



Legislation and Regulation Committee Report

Jessica Crowley, Licensee Member, Chair
Nicole Thibeau, Licensee Member, Vice Chair
Jeanette Dong, Public Member
Kartikeya Jha, Licensee Member
Maria Serpa, Licensee Member

a. Discussion and Possible Action to Recommend to the Board Positions on Pending Legislation Impacting the Practice of Pharmacy, the Board's Jurisdiction, or Board Operations

Provided below are several measures for the Committee's consideration. A brief summary of each measure is provided along with staff comments and recommendations. A link to each measure and committee bill analysis is also provided, where available. During the meeting, members will have the opportunity to discuss each measure.

1. Assembly Bill 910 (Bonta, 2025) Criminal Procedure: Sentencing. (formerly related to Pharmacy Benefit Management.)

Version: [6/15/2026 - Amended](#)

Summary: The measure was recently amended. The measure as amended relates to criminal sentencing

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

Version: [4/28/2025 - Amended](#)

Status: 7/07/2025 – Reconsideration Granted, Senate Business, Professions, and Economic Development Committee (Deadline 7/2/2026)

Committee Analysis: [6/29/2025 - Senate Business, Professions, and Economic Development](#)

Summary: Prohibits pharmacies from selling cigarettes or tobacco products. A pharmacy caught selling tobacco would be committing a misdemeanor.

Board Position: Support

Comments: This measure appears consistent with the below Board policy statement adopted October 29, 2014.

The California State Board of Pharmacy recognizes that pharmacists are health care providers and pharmacies are in the business of improving customer health; therefore, the Board recommends that pharmacies and chain stores that include pharmacies eliminate the sale of tobacco, e-cigarettes and tobacco products, as these products are known to cause

cancer, heart disease, lung disease and other health problems.

Fiscal Impact: Minor and Absorbable

Support: ([Senate Business, Professions, and Economic Development Analysis](#))

Alameda County Tobacco Control Coalition
American Academy of Pediatrics, California
American Lung Association in California
Breathe California
California Academy of Preventive Medicine
California Medical Association (CMA)
California Orthopedic Association
California Pharmacists Association
California State Board of Pharmacy
Center for Environmental Health
County Health Executives Association of California (CHEAC)
County of Santa Clara
San Francisco Tobacco Free Coalition
San Francisco Tobacco-free Coalition
Solano County Democratic Central Committee
Tobacco Education and Research Oversight Committee

Opposition: None on File ([Senate Business, Professions, and Economic Development Analysis](#))

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

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

Version: [6/27/2025 - Amended](#)

Status: 7/16/2025 – Hearing postponed by Senate Health (Deadline 7/2/2026)

Committee Analysis: [7/14/2025 – Senate Health Committee](#)

Summary: Prohibits drug manufacturers from blocking or interfering with qualifying nonprofit community health clinics' ability to buy drugs at the reduced federal 340B price, under specified conditions.

Board's Position: Support

Comments: During its prior discussion, the Board noted concerns about proposed changes by drug manufacturers to restrict 340B programs and the negative impact they could have on patient care. Members noted that 340B federal programs play a vital role in providing services to underserved communities at a reduced cost.

Fiscal Impact: No direct fiscal impact to the Board.

Support: (Senate Health Analysis)

California Partnership for Health (co-sponsor)
California Primary Care Association Advocates (co-sponsor)
Plus 78 organizations, including health care associations, clinics, and

hospitals

Opposition: (Senate Health Analysis)

California Life Sciences

Plus 37 other organizations

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure. Members received public comment from a representative of the California Society of Health Systems Pharmacists indicated that the organization changed from a support to oppose position on the measure following amendments. Following the public comment members determined it appropriate to bring the matter to the full board for consideration.

Recent Update: Staff have confirmed that AB 1460 is not moving forward.

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

Version: [3/18/2026 - Amended](#)

Status: Senate Appropriations Committee Hearing June 22, 2026 (Deadline 7/2/2026)

Committee Analysis: [4/13/2026 – Assembly Appropriations](#)

Summary: This measure, as amended, amends the conditions for pharmacist authority to provide emergency refills to specify that notification to a prescriber is only required if a prescriber is identified.

Board Position: Watch

Fiscal Impact: Minor and absorbable.

Support: (Assembly Appropriations)

Biocom California

California Senior Legislature

California Pharmacists Association

Universities Allied for Essential Medicines

Five individuals

Opposition: None on File (Assembly Appropriations)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure. Public comment provided background on the existing statutory provisions and explained that the proposed amendment would clarify and remove any uncertainty regarding a pharmacist's authority. The speaker encouraged the Board to support the amendment.

The Committee discussed questions related to the practical implementation of the requirements in BPC 4064 and noted that it may be appropriate to provide education on the authority. It was recommended that the Communication and Public Education Committee consider a future agenda item to discuss the authority. The Committee determined that no changes to

the Board's current position is warranted.

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

Version: [3/16/2026 - Amended](#)

Status: Senate Health Committee Hearing July 1, 2026 (Deadline 7/2/2026)

Committee Analysis: [4/20/2026 – Assembly Appropriations](#)

Summary: This measure would require the Department of Managed Health Care to maintain a public website displaying specified information for each licensed pharmacy benefit manager, including, among other things, the legal name, license number, and license expiration date.

Board Position: Support

Fiscal Impact: No direct fiscal impact on the Board.

Support: (Assembly Health Committee)

Chronic Care Policy Alliance (sponsor)

California Pharmacists Association

Opposition: None on File (Assembly Health Committee)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

6. Assembly Bill 1775 (Ward, 2026) Veterans.

Version: [5/18/2026 - Amended](#)

Status: Senate Business, Professions and Economic Development Committee Hearing June 15, 2026 (Deadline 7/2/2026)

Committee Analysis: [5/20/2026 - Assembly Appropriations](#)

Summary: This measure extends the current expedited licensing process for veterans to also cover service members who were discharged solely because of the federal action to restrict military service by transgender individuals, not just those who were honorably discharged. Additionally, as amended, this measure, upon appropriation, establishes a Veteran's Housing and Supportive Services Grant Program to fund no-cost housing supports for veterans being discharged, and the development of implementation criteria, procedures, and accountability measures, as specified. Recent amendments to the measure provide authority for the Department of Veteran's Affairs to promulgate regulations.

Board Position: Support

Comments: As previously discussed, the Board has historically supported measures that impact licensure access for military members, veterans, and military spouses.

Fiscal Impact: Minor and Absorbable

Support: (Assembly Business and Professions Committee Analysis)

Equality California (Co-Sponsor)

Out in National Security (Co-Sponsor)

Sparta Pride (Co-Sponsor)
Advocates for Trans Equality
Alliance for TransYouth Liberation
California Commission on the Status of Women and Girls
California LGBTQ Health and Human Services Network
CalPride Valle Central
Courage California
El/La Para TransLatinas
Families United for Trans Rights (FUTR) East Bay Chapter
Gender Affirming Professionals
Lyon-Martin Community Health Services
PFLAG Clayton-concord
PFLAG Fresno
PFLAG San Francisco
Planned Parenthood Affiliates of California
Public Counsel
Rainbow Families Action Bay Area
San Diego Pride
The San Diego LGBT Community Center
The TransLatin@ Coalition
Transcanwork
Viet Rainbow of Orange County
West Hollywood/Hernan Molina, Governmental Affairs Liaison

Opposition: None on File (Assembly Business and Professions Committee Analysis)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

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

Version: [6/1/2025 - Amended](#)

Status: Senate Public Safety Committee Hearing June 16, 2026 (Deadline 7/2/2026)

Committee Analysis: [5/5/2026 – Assembly Appropriations](#)

Summary: As amended, would provide that if the federal government removes testosterone or dihydrotestosterone from its Schedule III controlled substances list, this measure automatically requires California to follow that change without requiring separate state legislation.

Board Position: Support

Comments: During prior discussion, members discussed that testosterone can be misused and abused and, as a result of AB 82 (Ward, Chapter 679, Statutes of 2025), is no longer reported to CURES. Should the federal government remove testosterone from Schedule III, it would remove it from California's schedule, which could lead to overprescribing and increase the

risk of misuse. Members also discussed challenges certain patient populations experience trying to obtain prescriptions for testosterone. On balance, the Board determined it was appropriate to establish a support position.

Fiscal Impact: Minor and Absorbable

Support: California Pharmacists Association

Opposition: None on File

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and recent amendments and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

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

Version: [6/8/2026](#) - Amended

Status: **Passed out of** Senate Business, Professions, and Economic Development Committee and referred to Senate Appropriations Committee (Deadline 7/2/2026)

Committee Analysis: [5/1/2026 – Assembly Floor](#)

Summary: This measure authorizes a pharmacist, manufacturer, or wholesaler to participate in an arrangement or agreement to deliver enteral nutrition supplements or replacements directly to a patient's residence pursuant to a valid order from a prescriber acting within their scope of practice. Recent amendments specify that activities provided by a pharmacy shall be consistent with the accepted standard of care.

Board Position: None

Fiscal Impact: Minor and Absorbable.

Support: (Assembly Business and Professions Committee Analysis)

California Association of Medical Product Suppliers (sponsor)

Biocom California

California Life Sciences Association

Opposition: (Assembly Business and Professions Committee Analysis)

California Pharmacist Association

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

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

Version: [3/19/2026 – Amended](#)

Status: Senate Health Committee Hearing July 1, 2026 (Deadline 7/2/2026)

Committee Analysis: [5/5/2026 – Assembly Appropriations](#)

Summary: Defines "health professional shortage area" until January 1, 2035, to include areas designated by California's Department of Health Care

Access and Information, areas federally designated by US Department of Health and Human Services, and those federally designated on January 1, 2025—even if no longer federally recognized. Ensures areas proposed for withdrawal post-2025 remain eligible for state prioritization and benefits. The measure includes a January 1, 2035 sunset date.

Board Position: Support, offer technical amendments to clarify its application to pharmacies as defined health professional shortage areas.

Comments: This measure seeks to maintain current shortage areas.

Fiscal Impact: Minor and absorbable

Support: (Assembly Health Committee Analysis)

Association of California Healthcare Districts (ACHD) (Co-Sponsor)

Rural County Representatives of California (RCRC) (Co-Sponsor)

Antelope Valley Medical Center

California Association of Health Facilities

California Dental Hygienists' Association

California Hospital Association

California Special Districts Association

Del Puerto Health Care District

Desert Healthcare District and Foundation

Eden Health District

Fallbrook Regional Health District

Healthy Petaluma District and Foundation

LeadingAge California

Mayers Memorial Healthcare District

Plumas District Hospital

Salinas Valley Health

San Bernardino Mountains Community Hospital District

Sequoia Healthcare District

Sierra View Health Care District

Soledad Community Health Care District

Opposition: None on file (Assembly Health Committee Analysis)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

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

Version: [5/18/2026 - Amended](#)

Status: Senate Public Safety Committee Hearing June 23, 2026 (Deadline 7/2/2026)

Committee Analysis: [5/20/2026 – Assembly Floor](#)

Summary: As recently amended, this measure expands California's protections for people who provide, support, or receive certain protected health care services, such as reproductive care or gender-affirming care,

regardless of the patient's location. Additionally, the measure specifies that California companies that provide financial services may not disclose customer information to law enforcement in another state unless the request includes a specific affidavit required by California law. This affidavit must confirm that the request follows certain legal standards. The measure provides explicit authority for the Office of the Attorney General to enforce the provisions.

Board Position: Support

Comments: Staff note that this bill has been amended since the Board considered this measure. The policy goals of the measure remain the same, seeking to provide protections for health care providers (HCP) that provide specified health care services to patients in other jurisdictions that are lawful in California and for which the HCP subsequently returns to California to practice.

Fiscal Impact: Minimal and absorbable

Support: (Assembly Public Safety Committee Analysis)

Attorney General Rob Bonta (Sponsor)

Access Reproductive Justice

California Chapter of the American College of Emergency Physicians

Equality California

Reproductive Freedom for All California

Opposition: (Assembly Public Safety Committee Analysis)

California Chamber of Commerce

California Hospital Association

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

11. Assembly Bill 1887 (Zbur, 2026) Prescription Drug Coverage for Rare Diseases.

Version: [5/20/2026 - Amended](#)

Status: Senate Health Committee Hearing July 1, 2026 (Deadline 7/2/2026)

Committee Analysis: [5/22/2026 - Assembly Judiciary](#)

Summary: This measure, as amended, on or after January 1, 2027, requires health care service plans and health insurance plans to complete prior authorization or other reviews within 30 days upon the initial request for drugs that treat rare diseases when the drug is prescribed by a specialist who knows that condition and says the drug is medically necessary, as specified. Prior authorization or other utilization review shall be immediately approved if a decision has not been made by the end of the 30-day period or if a dispute between the plan and provider or enrollee regarding the prior authorization or other utilization review is ongoing at the end of the 30-day period. This protection applies unless a cheaper biosimilar or generic version of the drug is available. The measure also prohibits a health care service plan

contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, from imposing step therapy for these drugs. The provisions do not apply to Medi-Cal managed care plans as described.

Comments: Staff note that the Committee and Board have not previously considered this measure.

Recommended Position: No Recommendation

Fiscal Impact: Minimal and absorbable

Support: (Assembly Health Committee Analysis)

California Chronic Care Coalition (sponsor)

AiArthritis

Alliance for Patient Access

American Kidney Fund

Association for Creatine Deficiencies

Biocom

Bleeding Disorders Council of California

California Life Sciences Association

California Pharmacists Association

California Rheumatology Alliance

Cedars-Sinai

Central Coast Oncology & Hematology

Children's Specialty Care Coalition

Chronic Disease Coalition

Csnk2a1 Foundation

Cure Sma

Cystic Fibrosis Research, INC. (CFRI)

Dravet Syndrome Foundation

Eb Research Partnership

EveryLife Foundation for Rare Diseases

Flok Health

Hemophilia Foundation of Southern California

Herrera & Company

Iga Nephropathy Foundation

International Pemphigus and Pemphigoid Foundation

National Health Law Program

National Kidney Foundation Serving Northern California, Northern Nevada, Oregon, Washington and Alaska

National Pku Alliance

Nephcure

Neuropathy Action Foundation

NW Rare Disease Coalition

Project Alive

Psychiatric Physicians Alliance of California (PPAC)

Rare & Ready Coalition

TSC Alliance

U.S. Pain Foundation

Opposition: (Assembly Health Committee Analysis)

Association of California Life & Health Insurance Companies
California Association of Health Plans
California Chamber of Commerce
California Small Business Association

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure, expressed support for the policy behind the measure but expressed concern that the 30-day waiting period could be problematic for patients. Members are not offering a recommendation. The Committee did not receive any public comments on the measure

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

Version: [5/21/2026 - Amended](#)

Status: Senate Judiciary Committee Hearing June 23, 2026 (Deadline 7/2/2026)

Committee Analysis: [5/22/2026 – Assembly Appropriations](#)

Summary: This measure would stop any person or business in California from giving information to another state about legally protected health care activities unless certain conditions are met. To share information, the request must include an affidavit stating under penalty of perjury that the investigation involves an act that is actually illegal under California law, and it must identify the specific California law that was violated. The Attorney General would be responsible for enforcing the provisions and must receive notice of the request within seven days of receipt. As amended, the notice period for individuals participating in the address confidentiality program administered by the Secretary of State does not begin until the person is in receipt of the investigation, subpoena, or summons.

Board Position: Support

Fiscal Impact: Minor and Absorbable.

Support: (Assembly Public Safety Committee Analysis)

Attorney General Rob Bonta (co-sponsor)
California Legislative LGBTQ Caucus (co-sponsor)
Equality California (co-sponsor)
Access Reproductive Justice
Casita Feliz Latine LGBTQ+ Center
Courage California
El/La Para TransLatinas
Gender Affirming Professionals
Oakland Privacy
PFLAG Clayton-Concord
Rainbow Families Action Bay Area
Reproductive Freedom for All California
San Francisco Aids Foundation

Somos Familia Valle
The Translatin@ Coalition
Western Center on Law & Poverty

Opposition: (Assembly Public Safety Committee Analysis)

California Chamber of Commerce
California Family Council
California Hospital Association (unless amended)
Cause: Californians United for Sex-based Evidence in Policy and Law
Democrats for an Informed Approach to Gender
LGB (Lesbian, Gay, and Bisexual) Alliance Foundation
Our Duty
Women are Real
Women's Liberation Front (unless amended)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

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

Version: [4/23/2026 - Amended](#)

Status: Senate Privacy, Digital Technologies, and Consumer Protection
Hearing June 15, 2026 (Deadline 7/2/2026)

Committee Analysis: [5/20/2026 – Assembly Floor](#)

Summary: This measure prohibits health facilities (as defined in Health and Safety Code section 1250), clinics, and medical offices from using artificial intelligence (AI) to replace the professional judgment of a licensed health care provider. (Health care provider is defined as anyone licensed pursuant to Division 2 of the Business and Professions Code.) It also prohibits the use of AI to direct or supervise unlicensed personnel in performing duties that require a professional license. Additionally, the measure authorizes the relevant licensing board to seek injunctive relief when a violation amounts to unlicensed practice. Finally, the measure clarifies that these restrictions do not apply to AI tools used solely for administrative documentation or basic communication functions that do not require professional judgment, such as automated patient notifications.

Board Position: Support, if amended, to ensure the prohibitions extend to all pharmacist and advanced pharmacist practice sites.

Comments: As previously discussed, the measure in its current form, does not apply to pharmacies and other unlicensed areas where pharmacists and advanced pharmacist practitioners may work, including, for example, ambulatory care settings. Given this, the Board established a support, if amended, position.

The Board raised concerns with the use of AI as part of its 2025 Sunset Report

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and noted that “while the Board does not believe a total prohibition on the use of AI in pharmacy practice is either necessary or in the best interest of patients, and while the Board believes that AI is a tool to assist a pharmacist in making a clinical judgement, the Board stands firm that AI cannot and should not supplant such clinical judgement.” The policy goals of this measure align with the Board’s position.

Fiscal Impact: Minor and absorbable.

Support: (Assembly Privacy and Consumer Protection Committee Analysis)

California Nurses Association (sponsor)

California Labor Federation, AFL-CIO

California Peer Watch

Consumer Watchdog

Opposition:

Adventist Health

America's Physician Groups

American Telemedicine Association, Ata Action

California Association of Health Plans

California Chamber of Commerce

California Medical Association (CMA)

California Radiological Society

Civil Justice Association of California (CJAC)

Connected Health Initiative

Epic

Kaiser Permanente

Lake Elsinore Chamber of Commerce

Menifee Valley Chamber of Commerce

Murietta/Wildomar Chamber of Commerce

Southwest California Legislative Council

TechNet

Temecula Chamber of Commerce

Oppose Unless Amended

Advanced Medical Technology Association (ADVAMED)

Biocom California

California Hospital Association

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board’s current position were warranted. The Committee did not receive any public comments on the measure.

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

Consumer Protection.

Version: [4/23/2026 - Amended](#)

Status: Referred to Senate Business, Professions and Economic Development (Deadline 7/2/2026)

Committee Analysis: [5/12/2026 – Assembly Appropriations](#)

Summary: This measure includes several legislative findings and declarations, including that the safety and integrity of compounded medications are paramount for the health and well-being of residents of California; that there have been increasing attempts by unscrupulous actors to exploit regulatory gaps to introduce inferior or contaminated active pharmaceutical ingredients (API) into the supply chain for medications intended for compounding; and that recent cases, such as those involving medications for weight loss, have demonstrated that high demand can lead to the proliferation of the use of illicit, substandard, and potentially harmful API, jeopardizing patient health and safety.

This measure makes it unlawful for any person or entity to engage in the sale, transfer, or distribution of a drug compounded under section 503A of the federal Food, Drug, and Cosmetic Act (FDCA) using a drug substance that is a glucose-dependent insulinotropic polypeptide receptor or glucagon-like peptide-1 (GLP-1) receptor agonist used for obesity or weight management or a drug substance that is a component of a generic equivalent approved by the FDA for obesity or weight management unless the compounder of the drug takes specified actions. These acts would include ensuring that the bulk drug substance, as defined, is a pharmaceutical grade product.

The bill would also make it unlawful for a manufacturer or wholesaler to sell, transfer, or distribute a bulk drug substance in California for use in a compounded drug used for obesity or weight management, as specified, without providing to the purchaser written verification that the bulk drug substance meets specified conditions, including being pharmaceutical grade.

The bill would make a violation of its provisions punishable by a fine of \$1,000 per dose of the illegally compounded drug sold, transferred, or distributed and license revocation.

Further, the measure requires any person or entity engaging in the sale, transfer, or distribution of compounded drugs as specified to maintain all records related to the acquisition, testing, and examination of the bulk drug substance for at least two years after the expiration date of the last lot of drug containing the bulk drug substance, and to provide those records to the Board upon request. The measure also authorizes the Board to inspect any person or entity that engages in compounding drugs, or any domestic supplier, wholesaler, repackager, or other provider of the bulk drug

substance for compounding, as specified. Finally, the measure would make it unlawful for any person, as defined, to advertise or otherwise promote compounded medications used for obesity or weight management, as specified, unless the advertisement is truthful and not misleading, including not containing an unsubstantiated claim, as defined, with respect to the product.

As amended, this measure would provide that its provisions do not apply to physicians and surgeons, as specified.

Board Position: Watch

Comments: As the Board discussed, this measure does not apply equally to all locations where the compounding of GLP-1s occurs, e.g. physician's offices, medical spas, etc. Board staff have conducted inspections and participated in investigations where significant patient safety issues have been identified, yet the Board generally lacked authority to protect patients from these unsafe practices. Board staff support strengthening requirements to improve patient safety. Significant gaps in patient safety will continue to proliferate if these requirements do not equally apply to all settings where such compounding, advertising, etc. occurs.

During its prior discussion, the Board also noted that the penalties established by the measure (i.e., assessment of a fine of \$1,000 per dose of the illegally compounded drug sold, transferred, or distributed, as well as revocation of the person or entity's license) remove the Board's ability to assess the facts of an investigation to determine the appropriate outcome, consistent with its consumer protection mandate.

Board staff further note that many of the provisions included in the measure are current requirements under either section 503A of the FDCA or the USP compounding chapters, and/or are addressed in the Board's compounding regulations. Other provisions in the bill extend beyond current legal requirements.

Consistent with the Board's discussion following the April Board meeting, President Oh and board staff met legislative staff to convey issues identified by the Board. We await a response from the author's office.

Fiscal Impact: Board staff believe this measure could result in increased inspection and investigation costs.

Support: (Assembly Privacy and Consumer Protection Committee Analysis)

American Diabetes Association
Biocom California
California Life Sciences Association
National Consumers League

National Hispanic Health Foundation
Partnership for Safe Medicines

Opposition: (Assembly Privacy and Consumer Protection Committee Analysis)
Alliance for Pharmacy Compounding
California Pharmacists Association
Chamber of Progress

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and expressed concerns with provisions including that the measure focuses on one specific type of drug. Members noted the Board's leadership role in regulating compounding practices. Members noted some provisions in the measure that benefit patients, including the provisions related to advertising. Members were advised that the author's office had expressed an openness to address some of the issues raised by the Board.

Members received public comment from individuals encouraging the Board to establish an oppose position. Public commenters suggested that the measure creates a dangerous precedence including requirements for compliance with manufacturing requirements. Comments also suggested that the measure could undermine public confidence and suggested that legislation is not needed, rather, stronger enforcement of inappropriate practices should be pursued.

Following public comment, members continued consideration of the measure and again expressed concerns that the measure exceeds federal and state requirements for compounding.

Committee Recommendation: Establish an Oppose Unless Amended position.

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

Version: [4/7/2026 - Revised](#)

Status: Referred to Senate Business, Professions and Economic Development Committee (Deadline 7/2/2026)

Committee Analysis: [5/20/2026 – Assembly Floor](#)

Summary: This bill authorizes the Board and a licensee to enter into a stipulated settlement and disciplinary order before a formal accusation is filed, provided certain conditions are met. These conditions include the licensee voluntarily waiving administrative hearing rights under the Administrative Procedure Act and submitting specified mitigation and rehabilitation information. A designated Board committee must review this information and is permitted to extend a stipulated settlement and disciplinary order offer to the licensee.

Board Position: None

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

Fiscal Impact: A full cost analysis has not been completed; however, staff believe the measure will result in additional costs related to increased Board member time. Some of these costs could be offset by reductions in other enforcement related costs. The Board may also incur costs related to development of this alternate process, including regulations that may be necessary.

Support: (Assembly Judiciary Committee Analysis)
Alliance for Pharmacy Compounding (Sponsor)
California Naturopathic Doctors Association

Opposition: None on File (Assembly Judiciary Committee Analysis)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and received public comment requesting that the Board adopt a support position, noting that the proposal could create a more efficient process for resolving certain disciplinary matters. Members noted that the Board previously considered establishing an alternative enforcement model that evolved over time, noting that the provisions in the measure are not consistent with the model considered by the Board before it was ultimately tabled at the request of stakeholder.

Committee members expressed concerns regarding potential impacts of the legislation. At this time, the Committee is not offering a recommendation and is referring the matter for discussion by the full Board.

Additional Information: Attachment 1 includes a copy of the pre-filing case flow considered by the Board. As part of the Board's proposal, the Board had determined that statutory changes would not be required to implement the pre-filing case flow. The pre-filing case flow would provide an additional opportunity for the subject of an investigation to provide mitigation and information not provided through the investigation process if electing to engage in the pre-filing process.

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

Version: [4/23/2026 - Amended](#)

Status: Referred to Senate Health Committee Hearing July 1, 2026 (Deadline 7/2/2026)

Committee Analysis: [5/20/2026 – Assembly Floor](#)

Summary: This bill allows a general acute care hospital to get a special permit to operate an emergency stabilization unit in Patterson, Stanislaus County — a separate location not connected to the main hospital — to

serve the community previously served by Del Puerto Health Care District.

Board Position: None

Comments: As previously noted, the Board would not have the authority to issue a hospital pharmacy license at the location. Staff have engaged with the author's office and is awaiting additional information.

Fiscal Impact: Minor and Absorbable

Support: (Assembly Health Committee Analysis)

Del Puerto Health Care District (sponsor)

American Nurses Association

Association of California Healthcare Districts

California Special Districts Association

Del Puerto Health Care District

Stanislaus Latino Chamber of Commerce

Opposition: None on File (Assembly Health Committee Analysis)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and are not offering a recommendation to establish a position. Public comment suggested that it is important for the Board to have clear authority to issue a license to allow the facility to purchase dangerous drugs and devices. Public comment further suggested that the Board should establish a Support if Amended position.

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

Version: [4/23/2026 - Amended](#)

Status: Senate Appropriations Suspense File (Deadline 7/2/2026)

Committee Analysis: [5/5/2026 – Assembly Health](#)

Summary: This measure requires the Department of Health Care Services to issue guidance clarifying Medi-Cal managed care plan obligations to cover pharmacist services, as specified. Additionally, the measure requires the department to update its model evidence of coverage to explicitly include coverage of pharmacist services and to take appropriate corrective action for failure to comply with existing provisions of law relating to Medi-Cal coverage of pharmacist services or the issued guidance.

Board Position: Support

Fiscal Impact: Minor and absorbable

Support: (Senate Health Committee Analysis)

California Pharmacist Association (Sponsor)

California Access Coalition

California Association of Medical Product Suppliers

Opposition: None on File (Senate Health Committee Analysis)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee received public comments from the California Pharmacists Association, the sponsor of the measure, thanking the Board for its support.

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

Version: [June 8, 2026](#) - Amended

Status: Senate Appropriations Suspense File (Deadline 7/2/2026)

Committee Analysis: [4/6/2026 - Assembly Appropriations](#)

Summary: As amended, this bill requires that advanced pharmacist practitioners or pharmacies, including those operating at federally qualified health centers or rural health clinics are eligible for reimbursement for services provided. The most recent amendments removed parity in reimbursement reducing the reimbursement rate no less than 85% of the fee schedule for physician services under Medi-Cal.

Board Position: Support

Comments: Since the Board considered the measure, it has been amended to extend reimburse provisions to pharmacists working at federally qualified health centers or rural health clinics, and reimbursements rates reduced back to current provisions specifying that advanced pharmacist practitioner reimburse rate will be no less than 85% of the fee schedule for physician services, including MTM pharmacist services.

Fiscal Impact: Minor and Absorbable.

Support: (Senate Health Committee Analysis)

California Society of Health-System Pharmacists (sponsor)

American Society of Health-System Pharmacists

California Academy of Family Physicians

California Primary Care Association Advocates

California State Board of Pharmacy

Stanford Medicine Children's Health

TrueCare

Opposition: None on File (Senate Health Committee Analysis)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee received public comments from the California Society of Health Systems Pharmacists, the sponsors, encouraging the Board to continue its support of the bill.

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

Version: [5/14/2026](#) - Amended

Status: Referred to Assembly Appropriations Committee (Deadline 5/29/2026)

Committee Analysis: [5/18/2026 - Senate Floor](#)

Summary: This measure authorizes a treating provider to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of their patient without prior authorization if specified conditions are met.

Board Position: Support

Comment: As amended, if the adjusted dose or frequency is for an off-label

use, two articles from major peer-reviewed medical journals must have presented data supporting the proposed off-label use as generally safe and effective.

Fiscal Impact: Minor and Absorbable.

Support: (Senate Floor Analysis)

- Crohn's and Colitis Foundation (sponsor)
- Alliance for Headache Disorders Advocacy
- Bleeding Disorders Council of California
- California Academy of Family Physicians
- California Access Coalition
- California Chapter American College of Cardiology
- California Chronic Care Coalition
- California Hospital Association
- California Pharmacists Association
- California Retired Teachers Association
- California Rheumatology Alliance
- Cedars-Sinai Health System
- Health Access California
- National Health Law Program
- U.S. Pain Foundation
- Western Center on Law & Poverty, Inc.

Opposition: (Senate Floor Analysis)

- Association of California Life & Health Insurance Companies
- California Association of Health Plans

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

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

Version: [3/16/2026 - Amended](#)

Status: Referred to Assembly Appropriations Committee (Deadline 7/2/2026)

Committee Analysis: [5/16/2026 – Senate Floor](#)

Summary: Existing law generally prohibits a health care service plan (excluding a Medi-Cal managed care plan) or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under existing law, a health care service plan or health insurer is not required to cover all of the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy.

This measure would instead prohibit health care service plans (excluding

Medi-Cal managed care plans) and health insurers from applying prior authorization or step therapy requirements to medically necessary antiretroviral drugs, drug devices or drug products used for HIV/AIDS prevention. Beginning January 1, 2027, any health plan contract or insurance policy that covers FDA-approved, non-self-administered antiretroviral HIV prevention treatments as a medical benefit must also cover those same products as an outpatient prescription drug benefit.

Board Position: Support

Comments: This measure is similar to AB 554 (González, 2025), which Governor Newsom vetoed in 2025, but the two differ in scope. AB 554 took a broad approach by addressing coverage and access requirements for all antiretroviral drugs used for both HIV treatment (PEP) and prevention (PrEP). In contrast, SB 1023 is narrowly focused on resolving a specific insurance reimbursement issue for injectable, long-acting PrEP by ensuring a workable billing and reimbursement pathway for clinics.

Fiscal Impact: Minor and absorbable.

Support: (Senate Floor Analysis)

APLA Health (co-sponsor)

California Insurance Commissioner Ricardo Lara (co-sponsor)

Equality California (co-sponsor)

Los Angeles LGBT Center (co-sponsor)

San Francisco AIDS Foundation (co-sponsor)

Plus 23 organizations and four individuals

Opposition: (Senate Floor Analysis)

Association of Life & Health Insurance Companies

California Association of Health Plans

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

21. **Senate Bill 1094 (Weber Pierson, 2026) Prescription Drugs.**

Version: [4/8/2026 - Amended](#)

Status: Assembly Business and Professions Committee Hearing June 23, 2026 (Deadline 7/2/2026)

Committee Analysis: [5/18/26 – Senate Floor](#)

Summary: As related to the Board's jurisdiction, this bill would allow a pharmacist to substitute a biosimilar drug (a nearly identical version of a brand-name biologic drug) when filling a prescription; as long as the prescription does not include "do not substitute" or words of similar meaning, as specified.

Board Position: Watch

Comments: Current law establishes authority for a pharmacist to select an alternative biological product that is interchangeable. This bill expands these

provisions to also allow a pharmacist to select a biosimilar product.

Fiscal Impact: Minor and absorbable.

Support: (Senate Floor Analysis)

California Association of Health Plans (sponsor)

America's Health Insurance Plans

America's Physician Groups

American Federation of State, County and Municipal Employees, Afl-cio

American Gi Forum Education Foundation of Santa Maria, CA

American Muslims for Sustainability

Association of California Life & Health Insurance Companies

Blue Shield of California

CA African American Chamber of Commerce

California Academy of Family Physicians

California Association of Health Plans

California Chamber of Commerce

California State Council of Service Employees International Union

Coalition of LA Probation Unions

CPCA Advocates, Subsidiary of the California Primary Care Association

CVS Health

CVS/Caremark Corporation

Hardesty LLC

Health Access California

Los Angeles Civil Rights Association

Santa Clara County Probation Peace Officer's Union, Afscome Local 1587

Shalom International Outreach

Sharp Healthcare

The Sperantia Foundation

Opposition: (Senate Floor Analysis)

Alliance for Safe Biologic Medicines

Amgen

Biocom

Biocom California

Biotechnology Innovation Organization

California Rheumatology Alliance

Infusion Access Foundation

Lupus and Allied Diseases Association, INC

Osteopathic Physicians and Surgeons of California

Summary of Committee Discussion During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee received public comments providing information on the difference between generic drugs and

biosimilars. The Committee also received public comment requesting the Board to establish a Support if Amended, position.

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

Version: [4/27/2026 - Amended](#)

Status: Referred to Assembly Health Committee (Deadline 7/2/2026)

Committee Analysis: [4/20/2026 – Senate Health](#)

Summary: This measure requires health care service plans and health insurers to count all payments made by or on behalf of an enrollee—including permitted manufacturer assistance—toward the enrollee’s out-of-pocket maximum and other cost-sharing requirements. The measure establishes an administrative penalty for each violation by a health insurer, enforceable by the Insurance Commissioner following notice and an opportunity for a hearing.

Board Position: Support

Comments: This measure appears to be designed to benefit patients by ensuring that any financial assistance they receive toward prescription drugs—such as manufacturer copay coupons or third-party assistance—counts toward their in-network deductible and out-of-pocket maximum.

Fiscal Impact: Minor and Absorbable.

Support: (Senate Floor Analysis)

- California Insurance Commissioner Ricardo Lara/California Department of Insurance (sponsor)
- Alliance for Gout Awareness
- Alliance for Patient Access
- ALS Association
- Association for Clinical Oncology
- Association of Northern California Oncologists
- Autoimmune and Autoinflammatory Arthritis
- Biocom
- Bleeding Disorders Council of California
- California Access Coalition
- California Academy of Family Physicians
- California Chapter American College of Cardiology
- California Chapter of the American College of Emergency Physicians
- California Chronic Care Coalition
- California Life Sciences Association
- California Pharmacists Association
- California Podiatric Medical Association
- California Rheumatology Alliance
- Children’s Specialty Care Coalition
- Community Oncology Alliance
- Crohn’s and Colitis Foundation
- Cystic Fibrosis Foundation

Diabetes Patient Advocacy Coalition
EB Research Partnership
Equality California
HIV + Hepatitis Policy Institute
International Foundation for Autoimmune and Autoinflammatory Arthritis
Los Angeles LGBT Center
Medical Oncology Association of Southern California
Mental Health America of California
Movement Disorders Policy Coalition
National Bleeding Disorders Foundation
National Health Law Program
National Multiple Sclerosis Society
Osteopathic Physicians and Surgeons of California
San Francisco AIDS Foundation
Spondylitis Association of America
The EveryLife Foundation for Rare Diseases
U.S. Pain Foundation
Vision Health Advocacy Coalition
Western Center on Law & Poverty, Inc.

Opposition: (Senate Floor Analysis)

America's Health Insurance Plans
Association of California Life and Health Insurance Companies
California Association of Health Plans
Pharmaceutical Care Management Association
One individual

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

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

Inhalers.

Version: [4/6/2026 - Amended](#)

Status: Assembly Education Committee Hearing June 17, 2026 (Deadline 7/2/2026)

Committee Analysis: [4/10/2026 – Senate Floor](#)

Summary: Existing law authorizes a school district, county office of education, or charter school to provide emergency stock albuterol inhalers, as specified, to school nurses or trained personnel who have volunteered, and authorizes school nurses or trained personnel to use an emergency stock albuterol inhaler to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from respiratory distress, as provided. This bill expands the emergency albuterol inhaler program to also apply to a childcare program, as defined, that is operated by or contracts with a school

district, county office of education, or charter school.

Board Position: Support, with offer of technical amendments to include provisions referencing the Education Code section authorizing provision of emergency stock albuterol inhalers in the Business and Professions Code.

Comments: During its prior discussion, the board noted that the provisions in this measure reside only in the Education Code and as such pharmacies may not be aware of the authority to fill prescriptions issued pursuant to these provisions. Board staff have provided the technical amends to the author's office.

Fiscal Impact: Minor and Absorbable.

Support: (Senate Floor Analysis)

American Medical Response West

California School Nurses Organization

California Society for Allergy, Asthma and Immunology

California Society for Respiratory Care

Small School Districts Association

Opposition: None on File (Senate Floor Analysis)

Summary of Committee Discussion: During the Committee meeting, members reviewed the measure and determined that no changes to the Board's current position were warranted. The Committee did not receive any public comments on the measure.

b. Discussion and Consideration of Board Regulations

1. Board-Approved Regulations Undergoing Final Review by the Office of Administrative Law

Attachment 2

- i. California Code of Regulations, Title 16, Section 1793.65, Pharmacy Technician Certification Programs

Summary of Regulation: This proposal extends the sunset date of the Board's acceptance of pharmacy technician certification programs through June 30, 2027.

Status: Final rulemaking file submitted to the Office of Administrative Law on June 1, 2026.

2. Board-Approved Regulations Undergoing Final Rulemaking File Review by the Department of Consumer Affairs, or Business, Consumer Services and Housing Agency

Attachment 3

- i. California Code of Regulations, Title 16, Section 1717.11, Remote Processing

Summary of Regulation: This proposal establishes the requirements for the remote processing of prescriptions by pharmacists licensed and located in California.

Status: Final rulemaking file submitted to Department of Consumer Affairs on May 12, 2026. Returned to Board staff for edits on June 10, 2026. Re-submitted to DCA for final review on June 11, 2026.

3. Board-Approved Regulations – Board Staff Drafting Final Rulemaking File Review by the Department of Consumer Affairs, or Business, Consumer Services and Housing Agency

Attachment 4

- i. California Code of Regulations, Title 16, Section 1707.4, Central Fill

Summary of Regulation: This proposal amends the regulations regarding the requirements for central fill pharmacies.

Status: Adopted by the Board on April 29, 2026. Board staff are completing the final rulemaking file.

4. Board-Approved Regulations Undergoing Pre-Notice Review by the Department of Consumer Affairs, or Business, Consumer Services and Housing Agency

Attachment 5

- i. California Code of Regulations, Title 16, Sections 1793.7 and 1793.8, Requirements for Pharmacies Employing Pharmacy Technicians in Hospitals with Clinical Pharmacy Programs

Summary of Regulation: This proposal amends the pharmacist to pharmacy technician ratio as well as pharmacy technician duties in the hospitals with clinical pharmacy programs.

Status: Approved by the Board on November 6, 2025. Submitted for pre-notice review on January 13, 2026.

- ii. California Code of Regulations, Title 16, Section 1710, Hospital Pharmacies Exempt from CAMER

Summary of Regulation: This proposal exempts hospital pharmacies from CAMER as required by Business and Professions Code section 4113.1.

Status: Approved by the Board on November 6, 2025. Resubmitted for pre-notice review on February 20, 2026.

- iii. California Code of Regulations, Title 16, Section 1749, Fee Schedule

Summary of Regulation: This proposal amends certain fees to restore the Board's fund balance to the statutory one-year reserve level.

Status: Approved by the Board on March 18, 2026. Approved by Acting DCA Director on June 13, 2026. Submitted to Business, Consumer Services and Housing Agency on June 15, 2026.

- iv. California Code of Regulations, Title 16, Section 1707.51, Accessible Prescription Drug Labels

Summary of Regulation: This proposal adds requirements for pharmacies to provide accessible prescription drug labels as required by Assembly Bill 1902 (Alanis, Chapter 330, Statutes of 2024).

Status: Approved by the Board on June 20, 2025. Re-submitted for pre-notice review on April 8, 2026.

- v. California Code of Regulations, Title 16, Sections 1702, 1702.1, 1706.6, 1730, 1730.1, 1730.2, and 1749, Advanced Pharmacist Practitioners

Summary of Regulation: This proposal updates nonsubstantive changes to reflect the updated title of "advanced pharmacist practitioner." The proposal changes requirements for licensure as an advanced pharmacist practitioner to more accurately reflect relevant experience earned as part of a collaborative practice agreement in preparation for licensure as an advanced pharmacist practitioner.

Status: Approved by the Board on November 6, 2025. Returned to Board staff on March 1, 2026, for edits. Resubmitted for pre-notice review on May 15, 2026.

- vi. California Code of Regulations, Repeal of Title 16, Sections 1715, 1715.1, 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, 1747, and 1784, and Proposed Amendment to Title 16, Sections 1732.5, 1735.1 and 1736.1 related to Self-Assessments and Standard of Care

Summary of Regulation: As part of AB 1503 (Berman, Chapter 196, Statutes of 2025) implementation efforts, the Board approved repealing and amending sections related to self-assessments and standard of care.

Status: Approved by the Board on April 29, 2026. Resubmitted for pre-notice review on May 15, 2026.

5. Board-Approved Regulations – Board Staff Drafting Initial Rulemaking Documents

Attachment 6

1. California Code of Regulations, Title 16, Section 1793.5, Pharmacy Technician Application

Summary of Regulation: The proposal amends the pharmacy technician application update questions on the application to better address mental health challenges faced by health care professionals.

Status: Approved by the Board on November 6, 2025. Board staff are drafting rulemaking documents.

2. California Code of Regulations, Title 16, Section 1711, Quality Assurance

Summary of Regulation: The proposal amends quality assurance regulations.

Status: Approved by the Board on April 29, 2026. Board staff are drafting rulemaking documents.