

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 506
Finance

(Senator Lewis Young)

Health Occupations - Pharmacists - Minor Conditions and HIV Prevention and Treatment

This bill authorizes a pharmacist to order, test for, screen for, and treat certain minor conditions in accordance with a statewide written protocol established by the Maryland Board of Pharmacy. The bill repeals the Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program and instead authorizes the Maryland Department of Health (MDH) to establish a statewide written protocol for the delivery of pre-exposure and postexposure prophylaxis medications for the prevention and treatment of human immunodeficiency virus (HIV). The bill also updates the definition of “practice pharmacy” in accordance with the additional authorizations.

Fiscal Summary

State Effect: MDH general fund expenditures increase by \$42,100 in FY 2027 only for contractual staff to develop a statewide protocol for the prevention and treatment of HIV. Board special fund expenditures increase by \$112,800 in FY 2027 for staff, as discussed below. Future years reflect annualization and ongoing costs. Board special fund revenues may increase to cover special fund expenditures (not shown below).

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	42,100	0	0	0	0
SF Expenditure	112,800	127,900	134,200	140,400	146,700
Net Effect	(\$155,000)	(\$127,900)	(\$134,200)	(\$140,400)	(\$146,700)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: Potential meaningful.

Analysis

Bill Summary:

Minor Conditions

The minor conditions that a pharmacist may order, test for, screen for, and treat include cold sores; Group A streptococcus pharyngitis (strep throat); influenza; lice; COVID-19 and other respiratory illnesses, conditions, or diseases; skin conditions, including ringworm and athlete's foot; urinary tract infection; and other emerging and existing public health threats identified by MDH, if authorized by an order, rule, or regulation.

A pharmacist may use any test that may guide clinical decision making that is classified as waived under specified federal rules, or any screening procedure established by statewide written protocol. A test does not require a letter of exception from MDH. A pharmacist may delegate administrative and clinical tasks of performing a test to a registered pharmacy technician, pharmacy student, or an individual engaged in a board-approved pharmacy technician training program under supervision of a pharmacist.

Prevention and Treatment of HIV

In accordance with the established statewide written protocol for the prevention and treatment of HIV, a pharmacist may (1) perform and interpret laboratory tests; (2) conduct assessments and consultations; (3) initiate, dispense, or administer pre-exposure or postexposure prophylaxis medications; and (4) provide referrals for additional care.

Definition of Practice Pharmacy

The definition of “practice pharmacy” is expanded to include:

- prescribing drugs or devices, excluding controlled substances, that are prescribed (1) in accordance with the product's U.S. Food and Drug Administration (FDA)-approved labeling and (2) to treat conditions that do not require a new diagnosis, are minor and generally self-limiting, or have a test that is used to guide diagnosis or clinical decision making that is classified as waived; or
- performing and interpreting laboratory tests for HIV and prescribing and dispensing pre-exposure prophylaxis and postexposure prophylaxis medications.

Current Law: “Practice pharmacy” means engaging in any of the following:

- providing pharmaceutical care;

- compounding, dispensing, or distributing prescription drugs or devices;
- compounding or dispensing nonprescription drugs or devices;
- monitoring prescriptions for prescription and nonprescription drugs or devices;
- providing information, explanation, or recommendations to patients and health care practitioners about the safe and effective use of prescription or nonprescription drugs or devices;
- identifying and appraising problems concerning the use or monitoring of therapy with drugs or devices;
- acting within the parameters of a therapy management contract;
- administering vaccinations, self-administered drugs, or maintenance injectable medications;
- delegating a pharmacy act to a registered pharmacy technician, pharmacy student, or individual engaged in a board-approved pharmacy technician training program;
- providing drug therapy management;
- prescribing and dispensing contraceptive medications and self-administered contraceptive devices approved by the FDA;
- prescribing and dispensing nicotine replacement therapy medications; or
- if the pharmacist is registered with the nonoccupational postexposure prophylaxis (nPEP) medication approved by the FDA or Centers for Disease Control and Prevention (CDC).

Nonoccupational Postexposure Prophylaxis Standing Order Program

Chapter 753 of 2024 established the nPEP Standing Order Program. nPEP is a 28-day course of three antiretroviral medications that an individual must begin taking within 72 hours of exposure to HIV to prevent transmission. The program must (1) authorize a pharmacist registered with the program to dispense nPEP through a standing order; (2) authorize a licensed health care provider with prescribing authority to prescribe and dispense nPEP through a standing order; and (3) operate in accordance with the procedures approved by MDH with the advice and approval of the State Board of Pharmacy.

At the time of dispensing nPEP, a pharmacist registered with the program must (1) screen the patient to determine that HIV exposure occurred within 72 hours before the dispensing; (2) determine whether the patient meets clinical criteria consistent with CDC guidelines, including the identification of any contraindicated medications; (3) determine whether an available standing order is appropriate for the patient and dispense nPEP in accordance with CDC guidelines; (4) refer the patient to a disease intervention specialist within MDH for ongoing treatment; and (5) determine whether the patient has a primary care provider and, if so, notify the provider that the patient was dispensed nPEP or, if not, provide the patient with a list of primary care providers and clinics. If an available standing order is

not appropriate for the patient, the pharmacist must refer the patient to a primary care provider. A pharmacist may dispense nPEP in accordance with a drug therapy management contract.

Chapter 684 of 2022 prohibits carriers and Medicaid managed care organizations from applying a prior authorization requirement for a prescription drug used as postexposure prophylaxis (or PEP) for the prevention of HIV if the prescription drug is prescribed for use in accordance with CDC guidelines.

State Fiscal Effect:

Board of Pharmacy

The Board of Pharmacy advises that expanding the scope of practice for pharmacists under the bill requires additional staff for oversight. Thus, board special fund expenditures increase by \$112,808 in fiscal 2027, which accounts for the bill's October 1, 2026 effective date. This estimate reflects the cost of hiring one part-time (50%) licensing specialist and one part-time (50%) inspector to assist the board in developing a statewide written protocol for the testing and treatment of minor conditions by pharmacists and to oversee the additional responsibilities of pharmacists and ensure public safety. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Full-time Equivalent Positions	1
Salaries and Fringe Benefits	\$96,609
Operating Expenses	<u>16,199</u>
Total FY 2027 Special Fund Expenditures	\$112,808

Future year expenditures reflect full salaries with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

The board advises that, as it is self-funded, it may need to increase fees to cover the impact of the bill. Thus, special fund revenues may increase sufficient to cover these expenses.

Maryland Department of Health

MDH's Prevention and Health Promotion Administration (PHPA) advises that it would be required to dismantle the nPEP Standing Order Program and create statewide written protocols for the delivery of pre-exposure and postexposure prophylaxis medications. For this, PHPA advises it would require additional staff in fiscal 2027 only. Therefore, MDH general fund expenditures increase by \$42,145 in fiscal 2027 only, which accounts for the bill's October 1, 2026, effective date. This estimate reflects the cost of hiring one part-time (50%) contractual pharmacist to develop statewide protocols for the delivery

of pre-exposure and postexposure prophylaxis medications. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	0.5
Salary and Fringe Benefits	\$33,469
Operating Expenses	<u>8,676</u>
Total FY 2027 General Fund Expenditures	\$42,145

Future year expenditures reflect the termination of the position on June 30, 2027.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and Affordable Care Act.

Small Business Effect: Pharmacists at small business pharmacies can perform additional duties under the bill.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 1150 (Delegate Kerr) - Health.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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jg/jc

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