

Date of Hearing: April 8, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 2571 (Flora) – As Introduced February 20, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

SUMMARY:

This bill requires the Medi-Cal program, a health care service plan (health plan), and a health insurer reimburse an advanced practice pharmacist (APP) for medication therapy management (MTM) services.

Specifically, this bill:

- 1) Requires a health plan or health insurer pay or reimburse the cost of services performed by an APP if the APP is enrolled as a provider with the health plan or insurer.
- 2) Requires the Medi-Cal program reimburse APP services, including MTM services, at the same fee schedule as for physician services.
- 3) Requires the Department of Health Care Services (DHCS) seek federal approval of a state plan amendment to recognize pharmacists as health care providers at federally qualified health centers (FQHCs) for reimbursement under the Medi-Cal program.
- 4) Specifies DHCS, in implementing an MTM reimbursement methodology for covered pharmacist services related to the use of qualified specialty drugs, must ensure Medi-Cal payments are made only to eligible APPs for MTM pharmacist services.

FISCAL EFFECT:

- 1) DHCS estimates the annual cost to be in the low tens of thousands of dollars (General Fund, federal funds).
- 2) The Department of Insurance estimates costs of \$3,000 in fiscal year (FY) 2026-27 and \$16,000 in FY 2027-28 to review health insurance policies for compliant language (Insurance Fund).
- 3) The Department of Managed Health Care anticipates minor and absorbable costs.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by the California Society of Health-System Pharmacists. According to the author:

[This bill] strengthens pharmacists' role as healthcare providers through expanded reimbursement and integration into Medi-Cal and insurance frameworks. It strengthens the case for pharmacies to operate in underserved areas and improves equitable access to basic and preventive care. Expanding reimbursement options also enables pharmacists to provide services more effectively, reducing hospitalizations, mitigating chronic conditions and improving overall health. [This bill] makes it viable for pharmacists to continue their work in areas where a brick-and-mortar pharmacy does not exist and promotes equity and continuity of care.

- 2) **Background. *MTM and Pharmacy Closures.*** MTM services can reduce adverse drug events, improve medication adherence and health outcomes, prevent hospitalizations, and reduce costs. Under existing law, health plans and insurers may reimburse pharmacists for MTM services provided within or affiliated with a pharmacy. However, individual pharmacists, such as those employed in hospitals, FQHCs and other clinics, academic medical centers, and physician practices, are not permitted to bill for these services unless affiliated with a pharmacy. Research indicates one in three pharmacies in the U.S. have closed since 2010, creating pharmacy deserts that limit patient access to prescriptions, as well as pharmacist-provided services such as MTM. Pharmacy closures are expected to continue.

APPs. Existing law authorizes pharmacists to furnish compounded drug products, transmit a valid prescription to another pharmacist, and administer drugs and biologicals pursuant to a prescriber's order. SB 493 (Hernandez), Chapter 469, Statutes of 2013, authorized pharmacists to furnish self-administered hormonal contraceptives, vaccines, nicotine replacement products, and travel medications. SB 493 also authorized the State Board of Pharmacy to recognize APPs who may perform patient assessments, order and interpret drug therapy-related tests, refer patients to other health care providers, participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers, and initiate, adjust, or discontinue drug therapy.

- 3) **Related Legislation.** AB 1366 (Flora), of the current legislative session, was substantially similar to this bill. AB 1366 was held on this committee's suspense file.

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