

March 11, 2025

Assembly Member Marc Berman
Chair
Assembly Business and Professions Committee
1020 N Street, Room 379
Sacramento, CA 95814

Assembly Member Heath Flora
Vice-Chair
Assembly Business and Professions Committee
1020 N Street, Room 379
Sacramento, CA 95814

Senator Angelique Ashby
Chair
Senate Business, Professions and Economic
Development
1201 O Street, Room 3320
Sacramento, CA 95814

Steven “Steve” Choi
Vice Chair
Senate Business, Professions and Economic
Development
1201 O Street, Room 3320
Sacramento, CA 95814

Re: Joint Sunset Review Oversight Hearing, March 11, 2024

Dear Assembly Members Berman and Flora and Senators Ashby and Choi:

The National Association of Chain Drug Stores (NACDS) is writing to encourage California lawmakers to pursue legislation to modernize and reform state pharmacy practice laws to advance pharmacies’ capacity to deliver essential pharmacy care to Californians and promote health across the state. As recommended by the California State Board of Pharmacy in their sunset review report, there are important policy changes – discussed in further detail below – that would meaningfully help to support pharmacies deliver additional value, innovation, and cost-effective care to California residents in the evolving healthcare system. We encourage lawmakers to incorporate these recommendations into the sunset review bill this session.

1. Eliminate the Outdated & Arbitrary Pharmacy Technician Ratio

No other state in the country has a more restrictive pharmacist to pharmacy technician ratio than California, which affords pharmacists only one pharmacy technician dedicated to supporting dispensing functions, and one pharmacy technician dedicated to supporting certain clinical services such as administering immunizations and collecting samples for CLIA-waived point-of-care tests. This ratio impedes pharmacies’ ability to leverage the broader pharmacy technician workforce to support pharmacists in meeting growing public demand for pharmacy care services. NACDS urges lawmakers to remedy this disparity that disadvantages Californians by eliminating the existing arbitrary, unjustified pharmacist to pharmacy technician ratios. Currently, twenty-four states and the District of Columbia do not have any pharmacist to technician ratio. Notably, no evidence exists to suggest that ratios improve patient safety, nor have there been any observed or reported excessive technician staffing or patient safety issues in states where ratios have been eliminated. If it is not possible to eliminate the ratio, then minimally, lawmakers should aggressively pursue legislation to increase the pharmacist to pharmacy technician ratio in pharmacies.

Updating the antiquated pharmacist to pharmacy technician ratios in California will empower pharmacists to optimize the pharmacy technician workforce to perform administrative and technical activities that do not require the professional skills and judgement of a pharmacist. Having the ability to delegate more non-judgmental tasks to pharmacy technicians allows pharmacists to spend more time on activities that require their clinical expertise:

counseling and educating patients, performing comprehensive medication therapy management, providing disease management programs, promoting preventive care, engaging in other important patient care services, and conferring with other health care professionals. When technicians can better support the needs of pharmacists, pharmacists can better support the needs of patients.

2. Expand Training Program Opportunities for Pharmacy Technician Trainees

NACDS encourages lawmakers to pursue policy changes that afford pharmacy technicians more options for completing pharmacy technician training programs. Specifically, pharmacy technician trainees should be allowed to complete employer-based pharmacy technician training programs that are relevant and applicable to their practice setting. To achieve this, the statutory definition of “pharmacy technician trainee” should be revised to include individuals who are in the process of completing an employer-based training program. Such training programs allow pharmacy technician trainees to gain practical experience doing the type of work that is relevant and applicable to their practice setting. Pharmacy technicians are valuable pharmacy team members and should be afforded learning and training opportunities that efficiently and effectively meet their education and training needs.

3. Authorize Remote Processing

To support California pharmacists’ and pharmacies’ ability to maximize resources in service of their patients’ pharmacy care needs, we encourage the Board to codify allowances for pharmacists to leverage technology and innovative practices to work remotely to process prescriptions – an activity authorized during the COVID-19 public health emergency via a “Remote Processing Waiver.” Allowing pharmacy personnel to engage in remote processing activities enables pharmacies to shift work that can be safely completed offsite, when needed, thereby freeing up onsite pharmacy staff to focus on activities like clinical services and dispensing functions that can only be conducted in-person. Allowing pharmacists and pharmacies to continue to perform certain work remotely helps to enhance pharmacies’ capacity to meet patient demand for pharmacy care and better serve their patients across the state.

4. Adopt the Board of Pharmacy Recommendations to Transition to a Standard of Care Model for Pharmacy Practice

NACDS supports the Board of Pharmacy recommendations to transition to a standard of care model for pharmacy practice. In recent years, community pharmacists and pharmacies have demonstrated their abilities to provide much needed clinical services with tremendous scale and speed. As the U.S. population ages and the demand for accessible clinical care continues to rise, it is important to enable pharmacists to build on the clinical services they can offer in alignment with the health needs of the communities they serve. To make this a reality, pharmacist practice authority should better reflect the advanced, clinical skills and expertise of pharmacists. A standard of care model for pharmacists will enable them to optimize their provision of clinical services to achieve broader health goals like improved outcomes, access, and equity.

Conclusion

Given the imperative to improve health and support breakthroughs and transformation in healthcare delivery across the nation, community pharmacists are well-positioned, qualified, and stand ready to secure more value, drive innovation, and provide cost-effective healthcare services to improve the lives of California residents. NACDS urges the state to take this opportunity to modernize the practice of pharmacy for the betterment of their residents. We

greatly appreciate the consideration of our comments and welcome any further discussion. Feel free to contact NACDS' Vice President, State Pharmacy & Advocacy, Sandra Guckian at sguckian@nacds.org, if you have questions.

Sincerely,



Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer
National Association of Chain Drug Stores

CC: Assembly Business and Professions Committee Members; Senate Business, Professions & Economic Development Committee Members

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NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit NACDS.org.