
SENATE COMMITTEE ON APPROPRIATIONS

Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

AB 2571 (Flora) - Reimbursement for pharmacist services

Version: June 8, 2026

Urgency: No

Hearing Date: June 15, 2026

Policy Vote: HEALTH 9 - 0

Mandate: Yes

Consultant: Agnes Lee

Bill Summary: AB 2571 would make changes to reimbursement policies for pharmacist services.

Fiscal Impact:

- Unknown ongoing costs, potentially hundreds of thousands, for the Department of Health Care Services (DHCS) for state administration and unknown cost pressures in the Medi-Cal program related to reimbursements for pharmacist services (General Fund and federal funds).
- The Department of Managed Health Care (DMHC) anticipates minor and absorbable costs for state administration.
- The California Department of Insurance estimates costs of \$3,000 in 2026-27 and \$16,000 in 2027-28 for state administration (Insurance Fund).

Background:

Pharmacist Services. Under existing California law and regulations, qualified pharmacists are authorized to initiate and furnish the health services listed below to patients without a prescription:

- Self-administered hormonal contraception;
- Emergency contraception;
- Vaccinations;
- Travel medications;
- Nicotine replacement therapy;
- Naloxone; and,
- HIV preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP).

Current law also authorizes the category of an “advanced practice pharmacist.” An advanced practice pharmacist recognized by the Board of Pharmacy is authorized to 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 pursuant to a specific written order or authorization made by the individual’s treating prescriber, and in accordance with the policies, procedures or protocols of the health care facility, home health agency, licensed clinic, health plan or physician.

Health Plan and Insurer Reimbursements for Pharmacist Services. Current law requires health plans and insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of the service performed by a pharmacist at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health plan/insurer has an out-of-network pharmacy benefit. Payment or reimbursement may be made for a service performed by a duly licensed pharmacist only when the following conditions are met:

- The service performed is within the lawful scope of practice of the pharmacist.
- The coverage otherwise provides reimbursement for identical services performed by other licensed health care providers.

Medi-Cal Reimbursements for Pharmacist Services. Current law establishes pharmacist services as a benefit under the Medi-Cal program, subject to approval by the federal government. Current law requires DHCS to establish a fee schedule for specified pharmacist services. The rate of reimbursement for pharmacist services must be at 85 percent of the fee schedule for physician services under the Medi-Cal program, except for “medication therapy management” (MTM) pharmacist services. The Medi-Cal program has a specific MTM program for Medi-Cal recipients with complex medication therapies, high prescription costs or other risk factors that may result in poor medication adherence. Reimbursements for MTM pharmacist services are only available to a Medi-Cal enrolled pharmacy that enters into an MTM pharmacist services contract with DHCS. Current law requires DHCS to establish and maintain rates of reimbursement for covered MTM pharmacist services.

Proposed Law: Specific provisions of the bill would:

- Require health plans and insurers that offer coverage for pharmacist services to pay or reimburse the cost of the service performed by a pharmacist enrolled as a provider with the health plan/insurer; and provide that “pharmacist” includes a pharmacist providing services at a federally qualified health center or a rural health clinic.
- Authorize pharmacists to submit for Medi-Cal reimbursement for pharmacist services, so long as the pharmacist is an enrolled Medi-Cal provider before providing the service.
- Require DHCS to seek federal approval of a state plan amendment to recognize pharmacists as health care providers at federally qualified health centers and rural health clinics for reimbursement purposes under the Medi-Cal program.
- Authorize Medi-Cal MTM pharmacist services reimbursements to eligible advanced practice pharmacists, including those operating at federally qualified health centers or rural health clinics.
- Require the rate of Medi-Cal reimbursement for advanced practice pharmacist services to be no less than 85 percent of the fee schedule for physician services under the Medi-Cal program, including MTM pharmacist services.

Related Legislation: AB 2565 (Wallis) would require DHCS to issue guidance clarifying Medi-Cal managed care plan obligations to cover pharmacist services. The bill is scheduled to be heard June 15, 2026 in this committee.

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