

February 18, 2020

The Honorable Shane Pendergrass
Chair, House Health and Government Operations Committee

Support: HB 656 Pharmacists- Administration of Self-Administered Medications and Maintenance Injectable Medications

Dear Chair Pendergrass 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 black ink that reads "Megan J. Ehret". The signature is written in a cursive, flowing style.

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