



**Enforcement and Compounding Committee Report
October 1, 2026**

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

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

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

Note: The Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code sections 11125, 11125.7(a)]

III. Discussion and Possible Action to Approve Minutes of the June 10, 2026 Enforcement and Compounding Committee Meeting

Attachment 1 includes a copy of the draft minutes.

IV. Discussion and Possible Action to Make a Recommendation to the Board Regarding 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.

Background:

Strategic goal 2.11 of the Board's Strategic Plan for 2022-2026 states: "Enhance patient consultation compliance by evaluating barriers to consultation to provide patient education and reduce medication errors."

In seeking to better 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 in the hopes 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 and discussed by the Committee during its June 10, 2026 meeting.

For Committee Consideration and Discussion:

During the meeting, members will have the opportunity to continue their discussion on the duty to consult and determine what, if any, action may be appropriate for the Board to consider. To assist with the discussion, the following policy questions may be helpful.

1. Does the Committee believe the regulation, or a pharmacy's policies and procedures, should establish minimum requirements for consultation?
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?
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)?
4. Does the Committee believe that a technician should be allowed to accept a patient or patient 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.
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?
6. Does the Committee believe the written notice on consultation should be available in multiple languages?
7. Does the Committee believe a timeframe should be mentioned in the regulation related to by when a pharmacist is required to respond to a call from a patient requesting consultation?

Staff have suggested possible amended text for the Committee to consider should they believe it appropriate for review and discussion during the meeting.

Attachment 2 includes a clean version of the proposed amendments to 16 CCR section 1707.2.

Attachment 3 includes a strikethrough and underline version of the proposed amendments to 16 CCR 1707.2.

Should the Committee believe the draft regulatory language is ready for consideration by the Board, the Committee could refer the draft language to the full Board.

V. Discussion and Possible Action to Make a Recommendation to the Board Regarding Updates to Frequently Asked Questions Currently Posted on the Board's Website

Background

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 Frequently Asked Questions (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.

For Committee Consideration and Discussion

During the meeting, members will have the opportunity to review staff-recommended updates to the FAQs across various categories and topics and provide feedback to staff. After review and discussion of the updates, should the Committee believe the FAQs are ready for consideration by the Board, the Committee may refer the FAQs to the full Board for discussion and possible action.

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

VI. Discussion of Enrolled or Recently Signed Legislation Impacting the Practice of Pharmacy

a. 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*.

b. [Assembly Bill 1775](#) (Ward, 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*.

c. [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 less 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*.

d. [Assembly Bill 1794](#) (Ransom, 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*.

e. [Assembly Bill 1811](#) (Rogers, 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*.

f. [Assembly Bill 1887](#) (Zbur, 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*.

g. [Assembly Bill 1979](#) (Bonta, 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*.

h. [Assembly Bill 2282](#) (Alanis, 2026) **Health Facilities: Emergency Medical Services**

Summary: This bill authorizes the California Department of Public Health to grant a waiver to allow a publicly owned general acute care hospital, in collaboration with Del Puerto Health Care District, to operate a rural emergency stabilization care unit in Patterson, California (Stanislaus County). This unit will provide 24-hour emergency stabilization services for local residents during the district's health care campus development, and will be staffed by qualified emergency physicians.

Implementation: Staff recommend implementation activities focus on education on the provisions for Board licensing staff.

i. [Assembly Bill 2565](#) (Wallis, 2026) **Medi-Cal: Pharmacist Services: Reporting**

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

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*.

j. [Assembly Bill 2571](#) (Flora, 2026) **Reimbursement for Pharmacist Services**

Summary: This bill requires health plans and insurers to reimburse pharmacists for covered services if the pharmacist is enrolled as a provider with the plan or insurer. The bill would specify for these purposes that a pharmacist includes pharmacists who provide services at federally qualified health centers (FQHCs) or rural health clinics. The bill would additionally require the rate of reimbursement for advanced pharmacist practitioner services to be no less than 85% of the physician fee schedule, including medication therapy management (MTM) pharmacist services. MTM reimbursement under this bill is intended to ensure Medi-Cal payments are only made to eligible advanced pharmacist practitioners or pharmacies, including those operating at FQHCs or rural health clinics. In addition, the bill requires reimbursement be made for a service performed by a duly licensed pharmacist for services within their scope of practice when coverage otherwise provides reimbursement for similar services performed by other licensed health care providers.

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*.

k. [Senate Bill 964](#) (Smallwood-Cuevas, 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*.

l. [Senate Bill 1023](#) (Laird, 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*.

m. [Senate Bill 1094](#) (Weber Pierson, 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*.

n. [Senate Bill 1347](#) (Niello, 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*.

VII. **Discussion of Enforcement Statistics – Including Five-Year Comparison Statistics**

During the first two months of the new fiscal year, from July 1, 2026, through August 31, 2026, the Board initiated 680 complaints and closed 586 investigations. The Board issued 16 letters of admonishment and 64 citations and referred 27 cases to the Office of the Attorney General. The Board revoked 9 licenses, formally denied 2 applications, and imposed other levels of discipline against 9 licensees and/or applicants.

As of September 1, 2026, the Board had 2,314 field investigations pending. Following is a breakdown providing more detail in the various investigation processes:

	Oct. 1, 2025		Jan. 1, 2026		Apr. 1, 2026		Jul. 1, 2026		Sep. 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	70	10
Cases Under Investigation	987	110	1,189	114	1,334	124	1,221	130	1,239	136
Pending Supervisor Review	401	76	410	119	518	116	597	103	490	92
Pending Second Level Review	165	50	148	40	189	79	376	61	505	74
Awaiting Final Closure	58	29	29	45	12	19	7	27	10	10

Attachment 5 includes the enforcement statistics.

VIII. Advisement of Future Committee Meeting Dates

- January 6, 2027
- April 13, 2027
- June 9, 2027
- September 28, 2027

IX. Adjournment