AMENDED IN ASSEMBLY APRIL 21, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 1503

Introduced by Committee on Business and Professions

February 24, 2025

An act to amend Sections ~~4016.5, 4052.6, 4210, 4211, 4233, and 4400 of~~ *4001, 4003, 4016.5, 4036, 4038, 4040, 4050, 4051, 4052, 4052.6, 4064, 4064.5, 4067, 4081, 4105, 4111, 4112, 4113, 4113.1, 4113.6, 4115, 4115.5, 4118.5, 4200.5, 4202.6, 4210, 4211, 4233, 4303, 4317.5, and 4400 of, to amend and renumber Section 4052.7 of, to add Sections 4001.5, 4014, 4040.6, 4067.1, 4102, and 4317.6 to, and to repeal Sections 4052.01, 4052.02, 4052.03, 4052.1, 4052.2, 4052.3, 4052.4, 4052.5, 4052.8, 4052.9, 4073, 4073.5 and 4119.3 of,* the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1503, as amended, Committee on Business and Professions. ~~Pharmacy: sunset review: advanced pharmacist practitioner.~~ *Pharmacy.* ~~Existing~~

(1) Existing law, the Pharmacy Law, requires the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians, and pharmacies. Existing law authorizes the board, with the approval of the Director of Consumer Affairs, to appoint an executive officer to exercise certain powers and to perform certain duties delegated by the board, as specified. Existing law repeals the provisions establishing the board and authorizing the appointment of an executive officer on January 1, 2026, rendering the board subject to review by the appropriate policy committees of the Legislature.

~~This bill would express the intent of the Legislature to evaluate the board through the joint legislative sunset review oversight process and to subsequently effectuate any recommendations produced through that process.~~

This bill would provide that the board has exclusive authority to administer and enforce the Pharmacy Law related to the practice of pharmacy and the licensing of pharmacists and pharmacies, as specified. The bill would extend the repeal date of the above-described provisions to January 1, 2030. The bill would additionally require the board to establish a Pharmacy Technician Advisory Committee to advise and make recommendations to the board, as specified.

Existing law specifies the fees for issuance or renewal of licenses issued pursuant to the Pharmacy Law, including, among others, pharmacy licenses.

This bill would require the board to waive the application fee for a pharmacy operating a physical location in a medically underserved area, as defined, and would authorize the board to waive the fee for the annual renewal of a license if the licensee provides the board with certification of continued operation in the medically underserved area.

(2) Existing law authorizes a pharmacist to perform various procedures and functions, including those related to dispensing or furnishing drugs or devices, as specified. Existing law generally requires a pharmacist's dispensing or furnishing drugs to be done pursuant to a valid prescription, except as provided in specified circumstances. Those exceptions include furnishing an FDA-approved opioid antagonist, emergency contraception drug therapy, self-administered hormonal contraceptives, nicotine replacement products, certain medications for individuals traveling outside of the United States, and certain HIV medications, as specified. Existing law requires certain conditions to be met for a pharmacist to authorize the initiation of a prescription under certain of those exceptions or to otherwise provide clinical advice, services, information, or patient consultation.

This bill would revise and recast the above-described provisions to authorize a pharmacist to, among other things, prescribe dangerous devices, to furnish FDA-approved or -authorized medications as part of preventative health care services that do not require a diagnosis, to complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change, and to adjust a prescription drug treatment regimen consistent with the current standard of care for the management of chronic conditions. The bill would require

that a pharmacist provide those and other specified services or activities consistent with the accepted standard of care, defined to mean the degree of care a prudent and reasonable pharmacist licensed under the Pharmacy Law, with similar education, training, experience, resources, and setting, would use in a similar situation.

Existing law requires the clinical advice, services, information, or patient consultation that a pharmacist provides to be provided to a health care professional or to a patient.

This bill would authorize a pharmacist to provide the clinical advice, services, information, or patient consultation to a patient's agent.

Existing law prohibits a dangerous drug from being refilled without the authorization of the prescriber, except under specified circumstances. Under those circumstances, existing law requires a pharmacist to make every reasonable effort to contact the prescriber. Existing law also restricts the supply that a pharmacist is authorized to dispense, as specified.

This bill would remove the above-described requirement that the pharmacist make every reasonable effort to contact the prescriber.

Existing law authorizes a pharmacist to dispense not more than a 90-day supply of a dangerous drug other than a controlled substance pursuant to a valid prescription that specifies an initial quantity of less than a 90-day supply followed by periodic refills of that amount if certain requirements are met. Existing law prohibits a pharmacist from dispensing a greater supply pursuant to that provision if the prescriber indicates that there is to be no change to the quantity of the refill, as specified.

This bill would remove that prohibition.

Existing law authorizes a pharmacy to dispense epinephrine auto-injectors to a prehospital emergency medical care person or lay rescuer for the purpose of rendering emergency care, as specified.

This bill would remove the above-described authorization.

~~Existing~~

(3) Existing law authorizes a licensed pharmacist to perform additional functions if the licensee is recognized by the board as "an advanced practice pharmacist" by meeting certain requirements. Those additional functions include, among others, performing patient assessments, ordering and interpreting drug therapy-related tests, and initiating, adjusting, or discontinuing drug therapy, as specified. The requirements for recognition as an advanced practice pharmacist include having completed a combination of specified certifications, postgraduate

residencies, or experience under a collaborative practice agreement or protocol with a physician. Existing law also requires an advanced practice pharmacist to complete 10 hours of continuing education in addition to the continuing education otherwise required at the time of a second or subsequent license renewal.

This bill would revise those and other related provisions to refer to those licensees as "advanced pharmacist practitioners," instead of as "advanced practice pharmacists."

(4) Existing law prohibits any person from furnishing or dispensing any dangerous drug or device on the internet for delivery to any person in California without a prescription issued pursuant to a "good faith prior examination," as provided.

This bill would instead refer to that examination as an "appropriate prior examination." The bill would require a pharmacy or an outsourcing facility to notify the board that it receives prescriptions from a telehealth platform, except as specified. The bill would require the notification to include a disclosure that discloses if the pharmacist-in-charge or the director of quality at the outsourcing facility has a financial relationship with the platform. The bill would also require the notification to include a certification of compliance with a specified provision prohibiting offering or receiving any remuneration to induce referrals for services. By expanding the crime of perjury, the bill would impose a state-mandated local program.

(5) Existing law authorizes the board to issue citations containing fines and orders of abatement for violations of specified law, as provided. Existing law authorizes the board to bring an action against a chain community pharmacy under common ownership or management for fines for a violation of the Pharmacy Law that was expressly encouraged by the common owner or manager, as provided.

This bill would instead apply those fines for a violation that was expressly encouraged by any owner or manager of the chain community pharmacy.

Existing law authorizes the board to bring an action for fines for repeated violations of materially similar provisions of the Pharmacy Law within 5 years by 3 or more pharmacies operating under common ownership or management within a chain community pharmacy, as specified. Existing law provides a pharmacy with a defense if it establishes that the violation was contrary to a written policy that was communicated by the common owner or manager to all employees where the violation occurred. Existing law also provides a defense if

the pharmacy establishes that, within 6 months after the violation, the common owner or manager corrected all unlawful policies, communicated the change in policies, and provided the board with proof of abatement of the violation, as specified.

This bill would make those defenses instead be mitigating factors. The bill would, for the mitigating factor that the violation was contrary to a written policy, also require the entity to establish that it has complied with the policy. The bill would further revise those mitigating factors by allowing the above-described corrective actions to be undertaken by any owner or manager of the pharmacy. The bill would additionally authorize the board to bring an action described above against a mail order pharmacy for fines, as provided.

This bill would authorize the board to bring a action for fines for similar, repeated violations against a mail order pharmacy, defined as a nonresident pharmacy that dispenses medications and ships them to patients via the postal service or other mail delivery method, as specified. The bill would require the board, in determining the amount of the fine, to consider mitigating and aggregating factors, as specified.

(6) Existing law prohibits the board from issuing a pharmacy license to a person who has a shared community or financial interest with a person authorized to prescribe or write a prescription, as provided.

This bill would establish an exception to the above-described prohibition under which the applicant and the prescriber would be required to provide statements that the prescriber disavows any community or financial interest in the license and to transmute any interest in the license that is shared community property into the separate property of the applicant, as provided. The bill would prohibit a pharmacy granted a license pursuant to this exception from filling any prescriptions issued or prescribed by a person who shares a community or other financial interest with the licensee or a prescriber at the same place of business as that person if the prescriber owns an interest greater than 10% in the practice issuing the prescription.

Existing law authorizes the board to issue a retired license to a licensed pharmacist, as specified. Existing law authorizes the holder of a retired license to restore their license to active status by passing the examination that is required for initial licensure with the board.

This bill would instead authorize the holder of a retired license to request to restore their license to active status within 3 years of issuance of the retired license by paying a renewal fee and successfully completing certain continuing education within the 2 years preceding

the request, as specified. If more than 3 years have elapsed since the issuance of the retired license, the bill would require the holder of the retired license to reapply for licensure as a pharmacist, as specified.

Existing law authorizes the board to deny a license application if the applicant has been convicted of a crime or subjected to formal discipline that would be grounds for denial of a federal registration to distribute controlled substances.

This bill would also authorize the board to deny a license application if the applicant has been convicted of a crime involving fraud in violation of state or federal laws related to health care or involving financial identity theft.

Existing law requires certain licensed facilities to perform a self-assessment, as defined, evaluating compliance with specified provisions of the Pharmacy Law, as provided.

This bill would require all licensed facilities to complete a self-assessment every odd-numbered year and within 30 days of certain changes to the license, management personnel, and location, as provided. The bill would require this self-assessment be signed under penalty of perjury, thereby imposing a state-mandated local program by expanding the crime of perjury.

(7) Existing law requires a pharmacy to designate a pharmacist-in-charge and notify the board within 30 days of that designation, as specified. Existing law authorizes the pharmacist-in-charge to, among other things, make staffing decisions.

Existing law provides for the licensing of nonresident pharmacies, as specified, and requires a nonresident pharmacy to report to the board the location, names, and titles of its agent for service of process in this state, principal corporate officers, general partners, and pharmacists who are dispensing controlled substances, dangerous drugs, or dangerous devices to residents of this state. Existing law requires the nonresident pharmacy to make that report on an annual basis and within 30 days of any change of office, corporate officer, partner, or pharmacist. Existing law prohibits a pharmacist at a nonresident pharmacy whose license has been revoked from prescribing a dangerous drug or providing other pharmacy-related services, as specified.

This bill would require a nonresident pharmacy, as a prerequisite to registering with the board and ongoing licensure, to identify a California-licensed pharmacist employed and working at the nonresident pharmacy to be proposed to serve as the pharmacist-in-charge. The bill would require a nonresident pharmacy to include in the

above-described report the name of the pharmacist-in-charge. The bill would require the nonresident pharmacy to make the report within 30 days after a change of their pharmacist-in-charge. The bill would also require the nonresident pharmacy, within 90 days of designating a pharmacist-in-charge, to notify the board of the identity and license number of that pharmacist and the date they were designated, as specified. The bill would require the nonresident pharmacy, within 90 days, to notify the board of a pharmacist-in-charge ceasing to act as the pharmacist-in-charge and to propose another pharmacist to take over as the pharmacist-in-charge. The bill would additionally prohibit a nonresident pharmacy from permitting a pharmacist who is licensed outside of California from working at a nonresident pharmacy if they have not successfully passed either of 2 specified examinations. The bill would require a nonresident pharmacy to be inspected by the board as a condition of license renewal every 4 years, unless the board determines more frequent inspections are necessary. The bill would require a nonresident pharmacy to deposit a reasonable amount, as determined by the board, necessary to cover the board's estimated reasonable costs of performing the inspection, as specified. The bill would make the changes described in this paragraph operative on July 1, 2026.

(8) Existing law limits a pharmacy with only one pharmacist to one pharmacy technician performing packaging, manipulative, repetitive, or other nondiscretionary tasks. Existing law increases that ratio of pharmacy technicians performing those tasks to any additional pharmacist to 2:1, as specified.

This bill would increase the ratio of pharmacy technicians performing those tasks to a pharmacist to 4:1, regardless of the number of pharmacists.

(9) Existing law requires a pharmacy to preserve certain records, as provided.

This bill would require a pharmacy to additionally maintain records related to staffing and employees, as provided. The bill would also impose requirements related to electronically maintained records.

(10) Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: ~~no~~ *yes*.

The people of the State of California do enact as follows:

~~SECTION 1. It is the intent of the Legislature to evaluate the California State Board of Pharmacy through the joint legislative sunset review oversight process and to subsequently effectuate any recommendations produced through that process.~~

SECTION 1. Section 4001 of the Business and Professions Code is amended to read:

4001. (a) There is in the Department of Consumer Affairs a California State Board of Pharmacy in which the administration and enforcement of this chapter is vested. The board consists of 13 members.

(b) The Governor shall appoint seven pharmacists who are licensees in good standing and who reside in different parts of the state to serve as members of the board. The Governor shall appoint four public members, and the Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member who shall not be a licensee of the board, any other board under this division, or any board referred to in Section 1000 or 3600. Each appointing authority has power to remove from office at any time any member of the board appointed by that authority pursuant to Section 106.

(c) At least five of the seven pharmacist appointees to the board shall be pharmacists who are actively engaged in the practice of pharmacy. Additionally, the membership of the board shall include at least one pharmacist representative from each of the following practice settings: an acute care hospital, an independent community pharmacy, a chain community pharmacy, a compounding pharmacy specializing in human drug preparations, and a long-term health care or skilled nursing facility. The pharmacist appointees shall also include a pharmacist who is a member of a labor union that represents pharmacists. 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.

(d) Members of the board shall be appointed for a term of four years. No person shall serve as a member of the board for more than two consecutive terms. Each member shall hold office until the appointment and qualification of their successor or until one year shall have elapsed since the expiration of the term for which the member was appointed, whichever first occurs. Vacancies occurring shall be filled by appointment for the unexpired term.

(e) Each member of the board shall receive a per diem and expenses as provided in Section 103.

(f) This section shall remain in effect only until January 1, ~~2026,~~ *2030,* and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 2. Section 4001.5 is added to the Business and Professions Code, to read:

4001.5. (a) The board shall establish and appoint a Pharmacy Technician Advisory Committee to advise and make recommendations to the board on matters relating to pharmacy technicians.

(b) The committee shall serve only in an advisory capacity to the board and the objectives, duties, and actions of the committee shall not be a substitute for, nor conflict with, any of the powers, duties, and responsibilities of the board.

(c) The committee shall consist of the following:

(1) Four licensed pharmacy technicians.

(2) Two licensed pharmacists, of whom one shall be a member of the board and shall be appointed by the board president.

(3) One member of the public.

SEC. 3. Section 4003 of the Business and Professions Code is amended to read:

4003. (a) The board, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in them by this chapter. The executive officer shall not be a member of the board.

(b) The executive officer shall receive the compensation as established by the board with the approval of the Director of

Finance. The executive officer shall also be entitled to travel and other expenses necessary in the performance of their duties.

(c) The executive officer shall maintain and update in a timely fashion records containing the names, titles, qualifications, and places of business of all persons subject to this chapter.

(d) The executive officer shall give receipts for all money received by them and pay it to the department, taking its receipt therefor. Besides the duties required by this chapter, the executive officer shall perform other duties pertaining to the office as may be required of them by the board.

(e) This section shall remain in effect only until January 1, ~~2026,~~ *2030,* and as of that date is repealed.

SEC. 4. Section 4014 is added to the Business and Professions Code, to read:

4014. (a) The board shall have exclusive authority to interpret and enforce the provisions of this chapter regarding the practice of pharmacy and the licensing of pharmacists and pharmacies.

(b) Any violation of this chapter shall be determined by exclusively by the board.

(c) The board shall have the sole authority to conduct investigations, hold hearings, and impose disciplinary actions for violations of this chapter.

~~SEC. 2.~~

SEC. 5. Section 4016.5 of the Business and Professions Code is amended to read:

4016.5. "Advanced pharmacist practitioner" means a licensed pharmacist who has been recognized as an advanced pharmacist practitioner by the board, pursuant to Section 4210. A board-recognized advanced pharmacist practitioner is entitled to practice advanced practice pharmacy, as described in Section 4052.6, within or outside of a licensed pharmacy as authorized by this chapter.

SEC. 6. Section 4036 of the Business and Professions Code is amended to read:

4036. "Pharmacist" means a natural person to whom a license has been issued by the board, under Section 4200, except as specifically provided otherwise in this chapter. The holder of an unexpired and active pharmacist license issued by the board is entitled to practice pharmacy as defined by this chapter, within or

outside of a licensed ~~pharmacy as authorized by this chapter.~~ *pharmacy.*

SEC. 7. Section 4038 of the Business and Professions Code is amended to read:

4038. (a) "Pharmacy technician" means an individual who assists a pharmacist in a pharmacy in the performance of ~~his or her~~ *their* pharmacy related duties, as specified in Section 4115.

(b) A "pharmacy technician trainee" is a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational ~~Education.~~ *Education or an accredited employer-based pharmacy technician training program.*

SEC. 8. Section 4040 of the Business and Professions Code is amended to read:

4040. (a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, the prescriber's license classification, and the prescriber's federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order pursuant to Section ~~4052.1, 4052.2, or 4052.6.~~ *4052*.

(2) Issued by a physician, dentist, optometrist, doctor of podiatric medicine, veterinarian, nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife,

nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to Section ~~4052.1, 4052.2, or 4052.6~~ *4052* by a pharmacist licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

SEC. 9. Section 4040.6 is added to the Business and Professions Code, to read:

4040.6. "Self-assessment process" means the process of self-evaluation of a facility's compliance with state and federal laws as a means to promote compliance through self-examination and education. The self-assessment process shall be performed on a form approved by the board and posted on its internet website.

SEC. 10. Section 4050 of the Business and Professions Code is amended to read:

4050. (a) ~~In~~ *For the purposes of this section, "state agency" includes every state office, officer, department, division, bureau, board, authority, and commission.*

(b) In recognition of and consistent with the decisions of the appellate courts of this state, the Legislature hereby declares the practice of pharmacy to be a profession.

~~(b) Pharmacy~~

(c) Pharmacist practice is a dynamic, patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of *patient-care activities to optimize* appropriate drug use, drug-related therapy, *disease management and prevention,* and communication for clinical and consultative purposes. ~~Pharmacy~~ *Pharmacist* practice is continually evolving to include more sophisticated and comprehensive patient care activities.

~~(c)~~

(d) The Legislature further declares that pharmacists are health care providers who have the authority to provide health care services.

(e) No state agency other than the board may define or interpret this chapter and its regulations for those licensed pursuant to this chapter or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal law.

SEC. 11. Section 4051 of the Business and Professions Code is amended to read:

4051. (a) ~~Except~~ *For the purposes of this section, "accepted standard of care" means the degree of care a prudent and reasonable pharmacist licensed pursuant to this chapter, with similar education, training, experience, resources, and setting, would exercise in a similar situation.*

(b) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of a prescriber unless ~~he or she is~~ *they are* a pharmacist under this chapter.

~~(b)~~

(c) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section ~~4052.1, 4052.2, 4052.3, or 4052.6,~~ *4052,* and otherwise provide clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:

(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a ~~patient.~~ *patient or a patient's agent.*

(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.

(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

(4) The pharmacist provides the service or activity consistent with the accepted standard of care.

SEC. 12. Section 4052 of the Business and Professions Code is amended to read:

4052. (a) Notwithstanding any other law, a pharmacist may do all of the following:

(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.

(2) Transmit a valid prescription to another pharmacist.

(3) Administer drugs and biological products that have been ordered by a prescriber.

~~(4) Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1.~~

~~(5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.~~

(4) Initiate and perform routine patient assessment procedures, including skin puncture and clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration as authorized by Section 1206.5 or 1206.6.

(5) Upon patient consent, perform therapeutic interchanges, unless the prescriber has indicated that the pharmacist is prohibited from performing therapeutic interchanges by writing "Do not substitute," "Do not alter," or similar words, or the medical literature does not support the change. The interchanges authorized by this paragraph include, but are not limited to, use of biosimilars, different dosage forms, drugs within the same drug classification, and generic substitutions intended to optimize patient care.

(6) Perform procedures or functions as authorized by Section 4052.6.

(7) ~~Manufacture,~~ *Prescribe*, *manufacture*, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.

~~(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.~~

(8) Prescribe over-the-counter medications if requested.

(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to~~other~~ *patients and* health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.

~~(10) Furnish the medications described in subparagraph (A) in accordance with subparagraph (B):~~

~~(A) (i) Emergency contraception drug therapy and self-administered hormonal contraceptives, as authorized by Section 4052.3.~~

~~(ii) Nicotine replacement products, as authorized by Section 4052.9.~~

~~(iii) Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.~~

~~(iv) HIV preexposure prophylaxis, as authorized by Section 4052.02.~~

~~(v) HIV postexposure prophylaxis, as authorized by Section 4052.03.~~

~~(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.~~

~~(11) Administer immunizations pursuant to a protocol with a prescriber.~~

(10) (A) Furnish FDA-approved or -authorized medications as part of preventative health care services that do not require a diagnosis.

(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

(C) This paragraph does not authorize a pharmacist to furnish a medication for off-label use unless current evidence-based standards of care support such off-label use.

(11) (A) Furnish a federal FDA-approved or -authorized noncontrolled medication for the treatment of conditions that are either of the following:

(i) Minor, nonchronic health conditions.

(ii) Conditions for which a CLIA-waived test provides diagnosis and the treatment is limited in duration. For purposes of this clause, "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a; Public Law 100-578).

(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a primary care provider.

(C) This paragraph does not authorize a pharmacist to furnish a medication for off-label use.

(12) Order and interpret ~~tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate~~

~~information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.~~ *tests.*

(13) Initiate, adjust, or discontinue drug therapy for a patient under ~~a~~ *either of the following:*

(A) A collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single or multiple pharmacists and a single or multiple health care providers with prescriptive authority.

(B) An order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the entity providing health care services, unless a patient's treating prescriber otherwise prohibits the action.

(14) ~~Provide medication-assisted treatment pursuant to a state protocol,~~ *Furnish medication used to treat substance use disorder* to the extent authorized by federal law.

(15) Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change.

(16) Initiate and administer any FDA-approved or -authorized immunization for persons three years of age and older, consistent with Advisory Committee on Immunization Practices recommendations.

(17) Adjust prescription drug treatment regimens consistent with the current standard of care for the management of chronic conditions. The pharmacist shall make the adjustment in collaboration with a patient's primary care provider or diagnosing prescriber, if applicable.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

(d) Nothing in this section shall be construed as establishing an obligation on a pharmacist to perform or provide a service or function authorized by subdivision (a) if the pharmacist has made a professional determination that any of the following apply:

(1) The pharmacist lacks 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.

(3) Pharmacist staffing at the pharmacy is insufficient to facilitate comprehensive patient care.

(e) A pharmacist shall notify a patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider or requests not to notify the primary care provider, the pharmacist shall provide the patient with a written or electronic record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

(f) Nothing in this section shall be construed as establishing an obligation on a pharmacist to perform or provide authorized services without payment for the services, including payment directly by the patient, payment through a third-party payer, or payment of any required copayment by the patient.

SEC. 13. Section 4052.01 of the Business and Professions Code is repealed.

~~4052.01. (a) Notwithstanding any other provision of law, a pharmacist may furnish federal Food and Drug Administration-approved opioid antagonist in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. In developing those standardized procedures or protocols, the board and the Medical Board of California shall include the following:~~

~~(1) Procedures to ensure education of the person to whom the drug is furnished, including, but not limited to, opioid overdose prevention, recognition, and response, safe administration of opioid antagonists, potential side effects or adverse events, and the imperative to seek emergency medical care for the patient.~~

~~(2) Procedures to ensure the education of the person to whom the drug is furnished regarding the availability of drug treatment programs.~~

~~(3) Procedures for the notification of the patient's primary care provider with patient consent of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent.~~

~~(b) A pharmacist furnishing an opioid antagonist pursuant to this section shall not permit the person to whom the drug is furnished to waive the consultation required by the board and the Medical Board of California.~~

~~(c) Prior to performing a procedure authorized under this section, a pharmacist shall complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of opioid antagonists.~~

~~(d) The board and the Medical Board of California are each authorized to ensure compliance with this section. Each board is specifically charged with enforcing this section with respect to its respective licensees. This section does not expand the authority of a pharmacist to prescribe any prescription medication.~~

~~(e) The board may adopt emergency regulations to establish the standardized procedures or protocols. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this subdivision are exempt from review by the Office of Administrative Law. The emergency regulations authorized by this subdivision shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect until the earlier of 180 days following their effective date or the effective date of regulations adopted pursuant to subdivision (a).~~

SEC. 14. Section 4052.02 of the Business and Professions Code is repealed.

~~4052.02. (a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV preexposure prophylaxis in accordance with this section.~~

~~(b) For purposes of this section, "preexposure prophylaxis" means a prescription drug approved by the federal Food and Drug Administration or recommended by the federal Centers for Disease Control and Prevention to reduce a person's chance of contracting HIV.~~

~~(c) For purposes of this section, "CDC guidelines" means the "2017 Preexposure Prophylaxis for the Prevention of HIV Infection in the United States–2017 Update: A Clinical Practice Guideline," or any subsequent guidelines or recommendations published by the federal Centers for Disease Control and Prevention.~~

~~(d) Before furnishing preexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.~~

~~(e) A pharmacist may furnish up to a 90-day course of preexposure prophylaxis if all of the following conditions are met:~~

~~(1) The patient is HIV negative, as documented by a negative HIV test result obtained consistent with CDC guidelines. If the patient does not provide evidence of a negative HIV test in accordance with this paragraph, the pharmacist shall order an HIV test. If the test results are not transmitted directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction. If the patient tests positive for HIV infection, the pharmacist or person administering the test shall direct the patient to a primary care provider and provide a list of providers and clinics in the region.~~

~~(2) The patient does not report any signs or symptoms of acute HIV infection on a self-reported checklist of acute HIV infection signs and symptoms.~~

~~(3) The patient does not report taking any contraindicated medications.~~

~~(4) The pharmacist provides counseling to the patient on the ongoing use of preexposure prophylaxis, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV,~~

~~renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of childbearing capacity.~~

~~(5) The pharmacist notifies the patient that the patient may need to be seen by a primary care provider to receive subsequent prescriptions for preexposure prophylaxis and that a pharmacist may not furnish a 90-day course of preexposure prophylaxis to a single patient more than once every two years unless the pharmacist ensures that the patient receives testing and followup care consistent with CDC guidelines.~~

~~(6) The pharmacist documents, to the extent possible, the services provided by the pharmacist in the patient's record in the record system maintained by the pharmacy. The pharmacist shall maintain records of preexposure prophylaxis furnished to each patient.~~

~~(7) The pharmacist does not furnish more than a 90-day course of preexposure prophylaxis to a single patient more than once every two years, unless directed otherwise by a prescriber.~~

~~(8) The pharmacist notifies the patient's primary care provider that the pharmacist completed the requirements specified in this subdivision. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of primary care providers in the region.~~

~~(f) (1) A pharmacist may furnish preexposure prophylaxis beyond a 90-day course if all of the following conditions are met:~~

~~(A) The pharmacist ensures that the patient receives testing and followup care consistent with CDC guidelines, which may include timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of childbearing capacity.~~

~~(B) The pharmacist documents, to the extent possible, the services provided by the pharmacist in the patient's record in the record system maintained by the pharmacy. The pharmacist shall maintain records of preexposure prophylaxis furnished to each patient.~~

~~(C) The pharmacist notifies the patient's primary care provider that the pharmacist completed the requirements specified in this subdivision. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider,~~

~~the pharmacist shall provide the patient a list of primary care providers in the region.~~

~~(2) Notwithstanding paragraph (1), this section shall not be construed to expand the scope of practice of a pharmacist beyond that which is authorized by Sections 4052 and 4052.4.~~

~~(g) A pharmacist initiating or furnishing preexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.~~

~~(h) The board, by October 31, 2024, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.~~

SEC. 15. Section 4052.03 of the Business and Professions Code is repealed.

~~4052.03. (a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV postexposure prophylaxis in accordance with this section.~~

~~(b) For purposes of this section, "postexposure prophylaxis" means any of the following:~~

~~(1) Tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), taken once daily, in combination with either raltegravir (400 mg), taken twice daily, or dolutegravir (50 mg), taken once daily.~~

~~(2) Tenofovir disoproxil fumarate (TDF) (300 mg) and emtricitabine (FTC) (200 mg), taken once daily, in combination with darunavir (800 mg) and ritonavir (100 mg), taken once daily.~~

~~(3) Another drug or drug combination determined by the board to meet the same clinical eligibility recommendations provided in CDC guidelines.~~

~~(c) For purposes of this section, "CDC guidelines" means the "Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV–United States, 2016," or any subsequent guidelines, published by the federal Centers for Disease Control and Prevention.~~

~~(d) Before furnishing postexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the~~

~~board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.~~

~~(e) A pharmacist shall furnish a complete course of postexposure prophylaxis if all of the following conditions are met:~~

~~(1) The pharmacist screens the patient and determines the exposure occurred within the previous 72 hours and the patient otherwise meets the clinical criteria for postexposure prophylaxis consistent with CDC guidelines.~~

~~(2) The pharmacist provides HIV testing that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) or determines the patient is willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo HIV testing but is otherwise eligible for postexposure prophylaxis under this section, the pharmacist may furnish postexposure prophylaxis.~~

~~(3) The pharmacist provides counseling to the patient on the use of postexposure prophylaxis consistent with CDC guidelines, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV and sexually transmitted diseases. The pharmacist shall also inform the patient of the availability of preexposure prophylaxis for persons who are at substantial risk of acquiring HIV.~~

~~(4) The pharmacist notifies the patient's primary care provider of the postexposure prophylaxis treatment. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of physicians and surgeons, clinics, or other health care service providers to contact regarding followup care for postexposure prophylaxis.~~

~~(f) A pharmacist initiating or furnishing postexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.~~

~~(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.~~

SEC. 16. Section 4052.1 of the Business and Professions Code is repealed.

~~4052.1. (a) Notwithstanding any other provision of law, a pharmacist may perform the following procedures or functions in a licensed health care facility in accordance with policies, procedures, or protocols developed by health professionals, including physicians, pharmacists, and registered nurses, with the concurrence of the facility administrator:~~

~~(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.~~

~~(2) Ordering drug therapy-related laboratory tests.~~

~~(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.~~

~~(4) Initiating or adjusting the drug regimen of a patient pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the licensed health care facility.~~

~~(b) Prior to performing any procedure authorized by this section, a pharmacist shall have received appropriate training as prescribed in the policies and procedures of the licensed health care facility.~~

SEC. 17. Section 4052.2 of the Business and Professions Code is repealed.

~~4052.2. (a) Notwithstanding any other law, a pharmacist may perform the following procedures or functions as part of the care provided by a health care facility, a licensed home health agency, licensed correctional clinic, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, in~~

~~accordance with the policies, procedures, or protocols of that facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician, and in accordance with subdivision (c):~~

~~(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.~~

~~(2) Ordering drug therapy-related laboratory tests.~~

~~(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.~~

~~(4) Initiating or adjusting the drug regimen of a patient pursuant to a specific written order or authorization made by the individual patient's treating prescriber, and in accordance with the policies, procedures, or protocols of the health care facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician. Adjusting the drug regimen does not include substituting or selecting a different drug, except as authorized by the protocol. The pharmacist shall provide written notification to the patient's treating prescriber, or enter the appropriate information in an electronic patient record system shared by the prescriber, of any drug regimen initiated pursuant to this paragraph within 24 hours.~~

~~(b) A patient's treating prescriber may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the pharmacist.~~

~~(c) The policies, procedures, or protocols referred to in this subdivision shall be developed by health care professionals, including physicians, pharmacists, and registered nurses, and shall, at a minimum, do all of the following:~~

~~(1) Require that the pharmacist function as part of a multidisciplinary group that includes physicians and direct care registered nurses. The multidisciplinary group shall determine the appropriate participation of the pharmacist and the direct care registered nurse.~~

~~(2) Require that the medical records of the patient be available to both the patient's treating prescriber and the pharmacist.~~

~~(3) Require that the procedures to be performed by the pharmacist relate to a condition for which the patient has first been seen by a physician.~~

~~(4) Except for procedures or functions provided by a health care facility, a licensed correctional clinic, as defined in Section 4187, a licensed clinic in which there is physician oversight, or a provider who contracts with a licensed health care plan with regard to the care or services provided to the enrollees of that health care service plan, require the procedures to be performed in accordance with a written, patient-specific protocol approved by the treating or supervising physician. Any change, adjustment, or modification of an approved preexisting treatment or drug therapy shall be provided in writing to the treating or supervising physician within 24 hours.~~

~~(d) Prior to performing any procedure authorized by this section, a pharmacist shall have done either of the following:~~

~~(1) Successfully completed clinical residency training.~~

~~(2) Demonstrated clinical experience in direct patient care delivery.~~

SEC. 18. Section 4052.3 of the Business and Professions Code is repealed.

~~4052.3. (a) (1) Notwithstanding any other law, a pharmacist may furnish self-administered hormonal contraceptives in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The standardized procedure or protocol shall require that the patient use a self-screening tool that will identify patient risk factors for use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use developed by the federal Centers for Disease Control and Prevention, and that the pharmacist refer the patient to the patient's primary care provider or, if the patient does not have a primary care provider, to nearby clinics, upon furnishing a self-administered hormonal contraceptive pursuant to this subdivision, or if it is determined that use of a self-administered hormonal contraceptive is not recommended.~~

~~(2) The board and the Medical Board of California are both authorized to ensure compliance with this subdivision, and each board is specifically charged with the enforcement of this subdivision with respect to its respective licensees. This subdivision~~

~~does not expand the authority of a pharmacist to prescribe any prescription medication.~~

~~(b) (1) Notwithstanding any other law, a pharmacist may furnish emergency contraception drug therapy in accordance with either of the following:~~

~~(A) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice.~~

~~(B) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The board and the Medical Board of California are both authorized to ensure compliance with this clause, and each board is specifically charged with the enforcement of this provision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.~~

~~(2) Prior to performing a procedure authorized under this subdivision, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.~~

~~(3) A pharmacist, pharmacist's employer, or pharmacist's agent shall not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this subdivision, but may charge an administrative fee not to exceed ten dollars ($10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this paragraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an~~

~~administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. This paragraph shall become inoperative for dedicated emergency contraception drugs if these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.~~

~~(4) A pharmacist shall not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this subdivision.~~

~~(c) For each emergency contraception drug therapy or self-administered hormonal contraception initiated pursuant to this section, the pharmacist shall provide the recipient of the drug with a standardized factsheet that includes, but is not limited to, the indications and contraindications for use of the drug, the appropriate method for using the drug, the need for medical followup, and other appropriate information. The board shall develop this form in consultation with the State Department of Public Health, the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other health care organizations. This section does not preclude the use of existing publications developed by nationally recognized medical organizations.~~

SEC. 19. Section 4052.4 of the Business and Professions Code is repealed.

~~4052.4. (a) Notwithstanding Section 2038 or any other provision of law, a pharmacist may perform skin puncture in the course of performing routine patient assessment procedures or in the course of performing any procedure authorized under Section 1206.5 or 1206.6. For purposes of this section, "routine patient assessment procedures" means: (a) procedures that a patient could, with or without a prescription, perform for themselves, or (b) clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, as authorized by paragraph (11) of subdivision (a) of Section 1206.5 or Section 1206.6. A pharmacist performing these functions shall report the results obtained from a test to the patient and any physician~~

~~designated by the patient. Any pharmacist who performs the service authorized by this section shall not be in violation of Section 2052.~~

~~(b) A pharmacist may perform any aspect of any FDA-approved or -authorized test that is classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, under all of the following conditions:~~

~~(1) The test meets the criteria in subparagraph (A) or (B) and does not require the use of specimens collected by vaginal swab, venipuncture, or the collection of seminal fluid.~~

~~(A) The test is used to detect or screen for any of the following illnesses, conditions, or diseases:~~

~~(i) SARS-CoV-2 or other respiratory illness, condition or disease.~~

~~(ii) Mononucleosis.~~

~~(iii) Sexually transmitted infection.~~

~~(iv) Strep throat.~~

~~(v) Anemia.~~

~~(vi) Cardiovasular health.~~

~~(vii) Conjunctivitis.~~

~~(viii) Urinary tract infection.~~

~~(ix) Liver and kidney function or infection.~~

~~(x) Thyroid function.~~

~~(xi) Substance use disorder.~~

~~(xii) Diabetes.~~

~~(B) Other tests classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration and approved by the board by regulation, in conjunction with the Medical Board of California and Laboratory Field Services in the State Department of Public Health.~~

~~(2) The pharmacist completes the testing in a pharmacy laboratory that is appropriately licensed in California as a laboratory pursuant to Section 1265, unless otherwise authorized in law.~~

~~(3) The pharmacist has completed necessary training as specified in the pharmacy's policies and procedures maintained pursuant to subdivision (b) of Section 4119.10, and that allows the pharmacist~~

~~to demonstrate sufficient knowledge of the illness, condition, or disease being tested, as applicable.~~

SEC. 20. Section 4052.5 of the Business and Professions Code is repealed.

~~4052.5. (a) In addition to the authority allowed under Section 4073, a pharmacist filling a prescription order for a drug product may select a different form of medication with the same active chemical ingredients of equivalent strength and duration of therapy as the prescribed drug product when the change will improve the ability of the patient to comply with the prescribed drug therapy.~~

~~(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute" or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute" if the prescriber personally initials the box or checkmark.~~

~~(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The pharmacist who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product using the prescribed form of medication. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section.~~

~~(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.~~

~~(e) When a substitution is made pursuant to this section, the use of the different form of medication shall be communicated to the patient, and the name of the dispensed drug product shall be indicated on the prescription label, unless the prescriber orders otherwise.~~

~~(f) This section shall not permit substitution between long-acting and short-acting forms of a medication with the same chemical ingredients or between one drug product and two or more drug products with the same chemical ingredients.~~

~~SEC. 3.~~

SEC. 21. Section 4052.6 of the Business and Professions Code is amended to read:

4052.6. (a) A pharmacist recognized by the board as an advanced pharmacist practitioner may do all of the following:

(1) Perform patient assessments.

(2) Order and interpret drug therapy-related tests.

(3) Refer patients to other health care providers.

(4) Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.

(5) Initiate, adjust, or discontinue drug therapy.

(b) A pharmacist who adjusts or discontinues drug therapy shall promptly transmit written notification to the patient's diagnosing prescriber or enter the appropriate information in a patient record system shared with the prescriber, as permitted by that prescriber. A pharmacist who initiates drug therapy shall promptly transmit written notification to, or enter the appropriate information into, a patient record system shared with the patient's primary care provider or diagnosing provider, as permitted by that provider.

(c) This section shall not interfere with a physician's order to dispense a prescription drug as written, or other order of similar meaning.

(d) Prior to initiating or adjusting a controlled substance therapy pursuant to this section, a pharmacist shall personally register with the federal Drug Enforcement Administration.

(e) A pharmacist who orders and interprets tests pursuant to paragraph (2) of subdivision (a) shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

SEC. 22. Section 4052.7 of the Business and Professions Code is amended and renumbered to read:

~~4052.7.~~

4119.3. (a) A pharmacy may, at a patient's request, repackage a drug previously dispensed to the patient or to the patient's agent pursuant to a prescription.

(b) Any pharmacy providing repackaging services shall have in place policies and procedures for repackaging these drugs and shall label the repackaged prescription container with the following:

(1) All the information required by Section 4076.

(2) The name and address of the pharmacy repackaging the drug and the name and address of the pharmacy that initially dispensed the drug to the patient.

(c) The repackaging pharmacy and the pharmacy that initially dispensed the drug shall only be liable for its own actions in providing the drug to the patient or the patient's agent.

SEC. 23. Section 4052.8 of the Business and Professions Code is repealed.

~~4052.8. (a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer any vaccine that has been approved or authorized by the federal Food and Drug Administration and received a federal Advisory Committee on Immunization Practices individual vaccine recommendation published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older.~~

~~(b) In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following:~~

~~(1) Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.~~

~~(2) Be certified in basic life support.~~

~~(3) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.~~

~~(c) A pharmacist administering immunizations pursuant to this section, or paragraph (11) of subdivision (a) of Section 4052, may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.~~

SEC. 24. Section 4052.9 of the Business and Professions Code is repealed.

~~4052.9. (a) A pharmacist may furnish nicotine replacement products approved by the federal Food and Drug Administration for use by prescription only in accordance with standardized procedures and protocols developed and approved by both the board and the Medical Board of California in consultation with other appropriate entities and provide smoking cessation services if all of the following conditions are met:~~

~~(1) The pharmacist maintains records of all prescription drugs and devices furnished for a period of at least three years for purposes of notifying other health care providers and monitoring the patient.~~

~~(2) The pharmacist notifies the patient's primary care provider of any drugs or devices furnished to the patient, or enters the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist provides the patient with a written record of the drugs or devices furnished and advises the patient to consult a physician of the patient's choice.~~

~~(3) The pharmacist is certified in smoking cessation therapy by an organization recognized by the board.~~

~~(4) The pharmacist completes one hour of continuing education focused on smoking cessation therapy biennially.~~

~~(b) The board and the Medical Board of California are both authorized to ensure compliance with this section, and each board is specifically charged with the enforcement of this section with respect to their respective licensees. Nothing in this section shall be construed to expand the authority of a pharmacist to prescribe any other prescription medication.~~

SEC. 25. Section 4064 of the Business and Professions Code is amended to read:

4064. (a) A prescription for a dangerous drug or dangerous device may be refilled without the prescriber's authorization if the prescriber is unavailable to authorize the refill and if, in the pharmacist's professional judgment, failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being.

(b) The pharmacist shall inform the patient that the prescription was refilled pursuant to this section.

(c) The pharmacist shall inform the prescriber within a reasonable period of time of any refills dispensed pursuant to this section.

~~(d) Prior to refilling a prescription pursuant to this section, the pharmacist shall make every reasonable effort to contact the prescriber. The pharmacist shall make an appropriate record, including the basis for proceeding under this section.~~

~~(e)~~

(d) The prescriber shall not incur any liability as the result of a refilling of a prescription pursuant to this section.

~~(f)~~

(e) Notwithstanding Section 4060 or any other law, a person may possess a dangerous drug or dangerous device furnished without prescription pursuant to this section.

~~(g) During a proclaimed state of emergency, nothing in either this section or any other provision of this chapter prohibits a pharmacist, a clinic licensed under Section 4180, or a mobile pharmacy or clinic described in subdivision (c) of Section 4062 from refilling a prescription if the prescriber is unavailable, or if after a reasonable effort has been made, the pharmacist, clinic, or mobile pharmacy is unable to contact the prescriber.~~

SEC. 26. Section 4064.5 of the Business and Professions Code is amended to read:

4064.5. (a) A pharmacist may dispense not more than a 90-day supply of a dangerous drug other than a controlled substance pursuant to a valid prescription that specifies an initial quantity of less than a 90-day supply followed by periodic refills of that amount if all of the following requirements are satisfied:

(1) The patient has completed an initial 30-day supply of the dangerous drug.

(2) The total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription, including refills.

(3) The prescriber has not specified on the prescription that dispensing the prescription in an initial amount followed by periodic refills is medically necessary.

(4) The pharmacist is exercising ~~his or her~~ *their* professional judgment.

(b) For purposes of this section, if the prescription continues the same medication as previously dispensed in a 90-day supply,

the initial 30-day supply under paragraph (1) of subdivision (a) is not required.

(c) A pharmacist dispensing an increased supply of a dangerous drug pursuant to this section shall notify the prescriber of the increase in the quantity of dosage units dispensed.

~~(d) In no case shall a pharmacist dispense a greater supply of a dangerous drug pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "No change to quantity," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "No change to quantity," provided that the prescriber personally initials the box or checkmark. To indicate that an increased supply shall not be dispensed pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "No change to quantity," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "No change to quantity." In either instance, it shall not be required that the prohibition on an increased supply be manually initialed by the prescriber.~~

~~(e)~~

(d) This section shall not apply to psychotropic medication or psychotropic drugs as described in subdivision (d) of Section 369.5 of the Welfare and Institutions Code.

~~(f) Except for the provisions of subdivision (d), this~~

(e) This section does not apply to FDA-approved, self-administered hormonal contraceptives.

(1) A pharmacist shall *furnish or* dispense, at a patient's request, up to a 12-month supply of an FDA-approved, self-administered hormonal contraceptive pursuant to a valid prescription that specifies an initial quantity followed by periodic refills.

~~(2) A pharmacist furnishing an FDA-approved, self-administered hormonal contraceptive pursuant to Section 4052.3 under protocols developed by the Board of Pharmacy may furnish, at the patient's request, up to a 12-month supply at one time.~~

~~(3)~~

(2) Nothing in this subdivision shall be construed to require a pharmacist to dispense or furnish a drug if it would result in a violation of Section 733.

~~(g)~~

(f) Nothing in this section shall be construed to require a health care service plan, health insurer, workers' compensation insurance plan, pharmacy benefits manager, or any other person or entity, including, but not limited to, a state program or state employer, to provide coverage for a dangerous drug in a manner inconsistent with a beneficiary's plan benefit.

SEC. 27. Section 4067 of the Business and Professions Code is amended to read:

4067. (a) No person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in Section 4022, on the internet for delivery to any person in this state without a prescription issued pursuant to ~~a good faith~~ *an appropriate* prior examination of ~~a~~ *the* human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to ~~a good faith~~ *an appropriate* prior examination of ~~a~~ *the* human or animal, or if the person or entity did not act in accordance with Section 1761 of Title 16 of the California Code of Regulations.

(b) Notwithstanding any other provision of law, a violation of this section may subject the person or entity that has committed the violation to either a fine of up to twenty-five thousand dollars ($25,000) per occurrence pursuant to a citation issued by the board or a civil penalty of twenty-five thousand dollars ($25,000) per occurrence.

(c) The Attorney General may bring an action to enforce this section and to collect the fines or civil penalties authorized by subdivision (b).

(d) For notifications made on and after January 1, 2002, the Franchise Tax Board, upon notification by the Attorney General or the board of a final judgment in an action brought under this section, shall subtract the amount of the fine or awarded civil penalties from any tax refunds or lottery winnings due to the person who is a defendant in the action using the offset authority under Section 12419.5 of the Government Code, as delegated by the Controller, and the processes as established by the Franchise Tax Board for this purpose. That amount shall be forwarded to the board for deposit in the Pharmacy Board Contingent Fund.

(e) Nothing in this section shall be construed to permit the unlicensed practice of pharmacy, or to limit the authority of the board to enforce any other provision of this chapter.

(f) For the purposes of this section, ~~"good faith~~ "*appropriate* prior examination" includes the requirements for a physician and surgeon in Section 2242 and the requirements for a veterinarian in Section 4826.6.

SEC. 28. Section 4067.1 is added to the Business and Professions Code, to read:

4067.1. (a) For the purposes of this section, "platform" means a platform intended to connect a patient to a prescriber and a pharmacy, including, but not limited to, a telehealth platform, a telehealth application, or a telemedicine application.

(b) Except as provided in subdivision (c), a pharmacy or outsourcing facility licensed pursuant to this chapter shall notify the board that it receives prescriptions for dispensing to patients from a platform. As part of the notification, the pharmacist-in-charge of the pharmacy or director of quality at the outsourcing facility shall disclose if it has a financial relationship with the platform. The disclosure shall include all of the following:

(1) Whether the platform is owned in whole or in part by an authorized prescriber and if the platform operates under common ownership, management and control.

(2) Certification of compliance with the provisions of Section 650.

(3) The platform owner's geographic location, including their state, and contact information.

(c) This section does not require notification for a telehealth platform used by a health care service plan as defined in subdivision (g) of Section 56.05 of the Civil Code.

SEC. 29. Section 4073 of the Business and Professions Code is repealed.

~~4073. (a) A pharmacist filling a prescription order for a drug product prescribed by its trade or brand name may select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name as determined by the United States Adopted Names (USAN) and accepted by the federal Food and Drug Administration (FDA), of those drug products having the same active chemical ingredients.~~

~~(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute"; provided that the prescriber personally initials the box or checkmark. To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.~~

~~(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The person who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product prescribed by generic name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section. In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less than the prescribed drug product. Cost, as used in this subdivision, is defined to include any professional fee that may be charged by the pharmacist.~~

~~(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.~~

~~(e) When a substitution is made pursuant to this section, the use of the cost-saving drug product dispensed shall be communicated to the patient and the name of the dispensed drug product shall be indicated on the prescription label, except where the prescriber orders otherwise.~~

SEC. 30. Section 4073.5 of the Business and Professions Code is repealed.

~~4073.5. (a) A pharmacist filling a prescription order for a prescribed biological product may select an alternative biological product only if all of the following:~~

~~(1) The alternative biological product is interchangeable.~~

~~(2) The prescriber does not personally indicate "Do not substitute," or words of similar meaning, in the manner provided in subdivision (d).~~

~~(b) Within five days following the dispensing of a biological product, a dispensing pharmacist or the pharmacists' designee shall make an entry of the specific biological product provided to the patient, including the name of the biological product and the manufacturer. The communication shall be conveyed by making an entry that can be electronically accessed by the prescriber through one or more of the following electronic records systems:~~

~~(1) An interoperable electronic medical records system.~~

~~(2) An electronic prescribing technology.~~

~~(3) A pharmacy benefit management system.~~

~~(4) A pharmacy record.~~

~~(c) Entry into an electronic records system as described in subdivision (b) is presumed to provide notice to the prescriber.~~

~~(d) If the pharmacy does not have access to one or more of the entry systems in subdivision (b), the pharmacist or the pharmacist's designee shall communicate the name of the biological product dispensed to the prescriber using facsimile, telephone, electronic transmission, or other prevailing means, except that communication shall not be required in this instance to the prescriber when either of the following apply:~~

~~(1) There is no interchangeable biological product approved by the federal Food and Drug Administration for the product prescribed.~~

~~(2) A refill prescription is not changed from the product dispensed on the prior filling of the prescription.~~

~~(e) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning.~~

~~(1) This subdivision shall not prohibit a prescriber from checking a box on a prescription marked "Do not substitute," provided that the prescriber personally initials the box or checkmark.~~

~~(2) To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription, as~~

~~defined in subdivision (c) of Section 4040, a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.~~

~~(f) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (e). A pharmacist who selects an alternative biological product to be dispensed pursuant to this section shall assume the same responsibility for substituting the biological product as would be incurred in filling a prescription for a biological product prescribed by name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a biological product pursuant to this section. In no case shall the pharmacist select a biological product that meets the requirements of subdivision (a) unless the cost to the patient of the biological product selected is the same or less than the cost of the prescribed biological product. Cost, as used in this subdivision, includes any professional fee that may be charged by the pharmacist.~~

~~(g) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the Medi-Cal Act set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.~~

~~(h) When a selection is made pursuant to this section, the substitution of a biological product shall be communicated to the patient.~~

~~(i) The board shall maintain on its public Internet Web site a link to the current list, if available, of biological products determined by the federal Food and Drug Administration to be interchangeable.~~

~~(j) For purposes of this section, the following terms shall have the following meanings:~~

~~(1) "Biological product" has the same meaning that applies to that term under Section 351 of the federal Public Health Service Act (42 U.S.C. Sec. 262(i)).~~

~~(2) "Interchangeable" means a biological product that the federal Food and Drug Administration has determined meets the standards set forth in Section 262(k)(4) of Title 42 of the United States Code,~~

~~or has been deemed therapeutically equivalent by the federal Food and Drug Administration as set forth in the latest addition or supplement of the Approved Drug Products with Therapeutic Equivalence Evaluations.~~

~~(3) "Prescription," with respect to a biological product, means a prescription for a product that is subject to Section 503(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 353(b)).~~

~~(k) This section shall not prohibit the administration of immunizations, as permitted in Sections 4052 and 4052.8.~~

~~(*l*) This section shall not prohibit a disability insurer or health care service plan from requiring prior authorization or imposing other appropriate utilization controls in approving coverage for any biological product.~~

SEC. 31. Section 4081 of the Business and Professions Code is amended to read:

4081. (a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, licensed correctional clinic, as defined in Section 4187, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

(b) The owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge, responsible manager, or designated representative-in-charge, for maintaining the records and inventory described in this section.

(c) The pharmacist-in-charge, responsible manager, or designated representative-in-charge shall not be criminally responsible for acts of the owner, officer, partner, or employee that violate this section and of which the pharmacist-in-charge, responsible manager, or designated representative-in-charge had

no knowledge, or in which ~~he or she~~ *they* did not knowingly participate.

(d) Pharmacies that dispense nonprescription diabetes test devices pursuant to prescriptions shall retain records of acquisition and sale of those nonprescription diabetes test devices for at least three years from the date of making. The records shall be at all times during business hours open to inspection by authorized officers of the law.

(e) (1) In addition to the records described in subdivision (a), records that shall be maintained include staffing schedules, pharmacy personnel job duty statements, consultant reports, and policies and procedures related to pharmacy personnel and pharmacy operations.

(2) Records described in paragraph (1) that are maintained electronically shall provide an audit trail for revisions and updates of each record.

(3) Prior versions of each electronically maintained record described in paragraph (2) shall be maintained in a readily retrievable format and include changes to the document, identification of the individual who made the change, and the date of each change.

SEC. 32. Section 4102 is added to the Business and Professions Code, to read:

4102. (a) (1) As provided in this section, all facilities licensed by the board shall complete the self-assessment process by July 1 of every odd-numbered year, unless otherwise established in this section.

(2) The self-assessment process shall be completed on a form provided by the board pursuant to this section.

(b) The form shall be completed to assess the facility's compliance with federal and state laws identified on the form. For each "no" response, the facility shall undertake a written corrective action or action plan to come into compliance with the law.

(c) (1) The form shall be signed under penalty of perjury by the designated individual, pursuant to this section, and cosigned by the owner or authorized officer of the facility acknowledging they have read, reviewed, and completed the self-assessment to the best of their professional ability and acknowledge that failure

to correct any deficiency identified could result in action by the board.

(2) The completed form shall be kept on file in the facility and made available to the board or its designee upon request.

(d) The facility shall use the appropriate designated form based on the type of license, as described in this subdivision and as posted on the board's internet website.

(1) The Community Pharmacy Self-Assessment/Hospital Outpatient Self-Assessment form shall be completed by the pharmacist-in-charge. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:

(A) A new pharmacy license is issued.

(B) There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy.

(C) There is a change in the location of a pharmacy to a new address.

(2) The Hospital Pharmacy Self-Assessment form shall be completed by the pharmacist-in-charge. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:

(A) A new pharmacy license is issued.

(B) There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy.

(C) There is a change in the location of a pharmacy to a new address.

(3) The Automated Drug Delivery System Self-Assessment form shall be completed by the pharmacist-in-charge of the pharmacy operating the system. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:

(A) A new pharmacy license is issued.

(B) There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy.

(C) There is a change in the location of a pharmacy to a new address.

(4) The Compounding Self-Assessment form shall be completed by the pharmacist-in-charge of each pharmacy that compounds drug products. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:

(A) A new pharmacy license is issued.

(B) There is a change of pharmacist-in-charge, and they become the new pharmacist-in-charge of a pharmacy.

(C) There is a change in the location of a pharmacy to a new address.

(5) The Surgical Clinic Self-Assessment form shall be completed by the consulting pharmacist of the surgical clinic and cosigned by the professional director.

(6) The Wholesaler/Third-Party Logistics Provider Self-Assessment form shall be completed by the designated representative-in-charge or the wholesaler or responsible manager of the third-party logistics provider. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:

(A) A new license is issued.

(B) There is a change of designated representative-in-charge or responsible manager, and they become the new designated representative-in-charge or responsible manager.

(C) There is a change in the location to a new address.

(7) The Outsourcing Facility Self-Assessment form shall be completed by the designated quality control personnel. In addition to the requirements in subdivision (a), the form shall be completed within 30 days of any of the following:

(A) A new license is issued.

(B) There is a change in the designated quality control personnel.

(C) There is a change in the location to a new address.

SEC. 33. Section 4105 of the Business and Professions Code is amended to read:

4105. (a) All records or other documentation ~~of the acquisition and disposition of dangerous drugs and dangerous devices~~ *required to be maintained pursuant to this chapter* by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

(b) The licensee may remove the original records or documentation from the licensed premises on a temporary basis for license-related purposes. However, a duplicate set of those records or other documentation shall be retained on the licensed premises.

(c) The records required by this section shall be retained on the licensed premises for a period of three years from the date of making. *Paper records may be converted into a digital format and maintained only in a noneditable format. Certification that the digitized documents have not been altered may be required by the board.*

(d) (1) Any records that are maintained electronically shall be maintained so that the pharmacist-in-charge, or the pharmacist on duty if the pharmacist-in-charge is not on duty, shall, at all times during which the licensed premises are open for business, be able to produce a ~~hardcopy and~~ *hardcopy, digitized copy, or* electronic copy of all records ~~of acquisition or disposition or other drug or dispensing-related records~~ *required by this chapter to be* maintained electronically.

(2) In the case of a veterinary food-animal drug retailer, wholesaler, or third-party logistics provider, any records that are maintained electronically shall be maintained so that the designated representative-in-charge or the responsible manager, or the designated representative on duty or the designated representative-3PL on duty if the designated representative-in-charge or responsible manager is not on duty, shall, at all times during which the licensed place of business is open for business, be able to produce a ~~hardcopy and~~ *hardcopy, digitized copy, or* electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

(e) (1) Notwithstanding subdivisions (a), (b), and (c), the board may, upon written request, grant to a licensee a waiver of the requirements that the records described in subdivisions (a), (b), and (c) be kept on the licensed premises.

(2) A waiver granted pursuant to this subdivision shall not affect the board's authority under this section or any other provision of this chapter.

(f) When requested by an authorized officer of the law or by an authorized representative of the board, the owner, corporate officer, or manager of an entity licensed by the board shall provide the board with the requested records within three business days of the time the request was made. The entity may request in writing an extension of this timeframe for a period not to exceed 14 calendar days from the date the records were requested. A request for an

extension of time is subject to the approval of the board. An extension shall be deemed approved if the board fails to deny the extension request within two business days of the time the extension request was made directly to the board.

SEC. 34. Section 4111 of the Business and Professions Code is amended to read:

4111. (a) Except as otherwise provided in *paragraph (2), or in* subdivision (b), (d), or (e), the board shall not issue or renew a license to conduct a pharmacy to any of the following:

(1) A person or persons authorized to prescribe or write a prescription, as specified in Section 4040, in the State of California.

(2) ~~A~~ *(A) Except as provided in subparagraph (B), a* person or persons with whom a person or persons specified in paragraph (1) shares a community or other financial interest in the ~~permit~~ *license* sought.

(B) Subparagraph (A) shall not preclude the issuance of a new or renewal license to conduct a pharmacy if both of the following conditions are met:

(i) Both the person or persons specified in paragraph (1) and the person seeking the license provide statements that the person or persons specified in paragraph (1) disavow any community or financial interest in the license.

(ii) Any interest in the license that is shared community property, as defined in Section 65 of the Family Code, of a person specified in paragraph (1) and the person seeking the license is transmuted into the separate property of the person seeking the license.

(C) A pharmacy that is granted a license pursuant to the exception in subparagraph (B) shall not fill any prescriptions, emergency or otherwise, issued or prescribed by either of the following persons:

(i) A person specified in paragraph (1) who shares a community or other financial interest with the licensee.

(ii) A prescriber at the same place of business as a person specified in clause (i) if the prescriber owns an interest greater than 10 percent in the practice issuing the prescription.

(3) Any corporation that is controlled by, or in which 10 percent or more of the stock is owned by a person or persons prohibited from pharmacy ownership by paragraph (1) or (2).

(b) Subdivision (a) shall not preclude the issuance of a permit for an inpatient hospital pharmacy to the owner of the hospital in which it is located.

(c) The board may require any information the board deems is reasonably necessary for the enforcement of this section.

(d) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a person licensed on or before August 1, 1981, under the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and qualified on or before August 1, 1981, under subsection (d) of Section 1310 of Title XIII of the federal Public Health Service Act, as amended, whose ownership includes persons defined pursuant to paragraphs (1) and (2) of subdivision (a).

(e) *(1)* Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a ~~pharmacist authorized to issue a drug order pursuant to Section 4052.1, 4052.2, or 4052.6.~~ *pharmacist.*

(2) If the board issues a license pursuant to paragraph (1), the pharmacist owning or owning and operating the pharmacy shall do both of the following when issuing a drug order:

(A) Offer to provide a prescription to the patient that the patient may elect to have filled by a pharmacy of the patient's choice unless prohibited by the collaborative practice agreement.

(B) Provide a full patient consultation before issuing the drug order.

SEC. 35. Section 4112 of the Business and Professions Code is amended to read:

4112. (a) Any pharmacy located outside this state that ~~ships, mails, or delivers,~~ *is involved in the preparation, dispensing, shipping, mailing, or delivery,* in any manner, *of* controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy.

(b) A person ~~may~~ *shall* not act as a nonresident pharmacy unless ~~he or she~~ *the person* has obtained a license from the board. The board may register a nonresident pharmacy that is organized as a limited liability company in the state in which it is licensed.

(c) A nonresident pharmacy shall disclose to the board the location, names, and titles of (1) its agent for service of process in this state, (2) all principal corporate officers, if any, (3) all general

partners, if any, and (4) all pharmacists who are dispensing controlled substances, dangerous drugs, or dangerous devices to residents of this state. ~~A report containing this information~~ *A nonresident pharmacy shall also include the name of a California licensed pharmacist designated as the pharmacist-in-charge in the report made pursuant to this subdivision. The report* shall be made on an annual basis and within 30 days after any change of office, corporate officer, partner, *pharmacist-in-charge,* or pharmacist.

(d) All nonresident pharmacies shall comply with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as with all requests for information made by the board pursuant to this section. The nonresident pharmacy shall maintain, at all times, a valid unexpired license, permit, or registration to conduct the pharmacy in compliance with the laws of the state in which it is a resident. As a prerequisite to registering with the ~~board,~~ *board and ongoing licensure,* the nonresident pharmacy shall *identify a California-licensed pharmacist employed and working at the nonresident pharmacy to be proposed to serve as the pharmacist-in-charge, and* submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.

(e) All nonresident pharmacies shall maintain records of controlled substances, dangerous drugs, or dangerous devices dispensed to patients in this state so that the records are readily retrievable from the records of other drugs dispensed.

(f) Any pharmacy subject to this section shall, during its regular hours of operation, but not less than six days per week, and for a minimum of 40 hours per week, provide a toll-free telephone service to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. This toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state.

(g) A nonresident pharmacy shall not permit a pharmacist ~~whose license has been revoked by the board to manufacture, compound, furnish, sell, dispense, or initiate the prescription of a dangerous drug or dangerous device, or to provide any pharmacy-related service, to a person residing in California.~~ *to manufacture,*

compound, furnish, sell, dispense, or initiate the prescription of a dangerous drug or dangerous device, or to provide any pharmacy-related service, to California patients under either of the following conditions:

(1) The pharmacist's license has been revoked by the jurisdiction and has not been subsequently reinstated.

(2) The pharmacist is not licensed in California and has not successfully passed the North American Pharmacist Licensure Examination or the Multistate Jurisprudence Examination.

(h) The board shall adopt regulations that apply the same requirements or standards for oral consultation to a nonresident pharmacy that operates pursuant to this section and ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state, as are applied to an in-state pharmacy that operates pursuant to Section 4037 when the pharmacy ships, mails, or delivers any controlled substances, dangerous drugs, or dangerous devices to residents of this state. The board shall not adopt any regulations that require face-to-face consultation for a prescription that is shipped, mailed, or delivered to the patient. The regulations adopted pursuant to this subdivision shall not result in any unnecessary delay in patients receiving their medication.

(i) The registration fee shall be the fee specified in subdivision (a) of Section 4400.

(j) The registration requirements of this section shall apply only to a nonresident pharmacy that ships, mails, or delivers controlled substances, dangerous drugs, and dangerous devices into this state pursuant to a prescription.

(k) A nonresident pharmacy licensed pursuant to this section shall be subject to inspection by the board as a condition of renewal once every four years, unless the board determines more frequent inspections are necessary. In addition to paying the fees established in Section 4400, the nonresident pharmacy shall deposit, when notified by the board, a reasonable amount, as determined by the board, necessary to cover the board's estimated reasonable costs of performing the inspection. If the required deposit is not received or if the actual costs of the inspection exceed the amount deposited, the board shall issue an invoice for the remaining amount and shall not take action on the renewal application until the full amount has been paid to the board. If the

amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant.

~~(k)~~

(l) Nothing in this section shall be construed to authorize the dispensing of contact lenses by nonresident pharmacists except as provided by Section 4124.

(m) The changes made to this section by the act adding this subdivision shall become operative on July 1, 2026.

SEC. 36. Section 4113 of the Business and Professions Code is amended to read:

4113. (a) *(1)* Every pharmacy shall designate a ~~pharmacist-in-charge and, within~~ *pharmacist-in-charge.*

(2) A pharmacy licensed pursuant to Section 4110 shall, within 30 days ~~thereof, shall~~ *of the designation in paragraph (1),* notify the board in writing of the identity and license number of that pharmacist and the date they were designated.

(3) A pharmacy licensed pursuant to Section 4112 shall, within 90 days of the designation in paragraph (1), notify the board in writing of the identify and license number of that pharmacist and the date they were designated.

(b) The proposed pharmacist-in-charge shall be subject to approval by the board. The board shall not issue or renew a pharmacy license without identification of an approved pharmacist-in-charge for the pharmacy.

(c) (1) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

(2) The pharmacist-in-charge ~~may~~ *shall* make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely. If the pharmacist-in-charge is not available, a pharmacist on duty may adjust staffing according to workload if needed. This paragraph does not apply to facilities of the Department of Corrections and Rehabilitation.

(3) (A) The pharmacist-in-charge shall make the decision regarding how many pharmacy technicians may be present in the pharmacy and performing the tasks specified in subdivision (a) of Section 4115, provided that the 4:1 ratio of pharmacy technicians

to each pharmacist in the pharmacy does not exceed the maximum ratio established in subdivision (g) of Section 4115.

(B) The board shall adopt regulations to ensure that the judgment of the pharmacist-in-charge in making decisions pursuant to this paragraph is not subjected to inappropriate pressure or coercion by the owner or management of the pharmacy.

(d) (1) The pharmacist-in-charge or pharmacist on duty shall immediately notify store management of any conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. Store management shall take immediate and reasonable steps to address and resolve the conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. If the conditions are not resolved within 24 hours, the pharmacist-in-charge or pharmacist on duty shall ensure the board is timely notified.

(2) Nothing in this subdivision shall be construed as presenting, limiting, or restraining a pharmacist-in-charge, pharmacy technician, or member of the public from communication with the board, including filing a complaint.

(3) The conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff may include, but are not limited to, any of the following:

(A) Workplace safety and health hazards that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff.

(B) Sustained temperatures that could impact ambient temperature drug stability according to manufacturer data on acceptable drug storage conditions.

(C) Vermin infestation that poses a risk to the safety or efficacy of medicine.

(4) If, after receipt of a notice described in paragraph (1) and an evaluation and assessment of the relevant evidence, the executive officer has a reasonable belief that conditions within a pharmacy exist that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff, the executive officer may, in conformance with the processes set forth in subdivisions (b) and (c) of Section 4127.3, issue an order to the pharmacy to immediately cease and desist those pharmacy operations that are affected by the conditions at issue. The cease

and desist order shall remain in effect until either the executive officer determines the conditions that presented an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff have been abated or for no more than 30 days, whichever is earlier. Evidence of corrective actions taken shall be submitted by the pharmacy to correct the conditions at issue. Failure to comply with a cease and desist order issued pursuant to this section shall be unprofessional conduct pursuant to Section 4156.

(5) Nothing in this paragraph shall prevent the owner of the licensed premises from closing a pharmacy to mitigate against a perceived immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff.

(6) Facilities of the Department of Corrections and Rehabilitation shall be exempt from this subdivision.

(e) *(1)* Every pharmacy *licensed pursuant to Section 4110* shall notify the board in writing, on a form designed by the board, within 30 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge. ~~The~~

(2) Every pharmacy licensed pursuant to Section 4112 shall notify the board in writing, on a form designed by the board, within 90 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge.

(3) The proposed replacement pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

(f) If a pharmacy is unable, in the exercise of reasonable diligence, to identify within 30 days a permanent replacement pharmacist-in-charge to propose to the board on the notification form, the pharmacy may instead provide on that form the name of any pharmacist who is an employee, officer, or administrator of the pharmacy or the entity that owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis, to act as the interim pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity that owns the pharmacy, shall be prepared during normal business hours to

provide a representative of the board with the name of the interim pharmacist-in-charge with documentation of the active involvement of the interim pharmacist-in-charge in the daily management of the pharmacy, and with documentation of the pharmacy's good faith efforts prior to naming the interim pharmacist-in-charge to obtain a permanent pharmacist-in-charge. By no later than 120 days following the identification of the interim pharmacist-in-charge, the pharmacy shall propose to the board the name of a pharmacist to serve as the permanent pharmacist-in-charge. The proposed permanent pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board.

SEC. 37. Section 4113.1 of the Business and Professions Code is amended to read:

4113.1. (a) Except as specified in subdivision (e), a community pharmacy licensed pursuant to this article shall report, either directly or through a designated third party, including a component patient safety organization as defined in Section 3.20 of Title 42 of the Code of Federal Regulations, all medication errors to an entity approved by the board. A community pharmacy shall submit the report no later than 14 days following the date of discovery of the error. These reports are deemed confidential and are not subject to discovery, subpoena, or disclosure pursuant to the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code), except that the board may publish deidentified case summary information compiled from the data in the reports so long as deidentification is done in accordance with the requirements set forth in Section 164.514(b)(2) of Title 45 of the Code of Federal Regulations, and includes omitting the name of the reporting pharmacy. The community pharmacy shall maintain records demonstrating compliance with this requirement for three years and shall make these records immediately available at the request of an inspector. A medication error report made pursuant to this section shall not be subject to investigation, discipline, or other enforcement action by the board based solely on a report received pursuant to this section. However, if the board receives other information regarding

the medication error independent of the medication error report, that information may serve as basis for discipline or other enforcement by the board.

(b) Any entity approved by the board shall have experience with the analysis of medication errors that occur in the outpatient setting.

(c) For purposes of this section, "community pharmacy" includes any pharmacy that dispenses medication to an outpatient, but does not include facilities of the Department of Corrections and Rehabilitation.

(d) For purposes of this section, "medication error" includes any variation from a prescription drug order not authorized by the prescriber, including, but not limited to, errors involving the wrong drug, the wrong dose, the wrong patient, the wrong directions, the wrong preparation, or the wrong route of administration. A medication error does not include any variation that is corrected prior to dispensing to the patient or patient's agent or any variation allowed by law.

(e) An outpatient hospital pharmacy shall not be required to report a medication error that meets the requirements of an adverse event, as specified in subdivision (a), that has been reported to the State Department of Public Health pursuant to Section 1279.1 of the Health and Safety Code. The State Department of Public Health may share a report with the California State Board of Pharmacy.

(f) A pharmacy licensed pursuant to Section 4112 shall only be required to report medication errors related to prescriptions dispensed to California residents.

SEC. 38. Section 4113.6 of the Business and Professions Code is amended to read:

4113.6. (a) A chain community pharmacy subject to Section 4113.5 shall be staffed at all times with at least one clerk or pharmacy technician fully dedicated to performing pharmacy-related services. The board shall not take action against a pharmacy for a violation of this subdivision if any of the following conditions apply:

(1) The pharmacist on duty waives the requirement in writing during specified hours based on workload need.

(2) The pharmacy is open beyond normal business hours, which is before 8:00 a.m. and after 7:00 p.m. During the hours before 8:00 a.m. and after 7:00 p.m., the requirement shall not apply.

(3) The pharmacy's prescription volume per day on average is less than 75 prescriptions per day based on the average daily prescription volume for the past calendar year. However, if the pharmacist is also expected to provide additional pharmacy services such as immunizations, tests classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a), or any other ancillary services provided by law, this paragraph does not apply.

(b) A chain community pharmacy subject to Section 4113.5 shall be staffed with sufficient pharmacists with overlapping schedules when patient care services other than dispensing or immunizations are provided.

~~(b)~~

(c) Where staffing of pharmacist hours within a chain community pharmacy does not overlap sufficiently, scheduled closures for lunch time for all pharmacy staff shall be established and publicly posted and included on the outgoing telephone message.

(d) A chain community pharmacy shall post, in a prominent place for pharmacy personnel, a notice that provides information on how to file a complaint with the board.

SEC. 39. Section 4115 of the Business and Professions Code is amended to read:

4115. (a) A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under their supervision by a technician.

~~(b) (1) In addition to the tasks specified in subdivision (a) a pharmacy technician may, under the direct supervision and control of a pharmacist, prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, perform specimen collection for tests that are classified as waived under CLIA, receive prescription transfers, and accept clarification on prescriptions under the following conditions:~~

~~(A) The pharmacy has scheduled another pharmacy technician to assist the pharmacist by performing the tasks provided in subdivision (a).~~

~~(B) The pharmacy technician is certified pursuant to paragraph (4) of subdivision (a) of Section 4202 and maintains that certification.~~

~~(C) The pharmacy technician has successfully completed at least six hours of practical training approved by the Accreditation Council for Pharmacy Education and includes hands-on injection technique, the recognition and treatment of emergency reactions to vaccines, and an assessment of the pharmacy technician's injection technique.~~

~~(D) The pharmacy technician is certified in basic life support.~~

~~(2) "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a; Public Law 100-578).~~

(b) (1) In addition to the tasks specified in subdivision (a), and where the pharmacy has scheduled another pharmacy technician to assist the pharmacist by performing the tasks provided in subdivision (a), a certified pharmacy technician as defined in Section 4202 may, under the direct supervision and control of a pharmacist, do any of the following:

(A) Prepare and administer influenza and COVID-19 vaccines via injection or intranasally, and prepare and administer epinephrine, provided that both of the following conditions are met:

(i) The pharmacy technician has successfully completed at least six hours of practical training approved by the Accreditation Council for Pharmacy Education and includes hands-on injection technique, the recognition and treatment of emergency reactions to vaccines, and an assessment of the pharmacy technician's injection technique prior to performing administration of vaccines.

(ii) The pharmacy technician is certified in basic life support.

(B) (i) Perform specimen collection for tests that are classified as CLIA.

(ii) "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a; Public Law 100-578).

(C) Initiate and receive prescription transfers and accept clarification on prescriptions.

(c) This section does not authorize the performance of any tasks specified in subdivisions (a) and (b) by a pharmacy technician without a pharmacist on duty.

(d) This section does not authorize a pharmacy technician to perform any act requiring the exercise of professional judgment by a pharmacist.

(e) The board shall adopt regulations to specify tasks pursuant to subdivision (a) that a pharmacy technician may perform under the supervision of a pharmacist. Any pharmacy that employs a pharmacy technician shall do so in conformity with the regulations adopted by the board.

(f) A person shall not act as a pharmacy technician without first being licensed by the board as a pharmacy technician.

(g) (1) A pharmacy with only one pharmacist shall have no more than ~~one~~ *four* pharmacy ~~technician~~ *technicians* performing the tasks specified in subdivision (a). A pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (b). If a pharmacy technician is performing the tasks specified in subdivision (b), a second pharmacy technician shall be assisting a pharmacist with performing tasks specified in subdivision (a). The ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed ~~2:1,~~ *4:1,* except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, as specified in paragraph (2), an inmate of a correctional facility of the Department of Corrections and Rehabilitation, and for a person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs.

(2) The board may adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency. Any ratio established by the board pursuant to this subdivision shall allow, at a minimum, at least one pharmacy technician for a single pharmacist in a pharmacy and two pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117.

(3) A pharmacist scheduled to supervise a second pharmacy technician may refuse to supervise a second pharmacy technician if the pharmacist determines, in the exercise of their professional judgment, that permitting the second pharmacy technician to be on duty would interfere with the effective performance of the pharmacist's responsibilities under this chapter. A pharmacist assigned to supervise a second pharmacy technician shall notify the pharmacist-in-charge in writing of their determination, specifying the circumstances of concern with respect to the pharmacy or the pharmacy technician that have led to the determination, within a reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule. An entity employing a pharmacist shall not discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this paragraph.

(h) Notwithstanding subdivisions (a) to (c), inclusive, the board shall by regulation establish conditions to permit the temporary absence of a pharmacist for breaks and lunch periods pursuant to Section 512 of the Labor Code and the orders of the Industrial Welfare Commission without closing the pharmacy. During these temporary absences, a pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. The pharmacist shall be responsible for a pharmacy technician and shall review any task performed by a pharmacy technician during the pharmacist's temporary absence. This subdivision shall not be construed to authorize a pharmacist to supervise pharmacy technicians in greater ratios than those described in subdivision (g).

(i) The pharmacist on duty shall be directly responsible for the conduct of a pharmacy technician supervised by that pharmacist.

(j) In a health care facility licensed under subdivision (a) of Section 1250 of the Health and Safety Code, a pharmacy technician's duties may include any of the following:

(1) Packaging emergency supplies for use in the health care facility and the hospital's emergency medical system or as authorized under Section 4119.

(2) Sealing emergency containers for use in the health care facility.

(3) Performing monthly checks of the drug supplies stored throughout the health care facility. Irregularities shall be reported within 24 hours to the pharmacist-in-charge and the director or chief executive officer of the health care facility in accordance with the health care facility's policies and procedures.

(k) Notwithstanding subdivision (a) of Section 4038, a pharmacy technician may, outside of a licensed pharmacy, do both of the following:

(1) Perform compounding activities only under the direct supervision and control of a pharmacist. The supervising pharmacist of the location where such compounding activities occur shall notify the board in writing.

(2) Administer vaccinations only under the direct supervision and control of a pharmacist.

SEC. 40. Section 4115.5 of the Business and Professions Code is amended to read:

4115.5. (a) Notwithstanding any other law, a pharmacy technician trainee may be placed in a pharmacy to complete an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician.

(b) (1) A pharmacy technician trainee participating in an externship as described in subdivision (a) may perform the duties described in subdivision (a) of Section 4115 only under the direct supervision and control of a pharmacist.

(2) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall be directly responsible for the conduct of the trainee.

(3) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall verify any prescription prepared by the trainee under supervision of the pharmacist by initialing the prescription label before the medication is disbursed to a patient or by engaging in other verification procedures that are specifically approved by board regulations.

(4) A pharmacist may only supervise one pharmacy technician trainee at any given time.

(5) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall certify attendance for the pharmacy technician trainee and certify that the pharmacy technician trainee has met the educational

objectives established by ~~a California public postsecondary education institution or the private postsecondary vocational institution in which the trainee is enrolled, as established by the institution.~~ *the training program.*

(c) (1) Except as described in paragraph (2), an externship in which a pharmacy technician trainee is participating as described in subdivision (a) shall be for a period of no fewer than 120 hours and no more than 140 hours.

(2) When an externship in which a pharmacy technician trainee is participating as described in subdivision (a) involves rotation between a community and hospital pharmacy for the purpose of training the student in distinct practice settings, the externship may be for a period of up to 340 hours.

(d) An externship in which a pharmacy technician trainee may participate as described in subdivision (a) shall be for a period of no more than six consecutive months in a community pharmacy and for a total of no more than 12 months if the externship involves rotation between a community and hospital pharmacy. The externship shall be completed while the trainee is enrolled in ~~a course of instruction at the institution.~~ *the training program.*

(e) A pharmacy technician trainee participating in an externship as described in subdivision (a) shall wear identification that indicates the pharmacy technician trainee's status as a trainee.

SEC. 41. Section 4118.5 of the Business and Professions Code is amended to read:

4118.5. (a) A pharmacist at a hospital pharmacy shall obtain an accurate medication profile or list for each high-risk patient upon admission *and discharge* of the high-risk patient under the following conditions:

(1) The hospital has more than 100 beds.

(2) The accurate medication profile or list may be acquired by the pharmacist during the hospital pharmacy's hours of operation.

(b) Notwithstanding any other law, a pharmacy technician or an intern pharmacist may perform the task of obtaining an accurate medication profile or list for a high-risk patient if both of the following conditions are satisfied:

(1) The hospital pharmacy has a quality assurance program to monitor competency.

(2) The hospital has established policies and procedures for training and proctoring pharmacy technicians or intern pharmacists

by the hospital pharmacy department and the pharmacy technician or intern pharmacist has completed that training and proctoring.

(c) The hospital shall establish criteria regarding who is a high-risk patient for purposes of this section, and shall determine the timeframe for completion of the medication profile or list, based on the patient populations served by the hospital.

(d) The board may adopt rules and regulations to carry out the purposes and objectives of this section.

(e) This section shall not apply to the State Department of State Hospitals.

(f) Nothing in this section shall be construed to prohibit a healing arts licensee licensed pursuant to this division from obtaining an accurate medication profile or list.

SEC. 42. Section 4119.3 of the Business and Professions Code is repealed.

~~4119.3. (a) Notwithstanding any other law, a pharmacy may dispense epinephrine auto-injectors to a prehospital emergency medical care person or lay rescuer for the purpose of rendering emergency care in accordance with Section 1797.197a of the Health and Safety Code, if both of the following requirements are met:~~

~~(1) A physician and surgeon provides a written order that specifies the quantity of epinephrine auto-injectors to be dispensed to a person described in subdivision (b) of Section 1797.197a of the Health and Safety Code. The physician and surgeon may issue the prescription only upon presentation of a current certificate demonstrating that the person is trained and qualified under Section 1797.197a of the Health and Safety Code to administer an epinephrine auto-injector to another person in an emergency situation. The prescription shall specify that the dispensed epinephrine auto-injector is for "First Aid Purposes Only" and that the named recipient is a "Section 1797.197a Responder." A new prescription shall be written for any additional epinephrine auto-injectors required.~~

~~(2) (A) The pharmacy shall label each epinephrine auto-injector dispensed with all of the following:~~

~~(i) The name of the person to whom the prescription was issued.~~

~~(ii) The designations "Section 1797.197a Responder" and "First Aid Purposes Only."~~

~~(iii) The dosage, use, and expiration date.~~

~~(B) Each dispensed prescription shall include the manufacturer's product information sheet for the epinephrine auto-injector.~~

~~(b) The person described in subdivision (b) of Section 1797.197a of the Health and Safety Code receiving epinephrine auto-injectors pursuant to this section shall make and maintain a record for five years reflecting dates of receipt, use, and destruction of each auto-injector dispensed, the name of any person to whom epinephrine was administered using an auto-injector, and the circumstances and manner of destruction of any auto-injectors.~~

~~(c) The epinephrine auto-injectors dispensed pursuant to this section may be used only for the purpose, and under the circumstances, described in Section 1797.197a of the Health and Safety Code.~~

SEC. 43. Section 4200.5 of the Business and Professions Code is amended to read:

4200.5. (a) The board shall issue, upon application and payment of the fee established by Section 4400, a retired license to a pharmacist who has been licensed by the board. The board shall not issue a retired license to a pharmacist whose license has been revoked.

(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active pharmacist's license is required. A pharmacist holding a retired license shall be permitted to use the titles "retired pharmacist" or "pharmacist, retired."

(c) The holder of a retired license shall not be required to renew that license.

(d) (1) The holder of a retired license may request to restore their pharmacist license to active status within three years of issuance of the retired license.

(2) A request made pursuant to paragraph (1) shall be accompanied by the renewal fee established in subdivision (e) of Section 4400 and demonstration that, within the two years preceding the request for restoration, the pharmacist has successfully completed continuing education consistent with the requirements set forth in subdivision (b) of Section 4231.

~~(d) In~~

(3) If more than three years have elapsed since the issuance of the retired license, in order for the holder of a retired license issued pursuant to this section to restore ~~his or her~~ *their* license to active

status, ~~he or she~~ *they* shall ~~pass the examination that is required for initial licensure with the board.~~ *reapply for licensure as a pharmacist consistent with the provisions of Section 4200.*

SEC. 44. Section 4202.6 of the Business and Professions Code is amended to read:

4202.6. Notwithstanding Section 480, the board may deny an application for licensure under this chapter if ~~the~~ *any of the following conditions apply:*

(a) The applicant has been convicted of a crime or subjected to formal discipline that would be grounds for denial of a federal registration to distribute controlled substances.

(b) The applicant has been convicted of a crime involving fraud in violation of state or federal laws related to health care.

(c) The applicant has been convicted of a crime involving financial identify theft.

~~SEC. 4.~~

SEC. 45. Section 4210 of the Business and Professions Code is amended to read:

4210. (a) A person who seeks recognition as an advanced pharmacist practitioner shall meet all of the following requirements:

(1) Hold an active license to practice pharmacy issued pursuant to this chapter that is in good standing.

(2) (A) Satisfy any two of the following criteria:

(i) Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the Accreditation Council for Pharmacy Education or another entity recognized by the board.

(ii) Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes the provision of direct patient care services with interdisciplinary teams.

(iii) Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced pharmacist practitioner, pharmacist practicing collaborative drug therapy management, or health system.

(B) For purposes of this paragraph, if, as a condition of completion of one of the required criteria fulfillment of a second

criterion is also required, that completion shall be deemed to satisfy this paragraph.

(3) File an application with the board for recognition as an advanced pharmacist practitioner.

(4) Pay the applicable fee to the board.

(b) An advanced pharmacist practitioner recognition issued pursuant to this section shall be valid for two years, coterminous with the certificate holder's license to practice pharmacy.

(c) The board shall adopt regulations establishing the means of documenting completion of the requirements in this section.

(d) This section shall become operative on January 1, 2025.

~~SEC. 5.~~

SEC. 46. Section 4211 of the Business and Professions Code is amended to read:

4211. (a) An applicant for renewal of an advanced pharmacist practitioner recognition shall maintain a current and active pharmacist license, and shall submit all of the following as part of the renewal:

(1) Application and payment of the renewal fees.

(2) (A) Proof satisfactory to the board that the licensee has completed 10 hours of continuing education pursuant to Section 4233.

(B) The 10 hours shall be in addition to the continuing education requirements necessary for a pharmacist license renewal pursuant to Section 4231.

(C) An advanced pharmacist practitioner shall retain documentation of completion of continuing education for four years.

(b) Notwithstanding subdivision (a), the board shall not require completion of continuing education for the first renewal cycle of an advanced pharmacist practitioner recognition.

(c) The board may issue an inactive advanced pharmacist practitioner recognition under any of the following conditions:

(1) The pharmacist's license becomes inactive.

(2) The advanced pharmacist practitioner fails to provide documentation of the completion of the required continuing education.

(3) As part of an investigation or audit conducted by the board, the advanced pharmacist practitioner fails to provide documentation substantiating the completion of continuing education.

(d) The board shall reactivate an inactive advanced pharmacist practitioner recognition only if the advanced pharmacist practitioner pays the required renewal fees pursuant to Section 4210, submits satisfactory proof to the board of completion of the continuing education requirements under Section 4233, and meets all renewal requirements in this section.

~~SEC. 6.~~

SEC. 47. Section 4233 of the Business and Professions Code is amended to read:

4233. A pharmacist who is recognized as an advanced pharmacist practitioner shall complete 10 hours of continuing education each renewal cycle in addition to the requirements of Section 4231. The subject matter shall be in one or more areas of practice relevant to the pharmacist's clinical practice.

SEC. 48. Section 4303 of the Business and Professions Code is amended to read:

4303. (a) The board may report any violation by a nonresident pharmacy of the laws and regulations of this state, any other state, or of the United States, including, but not limited to, any violation of this chapter or of the regulations established by the board, to any appropriate state or federal regulatory or licensing agency, including, but not limited to, the regulatory or licensing agency of the state in which the nonresident pharmacy is a resident or in which the pharmacist is licensed.

(b) The board may cancel, deny, revoke, or suspend a nonresident pharmacy registration, issue a citation or letter of admonishment to a nonresident pharmacy, or take any other action against a nonresident pharmacy that the board may take against a resident pharmacy license, on any of the same grounds upon which such action might be taken against a resident ~~pharmacy, provided that the grounds for the action are also grounds for action in the state in which the nonresident pharmacy is permanently located.~~ *pharmacy.*

(c) If the home state pharmacy license of a nonresident pharmacy is canceled, revoked, or suspended for any reason, any license issued pursuant to Section 4112 or 4127.2 shall be immediately canceled, revoked, or suspended by operation of law.

SEC. 49. Section 4317.5 of the Business and Professions Code is amended to read:

4317.5. (a) The board may bring an action for fines for repeated violations of materially similar provisions of this chapter within five years by three or more pharmacies operating under common ownership or management within a chain community ~~pharmacy, as follows:~~ *pharmacy for* a third ~~and,~~ or subsequent ~~violation~~ *violation, which* may be punished by an administrative fine not to exceed one hundred thousand dollars ($100,000) per violation.

(b) The board may bring an action against a chain community pharmacy operating under common ownership or management for fines not to exceed one hundred fifty thousand dollars ($150,000) for any violation of this chapter demonstrated to be the result of a written policy or ~~which~~ *that* was expressly encouraged by ~~the common~~ *any* owner or manager.

(c) The board shall not bring an action for fines pursuant to subdivision (a) until at least six months have elapsed from the date the board determines that a violation has occurred unless the violation giving rise to the action resulted in actual harm to any consumer or serious potential harm to the public.

(d) In an action brought by the board pursuant to subdivision (a), it shall be a ~~defense~~ *mitigating factor* for any pharmacy to establish either of the following:

(1) That the violation was contrary to a written policy that was communicated by ~~the common~~ *any* owner or manager *of the pharmacy* to all employees of the pharmacies where the violation ~~occurred.~~ *occurred, and that the pharmacy has complied with the policy.*

(2) That, within six months after the violation, ~~the common~~ *any* owner or manager corrected all unlawful policies, communicated the change in policy or policies in writing to all pharmacies under its ownership or management, and provided proof of abatement of the violation to the board, so long as the violation did not result in actual harm to any consumer or serious potential harm to the public.

(e) In determining the amount of the fine sought in an action brought pursuant to this section, the board shall consider relevant mitigating and aggravating factors, including, but not limited to, the good faith of the licensee, the communication of written changes to unlawful policies, the gravity of the violation, the potential harm to patients, whether the violation affects the

professional judgment or independence of pharmacists and pharmacy technicians, and the history of previous violations by the common owner or manager.

(f) The authority granted by this section is in addition to the authority of the board to institute any other administrative, civil, or criminal action.

(g) For purposes of this section, "chain community pharmacy" shall have the same meaning as defined in Section 4001.

(h) The fines in subdivisions (a) and (b) shall be imposed in accordance with Section 4314.

~~(i) In connection with the board's first Joint Sunset Review Oversight Hearing pursuant to Section 9147.7 of the Government Code occurring after this section becomes operative, the board shall provide to the appropriate committees of the Legislature all of the following information:~~

~~(1) The number of actions brought pursuant to this section.~~

~~(2) The number of actions brought pursuant to this section that did not result in any fines.~~

~~(3) The types of violations giving rise to actions brought pursuant to this section.~~

SEC. 50. Section 4317.6 is added to the Business and Professions Code, to read:

4317.6. (a) For the purposes of this section, "mail order pharmacy" is defined as a nonresident pharmacy that dispenses medications and ships them to patients via the postal service or other mail delivery method.

(b) The board may bring an action for fines for repeated violations of materially similar provisions of this chapter within five years for a single mail order pharmacy, or multiple mail order pharmacies operating under common ownership or management for a third or subsequent violation, which may be punished by an administrative fine not to exceed one hundred thousand dollars ($100,000) per violation.

(c) The board shall not bring an action for fines pursuant to subdivision (a) until at least six months have elapsed from the date the board determines that a violation has occurred unless the violation giving rise to the action resulted in actual harm to any consumer or serious potential harm to the public.

(d) In determining the amount of the fine sought in an action brought pursuant to this section, the board shall consider relevant

mitigating and aggregating factors, including, but not limited to, the good faith of the licensee, the communication of written changes to unlawful policies, the gravity of the violation, the potential harm to a patient, whether the violation affects the professional judgment or independence of pharmacists, and the history of previous violations by the mail order pharmacy, or in the case of multiple mail order pharmacies operating under common ownership or management, the history of the previous violations by the common ownership or control.

(e) The authority granted by this section is in addition to the authority of the board to institute any other administrative, civil, or criminal action.

(f) The fines in subdivision (b) shall be imposed in accordance with Section 4314.

~~SEC. 7.~~

SEC. 51. Section 4400 of the Business and Professions Code is amended to read:

4400. The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a) (1) The fee for a pharmacy license shall be seven hundred fifty dollars ($750) and may be increased to two thousand dollars ($2,000). The fee for the issuance of a temporary pharmacy permit shall be one thousand six hundred dollars ($1,600) and may be increased to two thousand seven hundred forty dollars ($2,740).

(2) The fee for a nonresident pharmacy license shall be two thousand four hundred twenty-seven dollars ($2,427) and may be increased to three thousand four hundred twenty-four dollars ($3,424). The fee for the issuance of a temporary nonresident pharmacy permit shall be two thousand dollars ($2,000) and may be increased to two thousand four hundred sixty-nine dollars ($2,469).

(b) (1) The fee for a pharmacy license annual renewal shall be one thousand twenty-five dollars ($1,025) and may be increased to two thousand dollars ($2,000).

(2) The fee for a nonresident pharmacy license annual renewal shall be one thousand twenty-five dollars ($1,025) and may be increased to two thousand dollars ($2,000).

(c) The fee for the pharmacist application and examination shall be two hundred sixty dollars ($260) and may be increased to two hundred eighty-five dollars ($285).

(d) The fee for regrading an examination shall be one hundred fifteen dollars ($115) and may be increased to two hundred dollars ($200). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license shall be one hundred ninety-five dollars ($195) and may be increased to two hundred fifteen dollars ($215). The fee for a pharmacist biennial renewal shall be four hundred fifty dollars ($450) and may be reduced to three hundred sixty dollars ($360).

(f) The fee for a wholesaler or third-party logistics provider license and annual renewal shall be one thousand dollars ($1,000) and may be increased to one thousand four hundred eleven dollars ($1,411). A temporary license fee shall be seven hundred fifteen dollars ($715) and may be increased to one thousand nine dollars ($1,009).

(g) The fee for a hypodermic license shall be five hundred fifty dollars ($550) and may be increased to seven hundred seventy-five dollars ($775). The fee for a hypodermic license renewal shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(h) (1) The fee for application, investigation, and issuance of a license as a designated representative pursuant to Section 4053, as a designated representative-3PL pursuant to Section 4053.1, or as a designated representative-reverse distributor pursuant to Section 4053.2 shall be three hundred forty-five dollars ($345) and may be increased to four hundred eighty-five dollars ($485).

(2) The fee for the annual renewal of a license as a designated representative, designated representative-3PL, or designated representative-reverse distributor shall be three hundred eighty-eight dollars ($388) and may be increased to five hundred forty-seven dollars ($547).

(i) (1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be three hundred forty-five dollars ($345) and may be increased to four hundred eighty-five dollars ($485).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be three hundred eighty-eight dollars ($388) and may be increased to five hundred forty-seven dollars ($547).

(j) (1) The application fee for a nonresident wholesaler or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars ($1,000) and may be increased to one thousand four hundred eleven dollars ($1,411).

(2) A temporary license fee shall be seven hundred fifteen dollars ($715) and may be increased to one thousand nine dollars ($1,009).

(3) The annual renewal fee for a nonresident wholesaler license or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars ($1,000) and may be increased to one thousand four hundred eleven dollars ($1,411).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars ($40) per course hour.

(*l*) The fee for an intern pharmacist license shall be one hundred seventy-five dollars ($175) and may be increased to two hundred forty-five dollars ($245). The fee for transfer of intern hours or verification of licensure to another state shall be one hundred twenty dollars ($120) and may be increased to one hundred sixty-eight dollars ($168).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be seventy-five dollars ($75) and may be increased to one hundred dollars ($100).

(o) (1) The fee for processing an application to change information on a premises license record shall be three hundred ninety-five dollars ($395) and may be increased to five hundred fifty-seven dollars ($557).

(2) The fee for processing an application to change a name or correct an address on a premises license record shall be two hundred six dollars ($206) and may be increased to two hundred eighty-two dollars ($282).

(3) The fee for processing an application to change a pharmacist-in-charge, designated representative-in-charge, or responsible manager on a premises license record shall be two hundred fifty dollars ($250) and may be increased to three hundred fifty-three dollars ($353).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a clinic license shall be six hundred twenty dollars ($620) and may be increased to eight hundred seventy-three dollars ($873). The annual fee for renewal of the license shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(r) The fee for the issuance of a pharmacy technician license shall be one hundred twenty dollars ($120) and may be increased to one hundred sixty-five dollars ($165). The fee for renewal of a pharmacy technician license shall be one hundred eighty dollars ($180) and may be reduced to one hundred twenty-five dollars ($125).

(s) The fee for a veterinary food-animal drug retailer license shall be six hundred ten dollars ($610) and may be increased to eight hundred twenty-five dollars ($825). The annual renewal fee for a veterinary food-animal drug retailer license shall be four hundred sixty dollars ($460) and may be increased to five hundred sixty-one dollars ($561). The fee for the temporary license shall be five hundred twenty dollars ($520) and may be increased to seven hundred thirty-two dollars ($732).

(t) The fee for issuance of a retired license pursuant to Section 4200.5 shall be fifty dollars ($50) and may be increased to one hundred dollars ($100).

(u) The fee for issuance of a sterile compounding pharmacy license or a hospital satellite compounding pharmacy shall be three thousand eight hundred seventy-five dollars ($3,875) and may be increased to five thousand four hundred sixty-six dollars ($5,466). The fee for a temporary license shall be one thousand sixty-five dollars ($1,065) and may be increased to one thousand five hundred three dollars ($1,503). The annual renewal fee of the license shall be four thousand eighty-five dollars ($4,085) and may be increased to five thousand seven hundred sixty-two dollars ($5,762).

(v) The fee for the issuance of a nonresident sterile compounding pharmacy license shall be eight thousand five hundred dollars ($8,500) and may be increased to sixteen thousand five hundred two dollars ($16,502). The annual renewal of the license shall be eight thousand five hundred dollars ($8,500) and may be increased to seventeen thousand forty dollars ($17,040). In addition to paying that application fee, the nonresident sterile compounding pharmacy shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4127.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary license shall be one thousand five hundred dollars ($1,500) and may be increased to two thousand dollars ($2,000).

(w) The fee for the issuance of an outsourcing facility license shall be twenty-five thousand dollars ($25,000) and may be increased to thirty-five thousand two hundred fifty-six dollars ($35,256). The fee for the renewal of an outsourcing facility license shall be twenty-five thousand dollars ($25,000) and may be increased to forty-one thousand three hundred sixty-six dollars ($41,366). The fee for a temporary outsourcing facility license shall be four thousand dollars ($4,000) and may be increased to five thousand six hundred forty-two dollars ($5,642).

(x) The fee for the issuance of a nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars ($28,500) and may be increased to forty-two thousand three hundred eighteen dollars ($42,318). The fee for the renewal of a nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars ($28,500) and may be increased to forty-six thousand three hundred fifty-three dollars ($46,353). In addition to paying that application fee, the nonresident outsourcing facility shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section

4129.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary nonresident outsourcing license shall be four thousand dollars ($4,000) and may be increased to five thousand six hundred forty-two dollars ($5,642).

(y) The fee for the issuance of a centralized hospital packaging license shall be three thousand eight hundred fifteen dollars ($3,815) and may be increased to five thousand three hundred eighteen dollars ($5,318). The annual renewal of the license shall be two thousand nine hundred twelve dollars ($2,912) and may be increased to four thousand one hundred seven dollars ($4,107).

(z) (1) The fee for the issuance of a license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be six hundred twenty dollars ($620) and may be increased to eight hundred seventy-three dollars ($873). The annual renewal fee for that correctional clinic license shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(2) The fee for the issuance of an ADDS license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be five hundred dollars ($500) and may be increased to seven hundred five dollars ($705). The annual renewal fee for the correctional clinic ADDS shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(aa) The fee for an ADDS license shall be five hundred twenty-five dollars ($525) and may be increased to seven hundred forty-one dollars ($741). The fee for the annual renewal of the license shall be four hundred fifty-three dollars ($453) and may be increased to six hundred thirty-nine dollars ($639).

(ab) The application and initial license fee for a remote dispensing site pharmacy application shall be one thousand seven hundred thirty dollars ($1,730) and may be increased to two thousand four hundred forty dollars ($2,440). The fee for the annual renewal shall be one thousand twenty-five dollars ($1,025) and

may be increased to two thousand dollars ($2,000). The fee for a temporary license shall be eight hundred ninety dollars ($890) and may be increased to one thousand one hundred ninety-nine dollars ($1,199).

(ac) The application and initial license fee to operate EMSADDS shall be one hundred fifty dollars ($150) and may be increased to three hundred eighty dollars ($380) per machine. The fee for the annual renewal shall be two hundred dollars ($200) and may be increased to two hundred seventy-three dollars ($273). The license fee may not be transferred to a different location if the EMSADDS is moved. The application and renewal fee for a licensed wholesaler that is also an emergency medical services provider agency shall be eight hundred ten dollars ($810) and may be increased to one thousand one hundred forty-three dollars ($1,143).

(ad) The fee for application and issuance of an initial license as a designated paramedic shall be three hundred fifty dollars ($350) and may be increased to four hundred ninety-four dollars ($494). The fee of biennial renewal shall be two hundred dollars ($200) and may be increased to two hundred ninety-two dollars ($292).

(ae) The fee for an application for an advanced pharmacist practitioner license and renewal of advanced pharmacist practitioner license shall be three hundred dollars ($300) and may be increased to four hundred eighteen dollars ($418).

(af) (1) For purposes of this subdivision, "medically underserved area" means a location that does not have a physical pharmacy that provides in-person patient care services by a pharmacist and that serves the general public within 50 road miles of an existing pharmacy.

(2) The board shall waive the application fee for a pharmacy that opens a physical pharmacy operating and located in a medically underserved area.

(3) The board may waive the fee for the annual renewal of a license under this chapter if the licensee provides the board with certification of continued operation in the medically underserved area.

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(ag) This section shall become operative on January 1, 2025.

SEC. 52. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school

district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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