California State Board of Pharmacy
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Business and Consumer Services Agency
Department of Consumer Affairs
Gavin Newsom, Governor

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

Date: June 24-25, 2026

Location: OBSERVATION AND PUBLIC COMMENT IN PERSON:
California Department of Consumer Affairs
1625 N. Market Blvd., Hearing Room, First Floor
Sacramento, CA 95834

PUBLIC PARTICIPATION AND COMMENT FROM A REMOTE LOCATION: Webex

Board Members Present:
Seung Oh, PharmD, Licensee Member, President
Jessica Crowley, PharmD, Licensee Member, Vice President
Renee Barker, PharmD, Licensee Member, Treasurer
Jeff Hughes, Public Member
Kartikeya "KK" Jha, RPh, Licensee Member (via Webex)
Claudia Mercado, Public Member (via Webex)
Jason "Jay" Newell, MSW, Public Member
Ricardo Sanchez, Public Member
Satinder Sandhu, PharmD, Licensee Member (6/24/26 only; via Webex)
Maria Serpa, PharmD, Licensee Member
Nicole Thibeau, PharmD, Licensee Member (via Webex)

Board Members Not Present: Jeanette Dong, Public Member

Staff Present:
Anne Sodergren, Executive Officer
Julie Ansel, Deputy Executive Officer
Corinne Gartner, DCA Staff Counsel
Shelley Ganaway, DCA Staff Counsel
Deepi Miller, DCA Regulations Counsel (via Webex)
Julie McFall, Executive Specialist Manager
Sara Jurrens, Public Information Officer
Debi Mitchell, Chief of Licensing
Janice Dang, Chief of Enforcement

June 24, 2026

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

President Oh called the Board meeting to order at 9:00 a.m.

President Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

Dr. Oh noted that during recent meetings the Board experienced time constraints that required the deferral of certain discussions and to help address this issue, the Board may limit public comments to two minutes during portions of the meeting. If such an adjustment was needed, an announcement would be made.

Dr. Oh reminded attendees that contact information was provided on the agenda for individuals who wish to submit written comments in advance. Dr. Oh expressed appreciation to the public for their understanding as the Board works to ensure it has sufficient time to complete all business.

Dr. Oh reminded individuals participating in the meeting via Webex that, if eligible, consistent with the Board's policy and implementation of the Board's new learning management system, pharmacists and pharmacy technicians attending the June 25th meeting may be awarded up to six hours of continuing education credit. Instructions were provided on the agenda.

Roll call was taken. The following Board members were physically present in Sacramento: Jessica Crowley, PharmD, Licensee Member; Renee Barker, PharmD, Licensee Member; Jeff Hughes, Public Member; Jay Newell, MSW, Public Member; Ricardo Sanchez, Public Member; Maria Serpa, PharmD, Licensee Member; and Seung Oh, PharmD, Licensee Member. Kartikeya "KK" Jha, RPh, Licensee Member; Claudia Mercado, Public Member; Satinder Sandhu, PharmD, Licensee Member; and Nicole Thibeau, PharmD, Licensee Member participated via Webex. Pharmacist Jha, Ms. Mercado, Dr. Sandhu and Dr. Thibeau each disclosed that no persons over 18 years old were present in the room with them as they participated in the meeting remotely via Webex. Dr. Thibeau declared the need to attend and participate remotely in the June 24-25, 2026 meeting due to a chronic illness that makes travel very difficult.

Motion: Based on Member Thibeau's description of the circumstances relating to their need to attend and participate in the June 24–25, 2026 meeting from a

remote location, approve Member Thibeau's attendance and participation from a remote location at the June 24-25, 2026 meeting and authorize that Member Thibeau's attendance and participation from a remote location shall count toward the establishment of a quorum, as permitted by Government Code section 11123.2(j).

M/S: Oh/Crowley

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

Support: 11 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

A quorum was established.

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

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public participating from Sacramento were provided the opportunity to comment. The Board heard a comment regarding auxiliary labeling.

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

Members were provided the opportunity to comment. Members expressed appreciation for the comments on and samples of auxiliary labels.

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

President Oh advised the Board's recognition of pharmacists licensed in California for over 40 years was posted on the Board's website and pharmacists were provided with a certificate when they reach this significant milestone. President Oh invited pharmacists licensed for 40 years or more to identify themselves and be recognized by the Board. Pharmacist Rosati was recognized and presented with a 40-year pin. President Oh thanked all pharmacists who worked in pharmacy serving the consumers of California.

IV. Discussion of and Possible Action to Approve Meeting Minutes

a. April 29-30, 2026 Board Meeting

President Oh referenced the draft minutes from the April 29-30, 2026 Board meeting. Members were provided an opportunity to comment; however, no comments were made.

Motion: Approve the April 29-30, 2026 Board meeting minutes as presented in the meeting materials.

M/S: Crowley/Hughes

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

Support: 11 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support

Serpa	Support
Thibeau	Support

b. May 19, 2026 Disciplinary Petition Committee Meeting

President Oh referenced the draft minutes from the May 19, 2026 Disciplinary Petition Committee meeting. Members were provided an opportunity to comment; however, no comments were made.

Motion: Approve the May 19, 2026 Disciplinary Petition Committee meeting minutes as presented in the meeting materials.

M/S: Thibeau/Sanchez

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

Support: 11 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

V. Report by the California Department of Consumer Affairs

The Board heard a report from Judie Bucciarelli, Board and Bureau Relations, Department of Consumer Affairs.

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

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

VI. Discussion and Development of, and Possible Action to Approve, Board's Strategic Plan for 2027-2031

President Oh recalled that during the January 26-27, 2026 Board meeting, the Board received a presentation from the Department of Consumer Affairs, providing an introduction on the strategic planning process.

Dr. Oh noted that as a precursor to the meeting, the Department's SOLID Planning Solutions unit conducted an environmental scan and the meeting materials included the results of the environmental scan.

Dr. Oh thanked stakeholders, Board staff, and Board members for participating in the survey that serves as the foundation for this discussion. Dr. Oh then turned the meeting over to SOLID staff to facilitate the discussion.

Members reviewed Diversity, Equity, Inclusion and Accessibility (DEIA) principles, the strategic planning process, and the environmental scan.

Members discussed the mission statement and came to consensus to update the draft mission statement to "Protect, promote, and advocate for the health and safety of all Californians by enhancing access to quality pharmacy care through education, communication, licensing, legislation, regulation, and compliance."

Members discussed the values statement and came to consensus to add Diversity, Equity, Inclusion and Accessibility.

Members discussed the vision statement and came to consensus to update the statement to "Quality pharmacy care for all Californians."

The Board took a break from 10:30 a.m. – 10:46 a.m.

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

Member Serpa returned from the break at 10:48 a.m.

Members discussed goal area names and changed item two to Compliance and Compounding, item four to Communication and Education, and item five to Organizational Effectiveness.

Members reviewed Goal Area 1: Licensing, the goal area description, and discussed solutions to objectives identified in the environmental scan.

Members reviewed Goal Area 2: Compliance, the goal area description, and discussed solutions to objectives identified in the environmental scan.

The Board took a break from 12:18 p.m. – 1:24 p.m.

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

Members reviewed Goal Area 3: Legislation and Regulation, the goal area description, and discussed solutions to objectives identified in the environmental scan.

Members reviewed Goal Area 4: Communication and Education, the goal area description, and discussed solutions to objectives identified in the environmental scan.

Members reviewed Goal Area 5: Organizational Effectiveness, the goal area description, and discussed solutions to objectives identified in the environmental scan.

SOLID staff noted that the next step would be for SOLID to draft the strategic plan and route it to the executive officer for review. The Board would then approve and adopt the plan at a future Board meeting. Once the new strategic plan is adopted, SOLID will schedule action planning in which the Board will review each of the objectives and assign individual tasks needed to accomplish the objectives. This would include assigning responsible staff, due dates, and establishing performance measures.

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

VII. Communication and Public Education Committee Report

Chairperson Thibeau provided the report on the Communication and Public Education Committee's meeting held on June 10, 2026. Dr. Thibeau thanked fellow Committee members Jay Newell, Renee Barker, Claudia Mercado, and Ricardo Sanchez.

a. Summary of Discussion on How to Inform the Public on the Value of a Consultation

Dr. Thibeau recalled that during previous committee meetings, members expressed

strong interest in exploring how the Board can better educate the public on the purpose and value of a consultation.

Dr. Thibeau noted that currently there are resources on the Board's website for consumers, including the "Talk to the Expert" campaign; a video on "How to Avoid Medication Errors"; and "FAQs - Why should I talk to my pharmacist."

Dr. Thibeau further noted that during the Committee meeting, members discussed these materials and considered different ways to expand the Board's outreach. Members supported identifying organizations across diverse communities and proactively collaborating with them to strengthen outreach. During the meeting, members suggested partnering with organizations that focus on specific diseases that rely heavily on medication usage, for example: HIV-related organizations and the American Cancer Society. Additionally, members recommended direct engagement with patients to understand what they find most valuable during consultations. Members were reminded of the listening sessions on pharmacist provided consultation that were recently convened, which included both consumers and licensees. Dr. Thibeau indicated that more information on those sessions would be provided during the Enforcement and Compounding Committee report. Dr. Thibeau added that Committee members also requested that efforts and work related to pharmacist provided consultation be coordinated collaboratively across the various committees and suggested that the Board consider outreach to pharmacist associations in different practice settings.

Dr. Thibeau reported that during the Committee meeting, public comment on this discussion suggested alternative means to provide education including through engagement with other organizations including the California Alliance of Retired Americans (CARA), other state boards of pharmacy, church groups and other community-based organizations.

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

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

b. Summary of Discussion on Highlighting Translation Materials for Consultations

Dr. Thibeau indicated that the relevant law was included in the meeting materials, including the provisions for interpreter services to be available at no cost during all hours a pharmacy is open. Dr. Thibeau noted that a "Point to Your Language" notice must be posted or provided at pharmacies for patients to identify what language they are requesting, and pharmacies must also display the "Notice to Consumer" poster or display the notice on a video screen accessible to all consumers.

Dr. Thibeau reported that during the Committee meeting, the Committee discussed

the matter and decided to merge the topics of the value of a consultation with translating materials for consultations. Additionally, Committee members would like to expand on the available translation options, such as using technology (for example, an iPad) to assist with translations for patients with different needs compared to situations where an individual has access to translation services only by using a landline phone. Committee members supported the idea of working with various ethnic community groups and noted that there are concerns that a lay person serving as a translator, such as a patient's child, may not fully understand the pharmacist's instructions and use a different word that could affect the patient's care, such as the use of casual verbiage versus medical terms, for example using "sugar" instead of "blood glucose."

Dr. Thibeau further noted that public comments at the Committee meeting spoke in support of efforts to ensure patients receive necessary information and suggested that the Board engage with various pharmacist groups, for example, the Indian Pharmacists Association.

Members were provided the opportunity to comment. Members discussed the use of laypersons, family members, and bilingual staff for language translation in health care and pharmacy settings, balancing accessibility and timeliness against the need for accuracy and appropriate language support. Members also highlighted challenges with both certified and informal translation services, including delays in care, workflow barriers, and the risk of inaccurate or culturally inappropriate translations. Members agreed that additional awareness, quality standards, and community collaboration could help improve language access while maintaining effective patient communication.

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

Members of the public participating via Webex were provided the opportunity to comment. A commenter shared experiences from pharmacy staff who routinely provide language translation services, emphasizing that informal translation by bilingual employees is common but can sometimes lead to misunderstandings or inaccuracies, particularly with medical terminology.

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

c. Summary of Discussion on Educating Pharmacists on Medi-Cal Changes

Dr. Thibeau noted that on January 23, 2026, Medi-Cal Rx released a reminder on the upcoming changes to provider enrollment requirements for Medi-Cal. Information that was provided indicated that for a pharmacy claim to be processed and paid, the individual prescriber, such as a doctor, on the claim must be enrolled in Medi-Cal using their Type I National Provider Identifier (NPI number). The information released further specifies that the requirement also applies to pharmacists initiating

prescriptions under their own authority.

Dr. Thibeau added that in February, the Board of Pharmacy notified licensees through email that the changes were coming and encouraged them to enroll before the changes take place. Additional information regarding this change is available on the Medi-Cal Rx Education and Outreach page.

Dr. Thibeau further noted that separately, Medi-Cal Rx released information on ICD-10-CM diagnosis codes, which indicated that effective fall 2026, ICD-10 diagnosis codes will be required for pharmacy claim adjudication. The notification provided that the policy changes would apply to all pharmacy claims submitted on or after the implementation date, including claims for refills.

Dr. Thibeau reported that according to the Department of Health Care Services (DHCS), pharmacy providers and prescribers should complete the following actions:

- Prescribers should provide the appropriate ICD-10-CM diagnosis code(s) with the prescription to ensure pharmacy providers have access to the information and document the ICD-10-CM diagnosis code(s) in the member's electronic health record for auditing purposes.
- Pharmacy providers should immediately begin including ICD-10-CM diagnosis code(s) on pharmacy claim submissions. Pharmacy providers may contact the prescriber if the ICD-10-CM diagnosis code(s) is not listed on the prescription.

Dr. Thibeau noted that the Department of Consumer Affairs (DCA) is collaborating with DHCS to ensure licensees are apprised of these upcoming changes and that draft communications are currently undergoing review for dissemination by all impacted healing arts boards.

Dr. Thibeau also noted that during the Committee meeting, members suggested putting the information on the Board's website and sharing the information with pharmacy schools. Staff will reach out to DCA to inquire about the possibility of creating a landing page for licensees. Committee members suggested that additional communication be sent out by the Board even if the information falls somewhat outside of the Board's scope, when it may still impact consumers. It was also noted that some of the ICD-10 codes are extremely specific and may reveal unnecessary personal information—for example, PEP related codes may reference homosexual or bisexual behavior, and other codes may include gender affirming details that could inadvertently disclose Sexual Orientation and Gender Identity (SOGI) information. Committee members also emphasized that pharmacists may need to consider privacy implications when entering ICD-10 codes.

Dr. Thibeau noted that public comment during the meeting indicated that the changes were related to anti-fraud efforts by the federal government, suggesting that DHCS does not have control over the changes. Public comment also shared that students do not learn ICD-10 codes in pharmacy school.

Dr. Thibeau stated that most of the communication about this has been sent to pharmacies, putting the burden on pharmacists to convey this information to the providers.

Members were provided the opportunity to comment. Members discussed concerns regarding the upcoming Medi-Cal and claims-processing requirements, noting that gaps in provider registration, diagnosis code transmission, and system compatibility could create administrative burdens and delays in patient care. The Board acknowledged that many of the underlying issues are outside its direct control but agreed that pharmacist outreach, stakeholder communication, and collaboration with agencies such as DHCS will be important to increase awareness and mitigate disruptions. Members also noted that technology and software limitations may present additional implementation challenges for pharmacies and prescribers.

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

Members of the public participating via Webex were provided the opportunity to comment. A commenter encouraged the Board to consider using existing cultural competency education requirements as a way to raise awareness of communication challenges related to diagnosis codes, sensitive health information, and patient interactions. The commenter noted that these issues present an opportunity to better prepare licensees for evolving patient care and communication requirements.

The Board took a break from 3:06 p.m. to 3:20 p.m.

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

d. Summary of Discussion on Draft Fact Sheet Related to Helpful Tips for New Pharmacists-in-Charge (PIC)

Dr. Thibeau advised that relevant law related to this item was included in the meeting materials. Over the past several years, the Board has pursued several policy changes and developed educational materials to assist pharmacists serving as a PIC, including the Board's training," Pharmacist-in-Charge Overview and Responsibility."

Also, as part of the Board's implementation efforts related to AB 1503, the Board recently released a policy statement underscoring the importance of the role of a PIC.

Continuing the Board's educational efforts, staff prepared a draft fact sheet intended

to provide newly appointed PICs with reminders about some of the requirements of the role and actions that must be taken upon appointment.

Dr. Thibeau further advised that during the Committee meeting, members noted that they found the draft fact sheet to be brief and that it could benefit from some revisions on the format. Members expressed that the materials should more clearly inform the PIC about their responsibility for ensuring compliance with pharmacy laws and regulations. Members also stated that they would like the fact sheet to include additional context, examples, and more in depth explanations to help licensees understand expectations. They further recommended making this a "living document" that can be updated regularly.

Dr. Thibeau noted that since the meeting, staff had taken recommendations from members and revised the notice. The updated version is designed to be more comprehensive with added information on the responsibilities of a PIC. New sections providing recommendations and additional resources had also been added. The revised version can be found in Attachment 1 of the meeting materials.

Dr. Thibeau thanked staff for taking the recommendations and getting the document turned around so quickly to present at the meeting.

Members were provided the opportunity to comment. Members discussed the intent of the fact sheet and suggested adding a link and distinguishing requirements among practice settings. Members also discussed adding branding and adding a note regarding federal guidelines in the inventory reconciliation section. Additionally, members discussed adding hyperlinks when there is a reference to a regulation.

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

e. Summary of Discussion on, and Possible Action to Approve, Fact Sheet Related to What to Expect During a Nonresident Pharmacy Inspection

Dr. Thibeau noted that as part of the Board's discussion on implementation efforts stemming from AB 1503, the Board referred the development of materials on what to expect during nonresident pharmacy inspections to the Committee.

Attachment 2 of the meeting materials included a copy of the draft fact sheet. Dr. Thibeau reported that during the Committee meeting, members stated the form was appropriate. In response to a question from members, staff noted that currently supervising inspectors proactively reach out to some licensees on a periodic basis to get feedback on the inspection process.

Dr. Thibeau noted that public comment thanked the Board for developing the fact sheet as well as the previously released policy statement regarding nonresident pharmacies.

Members were provided the opportunity to comment. Members discussed removing the reference to the interpretive services poster and adding legal references.

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

f. Summary of Discussion on Patient Use of Artificial Intelligence

Dr. Thibeau noted that patients who use artificial intelligence (AI) to obtain information about health topics and drugs may find it convenient and efficient; however, doing so carries risk, including the risk of receiving misinformation.

Dr. Thibeau advised that as AI tools continue to be integrated into technology used by patients, new patient safety risks are created. AI tools can generate inaccurate or incomplete prescription directions or side effects. A 2024 study found that 66% of inaccurate chatbot answers were potentially harmful if followed by patients. Patients may also trust AI outputs too readily (automation bias), assuming the system "must be right," even when it is wrong.

Dr. Thibeau added that large language models may fabricate drug facts or instructions with high confidence, a phenomenon called "online hallucinations." These errors can be difficult for patients to detect. Additionally, AI tools typically lack access to a patient's full medical history, allergies, medical conditions, or lab results. This makes it unsafe for patients to rely on AI for individualized dosing or drug–drug interaction decisions.

Dr. Thibeau further noted that during the Committee meeting, members suggested a one-page fact sheet as a launching point to educate patients on the misinformation given by algorithms and to keep in mind the culture, generation and socio-economic gaps that can alter the information available on AI. Committee members also raised concerns that AI-generated information may be inaccurate and could pose serious risks. For instance, an AI system might not identify potential drug interactions or adverse reactions. Because an AI chatbot lacks formal pharmacy training and the clinical expertise of a licensed professional, it cannot provide fully reliable or comprehensive medication guidance and consulting a qualified pharmacist remains essential.

Members were provided the opportunity to comment. Members spoke in support of the Committee's direction and noted that this is just the beginning of the issue.

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

g. Summary of Discussion on Communication and Public Education Activities by Staff

Dr. Thibeau provided a brief report on recent activities by staff, as follows:

1. The Script

   A special edition of The Script was released in January 2026, which focused on Assembly Bill 1503. The Spring 2026 issue was released on May 29, 2026.

2. Staff Outreach

   Staff provided outreach through several presentations and trainings as indicated in the meeting materials.

3. News Media Inquiries

   The meeting materials included a list of news media inquiries.

4. Social Media

   The meeting materials included a list of social media posts.

Members were provided the opportunity to comment. Members discussed social media platforms and the need for guardrails, as well as the need to proceed very cautiously. Members discussed a possible future agenda item to discuss how technology may become a barrier for patients such as requiring patients to use an app to communicate or a telephone tree without the ability to reach a person.

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

VIII. Discussion and Possible Action to Rescind Prior Board Motion to Initiate a Rulemaking to Add Sections 1750 and 1750.1 to Title 16 of the California Code of Regulations Related to Outsourcing Facilities

Dr. Oh advised that as part of the October 2022 Board meeting, the Board voted to initiate a rulemaking to add sections 1750 and 1750.1 to title 16 of the California Code of Regulations to address changes in pharmacy law regarding outsourcing facilities.

The regulation text was intended to describe the authority for outsourcing facilities electing to dispense patient-specific compounded preparations based on prescriptions as well as to establish a self-assessment process for outsourcing facilities.

Dr. Oh recalled that the requirement for outsourcing facilities to complete the self-assessment process was now established in statute, making the regulation provisions no longer necessary.

Dr. Oh noted that the meeting materials provided a high-level timeline for the regulation and that since significant changes had occurred since the Board initially approved the regulation text, staff were recommending that the Board rescind the rulemaking.

Dr. Oh noted his agreement with the staff recommendation.

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

Motion: Rescind the October 26, 2022 motion to initiate a rulemaking to add sections 1750 and 1750.1 to title 16 of the California Code of Regulations.

M/S: Crowley/Sanchez

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

Support: 11 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Support
Serpa	Support
Thibeau	Support

IX. Closed Session Matters

Open session concluded at approximately 3:57 p.m. The Board entered closed session at approximately 4:05 p.m. Closed session ended at 4:29 p.m.

X. Reconvene in Open Session to Recess for the Day

The Board reconvened into open session to recess for the day at 4:30 p.m.

President Oh called the Board meeting to order at approximately 9:00 a.m. Dr. Oh reminded individuals participating in the meeting via Webex that consistent with the Board's policy and with implementation of the Board's new learning management system, pharmacists and pharmacy technicians attending today's meeting via Webex may be awarded up to six hours of CE. Dr. Oh referred individuals to the information on the agenda for additional information. Individuals seeking CE were required to register through the Board's learning management system.

Dr. Oh reminded all individuals present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

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

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

XII. Enforcement and Compounding Committee Report

Chairperson Serpa provided the report on the Enforcement and Compounding Committee's meeting on June 10, 2026. Dr. Serpa thanked fellow Committee members Vice Chairperson Renee Barker, Jeff Hughes, Seung Oh, Ricardo Sanchez, and Nicole Thibeau.

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

Dr. Serpa advised that the Board has a goal to complete a routine inspection of all licensed pharmacies at least once every four years to proactively assess pharmacy operations and educate licensees.

Dr. Serpa noted that on an annual basis, the Committee receives a presentation providing summary information detailing accomplishments towards this objective. During the Committee meeting, 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.

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

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

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

Dr. Serpa advised that on an annual basis the Committee also receives a presentation on the citation and fine program, which includes information on common violations. The information shared during the annual presentation is also included in the Board's newsletter, providing education for licensees about the most common violations for which citations are issued.

Dr. Serpa noted that during the Committee meeting, members noted the effort made by staff and that the focus on education where appropriate was appreciated.

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

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

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

Dr. Serpa recalled that 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 pharmacist-provided consultation.

Dr. Serpa encouraged everyone to review the full meeting materials, which included the questions posed to both licensees and consumers, noting that comments were not limited to these questions, but provided a starting point for discussion.

Dr. Serpa provided an overview of the key themes heard during the listening sessions.

Members were provided the opportunity to comment. Members discussed the need to modernize patient consultation practices as pharmacy services increasingly shift toward home delivery and digital models. Members noted potential gaps in patient access to medication information and pharmacist counseling, particularly for patients who may not receive or be able to access digital materials. There was general agreement that existing consultation requirements should be reviewed to better align with current pharmacy practices while ensuring patients continue to receive

appropriate counseling and support. Members also acknowledged stakeholder feedback gathered through listening sessions and expressed appreciation for staff's efforts to engage consumers and inform future policy discussions.

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

Members of the public participating via Webex were provided the opportunity to comment. A commenter provided background on a study that was done when consultation was put into law noting that effective consultation can improve medication adherence and reduce hospitalizations and emergency room visits. The commenter expressed concern that practices such as curbside pickup may limit opportunities for pharmacist-patient consultation and noted support for documenting consultations.

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

Dr. Serpa advised that, as discussed at previous meetings, a new format has been adopted for the self-assessment forms and the updated ADDS self-assessment reflects that new format. Dr. Serpa reported that during the Committee meeting, members spoke in support of the updated form and suggested a subscriber alert be sent to licensed facilities to solicit feedback and comments prior to this meeting.

Dr. Serpa thanked licensees who responded to the subscriber alert with their comments and as a result, a typo in section 1.2 was corrected.

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

Motion: Approve the updated Automated Drug Delivery System Self-Assessment form consistent with the Board's discussion. Delegate to the Chair to work with staff to incorporate suggested changes and any other nonsubstantive changes.

M/S: Oh/Barker

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

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

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Not Present
Serpa	Support
Thibeau	Support

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

Dr. Serpa advised that the Committee agreed with updates to the Compounding Self-Assessment form with some minor adjustments. Dr. Serpa noted that after the Committee meeting, a subscriber alert was released to licensed facilities to solicit comments on the updated form.

Dr. Serpa thanked licensees who responded to the subscriber alert with their comments and as a result of those comments and further review by Board staff, some additional technical edits and formatting changes would be made.

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

Motion: Approve the updated Compounding Self-Assessment form consistent with the Board's discussion. Delegate to the Chair to work with staff to incorporate suggested changes and any other nonsubstantive changes.

M/S: Sanchez/Barker

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

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

Board Member	Vote

Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Not Present
Serpa	Support
Thibeau	Support

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

Dr. Serpa advised that the Committee spoke in support of the new Outsourcing Facility self-assessment form and there was consensus by members that the form must be completed by all outsourcing facilities licensed by the Board, both resident and nonresident.

Dr. Serpa further noted that after the Committee meeting, a subscriber alert was released to outsourcers to solicit comments on the updated form, and as a result of those comments, Section 1.7, bullet number 2 would be updated to read, "A drug that is 'essentially a copy of an approved drug' (as defined in 21 USC 353b(d)(2))". The update added a reference to the federal definition of "essentially a copy of an approved drug" for clarity. Another modification would be added to the footnote on page 1, which would state, "For purposes of this self-assessment, references to federal current good manufacturing practice (CGMP) requirements shall be interpreted to mean CGMP requirements applicable to outsourcing facilities. Facilities may need to consult current FDA guidance documents to determine such applicability." Additionally, a reference would be added on page 15 to the "FDA Human Drug Compounding Policies and Rules", which includes FDA guidance for outsourcing facilities.

Dr. Serpa again thanked licensees who responded to the subscriber alert with their comments.

Members were provided the opportunity to comment. Members appreciated the feedback from the public comments and clarified the changes.

Motion: Approve the new Outsourcing Self-Assessment form consistent with the Board's discussion. Delegate to the Chair to work with staff to incorporate suggested changes and any other nonsubstantive changes.

M/S: Barker/Oh

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

Members of the public participating via Webex were provided the opportunity to comment. The Board heard a comment from a 503B outsourcing facility expressing support for the additional modifications and suggesting to also include information about regulatory updates or additional applicable guidances. Another commenter from a 503B outsourcing facility expressed support for the Board's recognition of FDA guidance documents and encouraged consideration of additional industry and regulatory guidance as standards continue to evolve. The commenter also requested clarification on how the self-assessment form would be used alongside annual Board inspections and related review processes.

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

Dr. Serpa stated that if the motion passed, there would be continued outreach to outsourcing facilities explaining the self-assessment process.

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

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Not Present
Serpa	Support
Thibeau	Support

g. Summary of Discussion of Enforcement Statistics

Dr. Serpa noted that the meeting materials included a summary of enforcement statistics from July 1, 2025, through June 1, 2026. During that timeframe, the Board initiated 3,581 complaints and closed 2,627 investigations. As of June 1, 2026, the

Board had 2,270 field investigations pending.

Dr. Serpa noted that the Chair report provided a breakdown of the average timeframe for the various stages of the field investigation process and Attachment 6 provided the full enforcement statistics.

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

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

XIII. Licensing Committee Report

Chair Seung Oh provided a report on the Licensing Committee's meeting held on June 11, 2026. Dr. Oh thanked fellow Committee members Satinder Sandhu, Renee Barker, Jessi Crowley, KK Jha, and Claudia Mercado.

a. Summary of Discussion Regarding and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1707, Related to Waiver Requirements for Off-Site Storage of Records

Dr. Oh advised that as described in the meeting materials, existing law authorizes the Board to grant waivers permitting the off-site storage of records. He further noted that the Board's regulation, section 1707 of title 16 of the California Code of Regulations, clarifies and makes more specific this statutory authority. As currently written, the regulation provides that a waiver may be granted to "an entity licensed by the Board." Dr. Oh reported that during the meeting, the Licensing Committee considered a staff recommendation suggesting that the Board evaluate whether the regulation should be broadened to explicitly allow waivers to also be granted to entities formerly licensed by the Board. Dr. Oh advised that the Committee reviewed the proposed revisions, which were included in the meeting materials as Attachment 1, and determined that the draft language was appropriate.

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

Motion: Move to initiate a rulemaking to amend California Code of Regulations, title 16, section 1707 as proposed, direct staff to submit the text to the Director of the Department of Consumer Affairs, and Business, Consumer Services and Housing Agency for review, and authorize the executive officer to take all steps necessary to initiate the rulemaking process, make any technical or nonsubstantive changes to the package, and set the matter for hearing, if requested. If, during the 45-day comment period, the Board does not

receive any comments providing objections or adverse recommendations specifically directed at the proposed action or the procedures followed by the Board in proposing or adopting the action, and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at section 1707.

Department of Consumer Affairs
Title 16. Board of Pharmacy
Proposed Regulation Text

Proposed changes made to the current regulation language are shown by ~~strikethrough~~ for deleted language and underline for added language.

Amend Section 1707 of Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1707. Waiver Requirements for Off-Site Storage of Records.

(a) Pursuant to subdivision (e) of Section 4105 of the Business and Professions Code and subdivision (c) of Section 4333 of the Business and Professions Code, a waiver may, on a case-by-case basis, be granted to any entity licensed by the board for storage of the records outside the licensed ~~area of the pharmacy~~premises described in subdivisions (a), (b) and (c) of Section 4105 of the Business and Professions Code. The board may consider space limitations within the ~~pharmacy~~premises, cost, previous compliance with records requirements, ease of access to records stored outside of the licensed ~~area~~premises, and any other factor presented by the licensee in making its determination.

(b) An entity that is granted a waiver pursuant to sub~~division~~section (a) shall:

(1) maintain the storage area so that the records are secure, including from unauthorized access; and

(2) be able to produce the records within two business days upon the request of the board or an authorized officer of the law.

(c) In the event that a licensee fails to comply with the conditions set forth in sub~~division~~section (b), the board may cancel the waiver without a hearing. Upon notification by the board of cancellation of the waiver, the licensee shall maintain all records at the licensed premises.

(d) A licensee whose waiver has been cancelled pursuant to the provisions set forth in subsection (c) may reapply to the board when compliance with the conditions set forth in subsection (b) can be confirmed by the board.

(e) Notwithstanding any waiver granted pursuant to

subdivisionsection (a), all prescription records for non-controlled substances shall be maintained on the licensed premises for a period of one year from the date of dispensing.
(f) Notwithstanding any waiver granted pursuant to subdivisionsection (a), all prescription records for controlled substances shall be maintained on the licensed premises for a period of two years from the date of dispensing.
(g) Notwithstanding the requirements of this section, any entity licensed by the board may store the records described in subdivisions (a), (b) and (c) of Section 4105 of the Business and Professions Code in a storage area at the same address or adjoining the licensed premises without obtaining a waiver from the board if the following conditions are met:
(1) The records are readily accessible to the pharmacist-in-charge (or other pharmacist on duty, or designated representative, responsible manager or professional director) and upon request to the board or any authorized officer of the law.
(2) The storage area is maintained so that the records are secure and so that the confidentiality of any patient-related information is maintained.
(h) Pursuant to subdivision (e) of Section 4105 of the Business and Professions Code and subdivision (c) of Section 4333 of the Business and Professions Code, a waiver may, on a case-by-case basis, be granted to any entity that has previously been licensed by the board, for storage of the records outside the licensed premises described in subdivision (c) of Section 4105 of the Business and Professions Code if the board determines at a minimum that the following conditions are met:
(1) The storage area must be secured, located inside an enclosed building identified with an address, with access limited to the owner(s) of the entity. The records must be open for inspection by the board and authorized officers of the law, Monday through Friday from 8:00AM to 5:00PM.
(2) All records are maintained for at least three years from the date that the license was canceled, revoked, surrendered or otherwise terminated and no longer current and active, in a readily accessible and retrievable format.
(3) All records are secured so that the confidentiality of any patient-related information is maintained.
(4) Records that shall be maintained include records of manufacture and of sale, acquisition, receipt, shipment or disposition of dangerous drugs and dangerous devices, and policies and procedures related to pharmacy personnel and pharmacy operations.
(5) Records maintained electronically shall be maintained in

a readily retrievable format and be produceable in a hardcopy, digitized copy, or electronic copy.
(6) Any paper records converted into a digital format shall be maintained only in a noneditable format.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4081, 4105 and 4333, Business and Professions Code.

M/S: Sanchez/Crowley

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

Members of the public participating via Webex were provided the opportunity to comment. A pharmacist spoke in support of the intent of the proposed regulation text but expressed concern about security for documents stored outside of the pharmacy. The pharmacist suggested the pharmacist-in-charge (PIC) should be required to keep records of off-site storage locations and list of who has access to the records, and that pharmacy records should only be accessible to pharmacists.

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

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

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Not Present
Serpa	Support
Thibeau	Support

b. Summary of Discussion of Public Comment Suggesting the Board Establish Requirements for Outsourcing Facilities to Provide Advance Notification of Closure/Cessation of Business Operations in California, Including Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1708.2, Related to Discontinuance of Business

Dr. Oh recalled that during a previous discussion regarding the Board's outsourcing program, the Board received public comment recommending that mandatory notification requirements be established for outsourcing facilities that plan to close. It was suggested that such a requirement is necessary to help ensure continuity of patient care. Dr. Oh referred to Attachment 2 of the meeting materials, which included a draft regulatory proposal to establish this requirement. Dr. Oh advised that the Licensing Committee reviewed the proposed regulatory language and determined that it was appropriate.

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

Motion: Move to initiate a rulemaking to amend California Code of Regulations, title 16, section 1708.2 as proposed, direct staff to submit the text to the Director of the Department of Consumer Affairs, and Business, Consumer Services and Housing Agency for review, and authorize the executive officer to take all steps necessary to initiate the rulemaking process, make any technical or nonsubstantive changes to the package, and set the matter for hearing, if requested. If, during the 45-day comment period, the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or the procedures followed by the Board in proposing or adopting the action, and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at section 1708.2.

Department of Consumer Affairs
Title 16. Board of Pharmacy
Proposed Regulation Text

Amend Section 1708.2 of Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:
§ 1708.2. Discontinuance of Business/Notice of Closure.
(a) Any permit holder shall contact the Board prior to transferring or selling any dangerous drugs, devices, or hypodermics inventory as a result of termination of business or bankruptcy proceedings (individually or collectively referred to as a "closure") and shall follow official instructions given by the Board applicable to the transaction. For purposes of this section, a "closure" includes the cessation or substantial cessation of the business.

(b) In addition to the requirements in subsection (a), a pharmacy that shall cease operations due to a closure shall complete the following:
(1) At least 45 days in advance of the closure, provide written notice to patients that have received a prescription within the last year, in a form in which the pharmacy regularly communicates or advertises to its patients. At a minimum, this notice shall include:
(A) the name of the patient and if one exists and is known to the pharmacy, the name of the legal representative of the patient,
(B) the name and physical address of the pharmacy closure,
(C) the name of the pharmacy where patient records will be transferred and maintained, and
(D) information on how to request a prescription transfer prior to closure of the pharmacy.
(2) Reverse all prescriptions for which reimbursement was sought but the prescriptions are not picked up by patients,
(3) Provide the Board with a copy of the notice specified in subsection (b)(1), and
(4) The owner shall be responsible for compliance with the requirements of this section. The owner, or the pharmacist-in-charge if available, shall certify compliance with the requirements in this section. In the event the pharmacist-in-charge is no longer available, the owner must certify the compliance, along with a pharmacist retained to perform these functions.
(5) Post a written notice of the closure, which shall include the planned closure date, in a conspicuous location at the pharmacy's entrance.
(c) The following pharmacies shall be exempt from the requirements of subsection (b):
(1) A general acute care hospital pharmacy that is owned by a health facility as defined in Section 1250 of the Health and Safety Code; and
(2) A licensed correctional pharmacy dispensing only to patients of the California Department of Corrections and Rehabilitation.
(d) An outsourcing facility that ceases operations within or into California shall complete the following:
(1) At least 90 days in advance of the cessation of business as described in subsection (d), provide written notice to customers that have received compounded preparations within the last year, in a form in which the outsourcing facility regularly communicates or advertises to its customers.
(2) Provide the Board with a copy of the notice specified in subsection (d)(1).
(3) The owner of the outsourcing facility shall be responsible for compliance with the requirements of this section. The owner shall provide written notification to the Board, certifying compliance with the requirements of this section. The certification shall be provided to the Board within 30 days of the facility's cessation of business operations as described in subsection (d).
(4) Post a written notice of the cessation of business, which shall include the planned date of cessation of business operations, on public facing websites where orders are placed.
Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4080, 4081, 4113, 4129, 4332, and 4333, Business and Professions Code; and Section 11205, health

M/S: Barker/Sanchez

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

Members of the public participating via Webex were provided the opportunity to comment. A pharmacist commented in support of the motion and recommended outsourcing facilities also be required to give notice when a product is discontinued.

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

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

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Not Present
Serpa	Support
Thibeau	Support

The Board took a break from 10:05 a.m. to 10:20 a.m.

Roll call was taken. The following Board members were physically present in Sacramento: Jessica Crowley, PharmD, Licensee Member; Renee Barker, PharmD, Licensee Member; Jeff Hughes, Public Member; Jay Newell, MSW, Public Member; Ricardo Sanchez, Public Member; Maria Serpa, PharmD, Licensee Member; and Seung Oh, PharmD, Licensee Member. Kartikeya "KK" Jha, RPh, Licensee Member and Nicole Thibeau, PharmD, Licensee Member participated via Webex.

Member Mercado returned from break at 10:21 a.m. and rejoined the meeting via Webex.

c. Summary of Discussion Regarding and Possible Action to Approve Frequently Asked Questions (FAQs) Related to Continuing Education (CE) Requirements for Pharmacists

Dr. Oh referred to the meeting materials, which described the relevant laws related to continuing education requirements for pharmacists. Dr. Oh then referred to Attachment 3 of the meeting materials, which included a copy of

updated FAQs related to CE requirements for pharmacists. He noted that the Licensing Committee had reviewed the FAQs and determined that they were appropriate.

Members were provided the opportunity to comment. Members discussed including a question for new pharmacists about the first cycle of CEs.

Motion: Approve the Frequently Asked Questions related to continuing education requirements for pharmacists, including the addition of a question on the first renewal cycle for new pharmacists.

M/S: Jha/Hughes

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

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

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Not Present
Serpa	Support
Thibeau	Support

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

Dr. Oh reminded members that Governor Newsom signed the Board's sunset measure, Assembly Bill 1503, on October 1, 2025, and that with this action, significant changes to Pharmacy Law became effective January 1, 2026.

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

commitment to California consumers.

Dr. Oh recalled that during the January 2026 Board meeting, the Board received the first update on implementation activities undertaken since passage of the measure, and a second update during the April 2026 Board meeting. Dr. Oh noted that today he would provide additional updates for many of the provisions, however, would not review each area separately.

Dr. Oh reminded members that the Board released a newsletter specifically discussing the changes made in AB 1503 at the end of January and, more recently, the Board released a webinar in its learning management system. Dr. Oh stated that 355 individuals have completed this training since its release. He added that the Board has also released several policy statements related to Pharmacy Law updates effected by AB 1503, and continues to provide education on the changes included in AB 1503.

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

Dr. Oh reminded members that Satinder Sandhu had been appointed to serve as the Board member on the advisory committee. In addition, the Board Member Procedure Manual had been updated to reflect the addition of the PTAC. The online application portal is expected to be available by the beginning of July.

Dr. Oh advised that once the applications start to arrive, the Board would have an organized process to interview applicants as discussed at the November 2025 meeting.

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

Dr. Oh noted implementation activities related to the retitling of Advanced Practice Pharmacist to Advanced Pharmacist Practitioner are underway. The technical changes required in the Board's IT systems have been completed and staff had prepared the rulemaking documents which were currently undergoing pre-notice review.

Amended BPC Section 4036, Pharmacist Defined

Dr. Oh noted the statutory amendment clarified that pharmacists are not restricted to practicing only within the four walls of a licensed pharmacy and recalled that the Board voted to initiate a rulemaking to establish parameters for remote processing of prescriptions. Dr. Oh reminded members that the Board adopted the regulation language at the April 2026 Board meeting. Following adoption, Board staff prepared the post-adoption rulemaking materials, which are currently undergoing review.

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

Dr. Oh reminded members that consideration of revised self-assessment forms was being conducted by the Enforcement and Compounding Committee. Dr. Oh expressed support for the Board's revised and streamlined approach with the self-assessment forms. Several forms have been updated and posted on the Board's website. As Chairperson Serpa reported in the previous agenda item, the Enforcement and Compounding Committee considered changes to additional self-assessment forms for Automated Drug Delivery Systems, Compounding, and Outsourcing Facilities.

Dr. Oh recalled the Board had identified a need to repeal the prior self-assessment regulation sections and had begun the process of repealing those sections through the streamlined Section 100 process, but the Office of Administrative Law determined the Board must repeal the sections through the formal rulemaking process, and as a result, at the April 2026 Board meeting the Board voted to initiate a regular rulemaking. Staff have prepared the rulemaking package and it was undergoing pre-notice review.

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

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

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

Dr. Oh next noted that, as indicated in the meeting materials, the Board had initially believed the repeal of numerous regulation sections that established protocols and mandatory CE requirements could be completed through the streamlined Section 100 process, but the Office of Administrative Law determined the Board must repeal these sections through the formal rulemaking process, and as a result, at the April 2026 Board meeting the Board voted to initiate a regular rulemaking. Staff have prepared the rulemaking package and it was undergoing pre-notice review.

Amended BPC Sections 4081 and 4105, Related to Pharmacy Records
Amended BPC Section 4111, Related to Ownership Prohibitions

Dr. Oh noted there were no updates related to digitizing records or ownership prohibitions.

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

Pharmacies

Dr. Oh noted that recent implementation activities included releasing the policy statement approved during the April 2026 Board meeting. In addition, staff continue outreach efforts to nonresident pharmacies by both email and U.S. mail. More recently, staff have starting calling nonresident pharmacies, prioritizing those facilities with July and August expiration dates.

Amended BPC Section 4113, Related to Pharmacist-in-charge, Staffing
Amended BPC Section 4113.6, Related to Chain Community Pharmacy
Amended BPC Section 4115, Related to Pharmacy Technicians
Amended BPC Section 4200.5, Related to Retired Pharmacist License
New BPC Section 4317.6, Related to Mail Order Pharmacy
Amended BPC Section 4400, Related to Fees

Dr. Oh noted there were no updates related to these items.

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

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

e. Summary of Discussion Regarding Requirements Related to the Use of Automated Patient Dispensing Systems, Including Provisions in Business and Professions Code Sections 4427.3 and 4427.6 and California Code of Regulations, Title 16, Section 1713, Including Possible Action to Initiate a Rulemaking to Add Section 1713.1, Related to Automated Patient Dispensing System Location, to Title 16 of the California Code of Regulations

Dr. Oh recalled that as discussed during the Board's April meeting, Section 4017.3 of the Business and Professions Code defines an automated drug delivery system, or ADDS, as a mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of drugs. Further, the section defines "automated patient dispensing system," or APDS, as an ADDS for storage and dispensing of prescribed drugs directly to patients pursuant to prior authorization by a pharmacist.

During the Committee's April 2026 meeting, the Committee considered requests received to provide clarification about the conditions for use of an APDS when a patient is receiving medical care via telehealth and if such patients can receive their prescriptions from an APDS as opposed to at a pharmacy.

During the April 29-30, 2026, Board meeting, the Board clarified that where an APDS is located in a medical office, and the patient has a relationship with a prescriber of that medical office, the patient could receive their medications

from the APDS located within the medical office, regardless of the modality of care (i.e., telehealth vs. in person).

Dr. Oh noted that today the Board would review draft regulations intended to clarify and make more specific the phrases, "medical office or other location where patients are regularly seen for purposes of diagnosis or treatment" and "patients of the practice." Dr. Oh referred to Attachment 4 of the meeting materials, which included a draft regulatory proposal intended to provide the requested clarification. Dr. Oh reporting that during the Committee meeting, members reviewed the proposed regulatory language and found it appropriate.

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

Motion: Initiate a rulemaking to add California Code of Regulations, title 16, section 1713.1 as proposed, direct staff to submit the text to the Director of the Department of Consumer Affairs, and Business, Consumer Services and Housing Agency for review, and authorize the executive officer to take all steps necessary to initiate the rulemaking process, make any technical or nonsubstantive changes to the package, and set the matter for hearing, if requested. If, during the 45-day comment period, the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or the procedures followed by the Board in proposing or adopting the action, and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at section 1713.1.

Department of Consumer Affairs
Title 16. Board of Pharmacy
Proposed Regulation Text

Add Section 1713.1 to Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§1713.1 Automated Patient Dispensing System Location

(a) For purposes of subdivision (j) of Section 4427.6 of the Business and Professions Code, "a medical office or other location where patients are regularly seen for purposes of diagnosis and treatment" means a building regularly used by licensed physicians and surgeons, doctors of osteopathic medicine or nurse practitioners for the purpose of providing in-person

medical diagnosis and treatment of patients, which shall be referred to as an Authorized APDS Location.

(b) For purposes of subdivision (j) of Section 4427.6 of the Business and Professions Code, "patients of the practice" means individuals who receive medical diagnosis and treatment from health care providers who are part of a practice that maintains an office in an Authorized APDS Location as defined in subsection (a).

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Section 4427.6, Business and Professions Code

M/S: Jha/Sanchez

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

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

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Support
Oh	Support
Sanchez	Support
Sandhu	Not Present
Serpa	Support
Thibeau	Support

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

Dr. Oh advised that the proposed regulation text required additional consideration by the Committee before presentation to the Board and therefore would not be discussed today.

g. Summary of Discussion of Licensing Statistics

Dr. Oh noted that licensing statistics for the first 11 months of the fiscal year were included in the meeting materials.

Dr. Oh further noted that processing times for the various facility business types vary and continue to fluctuate. While a few of the licensing programs are within

the Board's performance targets, others exceed the 30-day target, including pharmacy technician applications. Dr. Oh next noted that the licensing unit has some vacancies and coupled with the peak in pharmacist exam applications, this makes it challenging to meet the 30-day targets.

Dr. Oh thanked the licensing staff for working so diligently to process applications.

In the first 11 months of the fiscal year the Board had issued 8,103 individual licenses and 657 permanent site licenses with an additional 859 temporary site licenses. Dr. Oh believed these numbers alone demonstrate how busy the Board's licensing staff remain. Dr. Oh highlighted the significant increase in the number of pharmacy technician applications the Board has received.

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

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

XIV. Legislation and Regulation Committee Report

Chairperson Crowley provided a report on the Legislation and Regulation Committee's meeting held on June 11, 2026. Dr. Crowley thanked fellow Committee members Vice Chairperson Nicole Thibeau, Jeanette Dong, Maria Serpa, and KK Jha.

a. Discussion and Possible Action to Establish Positions on Pending Legislation Impacting the Practice of Pharmacy, the Board's Jurisdiction, or Board Operations, Including Consideration of any Committee Recommendations

Chairperson Crowley advised that there were several measures included on the agenda for discussion. She noted that May 29, 2026, was the last day for each house to pass bills introduced in their respective house, July 2, 2026, was the last day for policy committees to meet, and August 14, 2026, was the last day for fiscal committees to meet and report bills to the floor. Dr. Crowley further advised that August 31, 2026, is the last day for each house to pass bills, and September 30th is the last day for the governor to sign or veto bills.

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

Dr. Crowley noted that a few measures previously considered by the Board did not make it out of committee or their respective house for this year; as such, those measures — which included Assembly Bill 1558, Uniform Emergency Volunteer Health Practitioners Act, Assembly Bill 2000, Drug Formularies, and Senate Bill 915, Health Care Provider Entities: Patients Accompanied by

Immigration Enforcement Officers — were not included on the agenda and will not be discussed.

The Committee also considered one new measure during its meeting.

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

   Dr. Crowley reported that Assembly Bill 910 was recently amended and now relates to criminal procedures.

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

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

   Dr. Crowley noted that this is a two-year bill that was granted reconsideration in July 2025 by the Senate Business, Professions, and Economic Development Committee. The Board previously established a support position on this bill and Dr. Crowley believed that the position remained appropriate. Dr. Crowley further noted that the measure was recently scheduled for a hearing by the Senate Business, Professions and Economic Development Committee on June 22. The hearing was canceled at the request of the author.

   The Committee did not receive any public comment on the measure.

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

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

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

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

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

   Dr. Crowley further advised that staff had received confirmation that this

measure is not moving.

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

   Dr. Crowley advised that, as amended, Assembly Bill 1587 amends the conditions for pharmacist authority to provide emergency refills to specify that notification to a prescriber is only required if a prescriber is identified.

   On June 23, 2026, the measure was read the second time and ordered to the consent calendar.

   Dr. Crowley further advised that during its meeting, the Committee discussed that the measure appeared to clarify and remove any uncertainty regarding pharmacists' authority to refill a prescription. The Committee also received public comment in support of the measure.

   Dr. Crowley noted the Committee believed the Board's current watch position remained appropriate and suggested that it may be appropriate for the Communication and Public Education Committee to consider developing educational materials.

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

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

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

   Dr. Crowley advised that, as amended, Assembly Bill 1773 required the Department of Managed Health Care (DMHC) 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. She further reported that the measure would be considered by the Senate Health Committee on July 1, 2026.

   Dr. Crowley noted that the Board has a support position on the measure and the Committee was not recommending a change to the Board's current support position. The Committee did not receive any comments from members of the public on the measure.

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

were made.

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

6. Assembly Bill 1775 (Ward, 2026) Veterans

Dr. Crowley advised that Assembly Bill 1775 extended the current expedited licensing process for veterans to also cover service members who were discharged solely because of the federal action to restrict military service by transgender individuals, not just those who were honorably discharged. The recent amendments provided authority for the Department of Veteran's Affairs to promulgate regulations.

Dr. Crowley noted that the measure passed out of the Senate Military and Veterans Affairs Committee on June 22 and was referred to the Senate Appropriations Committee.

Dr. Crowley further noted that the Board has a support position on the measure, which is consistent with the Board's prior policy in supporting measures that impact licensure access for military members, veterans, and military spouses. The Committee was not recommending a change to the Board's current position. The Committee did not receive any public comment on the measure.

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

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

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

Dr. Crowley advised that Assembly Bill 1778 removed testosterone from California's Schedule III controlled substances list automatically if the federal government removes it from its scheduled controlled substance list, without requiring separate state legislation. The measure passed out of the Senate Public Safety Committee and will be considered by the Senate Appropriations Committee on June 29.

Dr. Crowley reported the Committee was not recommending any changes to the Board's current support position on the measure. The Committee did not

receive any public comments on the measure.

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

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

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

Dr. Crowley advised that, as amended, Assembly Bill 1794 authorizes a pharmacist, manufacturer, or wholesaler to participate in an arrangement or agreement to deliver enteral nutrition supplements or replacements directly to a patient's residence pursuant to a valid order from a prescriber acting within their scope of practice. Recent amendments specified that activities provided by a pharmacist shall be consistent with the accepted standard of care.

Dr. Crowley reported that the measure passed out of the Senate Business, Professions and Economic Development Committee and would be considered by the Senate Appropriations Committee on June 29, 2026.

Dr. Crowley advised that the Board does not have a position on the measure and the Committee continued to believe a position is not necessary. The Committee did not receive public comments on the measure.

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

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

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

Dr. Crowley advised that Assembly Bill 1811 was amended on June 23, 2026, and defined "health professional shortage area" until January 1, 2035, to include areas designated by California's Department of Health Care Access and Information (HCAI), areas federally designated by HHS, and those federally designated on January 1, 2025—even if no longer federally recognized. As such, the measure ensures areas proposed for withdrawal post-2025 remain eligible for state prioritization and benefits.

Dr. Crowley further advised that recent amendments seek to expand HCAI

data collection efforts related to health care professionals to establish requirements for data collection at the time of license issuance and biennially thereafter and further would add additional data elements. Current data collection only occurs at the time of renewal. This measure will be considered by the Senate Health Committee on July 1, 2026.

Dr. Crowley noted that during the April Board meeting, the Board established a support position on the measure, while also recommending that staff offer technical amendments to clarify its application to pharmacies. Staff have communicated the Board's technical amendments and understand that the amendments may be considered to be beyond technical. Staff will remain in contact with the author's office.

Dr. Crowley further noted the Committee believed the Board's current support position remained appropriate. The Committee did not receive any public comments on the measure.

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

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

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

Dr. Crowley advised that, as amended, Assembly Bill 1854 expands California's protections for people who provide, support, or receive certain protected health care services such as reproductive care or gender-affirming care, to include patients not located in California. Additionally, the measure specifies that California corporations that provide financial services, as defined, to the general public are prohibited from disclosing specified customer information to law enforcement in response to an out-of-state subpoena, warrant, other legal process, or request unless specified conditions are met.

Dr. Crowley noted that the Board has a support position on the measure. The measure was considered by the Senate Judiciary Committee on June 30.

Dr. Crowley further advised that during the Committee's discussion of the matter at the June 11, 2026 meeting, the Committee noted that the measure was amended but that the policy goals remained the same. The Committee believed the Board's current position remained appropriate. The Committee did not receive public comments on the measure.

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

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

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

Dr. Crowley advised that Assembly Bill 1887 was a new measure that had not been considered by the Committee and Board previously. As amended, AB 1887 requires health plans, beginning January 1, 2027, to make a decision on prior authorization requests for rare disease drugs within 30 days. This applies when the drug is prescribed by a specialist familiar with the condition and who determines the drug is medically necessary. If the plan hasn't rendered a decision by the end of that 30 day period, the request is automatically approved unless there is an ongoing dispute. These requirements do not apply if a lower cost biosimilar or generic is available.

Dr. Crowley further advised that the measure also prohibits plans from using step therapy for these drugs in any policy issued, amended, or renewed on or after January 1, 2027; and noted these provisions do not apply to Medi Cal managed care plans.

The measure will be heard by the Senate Health Committee on July 1.

Dr. Crowley noted that during the June 11 Committee meeting, members generally expressed support for the policy behind the measure but also expressed concern that the 30-day waiting period could be problematic for patients.

Dr. Crowley further noted that the Committee was not recommending a position on the measure. The Committee did not receive public comment on the measure.

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

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

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

Dr. Crowley advised that, in its current form, Assembly Bill 1930 would stop any person or business in California from giving information to another state about legally protected health care activities unless specified conditions are met, including that the request must include an affidavit stating under penalty of perjury that the investigation involves an act that is actually illegal under California law, and it must identify the specific California law that was violated. The Attorney General will be responsible for enforcing the provisions and must receive notice of the request within seven days of receipt. As amended, the seven-day 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.

Dr. Crowley noted that the Board established a support position on the measure. The measure will be considered by the Senate Public Safety Committee on June 30, 2026.

Dr. Crowley further noted that the Committee was not recommending a change to the Board's current support position. The Committee did not receive any public comments on the measure.

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

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

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

Dr. Crowley advised that Assembly Bill 1979 was amended on June 22, 2026, and noted the amendments appeared minor and restructuring of the language, as opposed to changing the provisions. The policy goals seek to ensure that a licensed health care professional working in a health facility, clinic, physician's office, or office of a group practice, exercises independent professional judgment when reviewing and approving clinical decisions that are based on the output from a clinical decisions support system. Additionally, the bill authorizes the appropriate licensing board to seek an injunction or restraining order when violations amount to the unlicensed practice of a health profession. The measure clarifies that these restrictions do not prohibit the use of artificial intelligence for non-clinical tasks that do not require professional judgment, such as documentation or automated patient notifications.

Dr. Crowley noted the measure does not apply to pharmacies and other areas where pharmacists and advanced pharmacist practitioners may work. She further noted that during prior discussions, the Committee and Board noted that the prohibitions contained in the measure should extend to all practice sites where health care providers, including pharmacists, are providing patient care services.

Dr. Crowley recalled that the Board raised concerns with the use of AI as part of its 2025 Sunset Report and noted that "while the Board does not believe a total prohibition on the use of AI in pharmacy practice is either necessary or in the best interest of patients, and while the Board believes that AI is a tool to assist a pharmacist in making a clinical judgement, the Board stands firm that AI cannot and should not supplant such clinical judgement."

Dr. Crowley noted that the policy goals of the measure align with the Board's position, and in April, the Board established a support, if amended, position on this measure to ensure the prohibitions extend to all pharmacist and advanced pharmacist practice sites. The measure will be considered by the Senate Health Committee on July 1.

Dr. Crowley stated that while the author's office did not accept the Board's amendments, it appeared they may be open to considering the Board's policy recommendation potentially in a separate measure in the future.

Dr. Cowley believed the Board's current "support, if amended" position remains appropriate.

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

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

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

Dr. Crowley advised that, in its current form, the measure declares legislative concerns about unsafe or illicit active pharmaceutical ingredients entering the compounding supply chain, particularly amid high demand for weight loss drugs. It prohibits selling or distributing compounded drugs containing certain GLP 1 or related substances used for obesity or weight management unless the

compounder takes specified actions, including ensuring that the bulk drug substance is a pharmaceutical grade product and meets specified requirements. Manufacturers and wholesalers must also provide written verification to purchasers that bulk drug substances sold for this purpose meet specified requirements. The bill makes violation of its provisions subject to license revocation and fines of $1,000 per dose of the illegally compounded drug sold, transferred, or distributed. The measure further requires specified recordkeeping, authorizes Board inspections of compounders and suppliers, and prohibits misleading advertising of compounded weight management drugs.

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

Dr. Crowley noted that while the Board previously discussed the measure and expressed concerns about some of the provisions in the measure, the author's office was working with Board staff to address many of those concerns, including amendments to preserve the Board's enforcement discretion and to clarify provisions to ensure alignment with the Board's compounding regulations. Dr. Crowley thanked Assembly Member Gipson for engaging with the Board and the willingness to consider the issues raised by the Board.

Dr. Crowley reported that the measure was scheduled for consideration by the Senate Business, Professions and Economic Development Committee on June 22; however, the hearing was canceled at the request of the author, and Board staff was advised that the author intends to narrow the measure to focus only on provisions relating to advertising.

Dr. Crowley noted that based on information available when the Committee discussed the measure at its June 11, 2026 meeting, the Committee was recommending an Oppose Unless Amended position; however, given that there was reason to believe the scope of the legislation would be significantly changing, Dr. Crowley believed it was appropriate to vote down the Committee's recommendation of "Oppose Unless Amended" and maintain a watch position.

The Committee's recommendation of "Oppose Unless Amended" served as the motion.

Members were provided the opportunity to comment. Members spoke in support of rejecting the Committee recommendation and maintaining a watch position.

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

Members of the public participating via Webex were provided the opportunity to comment. A commenter representing the Alliance for Pharmacy Compounding provided background information and requested the Board oppose the bill.

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

Board Member	Vote
Barker	Oppose
Crowley	Oppose
Dong	Not Present
Hughes	Oppose
Jha	Oppose
Mercado	Oppose
Newell	Oppose
Oh	Oppose
Sanchez	Oppose
Sandhu	Not Present
Serpa	Oppose
Thibeau	Oppose

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

Dr. Crowley advised that, as amended, Assembly Bill 2141 authorized the Board and a licensee to enter into a stipulated settlement and disciplinary order before a formal accusation is filed, provided certain conditions are met, including the licensee voluntarily waiving administrative hearing rights under the Administrative Procedure Act and submitting specified mitigation and rehabilitation information. A designated Board committee must review this information and is permitted to extend a stipulated settlement and disciplinary order offer to the licensee. The measure will be considered by the Senate Business, Professions and Economic Development Committee on June 29.

Dr. Crowley noted that, between 2019 and 2021, the Board explored creating an alternative enforcement model to improve the efficiency of its disciplinary process. During this time, the Board explored several options but never finalized

development of a proposal because, at the request of stakeholders, the Board stopped its consideration of the matter in July 2021.

The Committee noted that there were legal questions surrounding this proposal, including around the proposed inclusion of Board members in developing a settlement agreement as well as what happens should an agreement not be reached during the initial settlement discussions.

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

A request was recently made to the Office of the Attorney General to request their perspective on the legal and operational implications of AB 2141 and we are awaiting their input.

Dr. Crowley then invited the Board's counsel to speak to any potential legal or practical issues the Board should be mindful of in its consideration of this bill, and a short discussion followed.

Dr. Crowley noted that at this time the Committee was not recommending a position on the bill and believed it was appropriate to consider input from the Office of the Attorney General before the Board establishes a position. Dr. Crowley further noted that if members disagree, the Board should consider necessary amendments that might need to be incorporated into the measure, such as adding explicit language noting that nothing in the section prohibits the Board from using the services of the Office of the Attorney General; amending out the language requiring the committee consisting of the EO and two Board members; and include language confirming the Board may promulgate regulations if necessary.

Members were provided the opportunity to comment. Members expressed agreement with taking a watch position.

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

Members of the public participating via Webex were provided the opportunity to comment. The Board heard several comments in support of AB 2141.

Members were provided a final opportunity to comment after hearing public comments. Members discussed the main differences between current processes and the measure.

Dr. Crowley noted that following receipt of further information from the Attorney General's Office and through the authority delegated to the Board president, the Board could then establish a position as appropriate and work with staff to convey the Board's position and requested amendments.

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

Dr. Crowley advised that Assembly Bill 2282 was amended June 22. The policy of the measure remains the same, allowing a general acute care hospital to get a special permit to operate an emergency stabilization unit in Patterson, Stanislaus County — a separate location not connected to the main hospital — to serve the community previously served by Del Puerto Health Care District. The measure will be considered by the Senate Health Committee on July 1, 2026.

Dr. Crowley noted that the Board did not take a position on the measure; however, it recommended that Board staff propose technical amendments to ensure the Board has the authority to issue a pharmacy license to an emergency stabilization unit if needed. Dr. Crowley advised that Board staff have been working with the author's office to ensure the Board will have appropriate authority to issue such a license if deemed necessary and that the recent amendments to the measure would provide authority for the Board to issue a hospital license, resolving the issue raised by the Board.

Dr. Crowley further noted that the Committee was not offering a recommendation. The Committee received public comment suggesting that the Board should establish a support if amended position.

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

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

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

Dr. Crowley advised that following release of the meeting materials, Assembly Bill 2565 was amended. As amended, the measure requires the Department of Health Care Services (DHCS) to issue guidance clarifying Medi-Cal managed care plans' obligations to cover pharmacist services. It directs DHCS to update its model Evidence of Coverage to explicitly state that pharmacist services are

covered. DHCS must also take corrective action if plans fail to comply with existing pharmacist service coverage requirements or the new guidance. The measure authorizes DHCS to implement these provisions through all plan letters, plan letters, or similar instructions without needing to go through the formal regulatory process.

The Board has a support position on the measure, which is currently on the Senate Appropriations Suspense file.

Dr. Crowley noted that the Committee was not recommending a change to the Board's position. The Committee received public comment thanking the Board for its support of the measure.

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

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

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

Dr. Crowley advised that Assembly Bill 2571 had been amended since the Board's last discussion. In its current form, Assembly Bill 2571 provides reimbursement authority for advanced pharmacist practitioners and pharmacists, including pharmacists providing services at a federally qualified health center or a rural health clinic, as those terms are defined in federal law.

Recent amendments revert reimbursement for advanced pharmacist practitioner services back to no less than 85% of the Medi-Cal fee schedule for physician services.

The measure was currently on the Senate Appropriations Suspense file.

Dr. Crowley noted that the Committee believed the Board's current support position remained appropriate. The Committee received public comments encouraging the Board to continue its support of the bill.

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

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

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

Dr. Crowley advised that Senate Bill 964 was amended since the Board's last discussion. In its current form, Senate Bill 964 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.

The recent amendments provide that 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.

The measure was considered by the Assembly Appropriations Committee on June 23.

Dr. Crowley noted that the Committee believed the Board's current support position remained appropriate. The Committee did not receive any public comments on the measure.

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

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

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

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

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

This measure was referred to the Assembly Appropriations Committee.

Dr. Crowley noted that the Committee believed the Board's current support position remains appropriate. The Committee did not receive any public comments on the measure.

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

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

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

Dr. Crowley advised that, as amended, Senate Bill 1094 would allow a pharmacist to substitute a biosimilar drug (a nearly identical version of a brand-name biologic drug) when filling a prescription, as long as the prescription does not include "do not substitute" or words of similar meaning, as specified.

Dr. Crowley noted that current law authorizes a pharmacist to select an interchangeable biological product, and this measure expands those provisions to allow a pharmacist to select a biosimilar product.

The measure passed out of the Assembly Business and Professions Committee on June 23, 2026, and was referred to the Assembly Health Committee.

Dr. Crowley further noted that the Committee believed the Board should continue to watch the measure. The Committee received public comment including a request for the Board to establish a support if amended position.

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

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

Members of the public participating via Webex were provided the opportunity to comment. A commenter provided background information and encouraged the Board to change their position to support.

Having heard public comments, members were provided the opportunity to comment; however, no comments were made.

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

Dr. Crowley advised that Senate Bill 1199 requires plans and insurers to count *all*

payments made by or on behalf of an enrollee—including permitted manufacturer assistance—toward their out-of-pocket maximum and other cost-sharing requirements. It also establishes an administrative penalty for each violation by a health insurer, enforceable by the Insurance Commissioner after notice and an opportunity for a hearing.

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

This measure will be considered by the Assembly Health Committee on June 30.

Dr. Crowley noted that the Committee believed the Board's current support position remained appropriate. The Committee did not receive any public comments on the measure.

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

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

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

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

Dr. Crowley noted that the measure's provisions appear only in the Education Code, which may limit pharmacies' awareness that they can legally dispense inhalers under these provisions. Consistent with the Board's April recommendation, Board staff have provided technical amendments to the author's office to reference this authority in Pharmacy Law, similar to existing cross references for emergency epinephrine and naloxone (Business and Professions Code §§ 4119.2 and 4119.8). Adding a parallel provision in Pharmacy Law could help ensure pharmacies clearly understand their

authority to furnish emergency albuterol inhalers to schools and childcare programs. Dr. Crowley advised that staff believed the technical amendments would be accepted.

The measure recently passed out of the Assembly Education Committee with a recommendation to be placed on the consent calendar.

Dr. Crowley noted the Committee believed the Board's current support position remained appropriate and that staff will continue to work with the author's office. The Committee did not receive any public comments on the measure.

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

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

b. Discussion of Board Regulations

Dr. Crowley advised that all items included in the regulations portion of the report were for information only. Dr. Crowley noted that, as detailed in the meeting materials and associated attachments, the Board had several regulations in various stages of promulgation. The Board had one regulation under final review with the Office of Administrative Law, one regulation undergoing final review by the Department of Consumer Affairs, one regulation for which staff were preparing the final rulemaking file documents, six regulations undergoing pre-notice review, and two additional regulations for which staff were preparing pre-notice documents.

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

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

Member Newell left the meeting at 11:47 a.m.

The Board took a break from 11:47 a.m. to 11:55 a.m.

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

XV. Organizational Development Committee Report

Dr. Oh advised the items included in the Organizational Development Committee Report were for information only.

a. Budget Report

Dr. Oh noted that the meeting materials included budget information for the fiscal year that began on July 1, 2025, and the Board's authorized expenditures were anticipated to be about 35.6 million dollars this year. Dr. Oh conveyed that the Board's fund condition was expected to increase slightly at the end of fiscal year 2025/26 and, according to the report provided by the DCA, the Board's fund currently had 8.8 months in reserve. Dr. Oh reminded members that under the provisions of Business and Professions Code section 4400(p), the Board shall seek to maintain a reserve equal to approximately one year's operating expenditures.

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

b. Board Member Attendance and Mail Vote Information

Dr. Oh advised that Attachments 2 and 3 included Board member attendance and mail vote information and expressed his gratitude to everyone for their time and commitment to protecting California consumers.

c. Personnel Update

Dr. Oh advised that the Board currently had 8 vacant staff positions and that recruitment was ongoing.

d. Future Board and Committee Meeting Dates

Dr. Oh advised that Attachment 4 included meeting dates for the remainder of 2026 and the proposed dates for 2027. Dr. Oh further advised that the September 2026 Board meeting would be a one-day full Board meeting.

Dr. Oh congratulated Debi Mitchell of the Board staff who will assume the role of Chief of Licensing effective July 1, 2026.

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

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

XVI. Discussion and Possible Action to Approve Awarding Two Hours of Continuing Education to Pharmacists Who Complete the Board's Job Analysis Survey for the California Pharmacist Practice Standards and Jurisprudence Examination

Dr. Oh referenced the meeting materials, which provided background on legal provisions requiring the Board to complete an occupational analysis periodically. This occupational analysis serves as the foundation for the California Practice Standards and Jurisprudence Examination for Pharmacists, or CPJE. He reported that the Board's Competency Committee, in concert with the Board's contracted psychometric firm, initiated development of a questionnaire used to complete the occupational analysis, and that it was an anticipated that the survey will be released in the coming months.

Dr. Oh advised that staff recommended the Board award two hours of continuing education (CE) to pharmacists who complete the survey. He added that awarding CE for this activity would acknowledge both the importance of the questionnaire as well as the time commitment necessary to complete the questionnaire by the participating pharmacists. Dr. Oh further noted that he agreed with the staff recommendation.

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

Motion: Approve awarding two hours of CE credit to pharmacists who complete the job analysis questionnaire.

M/S: Oh/Crowley

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

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

Board Member	Vote
Barker	Support
Crowley	Support
Dong	Not Present
Hughes	Support
Jha	Support
Mercado	Support
Newell	Not Present
Oh	Support
Sanchez	Support
Sandhu	Not Present

Serpa	Support
Thibeau	Support

XVII. Executive Officer Report

Ms. Sodergren referenced the meeting materials, which included a summary of the National Association of Boards of Pharmacy (NABP) Annual Meeting and the Quarterly Report for California Medication Error Reporting (CAMER).

Ms. Sodergren also provided an update on the Board's Business Modernization efforts. She added that the governor's May budget update included initial funding for identified staff resources. If the required milestones are met, the funding can be used beginning in April 2027. Ms. Sodergren noted that it was anticipated that at the October 2026 Board meeting, Jason Piccione, Chief Information Officer, DCA Office of Information Services, would provide an overview of the Project Approval Lifecyle (PAL).

Ms. Sodergren further noted that the Board's mobile inspection program continued to progress.

Members were provided the opportunity to comment. Members discussed the current CAMER enrollment numbers and that the Board continues to seek compliance with CAMER reporting requirements through education. Members suggested adding to future CAMER reports the percentages of reports compared to the percentages of pharmacies in each category.

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

President Oh thanked the members for their time and commitment to the Board.

XVIII. Closed Session Matters

The Board did not meet in closed session.

XIX. Reconvene in Open Session to Adjourn the Meeting

XX. Adjournment

The meeting adjourned at 12:06 p.m.