

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1469
Health

(Delegate Cullison)

Health Insurance - Workgroup to Study the Definition of Specialty Drug

This bill requires the Maryland Insurance Administration (MIA) to convene a workgroup to study the definition of “specialty drug,” compare the definition to other definitions, and make a recommendation for a new definition that is in the best interest of patients and all stakeholders in the State. By January 1, 2027, MIA must report the workgroup’s findings and recommendations to the Governor and the General Assembly. **The bill takes effect July 1, 2026, and terminates June 30, 2027.**

Fiscal Summary

State Effect: MIA can convene the workgroup and submit the required report using existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The workgroup must study the definition of “specialty drug” to determine which stakeholders benefit from the definition, which stakeholders are disadvantaged by the definition, how each stakeholder group applies the definition, the impact of the definition on patients, and any unintended consequences of the definition. The workgroup must compare the definition to other definitions of “specialty drug” used in federal law, other states’ laws, and international law.

The workgroup must consist of (1) two representatives of pharmacy benefits managers (PBMs); (2) two representatives of independent pharmacists; (3) one representative of a carrier that owns a PBM; (4) one representative of a carrier that does not own a PBM; (5) one representative of a managed care organization; (6) one representative of a hospital; and (7) one representative of a health care provider that is not a hospital.

Current Law: Section 15-847 of the Insurance Article defines “specialty drug” as a prescription drug that (1) is prescribed for an individual with a complex, chronic, or rare medical condition; (2) costs \$600 or more for up to a 30-day supply; (3) is not typically stocked at retail pharmacies; and (4) requires either a difficult or unusual process of delivering the drug to the patient or enhanced patient education, management, or support before or after administration of the drug. A specialty drug does not include a prescription drug prescribed to treat diabetes, HIV, or AIDS; it does include a prescription drug prescribed to treat multiple sclerosis, hepatitis C, rheumatoid arthritis, cystic fibrosis, hemophilia, or multiple myeloma.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Insurance Administration; Department of Legislative Services

Fiscal Note History: First Reader - March 11, 2026
jg/ljm

Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510