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**PHARMACIST REIMBURSEMENT WORKGROUP
VIRTUAL PUBLIC HEARING NOTICE AND AGENDA**

September 26, 2022

Time: 1:00 – 2:00

Zoom Webinar video conference:

ZoomGov link: <https://www.zoomgov.com/j/1618877411>

Dial-In: 669 254 5252

Webinar ID: 161 887 7411

(Registration and Access Information Below)

Chapter 372 of the Acts of 2022 requires the Commissioner to establish a workgroup to identify options and requirements necessary for the reimbursement of pharmacists who provide medical services within their scope of practice and work setting, and to report to the Senate Finance Committee and the House Health and Government Operations Committee on the Commissioner's findings and recommendations on or before December 31, 2022.

A workgroup has been formed. The fourth meeting of the working group will be held on September 26, 2022, at 1:00 p.m. This should be the final public meeting of the working group. The purpose of the meeting is to review the issues that have been identified, and any proposed solutions or barriers to a solution.

Three meetings have been held. The first meeting was to gather information about the barriers to reimbursement. At the second meeting, the workgroup discussed the definition of "health care provider" and practice settings that have particular billing challenges. The third meeting focused on the commercial insurance market, and how commercial carriers credential and pay pharmacists for covered services.

In prior meetings, the following issues were identified:

- A service that is within the scope of practice of a pharmacist may not be covered by a health plan, whether a commercial carrier or Medicaid managed care organization (MCO).
- A service may be covered by an MCO, but the network may not include pharmacists, and there is no requirement for the network to include pharmacists.
- Commercial carriers may cover the services when provided by pharmacists, but not contract directly with pharmacists. Instead, carriers contract with facilities or physicians

who employ the pharmacists. Coding guidelines may create problems with billing for the pharmacist's services.

- Mandating coverage of services in the commercial market requires consideration of the Affordable Care Act provisions on mandates. Generally, mandates would not apply to the small group and individual markets. If a mandate applies to those markets, then the State is required to defray the costs.
- Mandating coverage of services by Medicaid and MCOs requires consideration of State and federal guidelines for Medicaid and procedures for approval.

The Commissioner hereby invites oral and written comments from interested stakeholders on any prior topics, and whether the barriers to reimbursement have been identified.

AGENDA

1. Opening remarks.
2. Comments by registered speakers concerning whether the barriers to reimbursement of pharmacists have been identified, or if there are other barriers.
3. Comments by registered speakers concerning possible solutions, and drawbacks of potential solutions.
4. Comments by unregistered participants.

If you would like to present or offer public comments *during* the virtual public hearing, please notify the MIA in advance of the meeting by submitting your request to pharmacist.mia@maryland.gov. Because of the nature of the Zoom Events platform, a special invitation is required to be seen and/or be heard via the platform. Interested parties who have signed up by Friday September 23, 2022, at 5:00 p.m. and provided an email address to which an invitational link to the virtual meeting can be sent will be assured of the opportunity to speak.

To the extent that time and technology permit, the MIA will hear from unregistered participants who access the Zoom Event platform.