

NAMI_Cyphers_FAV_SB545

Uploaded by: Cyphers, Moira

Position: FAV

February 13, 2020

Senate Bill 545 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications - SUPPORT

Chairman Pinsky, Vice Chair Kagan, and members of the Senate Education, Health, and Environmental Affairs Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

NAMI Maryland strongly supports SB 545, legislation that would permit pharmacists to administer injectable medications to their patients. NAMI Maryland strongly supports reduction of barriers to medication and treatment – especially for individuals with severe mental illness. Here's why:

Medications are a powerful tool in treating mental illness.

- With appropriate treatment, the success rate for mental health disorders is 60-80 percent, exceeding the treatment success rate for heart disease.
- Medication adherence is often key to experiencing recovery. Barriers to getting effective and well-tolerated medications, such as prior authorization, can result in poor outcomes for persons with mental illness.
- Individuals with schizophrenia are now able to receive medications like Aristada in a 2-month dose, including the first dose – without the need for further oral supplements.

Safety and healing should drive mental health care.

- Persons with mental illness frequently have other health conditions and multiple medications. Drug interactions and possible dangerous side effects require appropriate medication choices.
- Due to the nature of serious mental illnesses, many may be unable to navigate an appeals process. Prior authorization may compromise health and mental health care for the most vulnerable.
- Providers with expertise in mental health care are in short supply. Once under the care of a psychiatrist or physician, medication provision should be quick and affordable to access to help keep Marylanders healthy.

Without appropriate medications, persons with mental illness may experience instability—and at a high cost: increased risk of state psychiatric hospital and emergency department stays, homelessness, and, too frequently, incarceration.

Research backs this up.

- When individuals with mental illness were unable to get the proper medication: they are almost four times more likely to experience an emergency room visit, hospitalization, homelessness, incarceration, or suicidal behavior.

For these reasons, NAMI Maryland asks for a favorable report on SB 545.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Advocacy Contact:

Moira Cyphers
Compass Government Relations
MCyphers@compass-gr.com
(301) 318-4220

NAMI_FAV_SB548

Uploaded by: Cyphers, Moira

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February 13, 2020

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Advocacy Contact:

Moira Cyphers
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UMB_DebDewitt_FAV_SB0545

Uploaded by: Dewitt, Deb

Position: FAV



February 13, 2020

The Honorable Paul G. Pinsky
Chair, Education, Health, and Environmental Affairs Committee
2 West Miller Senate Office Building
Annapolis, MD 21401

Support: SB 545 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications (HB 656)

Dear Chairman Pinsky and Members of the Committee:

On behalf of the leadership of the schools of pharmacy, we urge your support for SB 545 Pharmacists Administration of Self-Administered Medications and Maintenance Injectable Medications. This legislation builds on the public health success of pharmacists' authority to administer vaccines. Currently, all 50 states, the District of Columbia, and Puerto Rico allow pharmacists to administer immunizations. Within this group, 46 states allow pharmacists to administer other injectable medications nuanced in some fashion. Of those, **34 states grant pharmacists authority to administer injectable medications per protocol, prescription, or standing order, without additional barriers.** This bill would allow Maryland pharmacists to administer injectable medications to patients on the valid order of a prescriber or public health official.

This bill would be of tremendous benefit to patients who suffer from serious mental illness (SMI), as well as those who receive maintenance injections for substance use disorders. Poor adherence to antipsychotics has been associated with higher risk of relapse, hospitalization frequency, and costs. In 2013, schizophrenia had a \$155.7 billion economic burden in the United States with more than 40% of patients not adherent to their medications. Bipolar disorder ranks as the eighteenth leading cause of disability, with non-adherence between 20-60%. Adherence to prescribed medications is crucial to improve outcomes.

One way to ensure treatment adherence is to use long-acting injections (LAIs) that can be administered every few weeks or months. However, for patients with SMI these medications are underutilized. Compounding this problem is that psychiatrists report they do not have the inventory or operational capacity to facilitate patient access to these expensive medications. They lack the necessary infrastructure to deal with patient assistance programs or to administer injections. Patients report transportation issues, and other requirements that limit their ability to access normal physician offices or clinic hours.

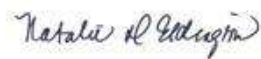
Studies show that when pharmacists are engaged in the medication use process, access, adherence, outcomes, and quality of care improves. For instance, in the nine state Albertson Pharmacies study¹, pharmacists provided long-acting injection medications for patients with SMI in community settings. Overall, patients were highly satisfied with receiving long-acting injections by pharmacists. Nearly 81% of the patients reported that receiving medications administered by a pharmacist was more suitable compared with receiving it in other health settings due to wait time for appointment, duration of appointment, location of service, and pharmacist communication and clinical skills. Moreover, 93% of the patients reported they would recommend the community pharmacist services to others. Importantly, receiving medications administered in the pharmacy is an opportunity for some patients to normalize the process, and decrease perceived stigma. These factors support the benefits of including pharmacists as part of the interprofessional team and for some patients to use pharmacists as the access point for administration of medications.

As with the immunization authority granted by the legislature over a decade ago, SB 545 also assures that pharmacists be adequately trained about the conditions for the population of patients to whom they serve. The bill also mandates pharmacist-prescriber documentation, communication, and requires the pharmacist to counsel patients to return to their providers for scheduled appointments. Both the Boards of Physicians and Nursing will aid in the establishment of regulations implementing this bill, assuring an interprofessional effort.

Considering the challenges that patients face in receiving appropriate treatment for SMI— SB 545 Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications can greatly improve treatment adherence programs.

Thank you for your consideration of our request. We urge a favorable outcome.

Sincerely,



Natalie D. Eddington, PhD, FAAPS, FCP
Dean and Professor
Univ of Maryland School of Pharmacy



Anne Lin, PharmD, FNAP
Dean and Professor
Notre Dame of Maryland University



Rondall E. Allen, BS, PharmD
Dean and Professor
Univ of Maryland Eastern Shore

cc: The Honorable Ronald Young

¹ Mooney EV, Hamper JG, Willis RT, Farinha TL, Ricchetti CA. Evaluating patient satisfaction with pharmacist-administered long-acting injectable antipsychotics in the community pharmacy. Am Pharm Assoc. 2018 Jul - Aug;58(4S):S24-S29.

Ehret_FAV_SB545

Uploaded by: Ehret, Dr. Megan

Position: FAV

February 13, 2020

The Honorable Paul G. Pinsky
Chair, Education, Health and Environmental Affairs Committee

Support: SB 545 Pharmacists- Administration of Self-Administered Medications and Maintenance Injectable Medications

Dear Chairman Pinsky and Members of the Committee:

My name is Dr. Megan Ehret. I have been a psychiatric pharmacist over 15 years. I am currently an Associate Professor at the University of Maryland School of Pharmacy and the current Past President of the College of Psychiatric and Neurologic Pharmacists. My current practice location is University of Maryland Medical Center Mid Town Campus where I see approximately 40 patients per week who suffer from schizophrenia and other serious mental illness.

For years, pharmacists in many capacities have demonstrated they can safely and effectively improve public health with the administration of immunizations. Currently in the state of Maryland, pharmacists can not only administer immunizations but they can also administer any medications that a patient can administer to themselves. However in the majority of states other than Maryland, pharmacists are also able to administer injectable medications to a patient that are not designated for self-administration. These may include medications such as long-acting injectable antipsychotics, naltrexone, and those to treat osteoporosis.

There can be many significant barriers to a patient being able to start and continue a much needed medication, including access to the medication. HB 656 increases access to needed medications by allowing pharmacists to administer injectable medications in a setting that is much closer for the patients and at hours that may be more convenient. This need is extremely important for those patients being treated for mental illness. Multiple studies have demonstrated that long-acting injectable antipsychotics can reduce the likelihood of relapse for patients. Additionally, they reduce the need for emergency services and hospital admissions due to non-adherence.

Many of the injectable medications can also be challenging to use in physician settings. Several of them require special storage, which may not be available, in particular in a psychiatrist's office. Many psychiatrists do not employ the staff to schedule injection appointments, determine eligibility through insurance for payment for the injection, maintain the injection supply, or administer the injections. These medications are expensive and may require an investment store, or time to manage inventory and manufacturer administered patient assistance programs. Finally, with the current shortage of psychiatrists, this effort will improve the efficiency gap and allow for greater

access to psychiatric services for other patients.

In December 2016, I had the pleasure of participating in a two summits held in Alexandria, Virginia to develop recommendations on policy and training for pharmacists' administration of medications. In addition to the representatives from pharmacy organizations the summit included representatives from the American Psychiatric Association, the US Public Health Service, the American Nurses Association, the National Council for Behavioral Health and the National Alliance on Mental Illness (NAMI). Most importantly, the meeting was attended by the Medical Director of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the CEO of the National Association of Mental Health Program Directors, the organization representing the medical directors for mental health from all 50 states.

The policy summit concluded that pharmacists can play a vital role in increasing access to medication administration services and should be authorized to administer any medication, pursuant to a valid prescription and proper training. They also recommended a series of other provisions which are reflected in HB 656.

HB 656 addresses how pharmacists are directed under a valid prescription to administer injectable medications. It also establishes the requirements for training and education for the pharmacist and how the pharmacist is to communicate with the prescriber. The Boards of Physicians, Nursing, and Pharmacy will be actively involved in establishing all of the appropriate regulations.

When pharmacists were granted the authority to administer vaccines and immunizations, a fear was expressed that this could disrupt care especially since immunizations occurred under standing order potentially creating a disincentive for patients to return to primary care providers for other wellness appointments. These fears of disruption in continuity of care proved to be unfounded. In the current case of administration of injectable medications, the prescriber will need to order the medication and additional refills. The legislation also requires that the pharmacist educate the patient on the need to attend upcoming follow-up appointments.

HB 656 presents an opportunity for the State of Maryland to improve access to care, extend the public health role of trained pharmacists, and improve interdisciplinary cooperation. I ask for a favorable report on HB 656.

Sincerely,

A handwritten signature in cursive script that reads "Megan J. Ehret".

Megan J. Ehret, PharmD, MS, BCPP
Associate Professor
Past President- College of Psychiatric and Neurologic Pharmacists

MNA_ Robyn Elliott_FAV_SB 0545

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Education, Health, and Environmental Affairs Committee
Bill Number: SB 545
Title: Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications
Hearing Date: February 13, 2020
Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 545 – Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications*. The bill authorizes pharmacists to administer maintenance injectable medications upon a prescription by a prescriber. The prescriber would have to administer the first dose of medication.

MNA supports this legislation because we agree that pharmacists have the education and training to administer maintenance injectable medications. The bill has appropriate consumer safe-guards, including requiring the prescriber to administer the first dose in case the patient has an adverse reaction. The bill also requires communication between the pharmacist and prescriber.

MNA recognizes that there are sometimes gaps in care. Prescribers, particularly small providers, may not have the staff or infrastructure to routinely administer injectable medications. Consumers may delay care in their search for a provider to administer their medication. Pharmacists, as they have the appropriate training, can help fill that gap in care.

Thank you for your consideration of our testimony. If you need any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Hepburn_FAV_SB545

Uploaded by: Hepburn, Brian

Position: FAV



February 6, 2020

The Honorable Paul G. Pinsky
Chair, Education, Health and Environmental Affairs Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

**Support: SB 545 Pharmacists - Administration of Self-Administered Medications and Maintenance
Injectable Medications (HB 656)**

Dear Chairman Pinsky and Members of the Committee:

As a psychiatrist and as Chief Executive Officer of the National Association of State Mental Health Program Directors (NASMHPD), I offer this letter of support for SB 545 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications. In 2016, I had the opportunity to represent directors of state mental health programs at a national summit meeting regarding this topic of pharmacist administration of injections along with colleagues from the American Psychiatric Association and the federal Substance Abuse and Mental Health Services Administration. Through the interactions at this meeting and my previous interactions with pharmacists as the former Director of Maryland's Mental Hygiene Administration, I am convinced that administration of long-acting antipsychotic injections (LAIs) by pharmacists in the community is safe and can improve access to care for individuals with severe mental illness (SMI) who require these medications. The recommendations resulting from this national summit and the language in HB 656 and SB 545 ensure that this process can proceed in a manner that preserves existing prescriber-patient relationships and promotes the public health.

Throughout my career, I have worked with pharmacists who have a strong interest in promoting the public health through access to important underutilized treatments for patients with SMI. Just as pharmacists have expanded access to immunizations, they can expand access to other important medications. LAIs can help ensure that patients who don't always take their medications as prescribed receive it. These medications are an important strategy to prevent patient relapses, consumption of emergency resources and costly hospital readmissions. In cases in which we are unsure of how to change medication because of questionable adherence to prescribed regimens, their use guarantees that we know what patients are receiving so that we can adjust doses wisely. In cases where patients may try to manage their doses of oral medication by adjusting their medication on their own, LAIs prevent toxicity.

However, the use of LAIs is challenging. They each differ in their storage requirements, administration techniques and administration schedules. Psychiatrists rarely have appropriate refrigeration or storage in their offices and do not uniformly employ nurses who could administer these medications. These medications are expensive and physicians are not experienced in managing cash flow for expensive medications or inventory. Psychiatrist offices may be distant from a patient placing a burden on patient support systems for transportation while most people are in closer proximity to a pharmacy.

Pharmacies are open for longer hours than physician offices adding to patient convenience and allowing patients to work or attend day treatment programs. In order to address these challenges, 46 states have provisions to permit this practice and further the public's health.

HB 656 requires appropriate education and training and promotes a dialog between pharmacist and prescriber as recommended at the aforementioned national summit. It enlists the participation of nursing and physician colleagues in establishing appropriate regulations. In these days of growing interprofessional collaboration, it expands our health care teams.

I am sorry that I was not able to be present to support my pharmacist colleagues in person today. However, I hope you will accept my recommendations as well as the national recommendations to expand the pharmacist's scope of practice to include administration of injectable medications and biologics.

Sincerely,

A handwritten signature in black ink that reads "Brian Hepburn". The signature is written in a cursive, flowing style.

Brian M. Hepburn, M.D.
Executive Director
National Association of State Mental Health Program Directors
(NASMHPD)

MPhA_Horton_FAV_SB545

Uploaded by: Horton, Aliyah

Position: FAV



DATE: February 13, 2020
TO: The Honorable Paul G. Pinsky, Chair
Members, Education, Health and Environmental Affairs Committee
FROM: Aliyah N. Horton, CAE, Executive Director
RE: **SUPPORT – Senate Bill 0545- Pharmacists - Administering Injectable Medications and Biological Products**

UPDATE

A version of this bill was introduced in the 2019 session. To address stakeholder concerns the bill has been substantially modified and narrowed in scope. A stakeholder meeting was held in Fall 2019 where stakeholder feedback was received and resulted in the following changes to the bill, as currently introduced:

- narrowed scope to only include long-acting injectable/maintenance medications and not all injectable medications
- removal of biologics, infusions will be excluded in a future amendment
- requirement that the prescribers administer the first dose

A follow-up stakeholder meeting was held on Wednesday, February 12. Additional items that are currently being discussed with the intent to find resolution by the February 18 hearing on the House companion bill include:

- repositioning of the language regarding the requirement for the prescriber to administer the first dose to ensure clarity of intent.
- identifying classes of medications that would be identified as injectable maintenance medications. Classes being considered include
 - Antipsychotics
 - Opioid antagonist
 - Contraceptive
 - Vitamin Supplements
 - Hormones

SB 0554 would modify the pharmacist’s scope of practice to allow for the administration of injectable maintenance medications AFTER the first dose is administered by the prescriber.

In keeping with our values, this legislation seeks to:

- address healthcare gaps that can be filled with pharmacist expertise;
- empower and better utilize the skills of members of the health care team to get the best patient outcomes; and
- facilitate pharmacists’ work with patients to increase medication adherence, increase care provider access and maximize the benefits of medicines, while lowering overall costs from medication underuse and misuse.

Pharmacists are by no means a replacement for physicians. Each has a substantive and significant role to play in adherence and this bill enhances the communication between the patient, prescriber and pharmacist.

Pharmacists are valuable partners in health care and should be utilized in diverse ways to help provide care and alleviate the state's overburdened health-care system.

Pharmacists are medication experts and are focused on getting the medications right. The pharmacists' role is to determine exactly what medications and supplements a patient is taking; ensure that the patient is taking them as intended; and that they are meeting goals of therapy, while monitoring for drug interactions and adverse effects.

PROBLEM - Patients are challenged in accessing medication and its related administration services:

1. **ACCESS** - Medication may be picked-up in a pharmacy, but the patient has to go to a clinic or find a healthcare provider to have it administered, where there may encounter traveling and scheduling challenges.
2. **CONVENIENCE** - Patients who are unable to receive their medication injections conveniently are at risk of lower adherence, which results in lack of medication effectiveness and ultimately, increased healthcare costs.
3. **ADHERENCE** - Difficulties with medication adherence, issues with medication access and lack of knowledge of medication lead to non-adherence.

SOLUTION - Allow pharmacists to administer injectable maintenance medications to address care adherence and convenience gaps for chronic conditions.

WHY - Pharmacists are the most accessible healthcare provider. They offer knowledgeable, accessible and personal care to patients, improving quality of care and patient experiences

- *The New York Times*, article "*The Cost of not Taking your Medicine,*" (04/17/2017) discussed the "out of control epidemic" in the U.S. that costs more and affects more people in the U.S. than any disease - medication non-adherence. A review in the *Annals of Internal Medicine* estimates that a lack of adherence causes nearly 125,000 deaths, 10 percent of hospitalizations and costs the healthcare system between \$100–\$289 billion a year.
- 46 states allow pharmacists to administer medications beyond vaccines.
- The bill is consistent with the recommendations of the report, "State Policy Recommendations for Pharmacist Administration of Medications." The stakeholder group that authored the report included National Alliance on Mental Illness, American Psychiatric Association, American Nurses Association, US Public Health Service, National Association of State Mental Health Program Directors, National Association of Board of Pharmacy, Substance Abuse, Mental Health Services Administration and National Council of Behavioral Health, as well as state and national pharmacy organizations.

We believe this is a strong step toward filling patient care gaps that will lead to better healthcare outcomes for Maryland residents. MPhA urges a favorable report.

Aliyah N. Horton, CAE
Executive Director
Maryland Pharmacists Association
240-688-7808

Sherrie Sims
G.S. Proctor & Associates
410-733-7171

EPIC_Brian Hose_FAV_SB0545

Uploaded by: hose, brian

Position: FAV



A Network Of
Independently Owned
Pharmacies

Testimony offered on behalf of:
EPIC PHARMACIES, INC.

IN SUPPORT OF:
**SB 545 – Pharmacists - Administration of Self-Administered Medications
and Maintenance Injectable Medications**

Senate Education, Health and Environmental Affairs Committee
In the Senate - Hearing 2/13 at 1:00 p.m.

EPIC Pharmacies **SUPPORTS SB 545** – Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications.

EPIC Pharmacies are positioned in hundreds of communities across the state and represent the front line of healthcare providers caring for Maryland communities and your constituents. As the most accessible members of the healthcare team, pharmacists are uniquely positioned to help patients with maintenance injections.

Currently, pharmacists safely administer vaccines and self-administered medications via subcutaneous and intramuscular injections. Thousands of Maryland pharmacists have undergone training to provide these injections to member of their communities. Allowing pharmacists to administer maintenance injectable medications will increase access for high-risk patient populations such as those with mental illness and opioid dependence. Many patients have trouble scheduling these maintenance injections around their day to day lives and pharmacists are qualified, accessible, and ready to ease this burden for them. Allowing pharmacists to help these patients with continuation of therapy, after their provider administers the first dose, will help them continue therapy by facilitating ease of dosing within their communities and at times that fit with their lives. This current bill has taken into account the concerns that were raised last session.

EPIC Pharmacies respectfully requests a **FAVORABLE REPORT on SB 545.**

Sincerely,

A handwritten signature in black ink, appearing to read "Brian M. Hose".

Brian M. Hose, PharmD
EPIC PharmPAC Chairman
Owner / CEO
Sharpsburg Pharmacy
301-432-7223
brian.hose@gmail.com

MDChainDrugStoreAssoc_FAV_SB545

Uploaded by: LOCKLAIR, CAILEY

Position: FAV



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES



Testimony on Maryland SB 545

**Education, Health, and Environmental Affairs Committee
Maryland General Assembly**

February 13, 2020

**Submitted by:
Maryland Association of Chain Drug Stores
and
National Association of Chain Drug Stores**

Cailey E. Locklair
Maryland Association of Chain Drug Stores
clocklirtolle@mdra.org

Jill McCormack
National Association of Chain Drug Stores
jmccormack@nacds.org

On behalf of the 931 pharmacies and nearly 3,400 pharmacists operating and providing patient care in Maryland, the Maryland Association of Chain Drug Stores (MACDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to support SB 545 and its companion, HB 656. We applaud the leadership of the bill sponsors and this committee for considering this legislation to expand access to healthcare in the state by permitting pharmacists to administer a maintenance injectable medication to a patient at pharmacy healthcare destinations as well as appropriate corresponding coverage for the provision of this pharmacy care service. Modernizing Maryland's law to permit this practice will allow pharmacists to better serve Marylanders.

Pharmacists are highly educated, trusted, and easily accessible healthcare professionals who provide patients with important patient care services, including medication administration services. Notably, pharmacists, who are already permitted to administer vaccines to patients in the state, are well trained and experienced in drug administration techniques and practices, e.g., intramuscular injections and intranasal drug administration. Providing medication administration services is consistent with pharmacists' education and training.

According to the National Alliance of State Pharmacy Associations, the majority of states explicitly permit pharmacists or otherwise recognize pharmacists' ability to provide this service to patients. Given the growing number of injected and infused medications on the market, this authority will allow Maryland-licensed pharmacists to offer medication administration services to patients who are currently limited in their ability to obtain these services from office-based providers, which is not always convenient for the patient (or the office-based provider) and can lead to noncompliance with prescribed therapies.

NACDS applauds the legislature's current efforts to enhance the delivery of healthcare and strongly urges your support for SB 545 and its companion HB 656, legislation aimed at expanding access to care by allowing pharmacists to administer a maintenance injectable to a patient at pharmacy healthcare destinations and providing for appropriate corresponding coverage for the provision of this pharmacy care service.

SB0545 .Debenedetto

Uploaded by: Senator Young, Senator Young

Position: FAV



UNIVERSITY of MARYLAND
EASTERN SHORE

**SCHOOL of PHARMACY
and HEALTH PROFESSIONS**

The Honorable Paul Pinsky
Chair, Education, Health, and Environmental Affairs Committee
Miller Senate Office Building, 2 West Wing
11 Bladen St.
Annapolis, MD 21401

Support: SB0545: Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications

Dear Chair and Members of the Committee,

I support SB 0545 because it will increase patient access to care and pharmacist services. I practice in a Federally Qualified Health Center as a credentialed HIV pharmacist and as a part time community pharmacist on the Eastern Shore. Overall, I've spent about 25 years in community pharmacies. Patients deserve to have access to all their medications at all times. Currently, there is a massive gap in the provision of quality care concerning injectable medications.

I have regularly found patients searching for a provider willing to administer their prescribed medication. Take for instance my patient who was recently released from a drug rehab clinic and was provided an electronic prescription for Vivitrol to my pharmacy, to help her stay off of opioids. She shows up, but has no provider to administer the medication. The local doctors' offices did not prescribe the medication and will not administer to her and the urgent care clinic will not administer to her. I stand in front of her as she is crying and fearful of a drug relapse, willing and capable of providing the injection, but unable to do anything other than recommend a visit to the Emergency Room.

Clearly, pharmacists are accessible to patients, have shown an ability to provide safe injections in the arena of vaccinations, are equipped to provide patient care, and are well placed to make a difference in medication adherence. Administration of long acting psychiatric medications and substance dependence medications are a way for pharmacists to engage in patient care that will increase adherence and relieve the burden from clinic offices. Often, I've had patients request injection of their hormones, contraceptives, or vitamin B12 shots. In the HIV setting, a soon to be approved, long acting injectable is in the trial stages. I would love to be able to assist my patients by administering this long acting injectable to help them stay healthy over the long term.

I support this bill because it frees primary care providers to provide primary care. It frees psychiatry offices to provide psychiatric care. It allows patients to get their medications when they need them, where they are dispensed. It allows pharmacists to work at the top of their licenses in order to free time for physicians to do the things that only they are trained and allowed to do. Please strongly consider supporting this bill.

Sincerely,


Richard DeBenedetto, PharmD, MS, AAHIVP
615 Ridge Road
Salisbury, Maryland 21801
Clinical Pharmacist – Chase Brexton Health Care, Easton
Clinical Assistant Professor - University of Maryland Eastern Shore

Somerset Hall, Princess Anne, MD 21853

SB545 Medication-Administration

Uploaded by: Senator Young, Senator Young

Position: FAV



STATE POLICY RECOMMENDATIONS FOR PHARMACIST ADMINISTRATION OF MEDICATIONS

A REPORT FROM THE STAKEHOLDER GROUP
CONVENED BY THE NATIONAL ALLIANCE OF STATE PHARMACY ASSOCIATIONS
AND THE COLLEGE OF PSYCHIATRIC AND NEUROLOGIC PHARMACISTS

March 2017



IDENTIFYING AND DEVELOPING STATE BEST PRACTICES FOR PHARMACIST ADMINISTRATION OF MEDICATIONS

PROJECT OVERVIEW

Over the last several decades, pharmacists have been taking on greater patient care roles. One such role is in the administration of vaccines. In the 1990s only a handful of pharmacists across the country were trained to administer vaccines. Today nearly all community pharmacists have been trained and have incorporated this service into their practice. The opportunity to administer important vaccines in community pharmacies allows access to patients who may otherwise not have been able to adhere to public health recommendations.

Although pharmacist administration of vaccines is allowed in all 50 states and in the District of Columbia, many states in the US still restrict the scope of pharmacist administration of vaccines and other injectable medications. Pharmacists' overall success with vaccines has the potential to be translated to the administration of other medications—especially long-acting injectable (LAI) antipsychotic medications. LAIs can be life changing for patients in need of this care yet have trouble adhering to complex administration schedules for the pill forms of the medications. Unfortunately, access to providers who are able to administer LAIs is limited, due to various factors.

There is a public health need in the US for increased access to mental health services—including LAIs. Due to their accessibility, education and training, pharmacists have the potential to help provide an additional and needed access point. However, there are few decision-making resources currently available regarding pharmacist administration of medications beyond vaccines for health care plans and other payers and policy makers. Recognizing these needs, the National Alliance of State Pharmacy Associations (NASPA) partnered with the College of Psychiatric and Neurologic Pharmacists (CPNP) to convene a group of stakeholders to examine the available information and develop recommendations for state policy. Although the recommendations are intended to be encompassing of all non-vaccine medications, the issue was examined through the lens of LAIs. It was identified that this medication class may have the most urgent public health need for increased access.

BACKGROUND

THE NEED FOR INCREASED ACCESS

There is a need for increased access to medication administration services for many types of medications, such as those used to treat osteoporosis, specialty medications, and supplements that must be provided by a health care professional. Additionally, there are a variety of self-administered injectable medications that patients or caregivers are expected to administer at home. In some cases, due to dexterity deficiencies, fear of needles, or other challenges, there is a need for a highly accessible health care provider to provide medication administration services for the patient. Without access to an alternative, patients who are unable to self-administer may be less adherent or not take their medications at all.

In the mental health sector, the problem with non-adherence is prevalent. About half of patients diagnosed with schizophrenia do not take their medications as prescribed.¹⁻⁶ This high rate of non-adherence can be linked to clinical relapses and hospitalizations which can cause significant distress for the patient and high costs for the health care system.^{7,8} Specifically during a first episode, readmission rates are five times higher in those patients who are non-adherent compared to an adherent population.⁹⁻

Although many patients who have tried LAIs prefer them over oral products, uptake in the United States has been limited since they were first introduced on the market in 1967.¹²⁻¹⁴ Low use in the US may be due to how the injection is being offered—with a focus on the procedure rather than the potential benefits, fear of needles, and logistical complications for administering the medications in the clinic where they are prescribed.¹⁵ Some examples of the logistical challenges include:

- scheduling challenges and crowded waiting rooms due to increased office visits,
- limited personnel in the clinic to administer and schedule injections,
- the cost of maintaining an inventory of the medications in the clinic,
- reimbursement policies that require they be dispensed by a pharmacy, and
- patient transportation barriers.

PHARMACISTS' ROLE

Pharmacists are well positioned to address some of the challenges described above. In addition to pharmacists' medication expertise, offering medication administration can alleviate many of the geographical barriers that challenge clinicians and patients. This is due to the high accessibility of community pharmacies, which are often much closer to the patient's home and offer more extensive hours of operation than a clinic setting. Pharmacies are designed for on-demand service delivery—as has been implemented for vaccine administration, and they are equipped to handle and maintain a large medication inventory. Additionally, by having LAIs administered in a community pharmacy setting, some of the stigma associated with a patient needing to go into a specific-type of clinic is resolved. In the community pharmacy setting, patients are receiving their important medications in the same way that others receive their flu shot, which includes policies and procedures for communicating care delivery back to the patient's health care provider and other care coordination services.^{16,17}

EXISTING POLICY AND STAKEHOLDER DISCUSSION AND RECOMMENDATIONS

When the stakeholder group met, they first reviewed level-setting information regarding the need for increased access and the role that pharmacists can play. They then examined research on the current status of state policies governing pharmacist administration of medications—this research was summarized and included in the sections below to provide context to the stakeholder discussion and recommendations. Participants were asked to consider the following key questions during their discussion:

- Is this policy in the best interest of the patient?
- Does this policy align with pharmacist education and training (or that which could be feasibly obtained)?

The following reflects the discussion and recommendations from the stakeholder group convened by NASPA and CPNP. It does not necessarily represent the position of the organizations for which the participants represent.

GENERAL AUTHORITY FOR PHARMACIST ADMINISTRATION OF MEDICATIONS

Existing Policy

All states allow pharmacists to administer vaccines, with some variability in the patient age, types of vaccines and/or process. There are 40 states that allow pharmacists to administer other prescribed medications with varying levels of restrictions. Of these, 36 allow for the administration of antipsychotic medications pursuant to a prescription. However, in eight of those states, a collaborative practice agreement (CPA) is required. A CPA is a formal practice relationship between pharmacists and other health care practitioners. The agreement allows for certain patient care functions, in this case the administration of medications, to be delegated to the pharmacist by the collaborating prescriber.

Stakeholder Discussion and Recommendation

It is recommended that pharmacists should be authorized to administer any medication, pursuant to a valid prescription and proper training.

Despite variability in state law, the group recognized the current availability of pharmacist-provided medication administration services and the competencies of pharmacists to broaden access for patients. It was discussed that some medications require surgical technique to administer, such as contraceptive implants. The group considered listing the acceptable routes for pharmacist administration of medication. Instead, the recommendation was that policy should be left more general to prevent hindering future innovations. Additionally, pharmacists' scope is restrained by market factors such as liability, facility privileging, and because prescriptions for very specialized medications would not be sent to a pharmacy and instead would be administered in an office or clinic setting.

PHARMACIST TRAINING

INITIAL TRAINING

Existing Policy

Currently 27 of the 40 states that authorize pharmacists to administer medications do not specify what specific training is required. Instead, these states leave it to the professional responsibility of the pharmacist to act in the best interest of the patient and administer only those medications for which

appropriate training has been obtained. The remaining 13 states have varying degrees of specificity regarding initial training requirements.

Stakeholder Discussion and Recommendation

It is recommended that medication administration training be obtained from an ACPE accredited program (which may include educational experiences obtained through pharmacy school curricula) appropriate for the medications being administered and their respective patient populations. Administration techniques must be covered but not necessarily in the same program.

Though not recommended to be detailed in the law, the committee discussed the importance of the following elements as components, in addition to administrative technique, in quality medication administration training programs: dosing and storage requirements, patient engagement regarding the underlying condition and symptoms being treated, stigma, patient support networks, side effect management, patient education, relevant comorbid conditions, and appropriate policies and procedures such as documentation and communication (including referral) with the prescriber on the status of the patient and their medication administration.

CONTINUING EDUCATION

Existing Policy

In current law, there are seven states that have medication administration-specific continuing education requirements for pharmacists seeking to maintain their eligibility to administer medications (ranging from one to three required hours per year). It should be noted that this is in addition to maintaining CPR or BCLS certification in most instances.

Stakeholder Recommendation

It is recommended that state laws and regulations should not identify a specific number of continuing education hours but there should be an expectation that the pharmacist maintain continued competency regarding the populations they serve, medications they administer, and current guidelines.

It was discussed that pharmacists have the professional responsibility to maintain their competency but that setting a specific number of continuing education hours was not necessary.

POLICIES AND PROCEDURES

Existing Policy

There are limited examples of states that have specific requirements regarding the policies and procedures associated with pharmacist administration of medications. For example, there are four states with requirements for notifying the prescriber once the pharmacist has administered the medication and seven with policies regarding documentation procedures. The stakeholder group considered each of these, and others, individually but ultimately developed the following policy recommendation.

Stakeholder Discussion and Recommendation

It is recommended that the pharmacy practice must develop and maintain written policies and procedures covering all aspects of the administration of medications that ensure patient safety, appropriate coordination of care, and address documentation.

It was discussed that appropriate policies and procedures are essential for high quality care delivery involving medication administration and should include documentation, when prescribers are to be notified that a medication was administered or when a patient misses an appointment, situations where patients need to be referred back to the prescriber, proper storage and handling of medications, etc.

It was not recommended that states develop laws or regulations with detailed requirements on policies and procedures in order to allow flexibility to accommodate different medication classes and practice variations. The policies and procedures developed by the practice should be in alignment with the standards of practice for other health professionals administering medications. Best practices for policies and procedures should be included in education programs about medication administration.

Of note, the importance of care coordination and the need for its inclusion in the policies and procedures was discussed. Care coordination is important in the treatment and management of all conditions and medications and is of particular importance for the administration of LAIs and the associated mental health conditions. For this group of high risk patients who often have a hard time with consistent treatment, clear pathways of communication between the prescriber and pharmacist are important.

ORDER TO ADMINISTER

Existing Policy

Currently, 27 states allow pharmacists to administer medications pursuant to a valid prescription. The other 13 states that allow pharmacist administration beyond vaccines, require one of the following, in addition to a valid prescription, from the prescriber:

- Collaborative practice agreement
- Medical order
- Standing order or protocol

Stakeholder Discussion

A recommendation was not developed regarding the need for an order to administer. The importance of care coordination, especially as part of the administration of LAIs was discussed. As mentioned in the above section on policies and procedures, practices should develop methods of ensuring care coordination and communication, including but not limited to utilization of collaborative practice agreements, medical orders, standing orders, or protocols.

BOARD NOTIFICATION

Existing Policy

There are currently seven states that require that pharmacists who are trained to administer medications receive some type of certification from the board of pharmacy (such as an “authority to administer”) or to notify the board of pharmacy of their training. In some states this includes an application and a fee.

Stakeholder Discussion and Recommendations

It is recommended that pharmacists should not be required to notify the board of pharmacy that they have been trained or to obtain a certification beyond licensure in order to administer medications.

Participants discussed that these requirements create an administrative burden that does not subsequently improve patient care.

CONCLUSION

Overall, the stakeholders felt that pharmacists can play a vital role in increasing access to medication administration services. States that currently do not allow pharmacists to administer medications or that have inhibitive restrictions should consider incorporating the above policy recommendations into their state laws and regulations.

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APPENDIX A: STAKEHOLDER MEETING PARTICIPANTS

The individuals listed below were invited to participate in the project due to their background in pharmacy practice, caring for patients with chronic mental illness, or healthcare policy affecting pharmacists.

Of note, participants were only asked to represent their own opinions. Participants were not acting as representatives of their organizations but rather as individuals whose experiences with their various associations' memberships or stakeholders provide them with an informed perspective.

Name	Organization
George Bilyk*	Janssen
Antonio Ciaccia	Ohio Pharmacists Association
Michelle Cope	National Association of Chain Drug Stores
Christina DiMattia	Genoa, QoL Healthcare Company
Michelle Dirst	American Psychiatric Association
Jeff Doherty*	Janssen
Megan Ehret	Department of Defense
Anita Everett	Substance Abuse and Mental Health Service Administration
Darcy Gruttadoro	National Alliance on Mental Illness
Janet Haebler	American Nurses Association
CDR Ted Hall	United States Public Health Service
Ronna Hauser	National Community Pharmacists Association
Brian Hepburn	National Association of State Mental Health Program Directors
Lindsay Kunkle	American Pharmacists Association
Neil Leikach	Catonsville Pharmacy
Rob Leland	1st Avenue Pharmacy
Raymond Love	University of Maryland
Karen Ryle	National Association of Boards of Pharmacy
Sharonjit Sagoo	Substance Abuse and Mental Health Service Administration
Brenda Schimenti	College of Psychiatric and Neurologic Pharmacists
Beth Tschopp	National Council for Behavioral Health
Parisa Vatanka	American Pharmacists Association
Krystalyn Weaver	National Alliance of State Pharmacy Associations

*Observers

APPENDIX B: MEETING AGENDA

Identifying and Developing State Policy Best Practices for Pharmacist Administration of Medications

Agenda

Wednesday, December 14, 2016

Hotel Lorien

1600 King Street, Alexandria, VA

Meeting Room: Liberty B

<http://www.lorienhotellandspa.com/hotels-in-old-town-alexandria/>

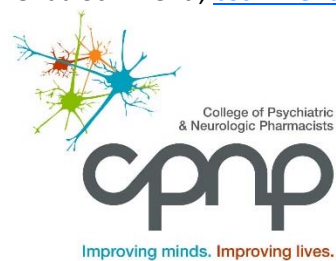
8:00-9:00 a.m.	Continental Breakfast	Liberty B
9:00-9:15 a.m.	Introductions and Overview Raymond C. Love, PharmD, BCPP, FASHP Professor and Vice Chair Department of Pharmacy Practice and Science University of Maryland School of Pharmacy, Baltimore MD	Liberty B
9:15-10:00 a.m.	The Need Megan Ehret, PharmD, MS, BCPP Behavioral Health Clinical Pharmacy Specialist Department of Defense Fort Belvoir Community Hospital, Fort Belvoir, VA	Liberty B
10:00-10:45 a.m.	Administration and Practice Models Rob Leland, PharmD, BCPP Owner/Manager 1st Avenue Pharmacy Spokane, WA	Liberty B
10:45-11:00 a.m.	Break	Liberty B
11:00-11:30 a.m.	The Policy Perspective Antonio Ciaccia Director of Government & Public Affairs Ohio Pharmacists Association, Columbus, OH Krystal Weaver, PharmD, RPh Vice President, Policy and Operations National Alliance of State Pharmacy Associations, Richmond VA	Liberty B
11:30 a.m.-12:00 p.m.	Policy and Best Practice Discussion Setting the stage for our post-lunch discussion	Liberty B
12:00-12:45 p.m.	Lunch	Liberty A
12:45-3:30 p.m.	Policy and Best Practice Discussion	Liberty B

This work was coordinated by:

National Alliance of State Pharmacy Associations
2530 Professional Rd, Suite 202
Richmond, VA 23235
www.naspa.us
Contact: Krystalyn Weaver, kweaver@naspa.us



College of Psychiatric and Neurologic Pharmacists
8055 O Street, Ste S113
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www.cpn.org
Contact: Brenda Schimenti, bschimenti@cpnp.org



NASPA and CPNP would like to thank Janssen for their sponsorship which helped make this work possible.

Shipman_FAV_SB545

Uploaded by: Shipman, Allie Jo

Position: FAV



National Alliance of State Pharmacy Associations

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Phone: (804) 285-4431 Fax: (804) 612-6555 www.naspa.us

February 13, 2020

Written Testimony Submitted for the Record to the Maryland Senate Education, Health and Environmental Affairs Committee

SB545 Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications

SUPPORT

The National Alliance of State Pharmacy Associations (NASPA) joins the Maryland Pharmacists Association in supporting SB545 which will improve patient access to pharmacist-provided medication administration services.

NASPA works with state pharmacy associations and other partners across the country on state policy affecting the profession of pharmacy. Much of NASPA's policy work focuses on pharmacist-provided patient care services, including medication administration. We have tracked this topic across the states for a number of years and coordinated the development on consensus-based policy recommendations.

State Landscape

Currently, forty-four states allow pharmacists to administer medications beyond vaccines. In many states, pharmacists have been doing so safely for decades. Of those forty-six states, forty-one allow pharmacists to administer long-acting antipsychotic medications. SB 545 would bring Maryland into the overwhelming majority of states that allow patients to access pharmacist-provided medication administration services.

Medication Administration National Stakeholder Group

In 2017, NASPA partnered with the College of Psychiatric and Neurologic Pharmacists to convene a multi-disciplinary stakeholder group to examine state policy related to pharmacists' authority to administer medications. Participants came from organizations such as the American Pharmacists Association, the American Nurses Association, the National Association of Boards of Pharmacy, the



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Substance Abuse and Mental Health Service Administration, the National Council for Behavioral Health, the National Alliance on Mental Illness, the United States Public Health Service, and several national pharmacists' associations.

First, the stakeholders examined available data on existing state policies, research, needs within the community, and challenges patients face in accessing certain medications (especially long acting antipsychotic medications). With this context in mind, the group then used a consensus-based process to develop a series of policy recommendations. These recommendations can be found in the report attached to this testimony.

National Policy Recommendations for Medication Administration

Overall, the stakeholder group felt strongly that ensuring patient access to pharmacist-provided medication administration services is an important policy goal. Specifically, the group recommended that state lawmakers implement policies that:

- 1) authorize trained pharmacists to administer any prescribed medication;
- 2) include accredited training on administration technique, the medications being administered, and the patient populations being treated by those medications (such training obtained through pharmacy school curricula should be allowed to meet this requirement); and
- 3) call for the pharmacy practice to develop and maintain written policies and procedures related to medication administration to ensure patient safety, coordination of care, and proper documentation.

Maryland's SB 545 aligns with the goal of ensuring patient access to pharmacist-provided medication administration services by developing a framework with which pharmacists' can implement such services into their practice. Nothing in SB 545 puts Maryland in the position of "experimenting" with a new scope of practice policy. On the contrary, if implemented, this policy would be among the more conservative pharmacist medication administration policies among the states. The bill departs from the national stakeholder recommendations in its requirement that the board of pharmacy develop the standard procedures pharmacies will follow, rather than allowing the pharmacy to develop its own procedures—as other practitioners do today.

Allie Jo Shipman
Director, State Policy
National Alliance of State Pharmacy Associations, NASPA
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DeenaSpeights-Napata_FAV_Board of Pharmacy_SB0545

Uploaded by: Speights-Napata, Deena

Position: FAV



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Kevin M. Morgan, Board President | Deena Speights-Napata, Executive Director

February 13, 2020

The Honorable Senator Paul G. Pinsky
Chair, Senate Education, Health, and Environmental Affairs Committee
2 West, Miller Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 545 – Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications – Letter of Support

Dear Chair Pinsky:

The Maryland Board of Pharmacy (the “Board”) is submitting this letter of support for Senate Bill 545 – Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications.

Senate Bill 545 would expand a pharmacist’s scope of practice to include the administration of maintenance injectable medications. This will increase public access to these important treatments. By expanding access to these treatments, this legislation will advance the Board of Pharmacy’s mission to promote quality healthcare in the field of pharmacy. For this reason, the Board of Pharmacy extends its formal support for this legislation.

I hope this information is useful. If you would like to discuss this further, please contact me at 410-764-4753 or deena.speights-napata@maryland.gov.

Sincerely,

Deena Speights-Napata,
M.A. Executive Director
Maryland Board of Pharmacy

The opinion of the Maryland Board of Pharmacy expressed in this document does not necessarily reflect that of the Department of Health or Administration.

MPS_FAV_SB545

Uploaded by: Tompsett, Tommy

Position: FAV



February 13, 2020

The Honorable Paul G. Pinsky
Senate Education Health & Environmental Affairs Committee
2 West Miller Senate Office Building
Annapolis, MD 21401

RE: Support– SB 545: Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medication

Dear Chairman Pinsky and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) is a state medical organization whose physician members specialize in the diagnosis, treatment, and prevention of mental illnesses including substance use disorders. Formed more than sixty years ago to support the needs of psychiatrists and their patients, MPS works to ensure available, accessible and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branch of the American Psychiatric Association covering the state of Maryland excluding the D.C. suburbs, MPS represents over 700 psychiatrists as well as physicians currently in psychiatric training.

MPS supports Senate Bill 545: Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications (SB 545) as many of our patients would benefit from better access to long-acting maintenance medications that treat conditions such as schizophrenia, bipolar disorder, or substance use disorder. Currently, a pharmacist can administer flu shots and other vaccines. SB 545 seeks to expand a pharmacist's ability to administer injections of prescriptions that MPS's members prescribe, such as haloperidol, risperidone, and naltrexone (Vivitrol). Access to maintenance injectables would hopefully avoid patient relapse due to nonadherence to their medications.

While this expansion may be good for patient care to have the flexibility and convenience of getting a monthly shot at the local pharmacy, MPS believes that the effectiveness is contingent on communication between the prescriber and the pharmacist. We thank the sponsor of the bill along with the proponents for accepting an amendment last session, and keeping it in the bill this session, that requires such communication.

If passed, MPS acknowledges that the Maryland Department of Health will have to develop robust regulations around pharmacist training to include screening for Neuroleptic malignant syndrome (NMS), Tardive dyskinesia (TD), and dystonia before



the shot. In addition, MPS believes that for some drugs, there should be a time window between the physician's last clinical assessment and the shot administration by the pharmacist. For example, clozapine has clinical checkpoints when attempting to mitigate the effects of schizophrenia over time. MPS looks forward to being a part of that regulatory discussion.

For all the reasons stated above, MPS asks the committee for a favorable report. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Legislative Action Committee for the Maryland Psychiatric Society

GaryHicks_UNF_Board of Nursing_SB0545

Uploaded by: Hicks, Gary

Position: UNF



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall,
Secretary

February 13, 2020

The Honorable Paul G. Pinsky
Chair, Senate Education, Health, and Environmental Affairs Committee
2 West, Miller Senate Office Building
Annapolis, MD 21401-1991

**RE: SB0545 - Pharmacists - Administration of Self-Administered Medications and
Maintenance Injectable Medications - Letter of Opposition**

Dear Chair Pinsky:

The Maryland Board of Nursing (“the Board”) respectfully submits this letter of opposition for SB0545 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications. This bill would allow a pharmacist who meets the requirements of certain regulations to administer a maintenance injectable medication to a patient under certain circumstances; and requires the State Board of Pharmacy, on or before September 1, 2021, and in consultation with the State Board of Physicians and the State Board of Nursing, to adopt certain regulations for pharmacists requiring pharmacists to complete certain training program in order to administer a maintenance injectable medication.

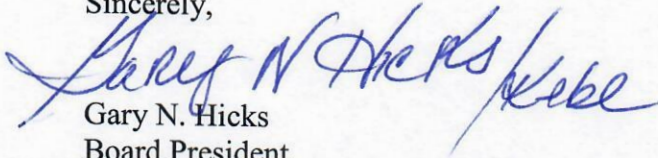
The Board is concerned that maintenance injectable medications are not specifically defined in the bill. “Maintenance injectable medications” include various high risk medications requiring on-going monitoring such as psychotropic, insulin and anticoagulants. This raises serious patient safety concerns. Additionally, communication issues between the pharmacist and practitioner could potentially leave the practitioner out of the equation in regards to care management. Complications in patient care could arise when responsibility for overall management of the patient becomes unclear.

The requirement that the regulations “shall” waive the requirement to complete a training program for a pharmacist who already has undergone the training as part of the pharmacist’s formal educational program does not allow for a time restriction or required training updates. A pharmacist could potentially go several years without receiving updated training related to administration of the medication as long as the training was completed in the formal educational program. This too poses serious safety concerns for the patient.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of opposition to SB0545.

For more information, please contact Rhonda Scott, Deputy Director, at (410) – 585 – 1953 (rhonda.scott2@maryland.gov) or Karen E. B. Evans, Executive Director, at (410) – 585 – 1914 (karene.evans@maryland.gov).

Sincerely,

A handwritten signature in blue ink that reads "Gary N. Hicks". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.