

Date of Hearing: May 6, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 2565 (Wallis) – As Amended April 23, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill requires the Department of Health Care Services (DHCS) to issue guidance clarifying Medi-Cal managed care plan obligations to cover pharmacist services, as specified. The bill also requires DHCS to update its model evidence of coverage to explicitly include coverage of pharmacist services. The bill requires DHCS to take appropriate corrective action for failure to comply with existing requirements or guidance relating to Medi-Cal coverage of pharmacist services. The bill authorizes DHCS to implement, interpret, or make specific these provisions by means of all-plan letters, plan letters, or other similar instructions, without taking regulatory action.

FISCAL EFFECT:

Likely minor and absorbable costs to DHCS to issue clarifying guidance and update its model evidence of coverage.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by California Pharmacists Association (CPA). According to the author:

The law already requires managed care plans to cover and reimburse pharmacist services for Medi-Cal patients. But plans are not consistently paying for them, and patients are not reliably getting them. That gap falls hardest on people in rural communities, underserved urban neighborhoods, and people experiencing homelessness who depend on pharmacists for chronic disease management, medication support, and preventive care.

- 2) **Background. Pharmacist Services.** In recent years, California has enacted laws to expand the scope of practice for pharmacists and expand and facilitate reimbursement for pharmacist services through Medi-Cal and commercial health plans. Pharmacists are allowed to provide and bill for a range of services, including furnishing self-administered hormonal contraceptives, nicotine replacement products, and prescription medications not requiring a diagnosis that are recommended for international travelers. They are also allowed to deliver pre- and post-exposure prophylaxis (PrEP and PEP) for HIV, medication therapy management (MTM), and specified vaccines.

Medi-Cal Coverage of Pharmacy Services. Despite pharmacists' standing as highly trained health care providers and the coverage that exists "on paper" for their services, according to the author and sponsor, pharmacists face significant barriers to receiving reimbursement for services. Most Medi-Cal enrollees receive their health care through Medi-Cal managed care plans, and DHCS issues All-Plan Letters (APLs) to specify plans' obligations under Medi-Cal. The Assembly Health Committee analysis identified discrepancies between an APL and DHCS's master Medi-Cal managed care contract with respect to pharmacist-provided immunization services as an example. Additionally, Assembly Health Committee staff reviewed DHCS's Model Evidence of Coverage (EOC)/Member Handbook document and a sample of three Medi-Cal managed care plans' EOC/Member Handbooks, and found none included an explanation of coverage of pharmacist services for Medi-Cal enrollees. Health plans commonly subcontract primary care services to physician groups, which may have their own protocols about how primary care is delivered. However, health plans are required to ensure their subcontractors cover legally mandated services—such as, in this case, pharmacist services.

This bill requires DHCS to clarify Medi-Cal managed care plan obligations and update its model EOC to explicitly include coverage of pharmacist services.

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