



Enforcement and Compounding Committee Report

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a. Summary of Annual Presentation by Board Staff on the Board's Inspection Program

Background

Pharmacy inspections are conducted by Board inspectors (licensed pharmacists) and are triggered for a variety of reasons, including receipt of a consumer complaint, required annual inspections for specific license categories (e.g., sterile compounding pharmacies, outsourcing facilities, etc.), or routine inspections to determine a pharmacy's compliance with state and federal laws and regulations. This process also involves an educational component, wherein licensees have an opportunity to meet and speak with Board inspectors, ask questions and receive guidance, and obtain pharmacy law updates. The Board's policy is to have all pharmacies inspected at least once every four years.

Summary of Committee Discussion

During the meeting, the Committee received a presentation on the Board's inspection program from Julie Ansel, Deputy Executive Officer. In fiscal year 2025/26, through May 31, 2026, staff conducted 3,358 in-person inspections including 1,501 routine inspections of pharmacies. Of the routine inspections completed, 628 inspections resulted in correction(s) being issued and 46 pharmacies were issued a notice of violation(s). Further, 135 routine inspections revealed violations of the Board's patient consultation requirements, either failure to provide consultation, failure to provide written notice of consultation on delivered or mail order prescriptions, or failure of written notice of consultation to meet all required elements. Committee members expressed appreciation for the efforts undertaken by staff to meet the policy goal of inspecting each pharmacy every four years. Consultation continues to be a concern and will be further discussed by the Committee.

Attachment 1 includes a copy of the presentation slides.

b. Summary of Annual Presentation by Board Staff on the Board's Citation Program

Relevant Law

[Business and Professions Code \(BPC\) section 4314](#) establishes authority for the Board to issue citations which may include fines and/or orders of abatement. This section provides that the order of abatement may include a requirement that up to six hours of continuing education courses be completed and specifies that any such continuing education courses shall be in addition to those required for license renewal.

California Code of Regulations, title 16, sections 1775-1775.4 are the Board's regulations governing its citation and fine program. More specifically, section 1775 includes the authority of the executive officer or their designee to issue citations which may contain either or both an administrative fine and an order of abatement, and details the types of violations for which a citation may be issued.

[Section 1775.2](#) establishes the factors to be considered in assessing the amount of an administrative fine, as follows:

1. The gravity of the violation.
2. The good or bad faith of the cited person or entity.
3. The history of previous violations.
4. Evidence that the violation was or was not willful.
5. The extent to which the cited person or entity has cooperated with the Board's investigation.
6. The extent to which the cited person or entity has mitigated or attempted to mitigate any damage or injury caused by the violation.
7. Other matters as may be appropriate.
8. The number of violations found in the investigation.

[Section 1775.3](#) establishes the order of abatement (OOA) compliance requirements.

[BPC section 4317.5](#) establishes authority for the Board to bring an action for fines of up to \$100,000 per violation for repeated violations of materially similar provisions of Pharmacy Law within five years by three or more pharmacies operating under common ownership or management within a chain community pharmacy under specified conditions. This section further provides authority for the Board to bring an action against a chain community pharmacy operating under common ownership or management for fines not to exceed \$150,000 for any violation of Pharmacy Law demonstrated to be the result of a written policy or that was expressly encouraged by any owner or manager.

[BPC section 4317.6](#), which became effective January 1, 2026, establishes new authority for the Board to bring an action for fines of up to \$100,000 per violation for repeated violations of materially similar provisions of Pharmacy Law within five years for a single mail order pharmacy, or multiple mail order pharmacies operating under common ownership or management, under specified conditions. (For purposes of section 4317.6, "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.)

Background

Provided below is summary information providing comparisons for the past five fiscal years.

Citation and Fine	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	FY 25/26*
Citations Issued	1,274	1,053	843	642	460
Average Days to Complete	341	325	359	430	484
Order of Abatements Issued	269	196	97	55	62
Amount of Fines Assessed	\$2,029,012	\$3,418,500	\$ 3,363,265	\$1,976,050	\$1,076,650
Amount Collected	\$1,093,911	\$1,713,100	\$1,813,951	\$1,738,289 5	\$1,880,342

*July 1, 2025, through May 31, 2026

Summary of Committee Discussion

During the meeting, members received a presentation on the Board's citation and fine program from Executive Officer Anne Sodergren. The Committee thanked staff for their efforts to pull this data together.

Attachment 2 includes a copy of the presentation slides.

c. Summary of Discussion on Information Received During Pharmacist and Patient/Consumer Listening Sessions on Pharmacist Provided Consultation

Relevant Law

California Code of Regulations, title 16, section 1707.2 outlines the Board's requirements governing the duty to consult. This section establishes requirements for a pharmacist to provide consultation to a patient or the patient's agent.

Background

Strategic goal 2.11 of the Board's Strategic Plan for 2022-2026 states: "Enhance patient consultation compliance by evaluating barriers to consultation to provide patient education and reduce medication errors."

As discussed at the October 2025 Committee meeting, the Committee is interested in gathering more information to assist in its evaluation of the Board's current consultation requirements and to better understand what barriers exist to pharmacist-provided consultation. Accordingly, the Committee seeks feedback and knowledge from the regulated public on possible opportunities to:

- improve patient understanding of medications
- reduce medication errors
- educate patients on their medications, so they are taken safely and effectively

During the January 2026 Board meeting, members voted to hold listening sessions at which the public and licensees could share their opinions and insights on the pharmacist's duty to consult.

Over a five-week period, four pharmacist listening sessions and one consumer session were convened. A total of 376 pharmacists registered for the pharmacist sessions, and 90 ultimately attended the sessions. Due to lower interest, only one consumer session was held. Thirty-seven consumers or patients registered, and nine individuals participated. Outreach efforts to recruit consumers and patients included contacting a range of consumer-facing, patient-oriented, and senior-citizen organizations. The Committee Chair facilitated all sessions, and participants were encouraged to share feedback and respond to the Board's question prompts related to pharmacist consultation.

Questions posed during the pharmacist listening session and a summary of participant comments are included below:

- 1. Do you believe patient consultation is needed for all prescriptions?**
- 2. How and where does the pharmacist provide patient consultation?**
- 3. Does the patient receive the medication prior to consultation?**
- 4. Should the pharmacy be required to document the consultation?**
- 5. Can technology assist in identifying, documenting, and providing patient consultation?**

6. **What challenges or barriers exist making it difficult for the pharmacist to provide consultation?**
7. **What is your vision of best practice for patient consultation?**
8. **Are there opportunities for compensation for medication reviews and patient counseling?**
9. **If you mail or deliver prescriptions to patients, how do you provide consultation? Do you believe the requirements should be different than face to face consultation?**

Summary of responses: There was broad agreement that patient consultation should not be required for every prescription, particularly when the patient has previously taken the medication. However, there was strong consensus that consultation remains essential in specific situations, including new therapies, dosage or instruction changes, high-risk or specialty medications, and drugs with critical storage or handling requirements. Many pharmacists noted that meaningful counseling in these cases can prevent harm, improve adherence, and uncover issues that would otherwise go unnoticed. Pharmacists supported giving patients the option to decline counseling, while also allowing pharmacists to use professional judgment to require patients to receive consultation when clinically necessary.

Consultation is delivered through multiple channels, including in-person at pickup, over the phone before delivery for high-risk medications, printed materials, or responding to patient calls, and, with follow-up calls after discharge from the hospital to review changes and ensure continuity of care.

Pharmacists generally agreed that patient consultation should be documented, noting that documentation demonstrates the pharmacist's value and provides proof that counseling occurred.

Respondents agreed that technology can play a significant role in improving how pharmacists identify, document, and deliver patient consultation. Many suggested that systems should better distinguish true new prescriptions from routine renewals and automatically flag high-risk medications that would always warrant pharmacist consultation. Participants supported expanding digital options for patients, including secure text messaging, video or text-based counseling, QR codes on prescription bottles linking to educational videos, and app-based access to consultation using secure login or facial recognition.

Pharmacists identified numerous barriers that make providing meaningful consultation difficult, including lack of integration between hospitals, prescribers, and dispensing pharmacies. Consultation space and privacy concerns also continue to be a challenge. Operational constraints were the most frequently cited barrier: chronic understaffing, high workload, long lines, phone systems that make it challenging for patients to reach a pharmacist, language barriers, and financial or employer pressures. Respondents emphasized that meaningful consultation requires adequate

staffing, time, privacy, and flexibility to use professional judgment and meet patients through their preferred communication methods.

Respondents noted that there are opportunities for compensation for medication reviews and patient counseling, particularly in hospital and post-discharge settings where pharmacists can bill for reconciliation, clinical reviews, and follow-up calls. Respondents stressed that long medication reviews are time-consuming and should be reimbursed with dedicated consultation pharmacists.

Questions posed during the consumer/patient listening session and a summary of participant comments are included below:

- 1. Has a pharmacist ever spoken to you about your medications? Did you find this information helpful?**
- 2. Has a pharmacy clerk or technician asked you “do you want to talk to the pharmacist” versus directing you to the pharmacist for consultation?**
- 3. Have you received a new prescription without being directed to talk with the pharmacist? Or multiple consultations on the same medication?**
- 4. In addition to receiving written information, does the pharmacist speak to you in a confidential manner or private area?**
- 5. Has the pharmacist ever corrected your prescription or contacted your doctor after consulting with you?**
- 6. Do you receive prescriptions via mail or delivery? Are you aware of how to contact the pharmacy for information on your prescription?**
- 7. Are you aware that pharmacies may offer prescription information in different languages as well as accessible prescription labels?**

Summary of responses: Consumers described a wide variation in the quality of pharmacist consultation, noting that some pharmacies require counseling before handing over a prescription, while others allow patients to simply sign a keypad and leave with no pharmacist interaction at all. Respondents noted lack of privacy, explaining that consultation often occurs at a window or counter where people in line can overhear sensitive medical information. One patient who receives delivered medications reported that they typically receive written information only, with no proactive outreach from the pharmacy. Several consumers believe pharmacists are overworked and lack the time needed for meaningful consultation due to high prescription volume, constant phone calls, and staffing shortages. Some suggested that the Board consider workload thresholds or staffing requirements to ensure pharmacists have adequate time for counseling. One respondent, who worked in health care, emphasized that education is a core responsibility of pharmacists and that consultation should be verbal, documented, and effective, not reduced to a keypad waiver. They questioned how effective consultation can be enforced and stressed that better staffing, privacy, and accountability are needed for pharmacists to provide the level of care patients expect and deserve.

Summary of Committee Discussion

During the meeting, the Committee discussed the responses and feedback provided by licensees and the public during the five listening sessions related to pharmacist provided patient consultation to determine next steps. Members spoke in favor of proactive consultation, reimbursement for consultation and perhaps exempting some pharmacies from consultation requirements under certain circumstances. Members highlighted that the Communication and Public Education Committee could consider discussion on educating patients on the value of consultation. Members supported focusing discussions and next steps on the goals of pharmacist consultation rather than the specific operational details. Members emphasized that as potential changes to consultation requirements are considered, the Committee could look at allowing pharmacies to determine their approach to consultation through policies and procedures.

Members agreed that consultation should not be required if the patient has already had the medication and patients should be able to decline consultation. However, there are also times when a pharmacist may determine that consultation should be required. They stated that technology should identify high risk medications or a new prescription versus one that is being reissued

Public comment agreed that consultation requires reimbursement and flexibility and that technology should play a role in the process.

Discussion will continue on pharmacist provided consultation at the June Board meeting and at future Enforcement and Compounding committee meetings.

d. Summary of Discussion on, and Possible Action to Approve, the Automated Drug Delivery System Self-Assessment (Form 17M-112)

Relevant Law

BPC section 4102 requires the pharmacist-in-charge of the pharmacy operating the system to complete an “Automated Drug Delivery System Self-Assessment” form by July 1 of every odd-numbered year, and within 30 days of certain triggering events.

Background

The Board requires specified licensees to periodically engage in the self-assessment process, defined as 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. (BPC section 4040.6.) The self-assessment forms include a compilation of relevant laws applicable to the license type. Historically, the Board’s self-assessment requirements resided in various provisions of pharmacy law and regulations. The Board’s sunset bill, Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025) centralized the self-assessment process into statute. New BPC section 4040.6 provides that the self-assessment process shall be performed on a form approved by the Board in consultation with stakeholders and posted on its internet website. As such, AB 1503

allows the Board to streamline the process of annually updating the forms and ensures consistency in the Board's approach to promoting licensee self-compliance. As part of the current round of updates, the Board is taking the opportunity to not only update the substance of the forms to reflect new laws and regulations but also to update the format of these compliance tools for ease of use by the regulated public.

Summary of Committee Discussion

During the meeting, members reviewed the updated Automated Drug Delivery System Self-Assessment form. Members spoke in support of the updated form. Members suggested a subscriber alert be sent to all licensed facilities to solicit feedback and written comments prior to the June Board meeting.

Public comment mentioned the updated form is a great improvement.

After discussion of the updates to the Automated Drug Delivery System Self-Assessment form, the Committee referred the updated form, as presented, to the full Board for consideration and possible action.

Recent Update

Consistent with the Committee's direction, a subscriber alert was released to all licensed facilities soliciting comments on the Automated Drug Delivery System Self-Assessment form. Comments received will be provided to members and posted on the Board's website.

Should the Board agree with the updated self-assessment, the following motion could be used to formally approve the form:

Recommended Motion: Approve the updated Automated Drug Delivery System Self-Assessment form [either as presented or consistent with the Board's discussion.]

Attachment 3 includes the updated Automated Drug Delivery System Self-Assessment form.

e. Summary of Discussion on, and Possible Action to Approve, the Compounding Self Assessment (Form 17M-39)

Relevant Law

BPC section 4102 requires the pharmacist-in-charge of a compounding pharmacy to complete a "Compounding Self-Assessment" form by July 1 of every odd-numbered year, and within 30 days of certain triggering events.

Background

See item d. above for background information on this item.

Summary of Committee Discussion

During the meeting, members reviewed the updated Compounding Self-Assessment form. Members spoke in support of the updated form and suggested minor edits. Members previously suggested a subscriber alert be sent to all licensed facilities to solicit feedback and written comments on all self-assessment forms prior to the June Board meeting.

After discussion of the updates to the Compounding Self-Assessment form, the Committee referred the updated form, with the changes discussed, to the full Board for consideration and possible action.

Attachment 4 includes the updated Compounding Self-Assessment form.

Should the Board agree with the updated self-assessment, the following motion could be used to formally approve the form:

Recommended Motion: Approve the updated Compounding Self-Assessment form [either as presented or consistent with the Board's discussion.]

f. Summary of Discussion on, and Possible Action to Approve, the Outsourcing Facility Self Assessment (Form 17M-117)

Relevant Law

BPC section 4102 requires the designated quality control personnel of an outsourcing facility to complete an "Outsourcing Facility Self-Assessment" form by July 1 of every odd-numbered year, and within 30 days of certain triggering events.

Background

BPC section 4102 established a new requirement for outsourcing facilities to complete a self-assessment by July 1 of every odd-numbered year. The Committee is proposing a new self-assessment to be completed by outsourcing facilities. The format of the outsourcing facility self-assessment is consistent with the formatting of other self-assessments that are currently being updated by the Board.

Summary of Committee Discussion

During the meeting, members reviewed the new Outsourcing Facility Self-Assessment form. Members spoke in support of the updated form. Members confirmed that the self-assessment form must be completed by all outsourcing facilities licensed by the Board, both resident and nonresident.

Members previously suggested a subscriber alert be sent to all licensed facilities to solicit feedback and written comments on all self-assessment forms prior to the June Board meeting.

After discussion of the Outsourcing Self-Assessment form, the Committee referred the new form, as presented, to the full Board for consideration and possible action.

Attachment 5 includes the new Outsourcing Facility Self-Assessment form.

g. Summary of Discussion of Enforcement Statistics

From July 1, 2025, through June 1, 2026, the Board initiated 3,581 complaints and closed 2,627 investigations. The Board has issued 78 Letters of Admonishment and 468 citations and referred 187 cases to the Office of the Attorney General. The Board has revoked 59 licenses, accepted the disciplinary surrender of 24 licenses, formally denied 4 application(s), and imposed other levels of discipline against 76 licensees and/or applicants.

As of June 1, 2026, the Board had 2,270 field investigations pending. Following is a breakdown providing more detail in the various investigation processes:

	Jul. 1, 2025		Oct. 1, 2025		Jan. 1, 2026		Apr. 1, 2026		Jun 1, 2026	
	Vol.	Avg. Days	Vol.	Avg. Days	Vol.	Avg. Days	Vol.	Avg. Days	Vol.	Avg. Days
Awaiting Assignment	107	10	125	7	107	9	83	8	92	5
Cases Under Investigation	957	137	987	110	1,189	114	1,334	124	1,231	77
Pending Supervisor Review	322	65	401	76	410	119	518	116	675	106
Pending Second Level Review	161	41	165	50	148	40	189	79	269	67
Awaiting Final Closure	35	42	58	29	29	45	12	19	3	42

Attachment 6 includes the enforcement statistics.