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Testimony in Support of House Bill 0838
State Board of Pharmacy – Prescriber–Pharmacist Agreements – Opioid Use Disorder Treatment

Madam Chair Bagnall and fellow members of the House Health and Government Operations Committee, thank you for this opportunity to present House Bill 0838, **State Board of Pharmacy – Prescriber–Pharmacist Agreements – Opioid Use Disorder Treatment.**

This bill seeks to address the opioid crisis by creating physician-pharmacist agreements that will allow qualified pharmacists to treat opioid use disorder under appropriate supervision.

This bill has emerged as the result of a clear need. Maryland has experienced devastating losses from opioid-related overdoses. More than 2,500 Marylanders died from drug overdoses in 2023 alone, with opioids involved in nearly 80 percent of those deaths.[1] Every statistic here represents a family, a community, and a life that has been cut short.

With all the improvements to treatment for harm reduction in the past, access to medication for opioid use disorder remains a critical area for improvement. A Maryland health system analysis notes that as of 2019, eight Maryland counties, one-third of all counties, had five or fewer clinicians authorized to prescribe buprenorphine for opioid use disorder, indicating additional geographic disparities in access to care.[2]

Delays are dangerous, and in some cases, fatal, in substance use treatment. Research shows that the timely initiation of medication for opioid use disorder significantly reduces mortality and relapse risk.[3] But, when access is postponed, the risk of overdose increases. This bill addresses these gaps by allowing qualified pharmacists, working under collaborative agreements with prescribers, to serve as additional, accessible entry points to care.

This bill makes two major, targeted improvements. First, it **removes duplicative administrative requirements** that currently require prescribers to submit agreements to multiple regulatory boards. Second, it **clarifies that pharmacists who meet training, registration, and licensure requirements may enter into agreements to treat opioid use disorder** using controlled dangerous substances, with mandatory Prescription Drug Monitoring Program checks before initiating or modifying therapy.

Importantly, this legislation does not independently create prescribing authority for pharmacists. It produces a collaborative, protocol-driven model that is grounded in physician partnership and patient safety. This is an incredibly necessary driving factor, as pharmacists are among the most accessible healthcare professionals in Maryland, with more than 90 percent of Maryland residents living within five miles of a community pharmacy.[4] In many communities, particularly those with limited primary care capacity, the local pharmacy is the most attainable point of contact with our healthcare system.

Other states have demonstrated that this model works. Washington, Colorado, California, and Oregon have all implemented legislation that has expanded pharmacist-assisted treatment. These models have ultimately expanded access and maintained strong patient safety outcomes.

I recognize that some stakeholders have expressed concerns in prior legislation about expanding pharmacist authority in areas involving controlled substances, particularly around issues of training and continuity of care.

This bill does not seek to replace physicians. It reinforces collaborative care through the involvement of qualified and trained professionals with the capacity to save lives. It does not weaken oversight. It streamlines it. At its core, this legislation reflects a simple truth: treatment only works when people can access it.

Under this bill, Pharmacists must be registered with the Drug Enforcement Administration and the Maryland Office of Controlled Substances Administration, complete required training, and conduct Prescription Drug Monitoring Program reviews before initiating or modifying controlled substance therapy. These protections are central to the bill and underscore the dedication to evidence-based and intentional intervention.

Medication for opioid use disorder is one of the most effective tools we have to prevent overdose deaths. Individuals receiving these medications are more than 50 percent less likely to die from opioid-related causes than those who are untreated.[5] Yet, too many Marylanders who could benefit from this life-saving care never receive it.

From both public health and equity perspectives, expanding safe, regulated access points is essential. Communities experiencing the highest overdose rates are often the same communities with the fewest providers and the greatest barriers to care. This bill reflects thoughtful collaboration with pharmacists, prescribers, regulators, and advocates. It builds on proven models from other states. It strengthens accountability. And most importantly, it helps ensure that when someone is ready for recovery, our system is ready for them.

For these reasons, I respectfully request a favorable report on House Bill 0838. Thank you for your consideration.

Citations

1. Maryland Department of Health. *Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2023.*
2. Sweeney S. Maryland Addiction Consultation Service: workforce landscape analysis. PubMed Central. 2020. Shows that as of 2019, eight Maryland counties had five or fewer buprenorphine-waivered prescribers.
3. Sordo L, et al. Mortality risk during and after opioid substitution treatment. *BMJ.* 2017;357:j1550.
4. National Association of Chain Drug Stores. *Pharmacy Access in the United States.*
5. Berenbrok LA, et al. Expanded pharmacy-based care models. *American Journal of Health-System Pharmacy.* 2022.