



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 Enforcement and Compounding Committee Meeting Minutes**

Date: June 10, 2026

Location: OBSERVATION AND PUBLIC COMMENT IN PERSON:
California State Board of Pharmacy
2720 Gateway Oaks Drive, First Floor Hearing Room
Sacramento, CA 95833

Board of Pharmacy staff members were present at the observation and public comment location. All Committee members participated from remote locations via Webex.

PUBLIC PARTICIPATION AND COMMENT FROM
REMOTE LOCATIONS VIA WEBEX

**Board Members
Present:**

Maria Serpa, PharmD, Licensee Member, Chair
Renee Barker, PharmD, Licensee Member, Vice Chair
Seung Oh, PharmD, Licensee Member
Ricardo Sanchez, Public Member
Nicole Thibeau, PharmD, Licensee Member

**Board Members
Not Present:**

Jeff Hughes, Public Member

Staff Present:

Anne Sodergren, Executive Officer
Julie Ansel, Deputy Executive Officer
Corinne Gartner, DCA Counsel
Deepi Miller, DCA Regulations Counsel (via Webex)
Shelley Ganaway, DCA Counsel (via Webex)
Julie McFall, Executive Specialist Manager
Sara Jurens, Public Information Officer

I. Call to Order, Establishment of Quorum, and General Announcements

Chairperson Serpa called the meeting to order at approximately 9:01 a.m.
Dr. Serpa reminded everyone that the Board is a consumer protection

agency charged with administering and enforcing Pharmacy Law. Department of Consumer Affairs' staff provided instructions for participating in the meeting.

Roll call was taken. The following members were present via Webex: Renee Barker, Licensee Member; Seung Oh, Licensee Member; Ricardo Sanchez, Public Member; Nicole Thibeau, Licensee Member; and Maria Serpa, Licensee Member. A quorum was established.

Dr. Serpa reminded Committee members to remain visible with cameras on throughout the open portion of the meeting. Dr. Serpa advised if a member needed to temporarily turn off their camera due to challenges with internet connectivity, they must announce the reason for their non-appearance when the camera was turned off.

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

There were no members of the public in Sacramento.

Members of the public participating via Webex were provided the opportunity to comment; however, no comments on future agenda items were made.

III. Discussion and Possible Action to Approve Minutes of the April 16, 2026 Enforcement and Compounding Committee Meeting

The draft minutes of the April 16, 2026 Enforcement and Compounding Committee meeting were presented for review and approval. Chairperson Serpa requested a clarifying change be made to the last paragraph of items IV, VI, VIII, and IX to indicate that the document sent to the entire Board for consideration included the changes discussed by the Committee.

Motion: Approve April 16, 2026 Enforcement and Compounding Committee meeting minutes as discussed.

M/S: Oh/Sanchez

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

Support: 5 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Hughes	Not Present
Oh	Support
Sanchez	Support
Serpa	Support
Thibeau	Support

IV. Annual Presentation by Board Staff on the Board's Inspection Program

Dr. Serpa advised that the Board's goal was to complete a routine inspection of all licensed pharmacies at least once every four years to proactively assess pharmacy operations and educate licensees, and that on an annual basis the Committee receives a presentation providing summary information detailing accomplishments towards this objective. Dr. Serpa commended Board staff on their significant efforts to meet the Board's strategic goal.

Julie Ansel, the Board's Deputy Executive Officer, provided a presentation on the Board's inspection program.

Members were provided the opportunity to comment. Members appreciated the presentation and thanked all staff for their commitment and meeting the Board's goal of an inspection every four years. Members discussed options to educate pharmacists about the inspection process, including highlighting existing educational resources the Board has on this topic. Members also requested additional data on sterile compounding and the impact of the new compounding regulations.

There were no members of the public in Sacramento.

Members of the public participating via Webex were provided the opportunity to comment. The Committee heard comments on designated breaks for pharmacy staff, the placement of the public poster, and concerns that patients utilizing curbside pickup may not be receiving the notice for consultation.

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

V. 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, and noted that generally, 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.

Anne Sodergren, Executive Officer, provided a presentation on the Board's citation program.

Members were provided the opportunity to comment. Members appreciated the presentation and thanked staff for their tremendous efforts. Members expressed interest in learning if the move towards education creates an impact on errors over time.

There were no members of the public in Sacramento.

Members of the public participating via Webex were provided the opportunity to comment. The Committee heard a comment requesting clarification and licensee education regarding the meaning of "misuse of education."

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

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

Dr. Serpa recalled that the Board has been gathering information to assist in its evaluation of the Board's current consultation requirements to better understand barriers that may limit pharmacist-provided consultation, and that during the January 2026 Board meeting, members decided to hold listening sessions for the public and licensees to share their opinions and insights into pharmacist-provided consultation.

Dr. Serpa noted that she had facilitated all listening sessions and she expressed appreciation for every participant who contributed their time and insight and noted that their feedback has been essential to understanding the current landscape of pharmacist consultation.

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

Dr. Serpa noted that across the pharmacist listening sessions, there was broad agreement that consultation should not be required for every prescription, particularly when a patient is already familiar with the medication. However, pharmacists strongly emphasized that consultation remains essential in specific circumstances, including new therapies, changes in dosage or instructions, high risk or specialty medications, and medications with critical storage or handling requirements. Pharmacists also noted that counseling in these situations can prevent harm, support adherence, and uncover issues that might otherwise go unnoticed and supported allowing patients to decline counseling when appropriate, while preserving the pharmacist's professional judgment to require consultation when clinically necessary.

Dr. Serpa also noted that consultation was currently being delivered through various channels, including in person at pickup, proactively by phone for high risk medications, through printed materials, and through follow up calls after hospital discharge. Pharmacists agreed that consultation should be documented, noting that documentation demonstrated the pharmacist's value and provided clear evidence that counseling had occurred.

Participants in the listening sessions also highlighted the role of technology and expressed strong support for systems that more accurately distinguish true new prescriptions from routine renewals, automatically flag high risk medications, and expand digital information options for patients. Examples included secure text messaging, video or text-based counseling, QR codes on prescription bottles linking to educational content, and app-based consultation using secure login or facial recognition.

Pharmacists described several barriers to providing meaningful consultation, which included integration between hospitals, prescribers, and pharmacies; privacy constraints due to inadequate space; and significant operational pressures. Understaffing, heavy workloads, long lines, phone system challenges, language barriers, and employer or financial pressures were

cited repeatedly as obstacles. Respondents emphasized that meaningful consultation required adequate staffing, time, privacy, and flexibility to use their professional judgment.

Some participants noted opportunities for compensation in certain settings, particularly hospital and post discharge care, where medication reviews, reconciliation, and clinical follow up could be billed to insurance(s), but noted that those activities were time consuming and often required dedicated consultation pharmacists.

Dr. Serpa further noted that during the consumer listening session, participants described a wide variety of consultation practices across pharmacies. Some reported that counseling was required before receiving a prescription, while others noted that they could simply sign a keypad and leave without any engagement from a pharmacist. Some raised privacy concerns, explaining that consultation often occurs in areas where sensitive information can be overheard.

One consumer who received medications delivered to their home shared that they typically receive only written information with no additional contact. Several consumers felt that pharmacists are overworked and lack the time necessary to provide meaningful consultation. Some suggested that the Board consider workload thresholds or staffing standards to help ensure pharmacists have the time required for adequate counseling.

A respondent with a healthcare background emphasized that patient medication education is a core responsibility of pharmacists. They stressed that consultation should be verbal, documented, and effective, not reduced to a keypad waiver. They asked how meaningful pharmacist consultation can be enforced and highlighted the need for better staffing, privacy, and accountability to ensure the level of care patients expect and deserve.

Members were provided the opportunity to comment. Members spoke in favor of proactive consultation, reimbursement for consultation, and perhaps exempting some pharmacies from consultation requirements under certain circumstances. Members highlighted that the Communication and Public Education Committee could consider discussion on educating patients on the value of consultation. Members supported focusing discussions and next

steps on the goals of pharmacist consultation rather than the specific operational details, and emphasized that as potential changes to consultation requirements are considered, the Committee could look at allowing pharmacies to determine their approach to consultation through policies and procedures. Members agreed that consultation should not be required if the patient has already had the medication and patients should be able to decline consultation. However, there are also times when a pharmacist may determine that consultation should be required. Members also stated that technology should identify high risk medications or a new prescription versus one that is being reissued.

There were no members of the public in Sacramento.

Members of the public participating via Webex were provided the opportunity to comment. One commenter emphasized that consultation was required by federal law which allowed for state by state variations but all patients should be treated the same. The commenter noted that consultation must rely on pharmacists' professional judgment and proper profile review, and that technology-driven "new prescription numbers" should not override true clinical intent, especially for high-risk medications where mandatory consultation remains essential.

A representative from CPhA thanked staff for the listening sessions and emphasized that California's changing population, varying pharmacy capacity, and wide differences in community needs make a one-size-fits-all operational model unrealistic. He noted that while pharmacist consultation remains deeply meaningful and central to community care, the duty to consult must not contribute to burnout or threaten operational viability and should instead be supported through financial incentives and flexible, community-specific implementation.

A representative from Kaiser supported preserving meaningful pharmacist consultation and highlighted the need to address the awkward and sometimes paternalistic interactions that occur when non-pharmacist staff initiate consultation, especially for refills where a simple, patient-choice-based question may be more appropriate. He also noted that inconsistent interpretations of what constitutes a valid consultation or declination—particularly the "distance" required for pharmacists to acknowledge it—create ambiguity, and he urged the Board to clarify these elements as the work moves forward.

A representative from CVS health noted that thoughtfully used technology can help pharmacists focus their time on the patients who most need their expertise while reducing workflow interruptions that contribute to medication errors. He expressed appreciation for the listening sessions and emphasized strong interest in continuing the conversation so the Board can support pharmacists in performing their roles more fully and safely.

Dr. Serpa advised the Committee would report its findings from the listening sessions to the Board at the June Board meeting, where further discussion on the listening sessions is anticipated.

The Committee took a break from 10:50a.m. – 11:05 a.m.

Roll call was taken. The following members were present via Webex: Renee Barker, Licensee Member; Seung Oh, Licensee Member; Ricardo Sanchez, Public Member; Nicole Thibeau, Licensee Member; and Maria Serpa, Licensee Member. A quorum was established.

VII. Discussion and Possible Action to Make a Recommendation to the Board Regarding Updates to the Automated Drug Delivery System (ADDs) Self-Assessment (Form #17M-112)

Dr. Serpa noted that historically the Board's self-assessment requirements resided in various provisions of pharmacy law and regulations. The Board's sunset bill, AB 1503, centralized the self-assessment process into statute. Business and Professions Code section 4040.6 provides that the self-assessment process be performed on a form approved by the Board in consultation with stakeholders and posted on its website. AB 1503 allows the Board to streamline the process of annually updating the forms and ensures consistency in the Board's approach to promoting licensee self-compliance.

Dr. Serpa noted that Attachment 2 of the meeting materials included the updated ADDs Self-Assessment form and should the Committee believe the updated form is ready for consideration by the Board, they could refer the updated document to the full Board.

Members were provided the opportunity to comment. Members thanked the Committee for their hard work and confirmed that a subscriber alert would be sent to gather feedback from the regulated public before the full Board meeting.

There were no members of the public in Sacramento.

Members of the public participating via Webex were provided the opportunity to comment. One commenter supported sending the subscriber alert to all licensees. Another commenter suggested that as the Board approaches its next sunset review, it may be worthwhile to consider a comprehensive overhaul of the ADDS laws and regulations, to streamline and consolidate ADDS requirements so licensees no longer need to navigate a patchwork of statutes and regulations.

The Committee agreed to refer the updated ADDS Self-Assessment form, as presented, to the full Board for consideration and possible action.

VIII. Discussion and Possible Action to Make a Recommendation to the Board Regarding Updates to the Compounding Self-Assessment (Form #17M-39)

Dr. Serpa noted that similar to the previous agenda item, staff have also updated the Compounding Self-Assessment form to incorporate new laws and the new compounding regulations that took effect October 1, 2025, as well as to update the format of the form.

Dr. Serpa further noted that Attachment 3 of the meeting materials included the updated Compounding Self-Assessment form and should the Committee believe the form is ready for consideration by the Board, they could refer the proposed document to the full Board.

Members were provided the opportunity to comment. Members discussed several technical edits and also noted that the hyperlink for USP 795 goes to the general USP landing page, instead of directly to the chapter. Members clarified that since USP is a subscription-based service, the form cannot link directly to the USP chapters. Members agreed that Chairperson Serpa would work with staff to update the document before the Board meeting.

There were no members of the public in Sacramento.

Members of the public participating via Webex were provided the opportunity to comment. A commenter noted that any person who compounds should know that a subscription is required to access USP guidances.

The Committee agreed to refer the updated Compounding Self-Assessment form, with changes incorporated consistent with the Committee's discussion, to the full Board for consideration and possible action.

IX. Discussion and Possible Action to Make a Recommendation to the Board Regarding Proposed Outsourcing Facility Self-Assessment (Form #17M-117)

Dr. Serpa recalled that AB 1503 not only centralized the self-assessment process into statute but also added a new self-assessment requirement for outsourcing facilities. This addition ensures consistency across license types in the Board's approach to promoting licensee self-compliance.

Dr. Serpa noted that if an outsourcing facility dispenses patient-specific compounded preparations pursuant to a prescription for an individual patient, the facility, while not required to be licensed as a pharmacy, shall comply with the same requirements of a pharmacy pursuant to Business and Professions Code section 4129(e). She added that this information is included in the introductory information of the proposed form, as well as in Topic 1.9 of the proposed form.

Dr. Serpa further noted that prior to the June Board meeting, staff would send out a subscriber alert to outsourcing facilities to solicit comments on the new self-assessment form.

Attachment 4 of the meeting materials included a draft of the Outsourcing Facility Self-Assessment form. Dr. Serpa advised that if the Committee believed the new form was ready for consideration by the Board, they could refer the proposed document to the full Board.

Members were provided the opportunity to comment. Members confirmed that the statute requires that all outsourcing facilities licensed by the Board of Pharmacy, including nonresident outsourcing facilities, complete the self-assessment.

There were no members of the public in Sacramento.

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

The Committee agreed to refer the Outsourcing Facility Self-Assessment form, as presented, to the full Board for consideration and possible action.

X. Discussion of Enforcement Statistics

Dr. Serpa advised that the meeting materials included a summary of enforcement statistics through June 1, noting that the Board had initiated 3,581 complaints and closed 2,398 investigations. As of June 1, 2026, the Board had 2,270 investigations pending. Dr. Serpa noted the meeting materials provided a breakdown of the average timeframe for the various stages of the field investigation process.

Members were provided the opportunity to comment. Members noted a typo in the number of pending case complaints in Attachment 5.

There were no members of the public in Sacramento.

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

XI. Advisement of Future Committee Meeting Dates

Dr. Serpa advised that the next meeting was scheduled for October 1, 2026.

XII. Adjournment

The meeting adjourned at 11:29 a.m.