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Business and Consumer Services Agency
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Enforcement and Compounding Committee Report

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a. Summary of Discussion on, and Possible Action Related to Proposed Amendment of California Code of Regulations, Title 16, Section 1707.2 Related to Duty to Consult

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

As a condition of participation and to receive continued federal funding for state Medicaid programs, federal law and regulations (see 42 USC 1396r-8(g)(2)(A)(ii) and 42 CFR 456.705) require states to establish standards regarding implementation of patient counseling requirements for Medicaid beneficiaries.

Background:
In seeking to understand current barriers to consultation, the Board held listening sessions throughout March and April of 2026 at which the public and licensees shared opinions and insights on a pharmacist's duty to consult. The Committee's interest was to gather information to assist in its evaluation of the Board's current consultation requirements with the goal of gaining feedback and knowledge from the regulated public and consumers on possible opportunities to improve patient understanding of medications, reduce medication errors, and educate patients on their medications so they are taken safely and effectively. A summary of the responses from the listening sessions was provided to and discussed by the Committee during its June 10, 2026, meeting.

Summary of Committee Discussion:
Continuing its work on assessing the Board's current consultation regulations, during the Committee's October 2026 meeting, members reviewed and discussed policy questions related to a pharmacist's duty to consult. The policy questions and a summary of the Committee's discussion are provided below.

1. Does the Committee believe the regulation, or a pharmacy's policies and procedures, should establish minimum requirements for consultation?

Members generally spoke in support of establishing minimum consultation requirements in the regulation and allowing the pharmacy, in its policies and procedures, to add additional requirements.

2. Does the Committee believe the regulation should allow for consultation to be provided by email or text, if the patient consents to receive consultation by one of these methods?

Members agreed that consultation should be allowed by email or text if the patient consents to an electronic method of consultation delivery. It was noted that these methods support patients with disabilities, meet generational needs of patients, and provide an opportunity for a patient to refer back to written information to reinforce their understanding of how to take their medication. The Committee suggested that more consultation delivery options may serve patients better.

3. If the Committee believes the patient must consent to receive email or texts, should the patient be required to opt in each prescription, or at the profile level (applying to all prescriptions)?

Members agreed that consent should be maintained at the patient profile level as it documents their communication preference, acknowledging that the patient can change their preference at any time. It was noted that nothing would prohibit a patient from seeking a consultation separately and independently. Some members disagreed with imposing a requirement to renew such consent annually.

4. Does the Committee believe that a technician should be allowed to accept a patient's or patient's agent's declination of consultation if the technician reads the three statements noted below (which might be included in written information provided with each prescription dispensed; see question 6, below):

a. the patient's right to consultation;
b. the value of pharmacist consultation; and
c. the pharmacy's hours of operation and how to contact a pharmacist, including a telephone number or means of electronic communication, if available, at which the patient or patient's agent may obtain future consultation from a pharmacist.

Overall, the Committee was in support of the requirement for the pharmacy to provide this information to patients when consultation is declined by a patient or their agent. The Committee did not reach consensus on whether the declination should only be accepted by licensed pharmacy staff. Discussion continued related to the idea that a patient should not be allowed to decline if a pharmacist determines that a consultation is required based on their professional judgment.

5. If a written notice on consultation is required with each prescription, does the Committee believe the Board should develop the written notice that shall be provided to all patients, or can the pharmacy develop it through its policies and procedures?

Members discussed that the regulation should provide the minimum content to include in the written notice and that pharmacies may develop the notice internally and define it in their policies and procedures. Members agreed the regulations should not be overly prescriptive regarding the notice. Members discussed the notice may include a handout included with the prescription, but could also be provided to the patient through electronic means.

6. Does the Committee believe the written notice on consultation should be available in multiple languages?

Members noted they did not believe that specific translation requirements are necessary for the written notice, as translation requirements exist in other provisions of pharmacy law, for example the Point to Your Language Poster in 16 CCR 1707.6. Members agreed not to be prescriptive on a multiple language requirement for the written notice.

7. Does the Committee believe a timeframe should be mentioned in the regulation related to when a pharmacist is required to respond to a call from a patient requesting consultation?

Members discussed that a timeframe is necessary. Expectations for mail order and central fill pharmacies were also discussed by members. It was noted that the proposed regulation text requires that a pharmacist responding to a call from a patient would require access to the patient profile. Discussion continued regarding artificial intelligence (AI) and it was underscored that a pharmacist cannot defer to AI in lieu of professional judgment. In addition, members questioned whether in instances where consultation is provided over the phone from another state, should the pharmacist providing the consultation be licensed in California.

Public comment related to the policy questions noted that the language does not mention anything about animal patients and suggested pharmacists have access to veterinary references for animal patients. Public comment also encouraged the Board to make clear that disclosures can be provided in written format so the person accepting declination is not required to read them to the patient. Public comment also sought to understand whether the model that is being proposed meets all the requirements for required consultation for Medi-Cal patients.

During the Committee meeting, in addition to reviewing the policy questions, members also considered a draft regulation proposal to amend CCR 1707.2 Duty to Consult. Members noted general agreement with the proposed amended text.

Members suggested the written information requirement in the amended text should include electronic means if patient consent is given. Additionally, members mentioned that it is unrealistic to reaffirm electronic consent for consultation annually. Members mentioned they appreciate the inclusion of not requiring consultation on medication administered by a provider.

Public comment offered general support of the proposed text. Public comment reiterated that when consultation occurs a pharmacist should have a veterinary drug reference available. Comments also suggested that curbside delivery be addressed in the regulation.

Following the meeting, staff worked with the Chair and Vice Chair to refine the proposed regulation text consistent with the Committee's discussion.

Should the Board agree that the proposed text is appropriate, the following motion could be used to initiate the formal rulemaking process:

> **Recommended Motion**: Move to initiate a rulemaking to amend California Code of Regulations, title 16, section 1707.2 [either "as proposed" or "consistent with the Board's discussion"], 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 1707.2.

Attachment 1 includes a clean version of the proposed amendments to 16 CCR section 1707.2.

Attachment 2 includes a strikethrough and underline version of the proposed amendments to 16 CCR 1707.2.

Attachment 3 includes a copy of the written comments received at the October 2026 Enforcement Committee Meeting.

b. <u>Summary of Discussion on, and Possible Action to Approve, Updates to Frequently Asked Questions Currently Posted on the Board's Website</u>

<u>Background</u>
As part of its applicant, licensee, and consumer education efforts, the Board maintains a series of Frequently Asked Questions (FAQs) available on its website to assist in

understanding pharmacy law and regulations. In the past, Board staff have periodically drafted FAQs to assist stakeholders in gaining an understanding of various bill requirements enacted that impact pharmacy law. Previous FAQs cover specific provisions enacted by various bills and the impact on licensees, as well as FAQs that cover specific topics, license types, and pharmacy practice. The Board recently updated its website to allow users to search FAQs by category, topic, and key word. To make the Board's FAQs even more user-friendly and searchable, staff recommend replacing bill number references with the relevant law codes.

Note: FAQs are periodically updated or new questions are added based on questions raised by the regulated public.

Summary of Committee Discussion

During the meeting, members had the opportunity to review staff-recommended updates to the FAQs across various categories and topics and provide feedback. Members noted general agreement with the FAQs as presented. In response to member comment, staff note that within the FAQs there are descriptions of some question categories to provide background information and introduce a subject. These descriptions are intentionally presented as statements, rather than questions, to provide an explanation of a topic area. Members offered minor edits to staff on FAQ revisions.

Public comment stated that when the FAQs were a paper document the questions were numbered and some referenced other question numbers within the answer.

Following the meeting, Board staff revised the FAQs to remove reference to specific question numbers, as the website FAQs are no longer presented in that manner.

The Committee is referring the updated FAQs, as revised consistent with the Committee's discussion, to the full Board for consideration and possible approval.

Should the Board agree with the updated FAQs, the following motion could be used:

> **Recommended Motion**: Approve the updated FAQs [either as presented or consistent with the Board's discussion.]

Attachment 4 includes a copy of the updates to the Board's Frequently Asked Questions organized by category and topic.

c. Summary of Discussion of Recently Signed Legislation Impacting the Practice of Pharmacy

During the Committee's October meeting, the Committee reviewed recently enrolled

or chaptered legislation impacting the practice of pharmacy, including implementation activities recommended by Board staff.

1. **Assembly Bill 1587 (Ta, Chapter 69, Statutes of 2026) Prescription Drug Refills: Prescriber Notifications**
   Summary: This bill clarifies that a pharmacist dispensing an emergency refill of a medication to a patient is only required to inform the patient's prescriber if a prescriber is identified.
   Implementation: Staff recommend implementation activities focus on education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and in a future issue of *The Script*.
   Summary of Committee Discussion: Members suggested the Board may want to engage with the Department of Managed Healthcare (DMHC) on a policy statement about the expectation of the payor's name and how to operationalize. Public comment noted that historically the prescriber's name would remain in place.

2. **Assembly Bill 1775 (Ward, Chapter 467, Statutes of 2026) Veterans**
   Summary: This bill extends the current expedited licensure process for veterans to include service members who were discharged solely because of Executive Order No. 14183, issued on January 25, 2025, which restricts military service by transgender individuals. The bill adds reporting requirements to the Department of Consumer Affairs to provide the number of applications for expedited licensure received from military members who received a discharge solely due to Executive Order No. 14183.
   Implementation: Staff recommend implementation activities focus on updates to the individual license applications and the Board's website to include the criteria outlined in AB 1775 to qualify for expedited licensure. Implementation will also include education on the provisions through the Change in Pharmacy Law webinar and information in a future issue of *The Script*.
   Summary of Committee Discussion: Members suggested development of an FAQ or other education related to gender affirming care (GAC) provisions more generally. Public comment concurred that more education on GAC would be beneficial.

3. **Assembly Bill 1778 (Patterson, Chapter 121, Statutes of 2026) Controlled Substances: Testosterone**
   Summary: This bill provides that the classification of testosterone and dihydrotestosterone shall conform to the classifications under the federal Controlled Substances Act. If either drug is removed from Schedule III and rescheduled to a ess restrictive schedule or exempted under federal law, California law will follow the same schedule or exemption.
   Implementation: Staff recommend implementation activities focus on education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and information in a future issue of *The Script*.

Summary of Committee Discussion: Members requested possible future discussion on AB 1778 and corresponding responsibility, including misuse of medications that are received outside of pharmacies. No public comment was received on this item.

4. **Assembly Bill 1794 (Ransom, Chapter 546, Statutes of 2026) Pharmacy: Enteral Nutrition Supplements or Replacements**
   Summary: This bill provides authority for 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. There must be a valid order from a prescriber, acting within their scope of practice, and in accordance with the services and activities provided by a pharmacist, consistent with the accepted standard of care pursuant to Business and Professions Code sections 4051 and 4052.
   Implementation: Staff recommend implementation activities focus on education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and information in a future issue of *The Script*.
   Summary of Committee Discussion: No comments were made by members or the public on this item.

5. **Assembly Bill 1811 (Rogers, Chapter 549, Statutes of 2026) Health Professionals**
   Summary: The bill defines the term "health professional shortage area" for the period through January 1, 2035. The definition includes regions that are currently classified as shortage areas by the US Department of Health and Human Services (HHS), as well as areas recognized by HHS as of January 1, 2025, even if those areas are not federally recognized at a later date. Additionally, the bill extends the definition to areas determined by the California Department of Health Care Access and Information (HCAI). The bill also amends the requirements for workforce data collection by the Board, changing the frequency from at least biennially to collection at the time of license issuance and then at least biennially thereafter. Currently, the Board or the Department of Consumer Affairs (DCA) provides the data collected to HCAI quarterly. This bill increases the frequency of reporting to monthly.
   Implementation: Staff recommend implementation activities focus on coordinating with DCA and HCAI on updating the current licensee survey. The Board will also provide education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and information in a future issue of *The Script*.
   Summary of Committee Discussion: No comments were made by members or the Public on this item.

6. **Assembly Bill 1887 (Zbur, Chapter 557, Statutes of 2026) Prescription Drug Coverage for Rare Diseases**
   Summary: Effective January 1, 2027, health care service plans and health insurance policies must process prior authorization requests within 30 days for FDA-approved prescription drugs used to treat rare diseases, provided the drug is prescribed by a

specialist with expertise in the condition or rare disease. The specialist must determine the drug is medically necessary and the drug is the only FDA-approved treatment for the rare disease. If no decision is made or a dispute is ongoing at the end of the 30-day period, the prior authorization is automatically approved.
Implementation: Staff recommend implementation activities focus on education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and information in a future issue of *The Script*.
Summary of Committee Discussion: No comments were made by members or the public on this item.

7. **Assembly Bill 1979 (Bonta, Chapter 854, Statutes of 2026) Health Care Services: Artificial Intelligence**
Summary: This bill provides that health facilities, clinics, physician offices, and group practices must ensure that licensed health care providers maintain independent clinical judgment whenever that care is informed by the output of a clinical decision support system. It should be noted that the provisions only apply to some areas where pharmacists practice. The measure provides a prohibition on using artificial intelligence tools to direct, guide, supervise, or instruct unlicensed personnel in their performance of any clinical function or to independently perform clinical functions that are required by law to be performed by a person with a professional license. If a violation of this section amounts to unlicensed activity, relevant licensing boards are authorized to seek an injunction under Business and Professions Code section 125.5. The section does not restrict the use of automated systems for non-clinical tasks that do not require professional judgment, including automated patient notifications, reminders, or information requests. Note: trainees working toward licensure under supervision may use such tools as part of their education or training.
Implementation: Staff recommend implementation activities focus on education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and information in a future issue of *The Script*.
Summary of Committee Discussion: No comments were made by members or the public on this item.

8. **Senate Bill 964 (Smallwood-Cuevas, Chapter 663, Statutes of 2026) Prescription Drug Coverage Dose Adjustments**
Summary: This bill authorizes a patient's treating provider to submit a written request to a health care service plan or health insurer requesting the authority to adjust the dose or frequency of a prescription drug to meet the specific medical needs of their patient without prior authorization or subsequent utilization management. The bill would require the plan or insurer to issue a written response within 72 hours and to authorize the request if specified conditions are established in the request.
Implementation: Staff recommend that implementation activities focus on education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and information in a future issue of *The Script*.

Summary of Committee Discussion: No comments were made by members or the public on this item.

9. **Senate Bill 1023 (Laird, Chapter 470, Statutes of 2026) Health Care Coverage: Antiretroviral Drugs, Drug Devices, and Drug Products**
   Summary: This bill prohibits health care service plans and health insurers from applying prior authorization or step therapy requirements to medically necessary antiretroviral drugs, drug devices, or drug products used for HIV/AIDS prevention. The bill requires health care service plans and health insurance policies issued, amended, or renewed on or after January 1, 2027, to cover any non-self-administered antiretroviral drug, drug device, or drug product approved by the FDA for HIV/AIDS prevention. Coverage is required under both the plan's or policy's medical benefit and prescription drug benefit. If the drug, device, or product is obtained through the prescription drug benefit, it must be dispensed and administered by a health care provider acting within the scope of their license.
   Implementation: Staff recommend that implementation activities focus on education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and information in a future issue of *The Script*.
   Summary of Committee Discussion: No comments were made by members or the public on this item.

10. **Senate Bill 1094 (Weber Pierson, Chapter 1007, Statutes of 2026) Prescription Drugs**
    Summary: As related to Pharmacy Law, this bill expands the ability of a pharmacist when filling a prescription for a prescribed biological product to select a biosimilar product or interchangeable product, as long as the prescription does not include "do not substitute" or words of similar meaning, as specified.
    Implementation: Staff recommend that implementation activities focus on education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and information in a future issue of *The Script*.
    Summary of Committee Discussion: Members discussed the possibility of providing future education on this bill, including possibly referring the discussion to the Communication and Public Education Committee. Public comment agreed that biosimilars are a confusing area for pharmacists.

11. **Senate Bill 1347 (Niello, Chapter 703, Statutes of 2026) Pupil Health: Emergency Stock Albuterol Inhalers**
    Summary: This bill clarifies and expands rules for stocking albuterol inhalers in schools and related childcare programs and adds the authority to Pharmacy Law, as a complement to the provisions in the Education Code.
    Implementation: Staff recommend that implementation activities focus on education on the provisions, including highlighting the provisions in the Change in Pharmacy Law webinar, and information in a future issue of *The Script*.
    Summary of Committee Discussion: While members were in support of this bill, they

also indicated more education is needed. Members suggested a possible future agenda item about this and similar laws that permit a pharmacy to supply items without a traditional prescription or possibly developing FAQs on the topic. No comments were made by members or the public.

d. Summary of Discussion of Enforcement Statistics – Including Five-Year Comparison Statistics

During the first three months of fiscal year 2026-2027, the Board initiated 984 complaints and closed 906 investigations. The Board issued 21 Letters of Admonishment and 88 citations and referred 42 cases to the Office of the Attorney General. The Board has revoked 20 licenses, accepted the disciplinary surrender of 7 licenses, formally denied 2 application(s), and imposed other levels of discipline against 20 licensees and/or applicants.

As of October 1, 2026, the Board had 2,295 field investigations pending. The following is a breakdown providing more detail in the various investigation processes:

	Oct. 1, 2025		Jan. 1, 2026		Apr. 1, 2026		Jul. 1, 2026		Oct. 1, 2026	
	Vol.	Avg. Days	Vol.	Avg. Days	Vol.	Avg. Days	Vol.	Avg. Days	Vol.	Avg. Days
Awaiting Assignment	125	7	107	9	83	8	80	9	72	15
Cases Under Investigation	987	110	1,189	114	1,334	124	1,221	130	1,281	132
Pending Supervisor Review	401	76	410	119	518	116	597	103	363	84
Pending Second Level Review	165	50	148	40	189	79	376	61	564	85
Awaiting Final Closure	58	29	29	45	12	19	7	27	15	19

Attachment 5 includes the enforcement statistics.