



Date: February 24, 2026

To: The Honorable Heather Bagnall, Chair, House Health Committee

From: Aliyah N. Horton, FASAE, CAE, Executive Director, 240-688-7808

Cc: Members, Health Committee

Re: **FAVORABLE WITH AMENDMENT– HB 971 Maryland Medical Advisory Committee – Duties and Workgroup to Study the Adoption of a Fee-for-Service Model for All Medicaid Services**

The Maryland Pharmacists Association recommends a **FAVORABLE WITH AMENDMENT** report on **HB 971 Maryland Medical Advisory Committee – Duties and Workgroup to Study the Adoption of a Fee-for-Service Model for All Medicaid Services**.

To ensure the workgroup’s analysis is comprehensive and reflective of all major components of Medicaid care delivery, we respectfully request amendments to explicitly include pharmacy representation and pharmacy service evaluation within the workgroup’s charge.

Pharmacy services represent one of the most frequently utilized and highest-impact components of Medicaid care. Pharmacists are often the most accessible healthcare providers for Medicaid beneficiaries and play a critical role in medication adherence, chronic disease management, and prevention. As a result, pharmacy reimbursement structures and medication access are important to both patient outcomes and overall Medicaid spending.

We are requesting amendments that would add pharmacy representation to the workgroup and direct evaluation of pharmacy services within any proposed fee-for-service model presented by the workgroup. This will help ensure that the General Assembly receives a comprehensive and informed analysis.

Thank you for your consideration.

SECTION 2

Amendment 1 – Workgroup Membership - Page 4 insert after line 20

(iv) TWO REPRESENTATIVES OF PHARMACY SERVICE PROVIDERS, BASED ON RECOMMENDATIONS FROM THE MARYLAND PHARMACISTS ASSOCIATION INCLUDING:

- 1. ONE COMMUNITY PHARMACY REPRESENTATIVE, AND**
- 2. ONE LONG-TERM CARE OR HEALTH-SYSTEM PHARMACY REPRESENTATIVE**

Amendment 2 - Require Pharmacy Analysis - Page 5 after line 13, insert NEW (5)

(5) THE WORKGROUP SHALL EVALUATE THE ROLE OF PHARMACY SERVICES UNDER A MEDICAID FEE-FOR-SERVICE MODEL, INCLUDING:

- (i) PRESCRIPTION DRUG REIMBURSEMENT STRUCTURE**
- (ii) PROFESSIONAL DISPENSING FEES AND COST-TO-DISPENSE CONSIDERATIONS**
- (iii) PHARMACISTS PROVIDED CLINICAL SERVICES**
- (iv) IMPACT ON PATIENT ACCESS, PARTICULARLY IN RURAL AND UNDERSERVED AREAS**