



June 19, 2025

The Honorable Angelique Ashby  
Chair, Senate Business & Professions Committee  
1020 N Street, Room 8630  
Sacramento, CA 95814

The Honorable Marc Berman  
Chair, Assembly Business & Professions Committee  
1020 N Street, Room 8130  
Sacramento, CA 95814

**Re: AB 1503 (Assemblymember Berman) Board of Pharmacy Sunset Review**

Dear Chairs Ashby and Berman,

On behalf of the California Community Pharmacy Coalition (CCPC), I write to share additional feedback on AB 1503 (Berman), the California Board of Pharmacy's Sunset Review bill. CCPC appreciates the opportunity to provide feedback to the Senate and Assembly Business and Professions Committee(s) regarding AB 1503. Further, CCPC supports ensuring patient access to pharmacy services across the state, including hard-to-reach areas where Californians have limited healthcare options. While AB 1503 advances efforts to enhance patient care, it also creates burdensome requirements that could restrict Californians' access to essential pharmacy services. Below are the CCPC's primary concerns and supportive positions regarding the current bill language.

**Pharmacy Technician to Pharmacist Ratio with PIC Authority (Amendment 6, SEC 36, 4113) - SUPPORT**

The CCPC strongly supports Amendment 6, Section 36 regarding the Pharmacy Technician Ratio and Pharmacist-in-Charge (PIC) Authority. Specifically, (a) amending Section 4113 of the Business and Professions Code requiring every pharmacy to designate a Pharmacist-in-Charge:

*(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.*

While we are supportive of the expanded ratio, the CCPC is concerned the subsequent amendments in (B) provide unnecessary rulemaking authority giving the Board of Pharmacy broad authority to regulate workplace conditions.

*(3) (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.*

The CCPC would also like to flag that in this section of the bill, while we fully support the proposed 4 to 1 ratio with PIC authority proposal in AB 1503, we request that overlapping schedules be struck from the bill. *The proposed requirement in this section requires that a California retail pharmacy needs to be staffed with sufficient pharmacists with overlapping schedules when patient care services other than dispensing or immunizations are provided.* This provision suggests that two pharmacists would be required for additional clinical services like testing, Medication Therapy Management (MTM), adherence-based calls and prescribing. This would limit clinical services that are already offered at retail pharmacies in the state and would make the addition of other clinical services cost prohibitive.

### **Nonresident Pharmacy Requirements (Amendment 6, SEC 35, 4112 and SEC 50) - OPPOSED**

#### **Non-resident Pharmacy Requirements (SEC 37 4112 and SEC 50) - OPPOSED**

Our primary concern with this legislation lies in its imposition of stringent licensure requirements on non-resident pharmacy staff. Specifically, the bill mandates that non-resident PICs must be California-licensed, and it can be interpreted as requiring all non-resident pharmacists handling California prescriptions to also hold a California license. These requirements present significant implementation challenges due to the extended timelines for seeking a California pharmacist license and limited availability of California's licensure examinations. These challenges will severely restrict access to care, negatively impact patient outcomes, and reduce pharmacy choices for those who seek out or rely on home delivery options. It is highly important to maintain patient choice in pharmacy options, especially because these new requirements may uniquely impact patients who seek out highly specialized drugs or those for rare conditions.

Furthermore, the bill introduces new, burdensome inspection requirements and disciplinary mechanisms for non-resident pharmacies, despite existing oversight mechanisms being in place. This new requirement will place undue burdens on both the Board of Pharmacy's resources and require non-resident pharmacies to bear the cost.

The CCPC is particularly concerned that these new requirements would create substantial administrative and financial burdens for pharmacies dispensing essential medications, without providing meaningful benefits to California patients. The requirement that all pharmacists, including the PIC, at nonresident pharmacies handling California prescriptions must obtain a California license—even if already licensed in another state—would demand additional time and resources to implement. By creating geographic restrictions, these changes may compromise timely access to medications for California patients. This may ultimately hinder effective healthcare delivery for California residents.

Our specific concerns are as follows:

The CCPC is deeply concerned about the new, burdensome licensing requirements for non-resident pharmacists that this legislation imposes. Specifically, the bill's mandate that a non-resident PIC must

be California-licensed, and the potential interpretation that all non-resident pharmacists handling California prescriptions must hold a California license, will severely restrict pharmacists' ability to care for California residents, thereby reducing access to pharmacist care. It is also important to note that the impact will reduce California resident's ability to access a pharmacist by phone when local pharmacies are closed. This is because non-resident pharmacies often maintain accreditations that require extended pharmacist availability in less than 30 minutes at off hours.

The challenges we have with this section of the bill revolve around the potential disruption and loss of patient access to care, including:

- **Unrealistic Licensure Retake Requirements:** Anyone licensed before January 1, 2004, would be forced to retake the NAPLEX exam, as California did not accept licensure prior to this date. This presents a significant obstacle for pharmacists with extensive patient care experience and could prevent highly qualified individuals from providing services to California patients.
- **Burdensome Examination Schedule and Travel:** The new requirement for all out-of-state pharmacists handling California prescriptions to pass the California Practice Standards and Jurisprudence Examination (CPJE) is a significant and arbitrary barrier to patient care. The CPJE's restrictive schedule, with only one offering per month in 2025 (excluding January), and the burden of significant travel—upwards of 325 miles or more for some test-takers—is incompatible with the realities of a national pharmacy workforce. This restrictive requirement could discourage highly qualified pharmacists, especially those from remote areas, from obtaining California licensure, directly impacting patient access to timely and critical pharmaceutical services.
- **Protracted Licensure Process:** Beyond these hurdles, the overall process of application, testing, grading, and license issuance significantly prolongs the path to pharmacist licensure in California. After applying, pharmacists often face a waiting period of over a month before they can even take the required exam. Once the exam is completed, receiving scores can take weeks, and at times this wait has stretched to several months. If an applicant doesn't pass, they encounter further delays. There's a mandatory waiting period of over a month before they can retest, and due to limited scheduling, this interval can extend to more than two months between attempts. These cumulative delays can significantly impair pharmacist's ability to care for patients in the state in a timely manner, potentially leading to prescription abandonment, poor medication adherence, and worse health outcomes.
- **Unrealistic PIC Change Reporting Timeline:** The requirement that a non-resident pharmacy name a new PIC will result in sporadic access to patient care, particularly for compounded products or specialty medications with limited distribution determined by the manufacturer.

Alternatively, CCPC proposes the Committee consider following recommendations to the nonresident pharmacy provisions regarding licensure requirements:

- **Accept licensure in the home state** where the pharmacist is working, as this is the national standard. Pharmacists do not consider a patient's home address when performing their critical safety reviews - including medication history, dosing safety, and drug interactions. It is the responsibility of a pharmacy company to have appropriate checks and balances in place to

comply with unique state laws to maintain their non-resident licenses. At present, the California Board of Pharmacy has direct jurisdiction over non-resident pharmacies and can reprimand the pharmacy for any violations of California law. Furthermore, if there is an issue of negligence or malpractice on the part of a non-resident pharmacist, the California Board can refer the issue to the pharmacist's home state for resolution. Issues of this nature are extremely rare as compared to the number of prescriptions patients seek home delivery for, which include specialty, direct-to-consumer, animal health, and limited distribution prescription services.

- **Require a non-resident pharmacy to register**, not license, the PIC with the board. These non-resident PIC registrations are in practice in Idaho and Iowa currently and allow the Board to have visibility and jurisdiction over an individual's ability to serve as a non-resident PIC.
- **Utilize the National Association of Boards of Pharmacy's (NABP) Verify program** to "credential" a non-resident PIC. Currently, North Carolina uses the NABP Verify program to credential and monitor non-resident pharmacists to ensure their license(s) are in good standing.

**For clarity, CCPC requests to strike "...is not licensed in California and.." as suggested below, which will clarify that any pharmacist involved in the processing of California prescriptions does not need a California license in addition to their home state license:**

- *(g) A nonresident pharmacy shall not permit a pharmacist 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 Pharmacy Jurisprudence Examination.*

Additionally, the Board requires in BPC 4112 and BPC 4303 that all non-resident pharmacies are inspected by the California Board every four years at the pharmacy's expense. This requirement creates a costly and unnecessary burden that is infeasible from a compliance perspective, since nonresident pharmacies are already inspected by the Board of Pharmacy in their home state. The California Board does not currently have resources to inspect in-state pharmacies in a timely manner and lacks a workforce to fill the gap; the introduction of regular inspections for nearly 600 additional non-resident pharmacies will further extend the resource gap that exists today. This section appears to be creating a problem that does not exist, as non-resident pharmacies already have routine inspections in their home state. This unnecessary mandate and additional cost on the pharmacy will have the unintended consequence of decreasing access to patient care in California. **Therefore, CCPC strongly recommends striking sub(k) under Sec. 37. 4112.**

Alternatives for imposing non-resident inspections include accepting other states' inspections that follow the NABP pharmacy inspection blueprint and approving third party inspection programs, such as those offered by NABP and other pharmacy inspection specialists.

Finally, AB 1503 would allow the Board to act against a non-resident pharmacy in the same manner they would take action against a resident pharmacy. The Board already has this capability as a result of

its precedential decision issued in 2019 and in its jurisdiction over non-resident pharmacy permits. Creating further legislation around this is not necessary.

We respectfully ask you to consider the potential implications of AB 1503's enforcement provisions regarding non-resident pharmacies. The combination of these new burdens on non-resident pharmacies and pharmacists will surely result in less critical pharmacy services available to Californians by restricting interstate pharmacy practice. This reduction in pharmacy options will disproportionately affect the most vulnerable patients, such as those who have limited mobility or ability to travel, those in pharmacy deserts, or those who rely on rare or specialty medications.

**Telehealth (Amendment 6, SEC. 29, 4067.1) - OPPOSED**

The CCPC has several concerns with the provisions in AB 1503 related to telehealth platforms and requests that this section be removed in its entirety. The bill requires pharmacies to notify the California Board of Pharmacy when receiving prescriptions from telehealth platforms and mandates pharmacists-in-charge (PICs) to disclose any financial relationships with these platforms, including a certification of compliance. While preventing inappropriate patient steering is important, the CCPC has concerns that this language could create onerous administrative hurdles that will take away from patient care and unnecessarily restrict legitimate tele-pharmacy services.

Specifically, pharmacies would have no way to know if a prescription is from a telehealth platform. There is no standard element on a prescription to identify these prescriptions, let alone for a pharmacy to know anything about the ownership of the platforms.

*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 owners 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.*

The CCPC is concerned this section of the bill creates a new notification requirement to notify the Board of Pharmacy if prescriptions are received from a telehealth platform. (Amendment 6, SEC. 28, 4067.1)

*(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.*

AB 1503 goes beyond just a disclosure request, but also requires the PIC to include in their notice a certification of compliance – essentially stating that it is prohibited to offer or receive any remuneration to induce referral for services – which if violated would be considered a crime of perjury. This provision would create an additional administrative hurdle for pharmacies to notify the board for each prescription from a telehealth platform. It is unclear if there is not a financial relationship, if the PIC would still be required to provide this notice. Additionally, we have concerns with Sec. 34 which would allow the board to deny licensure if there is a community or financial interests in the license.

#### **Records (Amendment 6, BPC 4081 and BPC 4105) - OPPOSED**

The CCPC remains concerned about Business and Professions Code 4081, which requires additional record-keeping items – schedules, personnel statements, policies, and procedures. Each document must have an audit trail, including who made the change and when. In a practical sense, an individual is not responsible for changes to these documents (changes are done by committee) and personnel statements and policy and procedure revisions are not kept at the store level. Additionally, Business and Professions Code 4105 expands on-site record retention requirements for pharmacies and, related to the changes in BPC 4081, would include many other records. For these reasons, the records requirements in the report would make compliance infeasible.

The CCPC recommends the following amendment:

Prior versions of each record must 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 last revision ~~each change.~~

Most of California's community pharmacies personnel (P&P) have red-lined versions, but many state specific P&Ps are edited in real-time, and multiple people/committees approve the changes.

This section of AB 1503 will give the Board of Pharmacy further authority over pharmacy staffing models. CCPC opposes adding schedules, job duty statements, consultant reports and P&Ps to be retained as records with an audit trail for updates.

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

#### **Changing Defense to Mitigating Factor (Amendment 10, SEC. 49, 4317.5) - OPPOSE**

The CCPC is opposed to the Board of Pharmacy's proposed language in (d), which would change "defense" to "mitigating factor" and would essentially make this law applicable for all violations in perpetuity because there is a five-year lookback. This will have a significant impact on retail pharmacy business. Since the law's effective date, January 1, 2022, California's retail pharmacies have been cited 16 times for failure to counsel and 77 times for mis-fills. Retail Pharmacy policies and procedures have



been a defense against the Board of Pharmacy applying this statute; therefore, capping the fine for each violation. If this change is adopted in AB 1503 there will be a significant increase in CA retail pharmacies' liability when a board-licensed pharmacist disregards retail pharmacy company policies and procedures.

The CCPC urges the legislature to reject amendment (d) in the section of the bill and continue to allow retail pharmacies to have as a defense policies and procedures that direct employees to be compliant with the law.

**Pharmacist Staffing (Amendment 4, SEC 12, 4052; Amendment 6, SEC 39, 4115) - SUPPORT**

The CCPC supports Amendment 4, Section 12, (d) (3) regarding pharmacist staffing and believes this is a good compromise.

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

*(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:*

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

The CCPC also supports under Amendment 6, at the end of SEC. 39. Section 4115 under item (2):

*Administer vaccinations only under the direct supervision and control of a pharmacist.*

**Additional Pharmacy Staffing Requirements (Amendment 6, SEC 39, 4115) – OPPOSED**

Under Amendment 6, SEC. 39. Section 4115 (a) (1.) the dedicated technician is not practical in application. The CCPC requests the removal of the 'decreases the utility of the technician immunizer' requirement.

*(a) (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:*

Additionally, SEC. 39 4115 (A) needs to be expanded to other vaccines outside just COVID and flu. The California Board of Pharmacy was supportive when the CCPC made comments on this issue at a prior meeting. This is a major obstacle for the pharmacy technician field and decreases utility of the tech immunizer in California.

*(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....*

### **New Self-Assessment Requirements (Amendment 6, SEC 32, 4102) – OPPOSED**

SEC. 32 proposes a new self-assessment process for Automated Drug Delivery System and Outsourcing Facility, which will create an administrative hurdle for pharmacies.

The CCPC is opposed to additional administrative requirements proposed in AB 1503 that include new self-assessment processes for Automated Drug Delivery Systems and Outsourcing Facilities, along with enhanced record-keeping protocols for pharmacies generally.

### **Definitions (Amendment 4, SEC. 7. 4038) - OPPOSED**

The CCPC is concerned about Amendment 4, SEC. 7. 4038 of the Business and Professions Code. The definition of “accredited” will make a difference. CCPC opposes the word “accredited” to refer to an ASHP accreditation requirement for a tech training program. If the existing provisions for employer-based training remain intact, this change would not have the same negative impact.

*(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.*

### **Work from Home (Amendment 4, SEC 6, 4036) – SUPPORT**

The CCPC supports this provision in the bill, which has removed restrictive language, which had originally prevented the work from home option.

*“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.*

### **Judiciary Branch Removal (Amendment 2, SEC. 4, 4014) - OPPOSED**

Amendment 2, SEC. 4, 4014 in AB 1503 appears to conflict with the Loper-Bright decision and cuts out the Judiciary, which is a concern for CCPC.

*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 an Board member comments on presentation:*

*d pharmacies.*

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

Amendment 4, SEC. 10, 4050 also ignores the judicial branch.

*(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.*

**Application Fee Waiver (Amendment 12) - SUPPORT**

Finally, CCPC wants to express our support for Amendment 12 in AB 1503, which waives the application fee for pharmacies in a medically underserved area.

Thank you for the consideration of our comments. Please reach out to me at [sarah@calretailers.com](mailto:sarah@calretailers.com) if you have any questions.

Sincerely,

Sarah Pollo Moo

A handwritten signature in black ink, appearing to read 'Sarah Pollo Moo', with a long horizontal flourish extending to the right.

Policy Advocate  
California Retailers Association

Cc: Members, Senate Business & Professions Committee  
Members, Assembly Business & Professions Committee