

**TO:** The Honorable Heather Bagnall, Chair  
*Health Committee*

**HB838**  
**Favorable**

**FROM:** Brandon Floyd  
*Associate Director, Maryland Government Affairs*

**DATE:** February 23, 2026

**RE:** HB838: State Board of Pharmacy – Prescriber-Pharmacist Agreements

Johns Hopkins **supports HB838 State Board of Pharmacy – Prescriber-Pharmacist Agreements.** This bill authorizes pharmacists to enter into prescriber-pharmacist agreements allowing the pharmacist to treat opioid use disorder (OUD) using controlled substances provided that certain criteria are met.

Maryland’s overdose crisis has been especially severe, outpacing the national average for overdose deaths by a significant margin since at least 2020. The state has enacted several initiatives over recent years to address this crisis, and overdose death rates are steadily declining statewide. However, opioid overdose remains a leading cause of death for Marylanders aged 18-44, and some individual counties have seen increases in overdose deaths in the last year, suggesting disparities in care delivery still exist. Moreover, a staggering treatment gap persists, as only an estimated 20% of Marylanders eligible for substance use treatment actually receive it. A deficit in the number of available providers offering treatment for OUD contributes to this gap.

HB838 has the potential to address this major treatment gap by extending the reach of prescribers via collaborative practice agreements with pharmacists. Clinical pharmacists at Johns Hopkins already work collaboratively with physicians and other care team members to provide comprehensive medication management services to our patients using Drug Therapy Management Agreements for a variety of disease states. Through this existing interdisciplinary collaboration, the clinical pharmacist optimizes the clinical outcomes, mitigates potentially harmful side effects, ensures patient safety, and fosters efficient delivery of patient-centered care by extending provider reach with minimal additional burden. HB838 will extend pharmacist capacity to provide comprehensive medication management for patients with OUD utilizing controlled substances, which are the standard of care, bolstering available resources to support this heavily underserved population.

Access to therapies for OUD is lifesaving. HB838 will reduce overdose deaths as well as overall mortality in Marylanders with OUD. Additional benefits from OUD treatment are correlated with reductions in rates of criminality, incarceration, and acquisition of infections like HIV and hepatitis C, which further emphasize the importance of expanding access to OUD treatment. By leveraging pharmacists amidst the ongoing overdose crisis, the State of Maryland can fill the OUD treatment gap, alleviate prescriber burden and the strain of prescriber shortages, and improve OUD care delivery for its constituents.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **HB838**.