MARYLAND SOCIETY OF HEALTH-SYSTEM PHARMACY

LEGISLATIVE AFFAIRS

October 2026

WHAT YOU NEED TO KNOW

Remember to vote November 3rd.

We are still looking for volunteers for Board of Pharmacy meetings in November and December.

COMMITTEE UPDATES

The Legislative Affairs Committee sent letters to U.S. Representatives and Senators from Maryland requesting support for Expanded Medicare Access to Pharmacist Services (S. 2426 / H.R. 3164). The full letter is reproduced on page 2.

The Legislative Affairs Committee leadership, along with MSHP President-Elect Jennifer Majchrzak, are working together to form the Lobbyist Task Force. They are currently reaching out to several firms and setting up meetings to help further the goals of the committee, MSHP, and the profession.

COMMITTEE LEADERSHIP

Chair: Courtney Henry | chenry8@lifebridgehealth.org

Vice Chair: Greg Yugov | Gregory.yugov@umm.edu

Board Liaison: Erin Balletine | eballen3@jh.edu

MD LEGISLATIVE UPDATE

The 2027 Maryland General Assembly session is scheduled to begin in January. Legislative priorities and advocacy opportunities will continue to be monitored.

MD BOP UPDATES

10.34.15 Licensure by Reciprocity

Minor change allowing applicants to use the UPJE for the law-exam portion, consistent with the earlier change for direct applicants under 10.34.02.

10.34.19 Sterile Compounding

Updates intended to align regulations with current USP <797>, <800>, and <825>. Timing of publication remains unclear, given the potential impact on Board inspection procedures and forms.

10.34.32 Pharmacist Administration of Vaccinations

Adds American Red Cross CPR training alongside AHA courses. Also seeks to make existing emergency provisions (10.34.32.04-.08) permanent before their November 28, 2026 expiration, aligning with new legislation and Maryland Secretary of Health vaccine approvals.

MARK YOUR CALENDAR

November 3, 2026 — Election Day. Remember to vote.

November 18, 2026 — BOP Meeting (volunteer needed).

December 16, 2026 — BOP Meeting (volunteer needed).

February 18, 2027 — Legislative Day.

ASHP POLICY & ADVOCACY

Thank you to Gina Bazemore for attending the ASHP monthly meetings.

October 28, 2026 ASHP legislative and regulatory update. The complete briefing begins on page 3.

MPC

Legislative Day has been set for February 18th.

Congressional Outreach — Letter Sent

MSHP Legislative Affairs Committee | October 2026

On behalf of the Maryland Society of Health-System Pharmacy (MSHP) Legislative Affairs Committee, we urge you to support legislation that expands Medicare beneficiaries' access to essential pharmacist-provided clinical services, including the Equitable Community Access to Pharmacist Services (ECAPS) Act (S. 2426) and the related House legislation, H.R. 3164, the Ensuring Community Access to Pharmacist Services Act.

Pharmacists practicing in Maryland hospitals, health systems, ambulatory clinics, and community settings are highly trained medication experts and integral members of patient care teams. They assess patients, help manage drug therapy, monitor treatment response, and collaborate with other clinicians to deliver safe, timely care. Yet Medicare coverage has not consistently kept pace with the clinical services pharmacists are authorized to provide under state law.

The legislation would help address this gap by creating a pathway for Medicare coverage of specified pharmacist-provided testing, treatment, and related services for common respiratory conditions, where permitted by state scope-of-practice requirements. For older adults—particularly those facing transportation barriers, limited appointment availability, or geographic gaps in care—access to a pharmacist can offer a timely entry point to appropriate care.

This proposal is not a substitute for physician-led or team-based care. Rather, properly implemented pharmacist services can complement existing care models through appropriate screening, referral, coordination, documentation, and adherence to professional standards. These safeguards are important to protecting patients while making better use of the healthcare workforce.

We respectfully request that you co-sponsor and support advancement of S. 2426 / H.R. 3164, as applicable to your chamber, and work with stakeholders to ensure implementation supports patient safety, clinical coordination, and equitable access. Maryland's health-system pharmacists stand ready to serve as a resource on the practical impact of these policies for patients and healthcare teams across our state.

Thank you for your consideration and for your service to Maryland's patients and communities.

Sincerely,

MSHP Legislative Affairs Committee

Maryland Society of Health-System Pharmacy

ASHP Policy & Advocacy — October 2026

Complete legislative and regulatory briefing | ASHP monthly conference call: October 28, 2026

Executive Summary

Medicare Provider Status (HR 3164)

Development: Congressional Budget Office (CBO) issued a higher-than-targeted 10-year score for the Main Street Pharmacy Access Act (ECAPS), ignoring hospitalization cost-avoidance.

Why it matters: ASHP is actively negotiating offsets (e.g., phased implementation, narrowing non-existent RSV treatment provisions) to package the bill in the post-election lame-duck session while firmly opposing cuts to evaluation and management (E&M) reimbursement rates.

340B Rebate Pilot Challenge & Delays

Development: On October 9, 2026, the American Hospital Association (AHA) filed a federal lawsuit to enjoin HRSA's 2027 rebate pilot. Simultaneously, bipartisan legislation (HR 10700) was introduced to mandate a two-year statutory delay through December 31, 2028.

Why it matters: Halting the conversion of upfront 340B discounts to post-dispense manufacturer rebates prevents severe cash-flow disruption and administrative burden across health systems.

4th Circuit 340B Contract Pharmacy Litigation

Development: The U.S. Court of Appeals for the 4th Circuit held an en banc rehearing before all 15 judges regarding the legality of West Virginia's state contract pharmacy statute.

Why it matters: Direct Maryland impact: The 4th Circuit's ruling will establish binding precedent on whether Maryland and neighboring states can enact and enforce state-level 340B contract pharmacy nondiscrimination laws without federal preemption.

Part D PBM Contracting RFI

Development: CMS released a broad Request for Information (RFI) seeking input on establishing federal "reasonable and relevant" contract standards between Part D plans/PBMs and pharmacies; comments are due November 23, 2026.

Why it matters: Offers health-system outpatient and specialty pharmacies a regulatory vehicle to curb predatory PBM practices, affiliate steerage, and abusive reimbursement terms.

FDA Interim Guidance on Compounding Peptides

Development: FDA issued interim guidance exercising immediate enforcement discretion to permit 503A compounding of six peptides recently recommended by the Pharmacy Compounding Advisory Committee.

Why it matters: Bypasses the customary 12–24 month bulk substance rulemaking timeline, allowing compliant compounding under specific quality and adverse-event reporting guardrails.

Federal Legislative Updates

HR 3164: Ensuring Community Access to Pharmacist Services Act / Main Street Pharmacy Access Act (ECAPS)

Update: HR 3164 establishes Medicare Part D coverage and provider status for pharmacists delivering test-and-treat services for COVID-19, influenza, RSV, and streptococcal pharyngitis. The bill advanced through the House Energy & Commerce and Ways & Means Committees (renamed "Main Street Pharmacy Access Act"). However, the CBO released an estimate higher than anticipated, driven by assumptions that patient utilization will rise 20% and omitting offset savings from avoided hospitalizations and disease progression. Furthermore, the original $2 billion funding offset in the Medicare Improvement Fund was repurposed by the administration. ASHP is collaborating with sponsors and leadership to lower the score by exploring phased-in effective dates, excising RSV treatment language (due to a lack of current therapeutics), or modifying emergency waiver provisions. ASHP is opposing alternatives that would cut clinical reimbursement rates or restrict billing complexity levels.

Impact: The bill is positioned for inclusion in an end-of-year legislative vehicle (e.g., healthcare extenders/Farm Bill package) during the lame-duck session. If Congress opts for a bare-bones continuing resolution, the bill will need reintroduction in the 120th Congress.

Maryland Relevance: If enacted, this legislation enables Maryland health-system ambulatory clinics and outpatient pharmacies to bill Medicare Part D directly for infectious disease management, expanding revenue models and patient access.

Post-Election Outlook & 120th Congress Health Priorities

Update: With the November election determining the 120th Congress (2027–2028), substantial turnover in healthcare leadership is confirmed: Senate HELP Committee Ranking Member/Chair Cassidy and key House Health Subcommittee leaders lost primary races. House Democrats issued an 84-page health policy priorities white paper outlining objectives for the next session, including:

• Expanding Medicare drug price negotiation from 20 to 50 drugs annually.

• Extending Medicare Maximum Fair Prices (MFPs) and the $2,000 Part D out-of-pocket cap to commercial group health plans.

• Banning PBM ownership of retail/mail-order pharmacies (horizontal separation).

• Solidifying site-neutral payment cuts for Part B hospital outpatient department (HOPD) drug administration to generate federal savings.

• Establishing statutory coverage for adult vaccines without cost-sharing.

Impact: Tight legislative majorities and presidential veto dynamics will require bipartisan consensus. Deficit-reduction initiatives will target healthcare spending; ASHP will be in a defensive posture against hospital site-neutral payment cuts while advancing PBM pharmacy ownership restrictions.

Maryland Relevance: Because Maryland operates under the unique Total Cost of Care (TCOC) model and all-payer hospital rate regulation through the Health Services Cost Review Commission (HSCRC), federal site-neutral payment adjustments apply differently to Maryland hospital outpatient facilities than to standard Medicare Part B fee-for-service hospitals. However, federal policies regarding PBM pharmacy ownership and drug price negotiations will directly affect Maryland commercial payers, health-system employee benefit plans, and retail operations.

340B Federal Legislative Activity: HR 10700 & Payer Nondiscrimination

Update: On October 9, 2026, a bipartisan group introduced HR 10700 (The Rebate Model Delay Act), which statutorily prohibits implementation of HRSA's proposed 340B rebate pilot prior to December 31, 2028. The bill has garnered bipartisan co-sponsors, and a companion bill is being organized in the Senate. Concurrently, Representative Matsui is preparing federal legislation to ban commercial and Medicare health plans from discriminating against 340B covered entities in contract terms and reimbursement.

Impact: HR 10700 creates a legislative safeguard if federal court challenges do not halt the January 1, 2027 rollout. If neither litigation nor legislation delays the pilot, covered entities must operate under an administrative rebate model starting January 2027.

Maryland Relevance: No specific Maryland activity was identified in the materials; however, this is an issue to monitor. Maryland covered entities would benefit substantially from statutory relief preventing the rebate model's rollout and prohibiting discriminatory reimbursement by commercial payers.

Federal Regulatory Updates

CMS RFI: Part D Reasonable and Relevant PBM Contracting Standards

Update: Stemming from federal PBM transparency legislation enacted in late 2025 (effective January 2026), CMS issued a broad Request for Information regarding "reasonable and relevant" pharmacy contracting standards under Medicare Part D. Public comments are due November 23, 2026. ASHP is distributing a member survey to gather health-system data on contractual abuses, affiliate steerage, and reimbursement clawbacks.

Impact: This proceeding enables the federal government to define enforceable terms of fairness in Part D PBM contracts. Robust federal definitions can serve as a regulatory template across commercial and state employee benefit designs.

Maryland Relevance: No specific Maryland activity was identified in the materials; however, this may be an issue to monitor. MSHP members running health-system specialty and outpatient pharmacies are urged to document predatory PBM contract terms and steerage practices to inform state and national commentary before the November 23 deadline.

FDA Interim Guidance: 503A Compounding of Peptides

Update: The FDA issued interim guidance using enforcement discretion to allow 503A traditional compounding pharmacies to compound six specific peptides recently recommended for the 503A Bulks List by the Pharmacy Compounding Advisory Committee (PCAC). Rather than waiting for the standard 12-to-24-month notice-and-comment rulemaking process, pharmacies may compound these substances immediately provided they adhere to defined safety guardrails, including using legitimate pharmaceutical-grade bulk substances (avoiding "research only" chemicals) and establishing formal adverse event reporting mechanisms.

Impact: Provides legal clarity and expedited clinical access while eliminating sub-potent or unverified products from illicit channels.

Maryland Relevance: No specific Maryland activity was identified in the materials; however, this may be an issue to monitor. Offers immediate compliance certainty to Maryland health-system compounding operations compounding clinically indicated peptides ahead of permanent federal list publication.

340B HRSA Rebate Pilot & Legal Challenges

Update: HRSA announced that most drug manufacturers applied to participate in the 2027 340B rebate pilot for the 25 drugs selected for Medicare price negotiation (Novo Nordisk notably did not apply for semaglutide products). On October 9, 2026, the American Hospital Association (AHA), the Maine Hospital Association, and four individual health systems filed a federal lawsuit seeking preliminary and permanent injunctions against the pilot. The suit asserts HRSA violated the Administrative Procedure Act by underestimating compliance expenses for covered entities, failing to quantify patient benefits, and failing to establish standard dispute resolution mechanisms or a centralized clearinghouse for rebate remittance.

Impact: A judicial ruling is anticipated late in December 2026. If the injunction fails, covered entities face substantial operational overhead and delayed cash flow beginning January 1, 2027.

Maryland Relevance: No specific Maryland activity was identified in the materials; however, this is an issue to monitor. Maryland 340B covered entities face potential cash-flow lag and severe administrative tracking burdens if HRSA’s rebate model takes effect without a unified clearinghouse.

State Legislative Updates

4th Circuit Litigation: State Contract Pharmacy Laws (En Banc Review)

Update: The U.S. Court of Appeals for the 4th Circuit completed an en banc oral argument before all 15 active judges to review a panel ruling that invalidated West Virginia's 340B contract pharmacy protection law. A comprehensive en banc ruling is pending.

Impact: If the 4th Circuit upholds the state law, it affirms the authority of states within the circuit to protect 340B contract pharmacy distribution models against manufacturer restrictions. A split decision or rejection would likely direct the issue to the U.S. Supreme Court.

Maryland Relevance: Direct Maryland Impact. Maryland resides within the 4th Circuit. The outcome will definitively dictate whether the Maryland General Assembly can pass and enforce state-level 340B contract pharmacy nondiscrimination legislation.

California Legislative Vetoes: Pharmacist Scope & Medicaid Alignment

Update: California Governor Newsom vetoed two key pharmacy bills: AB 2571, which would have mandated commercial and Medicaid reimbursement parity for pharmacist-provided clinical services, and a companion measure that would have standardized provider credentialing and enrollment across all managed Medicaid health plans. The vetoes were attributed entirely to state budget deficits and projected spending pressures.

Impact: Demonstrates that even when bills receive strong legislative and stakeholder backing, state fiscal deficits remain a primary threat to pharmacist provider recognition and payment parity.

Maryland Relevance: No specific Maryland activity was identified in the materials; however, this is an issue to monitor. As MSHP evaluates statutory reimbursement and provider enrollment parity in Maryland Medicaid, fiscal impact notes and health plan cost-avoidance data must be proactively prepared to withstand state budget scrutiny.

Updated ASHP/NASPA Model Legislation: Medications for Opioid Use Disorder (MOUD)

Update: ASHP and the National Association of State Pharmacy Associations (NASPA) issued updated model state legislation regarding pharmacist prescribing of MOUD. Transitioning away from the 2023 collaborative practice and statewide protocol framework, the 2026 model establishes:

• Full independent pharmacist prescribing authority for MOUD commensurate with standard of care.

• Explicit statutory authorization confirming pharmacists are eligible for registration with the DEA as mid-level controlled substance prescribers.

• Mandated commercial insurance and Medicaid reimbursement for clinical evaluation and management services rendered.

Impact: Reflects recent statutory enactments across seven states and addresses ongoing DEA registration hurdles faced by clinical pharmacists.

Maryland Relevance: Emerging Relevance. In Maryland, pharmacist management of addiction therapies largely depends on Collaborative Practice Agreements (CPAs). This model legislation offers a turnkey template for MSHP to introduce standard-of-care independent prescribing authority for buprenorphine and related addiction therapies during upcoming Maryland legislative sessions.

Modernizing Opioid Treatment Access Act (MOTAA 2.0) Sign-On Campaign

Update: The American Society of Addiction Medicine (ASAM) is organizing a state affiliate endorsement sign-on for MOTAA 2.0. The legislation eliminates federal restrictions limiting methadone for opioid use disorder to specialized Opioid Treatment Programs (OTPs/clinics). It authorizes qualified DEA-registered practitioners to prescribe methadone and permits dispensing through standard community and outpatient health-system pharmacies. ASHP affiliates are invited to submit organizational endorsements to Kelly Corredor (kcorredor@asam.org) on an open-ended timeline.

Impact: De-silos opioid addiction therapy and integrates methadone maintenance into standard health-system outpatient workflow.

Maryland Relevance: Emerging Relevance. In Maryland, OTP clinics face severe geographic and capacity constraints. Expanding outpatient methadone dispensing to health-system pharmacies would markedly enhance treatment access in both rural (Eastern Shore, Western MD) and dense urban areas (Baltimore). The MSHP Legislative Affairs Committee should consider formally signing on as an organizational endorser.

Items for MSHP Monitoring & Action

CMS Part D Contracting RFI

Action — Action Requested: Coordinate member feedback on unfair PBM contract terms, specialty steerage, and white bagging by the November 23, 2026 deadline.

ASAM MOTAA 2.0 Endorsement

Action — Action Requested: Review the MOTAA 2.0 legislative briefing and determine whether the MSHP Board should formally submit an organizational endorsement.

ASHP Regional Planning Calls

Action — Participation: Delegate MSHP Legislative Affairs Committee representatives to attend the ASHP Northeastern Regional Planning Call in late November 2026.

4th Circuit 340B En Banc Decision

Monitoring — Legal Monitoring: Track the forthcoming 4th Circuit ruling on the West Virginia statute to determine feasibility of introducing Maryland contract pharmacy legislation.

HR 10700 & 340B Rebate Lawsuit

Monitoring — Federal Monitoring: Monitor the AHA preliminary injunction motion and federal lame-duck delay bill ahead of the January 1, 2027 pilot launch.

Federal ECAPS (HR 3164) Cost Negotiations

Monitoring — Legislative Monitoring: Track post-election congressional negotiations on CBO offsets to prepare local grassroots outreach to the Maryland congressional delegation.