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Business and Consumer Services Agency
Department of Consumer Affairs
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LICENSING COMMITTEE REPORT

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I. Summary of Discussion of Public Comment Suggesting Modifications to Requirements Related to Auxiliary Labels

Relevant Law

Business and Professions Code (BPC) section 4076 in part establishes labeling requirements for prescription labels dispensed to California patients, including provisions that allow for some information (e.g., physical description of the dispensed medication) to be printed on an auxiliary label that is affixed to the prescription container.

BPC section 4076.5 requires the Board to promulgate regulations that require a standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California.

California Code of Regulations (CCR), title 16, section 1707.5, Patient-Centered Labels for Prescription Drug Containers, establishes the requirements for the standardized, patient-centered prescription drug label, including that specified items shall be clustered into one area of the label that comprises at least 50 percent of the label and be printed in at least a 12-point sans serif typeface. The section provides that additional required elements for the label may appear in any style, font, and size typeface.

BPC section 4074 in part provides that warning labels on medications may be printed on an auxiliary label that is affixed to the prescription container for drugs that may impair a person's ability to operate a vehicle or vessel.

CCR, title 16, section 1744, Drug Warnings, in part provides that a pharmacist shall include a written label on the drug container indicating that the drug may impair a person's ability to operate a vehicle or vessel, as specified.

BPC section 4076.8 requires that if a person informs a pharmacy that the person identifies as a person who is blind, has low-vision, or is otherwise print disabled, the dispenser shall provide to the person or their authorized representative, at no

additional cost, an accessible prescription label affixed to the container as specified. (**Note**: BPC section 4076.8 became effective January 1, 2025.)

Proposed section 1707.51 of title 16 of the CCR seeks to clarify and make more specific the requirements in the statute above, by establishing requirements for each pharmacy to develop policies and procedures for providing accessible prescription labels as specified. (**Note**: The Board voted to initiate a rulemaking to add section 1707.51 to title 16 of the CCR at its June 2025 Board meeting. The proposed regulations have not yet been released for public comment and are currently undergoing pre-review by the Department of Consumer Affairs.)

Background

During the Board's June 24-25, 2026 Board meeting, the Board received public comment related to the accessibility and readability of prescription auxiliary labels. These comments suggested that the Board should consider establishing a standardized font for auxiliary labels to improve readability and accessibility for patients. At that time, members agreed that future discussion of the issue would be appropriate.

In addition to the Board's regulation requirements, USP Chapter 17, Prescription Container Labeling, includes USP developed patient-centered label standards for the format, appearance, content, and language of prescription container label medication instructions to promote patient understanding. The Chapter suggests that when using auxiliary labels key principles have been shown to convey messaging effectively.

Summary of Committee Discussion

During the Committee's September 2026 meeting, members discussed the issue and considered if additional action is appropriate. As part of its discussion, the Committee considered the following policy questions. A summary of the Committee's discussion regarding the questions is also included.

1. Are current auxiliary labels effectively meeting their intended purpose for all patients, including those with low vision? If not, should the Board consider establishing minimum requirements specifically related to the use of auxiliary labels?

   Members agreed that patients have different needs and some patients, including elderly patients and those with low vision, are likely to face challenges understanding auxiliary labels. Members also noted that the label structure and font is in large part determined by the software used by the pharmacy and that conversations with software vendors may be an appropriate first step. Members noted that this issue is challenging and expressed concerns about unintended consequences and the additional burden that new auxiliary label requirements might place on pharmacies.

2. Should the Board establish font standards for such labels, *e.g.*, minimum font size, type of font, etc.?

   Some members expressed concern about the Board establishing minimum font size requirements and noted their belief that such action was premature. Another member spoke in support of establishing such a requirement, noting their own challenge with reading the information on auxiliary labels. Members also discussed limitations with pharmacy software systems and challenges some patients experience as pharmacies transition to providing information in a digital format, where barriers are created when patients do not have required technology. Members also questioned if the Board should have some role in oversight over pharmacy technology vendors.

3. Should the Board consider an approach similar to the approach being pursued for accessible prescription labels by requiring pharmacies to establish policies and procedures? Should the Board instead consider establishing recommendations through issuance of a policy statement?

   Members noted that this is a very complicated issue and supported identifying creative solutions. Some members believed that development of a policy statement could be a first step in addressing the issue, noting that a policy statement can underscore the importance of meeting patient needs. The Committee also discussed challenges related to reimbursements that may be impacting some of the potential solutions, noting that higher reimbursement rates for pharmacies that provide enhanced levels of service might be a potential idea to explore.

4. Should the Board consider expanding this discussion to include broader labeling requirements?

   Members agreed that it is appropriate to open up the discussion to the larger issue of labeling requirements more generally.

Public comment suggested that many of the items discussed by the Committee were previously discussed during public hearings in 2009 when the Board undertook development of patient-centered labeling requirements. The commenter noted that the quality of information on auxiliary labels has gotten worse over the years, and spoke in support of establishing a minimum seven point bold font requirement for auxiliary labels.

The Committee is not offering any recommendations at this time.

Attachment 1 includes a copy of the public comment received at the June 2026 Board meeting and written comments received in advance of the September 2026 Licensing Committee meeting.

II. Summary of Discussion of Public Comment Regarding the Role of Consulting Pharmacists in Clinics Licensed Pursuant to Business and Professions Code Sections 4180 and 4190

Relevant Law

BPC section 4180 establishes authority for specified nonprofit and free clinics licensed by the Board to purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at a clinic.

BPC section 4182 generally requires that the professional director of such a clinic is responsible for the safe, orderly, and lawful provision of pharmacy services and states that in carrying out the professional director's responsibilities, a consulting pharmacist shall be retained to approve the policies and procedures in conjunction with the professional director and the administrator. The section further provides that the consulting pharmacist shall be required to visit the clinic regularly and at least quarterly, and requires that the consulting pharmacist shall certify in writing quarterly that the clinic is, or is not, operating in compliance with specified requirements.

BPC section 4190 establishes authority for a surgical clinic licensed by the Board to purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at the clinic.

BPC section 4192 generally requires that the professional director of such a clinic is responsible for the safe, orderly, and lawful provision of pharmacy services and states that in carrying out the professional director's responsibilities, a consulting pharmacist shall be retained to approve the policies and procedures in conjunction with the professional director and the administrator. The section further provides that the consulting pharmacist shall be required to visit the clinic regularly and at least quarterly, and requires that the consulting pharmacist shall certify in writing quarterly that the clinic is, or is not, operating in compliance with specified requirements. The section also establishes a requirement for the consulting pharmacist to complete a surgical clinic self-assessment form before July 1 of every odd-numbered year.

Background

As part of the Board's patient safety measure, Assembly Bill 1286 (Haney, Chapter 470, Statutes of 2023), the Board sought changes to provisions for surgical clinics, including establishing the requirement for the consulting pharmacist of a surgical clinic to complete a self-assessment. This change was pursued following Board

inspections of surgical clinics that revealed some deficiencies in operational and legal compliance with Pharmacy Law provisions.

Following enactment of those provisions, the Board developed the surgical clinic self-assessment. Since implementation, Board staff have received positive feedback on the use of the self-assessment.

Further, the Board has, on occasion, received public comment suggesting that consulting pharmacists performing functions specified in Pharmacy Law are not adequately empowered to make necessary changes to ensure compliance with legal requirements.

Board staff note that while the Board has taken significant steps to provide autonomy for the pharmacist-in-charge of a pharmacy to be responsible for operational compliance, a different regulatory scheme is in place for clinics, where the professional director is responsible for operational compliance and the role of a consulting pharmacist is more limited in nature to assessing for compliance and offering recommendations.

Staff note that the Board does not routinely inspect clinics unless a complaint is submitted to the Board.

Summary of Committee Discussion

During the Committee's September 2026 meeting, members initiated discussion on the role of a consulting pharmacist in the various clinic settings. As part of the discussion, members considered a number of policy questions. Provided below are the policy questions and a summary of the discussion.

1. Does the Committee believe the current regulatory scheme for clinics licensed pursuant to BPC sections 4180 and 4190 is appropriate?

   The Committee discussed the difference in oversight of clinics versus pharmacies and noted that some previous public commenters have suggested that some operational issues in clinics are not aligned with Pharmacy Law and further that consultants may not feel empowered to make the necessary changes. Members also noted that any change to the current regulatory scheme for clinics would likely require legislative action, and that more information and data would be needed before deciding to pursue that.

2. Does the Committee believe the consulting pharmacist should have a more significant role in assessing and securing operational compliance at such clinics?

   Members noted the need for more information to gain a better understanding of what is happening.

3. Does the Committee believe a self-assessment process for clinics licensed pursuant to BPC section 4180 should be established? (**Note**: This change would require statutory amendment.)

   Members noted the need for additional information and requested that Board staff perform inspections of a variety of different clinics and report the findings at a future meeting.

4. Does the Committee believe that deficiencies identified by consulting pharmacists should be reported to the Board along with a plan of correction?

   The Committee noted that information gained from the inspections to be performed will help to inform the Committee. Member also agreed that it appeared appropriate that repeated violations and issues that create a significant risk to patient safety should be reported to the Board.

5. Does the Committee believe mandatory reporting to the Board by a consulting pharmacist is appropriate when deficiencies are identified by the consulting pharmacist and no corrective actions are taken to address the issue?

   Members generally noted that a risk-based approach, under which repeated violations and issues related to patient safety should be reported to the Board, appeared appropriate.

6. Does the Committee believe that the Board should prioritize routine inspections of clinics? Staff note that priority could be given to those clinics for which deficiencies were identified by the consulting pharmacist and/or where a pattern of deficiencies over a period of time is revealed.

   Members noted the need for additional information and requested that Board staff perform inspections of a variety of different clinics and report the findings at a future meeting.

The Committee did not receive public comment on this item.

The Committee is not offering any recommendations at this time. The Committee will continue its evaluation of this issue at its January 2027 meeting.

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

Background

Assembly Bill (AB) 1503 is the Board's sunset measure. The measure extends the operations of the Board until January 1, 2030. The measure also includes several policy issues raised by the Board in its 2025 Sunset Oversight Review Report. The measure was approved by Governor Newsom on October 1, 2025.

As previously discussed, given the comprehensive nature of the measure and the significant activities required for implementation, the oversight of such activities was referred to the Licensing Committee.

Summary of Committee Discussion
During the Committee's September 2026 meeting, members reviewed progress made to implement the various changes to Pharmacy Law that are included in AB 1503, including recent updates where applicable.

The current status of AB 1503 implementation is summarized below. As a reminder, the activities described below are in addition to the Board's traditional implementation activities (*i.e.*, updates to the Board's mandatory online pharmacy law course, the Board's newsletter, updated versions of the relevant self-assessment form, and information displayed on the Board's website).

As an additional reminder, at the March 2026 Board meeting, the Board approved a recommendation to award 1 hour of CE to complete the Board's online webinar on AB 1503. Since that time, the webinar has been added to the Board's PharmEd learning management system, and 773 pharmacists have completed the training.

New BPC Section 4001.5, Related to the Pharmacy Technician Advisory Committee (PTAC)
Summary: This new section requires the Board to establish an advisory committee to advise and make recommendations to the Board on matters related to pharmacy technicians. The committee shall consist of four licensed pharmacy technicians representing a range of practice settings; two licensed pharmacists, one of whom shall be a member of the Board; and one public member.

Implementation Activities: At the November 2025 Board meeting, members finalized the appointment process, duration of appointment, and minimum qualifications for individuals interested in serving on the PTAC.

Implementation Status: Since the November 2025 Board meeting, several implementation activities have been initiated, including updates to the Board Member Procedure Manual to reflect the addition of the PTAC. Members were also surveyed for interest in serving on the PTAC, and Satinder Sandhu was appointed by President Oh to serve as the Board member on the PTAC.

Recent Update: The online application portal was implemented. As of the end of August 2026, 84 applications have been received.

Amended BPC Sections 4016.5, 4210, and 4233, Related to Advanced Pharmacist Practitioners (Formerly Known as Advanced Practice Pharmacists)
Summary: Renames the title "Advanced Practice Pharmacist" to "Advanced Pharmacist Practitioner."

Implementation Activities: Pursue a Section 100 change to affected regulations to reflect the new license title. Changes will be required in the following sections of title 16, California Code of Regulations (CCR): 1702, 1702.1, 1706.6, 1730, 1730.1, 1730.2, and 1749.

Reminder: The Board voted to initiate a rulemaking to amend title 16, CCR, section 1730.1 related to Application Requirements for Advanced Pharmacist Practitioner Licensure that includes more substantive changes.

Implementation Status: Since the November 2025 Board meeting, Board staff prepared the Section 100 regulation changes. Updates to the Application and Instructions for Advanced Pharmacist Practitioner Licensure, the Duplicate/Replacement License Request, the online PDF renewal application, and the CE FAQs have also been made. In addition, staff have submitted the appropriate service requests to update impacted IT systems.

Recent Update: Technical changes to the Board's IT systems have been completed. The prepared rulemaking documents are undergoing pre-notice review by the Department of Consumer Affairs.

Amended BPC Section 4036, Pharmacist Defined
Summary: Updates the definition of "pharmacist" to provide that the holder of an unexpired and active pharmacist license issued by the Board is entitled to practice pharmacy as defined by Chapter 9 of Division 2 of the BPC, within or outside of a licensed pharmacy.

Implementation Activities: Pursue regulations to define provisions for remote processing of prescriptions.

Implementation Status: Since the Board approved the initiation of a rulemaking to add section 1717.11, Remote Processing of Prescriptions, to title 16 of the CCR at the November 2025 Board meeting, Board staff prepared the rulemaking materials. Proposed regulatory text was released for a 45-day comment period on January 9, 2026.

Recent Update: During the March 18, 2026 Board meeting, members considered comments received during the 45-day comment period and voted to further

modify the proposed regulation text based on the comments received. The revised text went out for a 15-day comment period, which ended on April 3. During the April 29-30, 2026 Board meeting, following consideration of comments received, the Board adopted the proposed regulation text. Staff prepared the post-adoption regulation materials, which are currently under review with Agency.

New BPC Sections 4040.6 and 4102, Related to Self-Assessment Process
Summary: Establishes the self-assessment process in statute.

Implementation Activities: Maintain the process of annual updates to the self-assessment forms for review by the appropriate committee and Board prior to finalizing and updating the form. Pursue a Section 100 change to remove regulations establishing the self-assessment process. Changes will be required in the following sections of title 16 of the CCR: 1715, 1715.1, 1735.1, 1736.1, and 1784.

Implementation Status: Since the November 2025 Board meeting, staff have been developing updated draft self-assessment forms for consideration by the Enforcement and Compounding Committee and the Board. Further, Board staff have prepared the Section 100 regulation changes.

Recent Update: The updated Community Pharmacy Self-Assessment/Hospital Outpatient Self-Assessment was approved by the Board in January 2026, and has been posted on the Board's website. During the April 29-30, 2026 Board meeting, the Board approved the updated self-assessment forms for Wholesaler/Third Party Logistics Providers, Surgical Clinics, and Hospital Pharmacies. More recently, during the June 2026 Board meeting, the Board approved the updated self-assessment forms for Automated Drug Delivery Systems and Compounding and a new self-assessment form for Outsourcing Facilities.

Further, as part of the April 29-30, 2026 Board meeting, as the Board was advised by the Office of Administrative Law (OAL) that it could not pursue the streamlined Section 100 process to repeal the self-assessment regulations, the Board voted to initiate a regular rulemaking to repeal regulations that are no longer required given the statutory changes made in AB 1503. The rulemaking was submitted to OAL on October 7, 2026, and will be noticed on October 23, 2026.

Amended BPC Sections 4051 and 4052, Related to Standard of Care
Summary: Defines "accepted standard of care" and transitions some provisions for pharmacist-provided health care services to a standard of care practice model, including in the following areas:

1. Furnish epinephrine
2. Furnish FDA-approved or authorized medications as part of preventative health care services that do not require a diagnosis, including the following:
    a. Emergency contraception

    b. Contraception
    c. Smoking cessation
    d. Travel medications
    e. Anti-viral or anti-infective medications
3. Order and interpret tests
4. Furnish medication used to reverse opioid overdose and medication used to treat substance use disorder (e.g. Naloxone)
5. Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change
6. Initiate and administer immunizations for persons three years of age and older

The law also provides that a pharmacist should not provide a service or function if the pharmacist has made a professional determination that (1) they lack sufficient education, training, or expertise, or access to sufficient patient medical information, to perform the service or function properly or safely; (2) performing or providing the service or function would place a patient at risk; or (3) pharmacist staffing at the pharmacy is insufficient to facilitate comprehensive patient care. Provisions also establish a notification requirement to a patient's primary care provider, as specified.

As part of the transition to a standard of care practice model for certain pharmacist-provided health care services, some provisions of law that established prescriptive requirements and/or required pharmacists to follow standardized procedures and protocols have been repealed, for example, former BPC sections 4052.01, 4052.02, 4052.03, 4052.3, 4052.8, and 4052.9.

Implementation Activities: Pursue a Section 100 change to repeal several regulations that establish protocols and other prescriptive requirements that are deemed moot by the transition to a standard of care practice model, including the following sections of title 16 of the CCR: 1732.5, 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, and 1747. Further, remove the current online training regarding HIV PEP and PrEP. Release a policy statement related to standard of care practice model.

Implementation Status: Since the November 2025 Board meeting, Board staff prepared the Section 100 regulation changes. The Board's policy statement related to the standard of care practice model was posted on the Board's website and updates to the Board Member Procedure Manual to reflect the addition of the policy statement have been made.

Recent Update: As part of April 29-30, 2026 Board meeting, given the direction from OAL that the Board could not pursue the streamlined Section 100 process to repeal regulations affected by the standard of care transition, the Board voted to initiate a regular rulemaking to repeal regulations that are no longer required

given the statutory changes made in AB 1503. The rulemaking was submitted to OAL on October 7, 2026, and will be noticed on October 23, 2026.

Amended BPC Sections 4081 and 4105, Related to Pharmacy Records
Summary: Updates pharmacy records requirements to specify that policies and procedures related to pharmacy personnel and pharmacy operations must also be maintained. Allows all records to be maintained in digitized format subject to specified conditions.

Implementation Activity: Develop FAQs regarding digitizing records.

Implementation Status: As part of April 29-30, 2026 Board meeting, the Board approved FAQs regarding digitizing records.

Amended BPC Section 4111, Related to Ownership Prohibitions
Summary: Updates ownership prohibition to allow for ownership of a pharmacy by a person with whom the person shares a community or other financial interest under specified conditions.

Implementation Activity: Update the pharmacy license application and instructions.

Implementation Status: Since the November 2025 Board meeting, staff have updated the pharmacy license application and instructions.

Amended BPC Sections 4112, 4113, and 4113.1, Related to Nonresident Pharmacies
Summary: Effective July 1, 2026, updates the requirements for a nonresident pharmacy to include authority for the Board to inspect a nonresident pharmacy and assess a reasonable fee to cover the Board's costs. Further, effective July 1, 2026, requires a nonresident pharmacy to designate a California-licensed pharmacist to serve as the pharmacist-in-charge (PIC). In addition, updates the medication error reporting requirements for nonresident pharmacies to clarify that only medication errors related to prescriptions dispensed to California residents must be reported.

Implementation Activities: Update the nonresident pharmacy license application and instructions, and the Change of PIC application form and instructions. Update the FAQs related to medication error reporting.

Implementation Status: Since the November 2025 Board meeting, the updated FAQs related to medication error reporting have been posted on the Board's website. Staff have also updated the nonresident pharmacy application and instructions. Further, the Board released subscriber alerts describing all of the relevant changes impacting nonresident pharmacies; added two additional

CPJE test administration dates to provide more opportunities for pharmacists seeking California licensure to serve as the PIC of a nonresident pharmacy; and provided email notification to nonresident pharmacies describing relevant changes. In addition, the Board's policy statement on the role of the PIC, which highlighted relevant changes related to PICs of nonresident pharmacies, was posted on the Board's website.

Recent Update: As part of April 29-30, 2026 Board meeting, the Board voted to approve a policy statement related to nonresident pharmacies. In addition to subscriber alerts and emails, Board staff have released correspondence to all nonresident pharmacies that have not yet taken steps to comply with the new PIC requirements. More recently, staff have initiated direct contact with each facility via phone calls. As of October 12, 2026, 348 nonresident pharmacies have identified a California-licensed pharmacist to serve as the PIC. This represents approximately 64% of all nonresident pharmacies licensed in California. Board staff continue to focus on securing compliance through education.

Amended BPC Section 4113, Related to Pharmacist-in-charge, Staffing
Summary: Provides that the Pharmacist-in-Charge (PIC) shall (instead of may) make staffing decisions at the pharmacy. Requires the PIC to determine appropriate pharmacist to technician ratio, which may not exceed 1 pharmacist to 3 pharmacy technicians (1:3).

Implementation Activities: Update the FAQs related to PIC staffing authority. Update the Board provided PIC education. Release a policy statement related to the role of a PIC.

Implementation Status: The Board's policy statement related to the role of a PIC was posted on the Board's website and updates to the Board Member Procedure Manual to reflect the addition of the policy statement have been made. Further, the updated FAQs related to PIC staffing authority have been posted on the Board's website.

Recent Update: The Board's Pharmacist-in-Charge: Overview and Responsibilities Training webinar was updated and made available in the Board's learning management system on March 4, 2026.

Amended BPC Section 4113.6, Related to Chain Community Pharmacy
Summary: Requires a chain community pharmacy to post, in a prominent place for pharmacy personnel, a notice that provides information on how to file a complaint with the Board.

Implementation Activity: Develop a sample notice.

Implementation Status: The Communication and Public Education Committee developed a sample notice. Following review by the Board, the sample notice was posted on the website.

Amended BPC Section 4115, Related to Pharmacy Technicians
Summary: Clarifies the authorized duties of a certified pharmacy technician, increases the pharmacist to pharmacy technician ratio, and establishes authority for pharmacy technicians to perform specified duties outside of a licensed pharmacy.

Implementation Activity: Update the FAQs related pharmacy technician authorizations.

Implementation Status: The updated FAQs have been posted on the Board's website.

Amended BPC Section 4200.5, Related to Retired Pharmacist License
Summary: Establishes provisions for an individual to restore their retired pharmacist license under specified conditions.

Implementation Activity: Develop a standardized request form that can be used to facilitate collection of information and fees.

Implementation Status: Since the November 2025 Board meeting, staff have updated the retired pharmacist form to include provisions for restoration of a license.

New BPC Section 4317.6, Related to Mail Order Pharmacy
Summary: Establishes provisions to allow the Board to issue fines to mail order pharmacies for up to $100,000 under specified conditions.

Implementation Activity: Include as part of the annual citation and fine presentation, citations issued under the new authority.

Implementation Status: The Enforcement and Compounding Committee received the 2026 annual citation and fine presentation at its June 2026 meeting. As of the date of the presentation, the Board had not issued any fines under BPC 4317.6.

Amended BPC Section 4400, Related to Fees
Summary: Establishes authority for the Board to waive the application and renewal fee for a pharmacy providing in-person patient care services in a medically underserved area, as defined.

Implementation Status: Board staff processes have been updated. Board staff identified one currently licensed pharmacy that meets the eligibility requirements for a fee waiver.

The Committee discussed the implementation efforts and indicated that it will continue to monitor implementation for at least another six months.
The Committee did not receive any public comment on this item.

IV. Summary of Discussion of Proposal to Establish Definitions for Outpatient Pharmacies Based on Services Provided, Including Possible Action to Initiate a Rulemaking to Add Section 1707.11, Related to Outpatient Pharmacy Service Definitions, to Title 16 of the California Code of Regulations

Relevant Law
BPC section 4037 defines a "pharmacy" as an area, place, or premises licensed by the Board in which the profession of pharmacist is practiced and where prescriptions are compounded. "Pharmacy" includes, but is not limited to, any area, place, or premises described in the license issued by the Board wherein controlled substances, dangerous drugs, or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, or repackaged, and from which the controlled substances, dangerous drugs, or dangerous devices are furnished, sold, or dispensed at retail. The definition also exempts some facilities and drug storage areas.

Background
Generally, the requirements for pharmacies apply equally among a variety of business models, unless otherwise specified. This approach allows for broad regulation and requirements yet can become challenging when business models or services provided vary yet requirements many times do not.

Within existing law there are several instances where a more specific definition is referenced, but only when applying to a specific provision of the law. As an example, Pharmacy Law does not currently include a general definition of "chain community pharmacy." Rather, in specified sections of statute and regulation, the law refers to BPC section 4001 (which defines the composition of the Board and sets forth the appointment process and qualifications for Board membership) for the definition. (**Note**: BPC section 4001 provides, "For the purposes of this subdivision, a 'chain community pharmacy' means a chain of 75 or more stores in California under the same ownership, and an 'independent community pharmacy' means a pharmacy owned by a person or entity who owns no more than four pharmacies in California.")

As another example, Pharmacy Law sometimes refers to applicability of a requirement to "outpatient pharmacies" (see, *e.g.*, BPC section 4076(a)(11)(B)). In this context, the Board interprets this to mean pharmacies that provide

medications to consumers outside of an inpatient setting, including mail order pharmacies, infusion center pharmacies, and specialty pharmacies. However, such references may cause confusion as Pharmacy Law and regulations continue to change.

Different jurisdictions nationally have taken varying approaches, with some jurisdictions (such as Texas) issuing separate licenses for different classes of pharmacy licenses. Nevada issues a single pharmacy license that covers a variety of different types of business models, but requires disclosure of the types of services to the Nevada Board.

The Committee initially considered this issue during its October 2025 meeting. During this discussion, members noted that development of definitions could allow for more precise regulation and provide better transparency to patients regarding the types of services a pharmacy provides. Members noted that while consideration of definitions may be appropriate, separate license types do not appear appropriate.

Over the course of several meetings, members continued their discussion and consideration of possible definitions. As announced during the June 2026 Board meeting, following the June 2026 Licensing Committee meeting, discussions with Chairperson Oh, staff, and counsel made clear that the proposed regulation text considered at that time required additional consideration.

Summary of Committee Discussion

During the Committee's September 2026 meeting, members considered newly drafted proposed regulation text that includes definitions based on pharmacy services provided. The proposed text includes several definitions previously considered and discussed by the Committee. The revised approach centers on services provided, and suggests that exemptions from certain regulatory requirements may be appropriate under specified circumstances.

Members noted that under this framework, the proposal no longer seeks to define all potential business models. Instead, it focuses on specific services for which a regulatory exemption may reasonably apply. Members discussed the revised proposal and noted general support for the proposed regulation text. Members also questioned and discussed the posting requirements established in Business and Professions Code section 4122.

The Committee did not receive public comment on the proposed regulation text.

Recent Update

Following the meeting, after consideration of the Committee discussion related to the requirements in BPC section 4122, the proposed regulation language has

been updated to ensure the Board and the regulated public understand that those requirements would remain.

Attachment 2 includes the draft regulatory proposal.

V. Summary of Discussion of Licensing Statistics

A summary of the licensing statistics for the first three months of FY 2026/27 (July 1, 2026 – September 30, 2026) is provided below. The licensing stats for FY 2026/27, final stats for FY 2025/26, and a five-year comparison between FY 2021 through 2026-are provided in **Attachment 3**.

During the timeframe, the Board has received 4,593 initial applications, including:

- 901 intern pharmacists
- 776, pharmacist exam applications (341new, 435 retake)
- 73 advanced pharmacist practitioner
- 1310 pharmacy technicians
- 92 community pharmacy license applications (6 chain, 86 nonchain)
- 133 sterile compounding pharmacy license applications (23 LSC, 2LSE ,8 NSC, 0 SCP, 0 SCE)
- 34 nonresident pharmacy license applications
- 2 hospital pharmacy license applications (0 HSP, 3 HPE)

During the timeframe, the Board has received 4 requests for temporary individual applications (Military Spouses/Partners), including:

- 4 temporary pharmacy technicians

During the timeframe, the Board has received 156 requests for temporary site license applications, including:

- 68 community pharmacy license applications
- 22 sterile compounding pharmacy license applications
- 25 nonresident pharmacy license applications
- 0 hospital pharmacy license applications

During the timeframe, the Board has issued 3,640 individual licenses, including:

- 851 intern pharmacists
- 725 pharmacists
- 49 advanced practice pharmacists
- 1,831 pharmacy technicians

During the timeframe, the Board has issued 4temporary individual applications (Military Spouses/Partners), including:

- 4 temporary pharmacy technicians

During the timeframe, the Board has issued 202 site licenses without temporary license requests, including:

- 89 automated drug delivery systems (88 AUD, 1 APD) 25community pharmacies
- 1 hospital pharmacy

During the timeframe, the Board has issued 45 temporary site licenses, including:

- 29 community pharmacies
- 5 hospital pharmacies

Site Application Type	Application Processing Times as of 9/16/2026*	Application Processing Times as of 10/12/2026*	Deficiency Mail Processing Times as of 9/16/2026*	Deficiency Mail Processing Times as of 10/12/2026*
Pharmacy	42	20	50	28
Nonresident Pharmacy	47	12	54	28
Sterile Compounding	26	20	38	56
Nonresident Sterile Compounding	16	Current	34	20
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	40	Current	37	62
Hospital Satellite Compounding Pharmacy	Current	Current	34	Current
Hospital	Current	7	27	Current
Clinic	33	40	79	59
Wholesaler	40	26	76	80
Nonresident Wholesaler	27	38	79	80
Third-Party Logistics Provider	12	Current	71	Current
Nonresident Third-Party Logistics Provider	30	Current	69	77
Automated Drug Delivery System	27	13	Current	4
Automated Patient Dispensing System	Current	Current	Current Combined with ADD	Current Combined with ADD
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current Combined with ADD	Current Combined with ADD

Individual Application Type	Application Processing Times as of 9/16/2026*	Application Processing Times as of 10/12/2026*	Deficiency Mail Processing Times as of 9/16/2026*	Deficiency Mail Processing Times as of 10/12/2026*
Exam Pharmacist	14	6	Current	4
Pharmacist Initial Licensure	1	4	Current	Current
Advanced Practice Pharmacist	13	27	Current	17
Intern Pharmacist	2	13	Current	Current
Pharmacy Technician**	99	56	18	13
Designated Representative	5	28	19	10
Designated Represenatives-3PL	5	27	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	Current	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	Current	Current	Current

***Processing times are reported by calendar days.**

** Processing times for pharmacy technician applications continue to exceed the Board's established performance targets; however, significant progress has been made in reducing the backlog. As of early September, the processing time for the oldest pending applications was approximately 112 days. As indicated above, the processing time for the oldest application is 56 days. This improvement is largely attributable to the temporary reassignment of staff resources, where feasible, and the successful filling of the vacant position responsible for processing pharmacy technician applications.