



April 13, 2026

Anne Sodergren, Executive Director  
California State Board of Pharmacy  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

*Letter sent electronically via email*

**RE: Clarification on Patient Eligibility for ADDS Use and Inspection Requirements in Medical Offices**

Dear Executive Director Sodergren,

The California Retailers Association and California Community Pharmacy Coalition respectfully request the California Board of Pharmacy's (Board) clarification on two regulatory issues that directly affect whether patients in California can reliably and affordably access their prescription medications. Ensuring that patients can obtain their medications in a timely manner is central to the mission of expanding accessible, high-quality care across diverse and underserved communities. Millions of patients are served each year in retail pharmacies, grocery stores and other community-based settings nationwide, making regulatory clarity on these issues essential.

Communications from Board staff have raised questions about whether automated patient dispensing system (APDS) (a type of automated drug delivery system (ADDS)) kiosks located at medical offices may dispense medications to patients whose prescriptions originate from telehealth encounters. It is the California Retailers Association's and California Community Pharmacy Coalition's understanding that Board staff have expressed concern that interpreting BPC §4427.6(j)—which permits APDS placement in “a medical office or other location where patients are regularly seen for purposes of diagnosis and treatment and the APDS is only used to dispense dangerous drugs and dangerous devices to **patients of the practice**”—to include telehealth patients would be overly broad, and that SB 1447's silence on the defined telehealth terms in BPC §2290.5 signals legislative intent to limit placement to traditional in-person settings. We respectfully disagree.

The relevant question under BPC §4427.6(j) is not where the patient was located during their visit, but where the APDS itself is located and operated. The statute plainly permits an APDS at a medical office where patients are regularly seen—a physical criterion that describes the practice site, not the modality of any individual encounter. A telehealth patient whose prescription originates from a licensed medical practice is still a patient of that practice. For many individuals, restricting access based on visit modality determines whether they can conveniently obtain their medication at their provider's office or must instead navigate additional travel, delays, and logistical barriers that undermine adherence and outcomes.

**No basis exists in the statute for treating these patients differently, and doing so would create an inequitable, two-tiered system. The Board is respectfully urged to confirm that “patients of the practice”—whether seen in person or via telehealth—may utilize APDS kiosks located at that practice's medical office.**

It has also come to our attention that the Board is requiring monthly in-person pharmacist inspections for APDS units located in medical office settings under BPC §4427.6(j). Neither the statute nor the California ADDS Self-Assessment form imposes such an obligation for kiosks in medical offices. Monthly inspection requirements do

appear in HSC §1261.6(h) and BPC §4119.11(h), but those provisions apply specifically to health facilities—such as long-term care facilities and inpatient settings—and 340B covered entities, respectively; they were not intended to govern outpatient provider offices or standard medical office environments.

**Applying requirements beyond what the law prescribes risks reducing APDS availability, particularly in communities where patients already face significant barriers to accessing timely pharmacy services.**

The Board's longstanding commitment to patient safety, regulatory clarity, and creating a standard of care framework is greatly appreciated. Providing guidance on these two issues will help ensure that APDS technology continues to support equitable, convenient access to life-saving medications while maintaining appropriate safeguards and oversight.

Thank you for your consideration, and any additional information that may assist the Board in its review can be readily provided upon request.

Respectfully submitted,



Sarah Pollo Moo  
Vice President  
California Retailers Association

cc: Seung Oh, PharmD, President Board of Pharmacy  
Julie Ansel, Assistant Executive Officer