannabis concentrate" means cannabis or industrial hemp that has undergone a process to concentrate one or more active cannabinoids, thereby increasing potency, and includes extracts, oils, hash, dab, shatter, rosin, wax, and the separated resin, whether crude or purified.
(2) "Cannabis concentrate" does not include CBD isolate, as defined in Section 26001 of the Business and Professions Code.

11018.
"Cannabis" means all parts of the plant Cannabis sativa ~~L.,~~ Linnaeus, Cannabis indica, or Cannabis ruderalis, whether growing or not; the seeds thereof; the resin from glandular trichomes or extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include either of the following:
(a) Industrial hemp, as defined in Section 11018.5.
(b) The weight of any other ingredient combined with cannabis to prepare topical or oral administrations, food, drink, or other product.

11018.1.
(a) "Cannabis products" means ~~cannabis that has undergone a process whereby the plant material has been transformed into a concentrate, including, but not limited to, concentrated cannabis, or an edible or topical product containing cannabis or concentrated cannabis and other ingredients.~~ a product containing cannabis or cannabis concentrate and includes, but is not limited to, edible, topical, and inhaled products, and products intended for use on, or consumption by, an animal.
(b) It shall be presumed that a product intended for human or animal consumption that contains or purports to contain any tetrahydrocannabinol is a cannabis product, regardless of the nature or source of the cannabinoids. This presumption may be rebutted by evidence showing that the product complies with Chapter 9

(commencing with Section 111920) of Part 5 of Division 104 and any regulations promulgated pursuant to that chapter.

11018.5.

(a)*(1)* "Industrial hemp" or "hemp" means ~~an agricultural product, whether growing or not, that is limited to~~ types of the plant Cannabis sativa ~~L. and~~ *Linnaeus or* any part of that ~~plant, including the seeds of the plant and all derivatives, extracts, the resin extracted from any part of the plant, cannabinoids, isomers, acids, salts, and salts of isomers, with a delta-9 tetrahydrocannabinol concentration of no more than 0.3 percent on a dry weight basis.~~ plant with a total tetrahydrocannabinol concentration of no more than 0.3 percent on a dry weight basis and is limited to only agricultural products, including seeds, propagated plant material, immature or mature plants, harvested plants, mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, or any preparation that does not contain cannabinoids.

(2) Total tetrahydrocannabinol concentration includes both delta-9 tetrahydrocannabinol and tetrahydrocannabinolic acid, and shall be calculated using the following equation: Total THC concentration (mg/g) +/- the measurement of uncertainty, as defined by the Department of Food and Agriculture.

(b) Industrial hemp shall not be subject to the provisions of this division or of Division 10 (commencing with Section 26000) of the Business and Professions Code, ~~but instead~~ except upon entry into the California licensed market under that division, and shall be regulated by the Department of Food and Agriculture in accordance with the provisions of Division 24 (commencing with Section 81000) of the Food and Agricultural Code, inclusive.

(c) The sale or delivery of hemp flower and hemp prerolls within the state is prohibited.

11056.

(a) The controlled substances listed in this section are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of those isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under Section 1308.32 of Title 21 of the Code of Federal Regulations, and any other drug of the quantitative composition shown in that list for those drugs or that is the same except that it contains a lesser quantity of controlled substances.

(2) Benzphetamine.

(3) Chlorphentermine.

(4) Clortermine.

(5) Mazindol.

(6) Phendimetrazine.

(c) Depressants. Unless specifically excepted in Section 11059 or elsewhere, or unless listed in another schedule, any material, compound, mixture, or preparation that

contains any quantity of the following substances having a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing any of the following:
  (A) Amobarbital.
  (B) Secobarbital.
  (C) Pentobarbital or any salt thereof and one or more other active medicinal ingredients that are not listed in any schedule.

(2) Any suppository dosage form containing any of the following:
  (A) Amobarbital.
  (B) Secobarbital.
  (C) Pentobarbital or any salt of any of these drugs and approved by the federal Food and Drug Administration for marketing only as a suppository.

(3) Any substance that contains any quantity of a derivative of barbituric acid or any salt thereof.

(4) Chlorhexadol.

(5) Lysergic acid.

(6) Lysergic acid amide.

(7) Methyprylon.

(8) Sulfondiethylmethane.

(9) Sulfonethylmethane.

(10) Sulfonmethane.

(11) Gamma hydroxybutyric acid, and its salts, isomers, and salts of isomers, contained in a drug product for which an application has been approved under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 355).

(d) Nalorphine.

(e) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(3) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.

(4) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(5) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(6) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(f) Anabolic steroids and chorionic ~~gonadotropin.~~ gonadotropin, except for human chorionic gonadotropin (hCG). Any material, compound, mixture, or preparation

containing chorionic ~~gonadotropin~~ gonadotropin, except hCG, or an anabolic steroid (excluding anabolic steroid products listed in the "Table of Exempt Anabolic Steroid Products" (Section 1308.34 of Title 21 of the Code of Federal Regulations), as exempt from the federal Controlled Substances Act (Section 801 and following of Title 21 of the United States Code)), including, but not limited to, the following:

(1) Androisoxazole.
(2) Androstenediol.
(3) Bolandiol.
(4) Bolasterone.
(5) Boldenone.
(6) Chloromethandienone.
(7) Clostebol.
(8) Dihydromesterone.
(9) Ethylestrenol.
(10) Fluoxymesterone.
(11) Formyldienolone.
(12) 4-Hydroxy-19-nortestosterone.
(13) Mesterolone.
(14) Methandriol.
(15) Methandrostenolone.
(16) Methenolone.
(17) 17-Methyltestosterone.
(18) Methyltrienolone.
(19) Nandrolone.
(20) Norbolethone.
(21) Norethandrolone.
(22) Normethandrolone.
(23) Oxandrolone.
(24) Oxymesterone.
(25) Oxymetholone.
(26) Quinbolone.
(27) Stanolone.
(28) Stanozolol.
(29) Stenbolone.
(30) Testosterone.
(31) Trenbolone.
~~(32) Human chorionic gonadotropin (hCG), except when possessed by, sold to, purchased by, transferred to, or administered by a licensed veterinarian, or a licensed veterinarian's designated agent, exclusively for veterinary use.~~

(g) Ketamine. Any material, compound, mixture, or preparation containing ketamine.
(h) Hallucinogenic substances. Any of the following hallucinogenic substances: dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the federal Food and Drug Administration.

11165. (Effective October 13, 2025)

(a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and

resultant abuse of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The department may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

(c)(1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2)(A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the department, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the department, for educational, peer review, statistical, or research purposes, if patient information, including information that may identify the patient, is not compromised. The University of California shall be provided access to identifiable data for research purposes if the requirements of subdivision (t) of Section 1798.24 of the Civil Code are satisfied. Further, data disclosed to an individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to a third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The department shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(B) Notwithstanding subparagraph (A), a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances shall not be provided data obtained from CURES.

(C)(i) Notwithstanding subparagraph (A) or any other law, a state or local agency or employee, appointee, officer, contractor, or official or any other person acting on behalf of a public agency shall not knowingly provide any CURES data or knowingly expend or use time, money, facilities, property, equipment, personnel, or other resources in furtherance of any interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.

(ii) This section does not prohibit the investigation of any activity that is punishable as a crime under the laws of this state so long as CURES data related to any legally protected health care activity, as defined in Section 1798.300 of the Civil Code, is not knowingly shared with any individual or entity from another state.

(iii) This section does not prohibit compliance with an audit or investigation of activity that is unlawful under the laws of this state or federal law, or with an audit, review, or investigation conducted for purposes of licensure, registration, accreditation, or certification under the laws of this state or federal law or pursuant to an accrediting organization recognized by the State Department of Public Health or the federal Centers for Medicare and Medicaid Services.

(3) The department ~~shall, no later than January 1, 2021,~~ *may* adopt regulations regarding the access and use of the information within CURES. The department shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

(A) The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.

(B) The purposes for which a health care practitioner may access information in CURES.

(C) The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.

(D) The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

(4) In accordance with federal and state privacy laws and regulations, a health care practitioner may provide a patient with a copy of the patient's CURES patient activity report as long as no additional CURES data are provided and the health care practitioner keeps a copy of the report in the patient's medical record in compliance with subdivision (d) of Section 11165.1.

(d) For each prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14, and 1308.15, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the department or contracted prescription data processing vendor as soon as reasonably possible, but not more than one working day after the date a controlled substance is released to the patient or patient's representative, in a format specified by the department:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of a prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) The International Statistical Classification of Diseases (ICD) Code contained in the most current ICD revision, or any revision deemed sufficient by the State Board of Pharmacy, if available.
(7) Number of refills ordered.
(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.
(9) Prescribing date of the prescription.
(10) Date of dispensing of the prescription.
(11) The serial number for the corresponding prescription form, if applicable.

(e) The department may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. A prescriber or dispenser invitee shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(f) The department shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The department may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

(h)(1) The department may enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information. An out-of-state authorized user who obtains CURES data through the interstate data sharing hub shall not provide any CURES data in furtherance of any investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.

(2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the department pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the department for interstate data sharing of prescription drug monitoring program information.

(3) An agreement entered into by the department for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

(4) For purposes of interstate data sharing of CURES information pursuant to this subdivision, an authorized user of another state's prescription drug monitoring program shall not be required to register with CURES, if the authorized user is

registered and in good standing with that state's prescription drug monitoring program.

(5) The department shall not enter into an agreement pursuant to this subdivision until the department has issued final regulations regarding the access and use of the information within CURES as required by paragraph (3) of subdivision (c).

(6) Notwithstanding subdivision (c), the department shall not provide CURES data to out-of-state law enforcement absent a warrant, subpoena, or court order, issued pursuant to Section 2029.300 or 2029.350 of the Code of Civil Procedure, or Section 1326 of the Penal Code.

(i) Notwithstanding subdivision (d), a veterinarian shall report the information required by that subdivision to the department as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed.

(j) If the dispensing pharmacy, clinic, or other dispenser experiences a temporary technological or electrical failure, it shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within its control. The deadline for transmitting prescription information to the department or contracted prescription data processing vendor pursuant to subdivision (d) shall be extended until the failure is corrected. If the dispensing pharmacy, clinic, or other dispenser experiences technological limitations that are not reasonably within its control, or is impacted by a natural or manmade disaster, the deadline for transmitting prescription information to the department or contracted prescription data processing vendor shall be extended until normal operations have resumed.

(k)(1) Any person who accesses the CURES database and who is not authorized by law to do so is guilty of a misdemeanor.

(2) Any person authorized by law to access the CURES database and who knowingly furnishes the information from the CURES database to a person who is not authorized by law to receive that information is guilty of a misdemeanor.

(3) This subdivision does not apply to a provider of health care as defined in Section 56.06 of the Civil Code that is subject to applicable state and federal medical privacy laws.

11165. (Effective January 1, 2026)

(a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The department may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

(c)(1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2)(A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the department, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the department, for educational, peer review, statistical, or research purposes, if patient information, including information that may identify the patient, is not compromised. The University of California shall be provided access to identifiable data for research purposes if the requirements of subdivision (t) of Section 1798.24 of the Civil Code are satisfied. Further, data disclosed to an individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to a third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The department shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(B) Notwithstanding subparagraph (A), a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances shall not be provided data obtained from CURES.

(C)(i) Notwithstanding subparagraph (A) or any other law, a state or local agency or employee, appointee, officer, contractor, or official or any other person acting on behalf of a public agency shall not knowingly provide any CURES data or knowingly expend or use time, money, facilities, property, equipment, personnel, or other resources in furtherance of any interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.

(ii) This section does not prohibit the investigation of any activity that is punishable as a crime under the laws of this state so long as CURES data related to any legally protected health care activity, as defined in Section 1798.300 of the Civil Code, is not knowingly shared with any individual or entity from another state.

(iii) This section does not prohibit compliance with an audit or investigation of activity that is unlawful under the laws of this state or federal law, or with an audit, review, or investigation conducted for purposes of licensure, registration, accreditation, or certification under the laws of this state or federal law or pursuant to an accrediting organization recognized by the State Department of Public Health or the federal Centers for Medicare and Medicaid Services.

(3) The department ~~shall, no later than January 1, 2021,~~ may adopt regulations regarding the access and use of the information within CURES. The department shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

(A) The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.
(B) The purposes for which a health care practitioner may access information in CURES.
(C) The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.
(D) The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

(4) In accordance with federal and state privacy laws and regulations, a health care practitioner may provide a patient with a copy of the patient's CURES patient activity report as long as no additional CURES data are provided and the health care practitioner keeps a copy of the report in the patient's medical record in compliance with subdivision (d) of Section 11165.1.

(d) ~~For~~ Except as provided in subdivision (k), for each prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14, and 1308.15, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the department or contracted prescription data processing vendor as soon as reasonably possible, but not more than one working day after the date a controlled substance is released to the patient or patient's representative, in a format specified by the department:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender and date of birth of the ultimate user.
(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of a prescriber using the federal controlled substance registration number of a government-exempt facility.
(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.
(4) National Drug Code (NDC) number of the controlled substance dispensed.
(5) Quantity of the controlled substance dispensed.
(6) The International Statistical Classification of Diseases (ICD) Code contained in the most current ICD revision, or any revision deemed sufficient by the State Board of Pharmacy, if available.
(7) Number of refills ordered.
(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.
(9) Prescribing date of the prescription.
(10) Date of dispensing of the prescription.
(11) The serial number for the corresponding prescription form, if applicable.

(e) The department may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. A prescriber or dispenser invitee shall be licensed by one of the boards or committees identified in

subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(f) The department shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The department may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

(h)(1) The department may enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information. An out-of-state authorized user who obtains CURES data through the interstate data sharing hub shall not provide any CURES data in furtherance of any investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.

(2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the department pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the department for interstate data sharing of prescription drug monitoring program information.

(3) An agreement entered into by the department for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

(4) For purposes of interstate data sharing of CURES information pursuant to this subdivision, an authorized user of another state's prescription drug monitoring program shall not be required to register with CURES, if the authorized user is registered and in good standing with that state's prescription drug monitoring program.

(5) The department shall not enter into an agreement pursuant to this subdivision until the department has issued final regulations regarding the access and use of the information within CURES as required by paragraph (3) of subdivision (c).

(6) Notwithstanding subdivision (c), the department shall not provide CURES data to out-of-state law enforcement absent a warrant, subpoena, or court order, issued pursuant to Section 2029.300 or 2029.350 of the Code of Civil Procedure, or Section 1326 of the Penal Code.

(i) Notwithstanding subdivision (d), a veterinarian shall report the information required by that subdivision to the department as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed.

(j) If the dispensing pharmacy, clinic, or other dispenser experiences a temporary technological or electrical failure, it shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within its control. The deadline for transmitting prescription information to the department or contracted prescription data processing vendor pursuant to subdivision (d) shall be extended until the failure is corrected. If the dispensing pharmacy, clinic, or other dispenser experiences technological limitations that are not reasonably within its control, or is impacted by a natural or manmade disaster, the deadline for transmitting prescription information to the department or contracted prescription data processing vendor shall be extended until normal operations have resumed.

(k)(1) Notwithstanding subdivision (d), a prescription for or the dispensing of testosterone or mifepristone shall not be reported to the department, CURES, or a contracted prescription data processing vendor.

(2) On or before January 1, 2027, the department shall remove existing records of a prescription described in this subdivision created or maintained prior to January 1, 2026.

(l)(1) Any person who accesses the CURES database and who is not authorized by law to do so is guilty of a misdemeanor.

(2) Any person authorized by law to access the CURES database and who knowingly furnishes the information from the CURES database to a person who is not authorized by law to receive that information is guilty of a misdemeanor.

(3) This subdivision does not apply to a provider of health care as defined in Section 56.06 of the Civil Code that is subject to applicable state and federal medical privacy laws.

11190.

(a) Every practitioner, other than a pharmacist, who prescribes or administers a controlled substance classified in Schedule II shall make a record that, as to the transaction, shows all of the following:

(1) The name and address of the patient.

(2) The date.

(3) The character, including the name and strength, and quantity of controlled substances involved.

(b) The prescriber's record shall show the pathology and purpose for which the controlled substance was administered or prescribed.

(c)(1) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance that is dispensed by a prescriber pursuant to Section 4170 of the Business and Professions Code, the prescriber shall record and maintain the following information:

(A) Full name, address, and the telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the patient.

(B) The prescriber's category of licensure and license number; federal controlled substance registration number; and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

(C) NDC (National Drug Code) number of the controlled substance dispensed.

(D) Quantity of the controlled substance dispensed.
(E) ICD-9 (diagnosis code), if available.
(F) Number of refills ordered.
(G) Whether the drug was dispensed as a refill of a prescription or as a first-time request.
(H) Date of origin of the prescription.

(2)(A) Each prescriber that dispenses controlled substances shall provide the Department of Justice the information required by this subdivision on a weekly basis in a format set by the Department of Justice pursuant to regulation.

(B) The reporting requirement in this section shall not apply to the direct administration of a controlled substance to the body of an ultimate ~~user.~~ user or a prescription described in subdivision (k) of Section 11165.

(d) This section shall become operative on January 1, 2005.

(e) The reporting requirement in this section for Schedule IV controlled substances shall not apply to any of the following:

(1) The dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user involved for 48 hours or less.

(2) The administration or dispensing of a controlled substance in accordance with any other exclusion identified by the United States Health and Human Service Secretary for the National All Schedules Prescription Electronic Reporting Act of 2005.

(f) Notwithstanding paragraph (2) of subdivision (c), the reporting requirement of the information required by this section for a Schedule II or Schedule III controlled substance, in a format set by the Department of Justice pursuant to regulation, shall be on a monthly basis for all of the following:

(1) The dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user involved for 48 hours or less.

(2) The administration or dispensing of a controlled substance in accordance with any other exclusion identified by the United States Health and Human Service Secretary for the National All Schedules Prescription Electronic Reporting Act of 2005.

11213.

(a) Persons who, under applicable federal laws or regulations, are lawfully entitled to use Schedule I, Schedule II, or both, controlled substances for the purpose of research, instruction, or analysis, may lawfully obtain and use ~~for such purposes such substances as are defined as controlled substances~~ those substances, as defined in this division, for those purposes upon approval for use of ~~such~~ those controlled substances in bona fide research, instruction, or analysis by the Research Advisory Panel established pursuant to Section ~~11480 and 11481.~~ 11480.

(b) Such research, instruction, or analysis shall be carried on only under the auspices of the head of a research project ~~which~~ that has been approved by the Research Advisory Panel pursuant to Section ~~11480 or Section 11481.~~ 11480.1. Complete records of receipts, stocks at hand, and use of these controlled substances shall be kept.

11364.

(a) It is unlawful to possess an opium pipe or any device, contrivance, instrument, or paraphernalia used for unlawfully injecting or smoking (1) a controlled substance specified in subdivision (b), (c), or (e) or paragraph (1) of subdivision (f) of Section 11054, specified in paragraph (14), (15), or (20) of subdivision (d) of Section 11054, specified in subdivision (b) or (c) of Section 11055, or specified in paragraph (2) of subdivision (d) of Section 11055, or (2) a controlled substance that is a narcotic drug classified in Schedule III, IV, or V.

(b) This section shall not apply to hypodermic needles or syringes that have been containerized for safe disposal in a container that meets state and federal standards for disposal of sharps waste.

(c) This section does not apply to an individual obtaining controlled substance checking services, as described in Article 5 (commencing with Section 11300) of Chapter 5.

(d) ~~Until January 1, 2026, as~~ *As* a public health measure intended to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases among persons who use syringes and hypodermic needles, and to prevent subsequent infection of sexual partners, newborn children, or other persons, this section shall not apply to the possession solely for personal use of hypodermic needles or syringes.

Civil Code

56.05.

For purposes of this part:

(a) "Authorization" means permission granted in accordance with Section 56.11 or 56.21 for the disclosure of medical information.

(b) "Authorized recipient" means a person who is authorized to receive medical information pursuant to Section 56.10 or 56.20.

(c) "Confidential communications request" means a request by a subscriber or enrollee that health care service plan communications containing medical information be communicated to them at a specific mail or email address or specific telephone number, as designated by the subscriber or enrollee.

(d) "Contractor" means a person or entity that is a medical group, independent practice association, pharmaceutical benefits manager, or a medical service organization and is not a health care service plan or provider of health care. "Contractor" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code or pharmaceutical benefits managers licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(e) "Enrollee" has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

(f) "Expiration date or event" means a specified date or an occurrence relating to the individual to whom the medical information pertains or the purpose of the use or disclosure, after which the provider of health care, health care service plan, pharmaceutical company, or contractor is no longer authorized to disclose the medical information.

(g) "Health care service plan" means an entity regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).
(h) "Licensed health care professional" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act or the Chiropractic Initiative Act, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
(i) "Marketing" means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. "Marketing" does not include any of the following:
(1) Communications made orally or in writing for which the communicator does not receive direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication.
(2) Communications made to current enrollees solely for the purpose of describing a provider's participation in an existing health care provider network or health plan network of a Knox-Keene licensed health plan to which the enrollees already subscribe; communications made to current enrollees solely for the purpose of describing if, and the extent to which, a product or service, or payment for a product or service, is provided by a provider, contractor, or plan or included in a plan of benefits of a Knox-Keene licensed health plan to which the enrollees already subscribe; or communications made to plan enrollees describing the availability of more cost-effective pharmaceuticals.
(3) Communications that are tailored to the circumstances of a particular individual to educate or advise the individual about treatment options, and otherwise maintain the individual's adherence to a prescribed course of medical treatment, as provided in Section 1399.901 of the Health and Safety Code, for a chronic and seriously debilitating or life-threatening condition as defined in subdivisions (d) and (e) of Section 1367.21 of the Health and Safety Code, if the health care provider, contractor, or health plan receives direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication, if all of the following apply:
(A) The individual receiving the communication is notified in the communication in typeface no smaller than 14-point type of the fact that the provider, contractor, or health plan has been remunerated and the source of the remuneration.
(B) The individual is provided the opportunity to opt out of receiving future remunerated communications.
(C) The communication contains instructions in typeface no smaller than 14-point type describing how the individual can opt out of receiving further communications by calling a toll-free number of the health care provider, contractor, or health plan making the remunerated communications. Further communication shall not be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt-out request.
(j)(1) "Medical information" means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding

a patient's medical history, mental health application information, reproductive or sexual health application information, mental or physical condition, or treatment. "Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual.

(2) If individually identifying information regarding immigration status, including current and prior immigration status, or place of birth, is known or collected in electronic or physical form by a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, it shall be treated as medical information, as defined in paragraph (1).

(k) "Mental health application information" means information related to a consumer's inferred or diagnosed mental health or substance use disorder, as defined in Section 1374.72 of the Health and Safety Code, collected by a mental health digital service.

(l) "Mental health digital service" means a mobile-based application or internet website that collects mental health application information from a consumer, markets itself as facilitating mental health services to a consumer, and uses the information to facilitate mental health services to a consumer.

(m) "Patient" means a natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.

(n) "Pharmaceutical company" means a company or business, or an agent or representative thereof, that manufactures, sells, or distributes pharmaceuticals, medications, or prescription drugs. "Pharmaceutical company" does not include a pharmaceutical benefits manager, as included in subdivision (c), or a provider of health care.

(o) "Protected individual" means any adult covered by the subscriber's health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. "Protected individual" does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.

(p) "Provider of health care" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; a person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; or a clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. "Provider of health care" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code.

(q) "Reproductive or sexual health application information" means information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, pregnancy outcome, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity.

(r) "Reproductive or sexual health digital service" means a mobile-based application or internet website that collects reproductive or sexual health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer.

(s) "Sensitive services" means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

(t) "Subscriber" has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

(u) "Immigration enforcement" means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person's presence in, entry or reentry to, or employment in, the United States.

56.10.

(a) A provider of health care, health care service plan, or contractor shall not disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).

(b) A provider of health care, a health care service plan, or a contractor shall disclose medical information if the disclosure is compelled by any of the following:

(1)(A) A court ~~order.~~ order issued by a court of this state or a federal court, including, but not limited to, a court order issued by a court of this state pursuant to Section 2029.300 of the Code of Civil Procedure relating to a foreign subpoena.

(B) A provider of health care, health care service plan, or contractor shall not comply with a court order that constitutes a foreign subpoena, absent a court order issued pursuant to Section 2029.300 of the Code of Civil Procedure.

(2) A board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.

(3) A party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear served pursuant to Section 1987 of the Code of Civil Procedure, or any provision authorizing discovery in a proceeding before a court or administrative agency.

(4) A board, commission, or administrative agency pursuant to an investigative subpoena issued under Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the Government Code.

(5) An arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum issued under Section 1282.6 of the Code of Civil Procedure, or another provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.

(6) A valid search warrant ~~lawfully issued~~ issued by a judicial officer, including a magistrate, to a governmental law enforcement ~~agency.~~ agency, including a search warrant from another state that is based on either of the following and execution of the search warrant would not constitute a violation of Section 13778.2 of the Penal Code:

(A) Another state's law, so long as that state's law does not interfere with California law, including, but not limited to, the Reproductive Privacy Act (Article 2.5 (commencing with Section 123460) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code).

(B) A foreign penal civil action, as defined in Section 2029.200 of the Code of Civil Procedure.

(7) The patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(8) A medical examiner, forensic pathologist, or coroner, when requested in the course of an investigation by a medical examiner, forensic pathologist, or coroner's office for the purpose of identifying the decedent or locating next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisonings, accidents, sudden infant deaths, suspicious deaths, unknown deaths, or criminal deaths, or upon notification of, or investigation of, imminent deaths that may involve organ or tissue donation pursuant to Section 7151.15 of the Health and Safety Code, or when otherwise authorized by the decedent's representative. Medical information requested by a medical examiner, forensic pathologist, or coroner under this paragraph shall be limited to information regarding the patient who is the decedent and who is the subject of the investigation or who is the prospective donor and shall be disclosed to a medical examiner, forensic pathologist, or coroner without delay upon request. A medical examiner, forensic pathologist, or coroner shall not disclose the information contained in the medical record obtained pursuant to this paragraph to a third party without a court order or authorization pursuant to paragraph (4) of subdivision (c) of Section 56.11.

(9) When otherwise specifically required by law.

(c) A provider of health care or a health care service plan may disclose medical information as follows:

(1) The information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

(2) The information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling medical condition, unable to consent to

the disclosure of medical information and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the information may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.

(3) The information may be disclosed to a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, that disclosed information shall not be further disclosed by the recipient in a way that would violate this part.

(4) The information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges.

(5) The information in the possession of a provider of health care or a health care service plan may be reviewed by a private or public body responsible for licensing or accrediting the provider of health care or a health care service plan. However, no patient-identifying medical information may be removed from the premises except as expressly permitted or required elsewhere by law, nor shall that information be further disclosed by the recipient in a way that would violate this part.

(6) The information may be disclosed to a medical examiner, forensic pathologist, or county coroner in the course of an investigation by a medical examiner, forensic pathologist, or coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b). A medical examiner, forensic pathologist, or coroner shall not disclose the information contained in the medical record obtained pursuant to this paragraph to a third party without a court order or authorization pursuant to paragraph (4) of subdivision (c) of Section 56.11.

(7) The information may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in a way that would disclose the identity of a patient or violate this part.

(8) A provider of health care or health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the

employer may disclose to the employee's employer that part of the information that:

(A) Is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue the patient's medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.

(B) Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform the patient's present employment, provided that no statement of medical cause is included in the information disclosed.

(9) Unless the provider of health care or a health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

(10) The information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred between providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information shall not otherwise be disclosed by a health care service plan except in accordance with this part.

(11) This part does not prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code, of medical information if the insurance institution, agent, or support organization has complied with all of the requirements for obtaining the information pursuant to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code.

(12) The information relevant to the patient's condition, care, and treatment provided may be disclosed to a probate court investigator in the course of an investigation required or authorized in a conservatorship proceeding under the Guardianship-Conservatorship Law as defined in Section 1400 of the Probate Code, or to a probate court investigator, probation officer, or domestic relations investigator engaged in determining the need for an initial guardianship or continuation of an existing guardianship.

(13) The information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant. For the purpose of this paragraph, "tissue bank" and "tissue" have the same meanings as defined in Section 1635 of the Health and Safety Code.

(14) The information may be disclosed when the disclosure is otherwise specifically authorized by law, including, but not limited to, the voluntary reporting, either directly or indirectly, to the ~~federal~~ United States Food and Drug Administration of

adverse events related to drug products or medical device problems, or to disclosures made pursuant to subdivisions (b) and (c) of Section 11167 of the Penal Code by a person making a report pursuant to Sections 11165.9 and 11166 of the Penal Code, provided that those disclosures concern a report made by that person.

(15) Basic information, including the patient's name, city of residence, age, sex, and general condition, may be disclosed to a state-recognized or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.

(16) The information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in a way that would violate this part, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information.

(17) For purposes of disease management programs and services as defined in Section 1399.901 of the Health and Safety Code, information may be disclosed as follows: (A) to an entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, if the disease management services and care are authorized by a treating physician, or (B) to a disease management organization, as defined in Section 1399.900 of the Health and Safety Code, that complies fully with the physician authorization requirements of Section 1399.902 of the Health and Safety Code, if the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. This paragraph does not require physician authorization for the care or treatment of the adherents of a well-recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.

(18) The information may be disclosed, as permitted by state and federal law or regulation, to a local health department for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events, including, but not limited to, birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions, as authorized or required by state or federal law or regulation.

(19) The information may be disclosed, consistent with applicable law and standards of ethical conduct, by a psychotherapist, as defined in Section 1010 of the Evidence Code, if the psychotherapist, in good faith, believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

(20) The information may be disclosed as described in Section 56.103.

(21)(A) The information may be disclosed to an employee welfare benefit plan, as defined under Section 3(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002(1)), which is formed under Section 302(c)(5) of the Taft-Hartley Act (29 U.S.C. Sec. 186(c)(5)), to the extent that the employee welfare

benefit plan provides medical care, and may also be disclosed to an entity contracting with the employee welfare benefit plan for billing, claims management, medical data processing, or other administrative services related to the provision of medical care to persons enrolled in the employee welfare benefit plan for health care coverage, if all of the following conditions are met:

(i) The disclosure is for the purpose of determining eligibility, coordinating benefits, or allowing the employee welfare benefit plan or the contracting entity to advocate on the behalf of a patient or enrollee with a provider, a health care service plan, or a state or federal regulatory agency.

(ii) The request for the information is accompanied by a written authorization for the release of the information submitted in a manner consistent with subdivision (a) and Section 56.11.

(iii) The disclosure is authorized by and made in a manner consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(iv) Any information disclosed is not further used or disclosed by the recipient in any way that would directly or indirectly violate this part or the restrictions imposed by Part 164 of Title 45 of the Code of Federal Regulations, including the manipulation of the information in any way that might reveal individually identifiable medical information.

(B) For purposes of this paragraph, Section 1374.8 of the Health and Safety Code shall not apply.

(22) Information may be disclosed pursuant to subdivision (a) of Section 15633.5 of the Welfare and Institutions Code by a person required to make a report pursuant to Section 15630 of the Welfare and Institutions Code, provided that the disclosure under subdivision (a) of Section 15633.5 concerns a report made by that person. Covered entities, as they are defined in Section 160.103 of Title 45 of the Code of Federal Regulations, shall comply with the requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule pursuant to subsection (c) of Section 164.512 of Title 45 of the Code of Federal Regulations if the disclosure is not for the purpose of public health surveillance, investigation, intervention, or reporting an injury or death.

(23) The information may be disclosed to a school-linked services coordinator pursuant to a written authorization between the health provider and the patient or client that complies with the federal Health Insurance Portability and Accountability Act of 1996.

(24) Mental health records, as defined in subdivision (c) of Section 5073 of the Penal Code, may be disclosed by a county correctional facility, county medical facility, state correctional facility, or state hospital, as required by Section 5073 of the Penal Code.

(d) Except to the extent expressly authorized by a patient, enrollee, or subscriber, or as provided by subdivisions (b) and (c), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall not intentionally share, sell, use for marketing, or otherwise use medical information for a purpose not necessary to provide health care services to the patient.

(e) Except to the extent expressly authorized by a patient or enrollee or subscriber or as provided by subdivisions (b) and (c), a contractor or corporation and its subsidiaries and affiliates shall not further disclose medical information regarding a patient of

the provider of health care or an enrollee or subscriber of a health care service plan or insurer or self-insured employer received under this section to a person or entity that is not engaged in providing direct health care services to the patient or the patient's provider of health care or health care service plan or insurer or self-insured employer.

(f) Except to the extent expressly authorized by a patient, enrollee, or subscriber, or as required by subdivision (b), or as permitted by subdivision (c), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall not disclose medical information for immigration enforcement.

~~(f)~~(g) For purposes of this section, the following definitions apply:

(1) "Medical examiner, forensic pathologist, or coroner" means a coroner or deputy coroner, as described in subdivision (c) of Section 830.35 of the Penal Code, or a licensed physician who currently performs official autopsies on behalf of a county coroner's office or a medical examiner's office, whether as a government employee or under contract to that office.

(2) "School-linked services coordinator" means an individual located on a school campus or under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families that holds any of the following:

(A) A services credential with a specialization in pupil personnel services, as described in Section 44266 of the Education Code.

(B) A services credential with a specialization in health authorizing service as a school nurse, as described in Section 44877 of the Education Code.

(C) A license to engage in the practice of marriage and family therapy issued pursuant to Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(D) A license to engage in the practice of educational psychology issued pursuant to Chapter 13.5 (commencing with Section 4989.10) of Division 2 of the Business and Professions Code.

(E) A license to engage in the practice of professional clinical counseling issued pursuant to Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

56.109.

(a) Notwithstanding subdivision (b) of Section 56.10, a provider of health care, health care service plan, or contractor shall not release medical information related to a person ~~or~~ seeking or obtaining gender-affirming health care or gender-affirming mental health care or a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to any ~~civil action,~~ subpoena or request, including a foreign subpoena, based on another state's law that interferes with an individual's right to seek or obtain gender-affirming health care or gender-affirming mental health care or authorizes a person to bring a civil or criminal action against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care.

(b) Notwithstanding subdivision (c) of Section 56.10, a provider of health care, health care service plan, or contractor shall not release medical information to persons or entities who have requested that information and who are authorized by law to receive that information pursuant to subdivision (c) of Section 56.10, if the information is related to an individual seeking or obtaining gender-affirming health

care or gender-affirming mental health care or to a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care, and the information is being requested pursuant to another state's law that authorizes a person to bring a civil or criminal action against a person or entity that provides, seeks, obtains, or receives gender-affirming health care or gender-affirming mental health care or who allows a child to receive gender-affirming health care or gender-affirming mental health care.

(c) Notwithstanding subdivisions (b) and (c) of Section 56.10 or subdivision (c) of Section 56.20, a provider of health care, health care service plan, contractor, or employer shall not cooperate with any inquiry or investigation by, or provide medical information to, any individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health care or gender-affirming mental health care that is lawful under the laws of this state.

(d) This section does not prohibit compliance with the investigation of activity that is punishable as a crime under the laws of this state.

(e) This section does not prohibit compliance with an audit or investigation of activity that is unlawful under the laws of this state or federal law, or with an audit, review, or investigation conducted for purposes of licensure, registration, accreditation, or certification under the laws of this state or federal law or pursuant to an accrediting organization recognized by the State Department of Public Health or the federal Centers for Medicare and Medicaid Services.

(f) This section does not prohibit the Department of Corrections and Rehabilitation from disclosing medical information of an individual to a health care facility that is run by an agency or department from another state, or to a federal law enforcement agency, for treatment purposes and direct medical care for the specified individual and is narrowly limited to the request.

~~(c)~~(g) For the purposes of this section, ~~"person" means an individual or governmental subdivision, agency, or instrumentality.~~ the following terms have the following meanings:

~~(d)~~(1) ~~For the purpose of this section, "gender-affirming~~ "Gender-affirming health care" and "gender-affirming mental health care" shall have the same ~~meaning~~ meanings as provided in Section 16010.2 of the Welfare and Institutions Code.

(2) "Person" means an individual or governmental subdivision, agency, or instrumentality.

56.110.

(a) Notwithstanding subdivision (c) of Section 56.10, a provider of health care, health care service plan, pharmaceutical company, contractor, or employer shall not knowingly disclose, transmit, transfer, share, or grant access to medical information in an electronic health records system or through a health information exchange that would identify an individual and that is related to an individual seeking, obtaining, providing, supporting, or aiding in the performance of an abortion that is lawful under the laws of this state to any individual or entity from another state, unless the disclosure, transmittal, transfer, sharing, or granting of access is authorized under any of the following conditions:

(1) In accordance with a valid, written authorization pursuant to Section 56.11 that clearly states that medical information on abortion or abortion-related services may be disclosed, and only to the extent and for the purposes expressly stated in the authorization.
(2) In accordance with paragraphs (2) and (3) of subdivision (c) of Section 56.10, to the extent necessary to allow responsibility for payment to be determined and payment to be made or to the extent that it is not further disclosed by the recipient in a way that would violate this part.
(3) In accordance with paragraphs (4) and (5) of subdivision (c) of Section 56.10 for the purpose of accreditation, in reviewing the competence or qualifications of health care professionals, or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges.
(4) In accordance with paragraph (7) of subdivision (c) of Section 56.10, for the purpose of bona fide research. Institutional Review Boards shall consider the potential harm to the patient and the patient's privacy when the research uses data that contains information related to abortion or abortion-related services and the research is performed out of state.

(b) Notwithstanding subdivision (a), the content of the health records containing medical information described in subdivision (a) shall be disclosed to any of the following:
(1) A patient, or their personal representative, consistent with the Patient Access to Health Records Act (Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code).
(2) In response to an order of a California or federal court, but only to the extent clearly stated in the order and consistent with Section 1543 of the Penal Code, if applicable, and only if all information about the patient's identity and records are protected from public scrutiny through mechanisms, including, but not limited to, a sealed proceeding or court record.
(3) When expressly required by federal law that preempts California law, but only to the extent expressly required.

(c) Nothing in this section shall prohibit a provider of health care, health care service plan, pharmaceutical company, contractor, or employer from cooperating or complying with the investigation of activity that is punishable as a crime under the laws of California, and that took place in California.

(d) A provider of health care, as defined in Section 56.05, shall not be subject to liability for damages or to civil or enforcement actions, including disciplinary actions, fines, or penalties, for failure to meet the requirements of this section before January 31, ~~2026,~~ 2027, if the provider of health care is working diligently and in good faith to come into compliance with this section.

The California State Board of Pharmacy does not offer legal advice. Such requests should be directed to your attorney. While we can share with you commonly accepted interpretations of applicable laws and regulations, it should be noted that the applicability of statutes and regulations depend ultimately on the distinctive nature of a particular case, which will change given a different set of circumstances.

For general questions about pharmacy law or regulations, please contact the Ask and Inspector call line or email.

