

February 6, 2020

The Honorable Shane Pendergrass Chair, House Health and Government Operations Committee 6 Bladen Street Lowe House Office Building Annapolis, Maryland 21401

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

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 HB 656 - 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 longacting 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.

Sincerely,

Brin Heghin

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