

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 524
AUTHOR: Caballero
BILL DATE: May 1, 2023, Amended
SUBJECT: Pharmacists: Furnishing Prescription Medications
SPONSOR: California Community Pharmacy Coalition

DESCRIPTION OF CURRENT LEGISLATION

Until January 1, 2034, allows a pharmacist to independently furnish prescription medications to patients resulting from a test the pharmacist performed for COVID-19, influenza, strep throat, and conjunctivitis. Requires these medications to be furnished in accordance with standardized procedures or protocols designed and approved by the California State Board of Pharmacy (BOP) and the Medical Board of California (Board).

Adds these services to the Medi-Cal schedule of benefits.

BACKGROUND

[Business and Professions Code \(BPC\) section 4052](#) generally authorizes a pharmacist to engage in a variety of activities, including, but not limited to, providing emergency contraception drug therapy, HIV preexposure and postexposure prophylaxis, order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies.

ANALYSIS

According to the author's fact sheet:

"Millions of Californians benefit from receiving testing, vaccines and treatment from pharmacies. Recognizing the essential role of pharmacies in combatting the COVID-19 pandemic, the Department of Consumer Affairs (DCA) gave pharmacists the authority to prescribe a COVID-19 treatment, Paxlovid, directly to patients. When this authority expires, pharmacists' ability to independently provide treatment to patients will end.

Although pharmacists can safely perform a number of other treatments, they are currently limited in the types of treatments they can prescribe (e.g. naloxone, contraceptives, travel medications). Pharmacists cannot currently prescribe treatment for several other common health care conditions for which they are able to perform testing, which limits access to treatment for Californians.

With nearly nine in 10 Californians living within five miles of a community pharmacy, the role of the pharmacist in orchestrating a patient's care is an underused resource. For many patients, community pharmacies are their primary

access point for health care. Pharmacists are rigorously trained to provide treatments to patients. Getting tested and treated directly by a pharmacy may often be the fastest way for an individual to get treatment, and stop the spread of illness. This bill provides increased access and protects the health of thousands of Californians, especially in rural parts of the state.”

This analysis will focus on the aspects related to patient care, not those related to the Medi-Cal program.

In essence, the bill establishes a 10-year pilot program that allows an authorized pharmacist to conduct tests and furnish prescription medication for COVID-19, influenza, strep throat, and conjunctivitis. Pharmacists may only do so based upon relevant and appropriate evidence-based clinical guidelines published by the federal Centers for Disease Control and Prevention, the [Infectious Diseases Society of America](#), or other clinically recognized recommendations.

Further, SB 524 states that any treatment from a pharmacist pursuant to the bill shall be furnished in accordance with standardized procedures or protocols designed and approved by the BOP and the Board, which shall include requirements for appropriate pharmacist training to furnish the drugs, devices, or other treatments. The bill language is silent on whether the procedures and protocols must be developed pursuant to the rulemaking process.

Additionally, the pharmacist would be required to document, to the extent possible, the testing services provided, as well as the prescription medications, devices, or other treatments furnished, to the patient pursuant to the test result, in the patient’s record in the record system maintained by the pharmacy. The pharmacy or health care facility involved must provide an area designed to maintain privacy and confidentiality of the patient.

The bill does not provide for any coordination between the pharmacist and a primary care provider, although sponsors indicate their desire to work with the Board to address concerns related to these communications.

Comments of the California State Board of Pharmacy

During their meeting on April 20, 2023, the BOP decided to remain neutral (adopted the position of “Watch”) on SB 524. In general, the BOP members indicated that pharmacists have the training and knowledge to take on these additional responsibilities.

They raised concerns, however, that existing the workload at pharmacies, including related staffing levels, could constrain the ability of some pharmacies to adequately perform these expanded duties. The BOP is sponsoring separate legislation, [AB 1286](#), which is intended to address staffing decisions and working conditions in pharmacies.

Opponent’s Arguments

Physician organizations express concerns with pharmacists providing direct patient care in the manner prescribed in the bill and that physicians would be removed from this process if a patient chooses to test and treat at a pharmacy. They further state that a pharmacist is not able to assess a patient’s health on a comprehensive basis and that there could be dangerous outcomes for patients. A labor organization expresses concerns that the bill may overburden already understaffed pharmacies with new work and are seeking changes to require pharmacies to hire an additional pharmacist to focus solely on the services allowed in the bill.

Consideration of a Board Position

The bill establishes a pilot program that attempts to expand the scope of treatment for pharmacists to increase access to care for certain conditions, for which patients may be at risk of developing significant complications. The bill lacks requirements for the pharmacist to coordinate with, or encourage a patient to see, a primary care provider (as is required by SB 339, see Agenda item 8.K.). The requirement in the bill for treatment to be furnished pursuant to jointly approved treatment protocols between the BOP and the Board could mitigate pharmacist/physician coordination concerns.

The concern, however, expressed by the BOP about the capacity of pharmacies to take on these additional duties is noteworthy.

As currently drafted, staff recommend the Board adopt an Oppose position.

FISCAL: Minor and absorbable costs related to collaborating with the BOP to develop joint protocols.

SUPPORT: Board of Supervisors County of Madera
 California Hepatitis C Task Force
 California Life Sciences
 California Pharmacists Association
 City of Huron
 City of Kerman
 City of King
 City of Madera
 City of Mendota
 City of Merced
 Democratic Women of Monterey County
 Hazel Hawkins Memorial Hospital
 International Foundation for Autoimmune and Inflammatory Arthritis
 Nisei Farmers League
 San Benito County

OPPOSITION: Amer. College of OB-GYNs, District IX
 California Chapter of the Amer. College of Cardiology

California Medical Association
United Food and Commercial Workers, Western States Council
(unless amended)

POSITION: Staff Recommendation: Oppose.

ATTACHMENT: [SB 524, Caballero - Pharmacists: Furnishing Prescription Medications.](#)
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