



**DATE:** February 18, 2020  
**TO:** The Honorable Shane Pendergrass, Chair  
Members, Health and Government Operations Committee  
**FROM:** Aliyah N. Horton, CAE, Executive Director  
**RE:** **SUPPORT – House Bill 656 - Pharmacists - Administering Injectable Medications and Biological Products**

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## UPDATE

A version of this bill was introduced in the 2019 session. To address stakeholder concerns the bill has been substantially modified and narrowed in scope. A stakeholder meeting was held in Fall 2019 where stakeholder feedback was received and resulted in the following changes to the bill, as currently introduced:

- narrowed scope to only include long-acting injectable/maintenance medications and not all injectable medications
- removal of biologics, infusions will be excluded in a future amendment
- requirement that the prescribers administer the first dose

A follow-up stakeholder meeting was held on Wednesday, February 12. We work with

- repositioning of the language regarding the requirement for the prescriber to administer the first dose to ensure clarity of intent.
- identifying classes of medications that would be identified as injectable maintenance medications. Classes being considered include:
  - Antipsychotics
  - Opioid antagonist
  - Contraceptive
  - Vitamin Supplements
  - Hormones

**HB 656 would modify the pharmacist’s scope of practice to allow for the administration of injectable maintenance medications AFTER the first dose is administered by the prescriber.**

The legislation seeks to:

- address healthcare gaps that can be filled with pharmacist expertise;
- empower and better utilize the skills of members of the health care team to get the best patient outcomes; and
- facilitate pharmacists’ work with patients to increase medication adherence, increase care provider access and maximize the benefits of medicines, while lowering overall costs from medication underuse and misuse.

**Pharmacists are by no means a replacement for physicians.** Each has a substantive and significant role to play in adherence and this bill enhances the communication between the patient, prescriber and pharmacist.

**Pharmacists are valuable partners in health care** and should be utilized in diverse ways to help provide care and alleviate the state's overburdened health-care system.

**Pharmacists are medication experts and are focused on getting the medications right.** The pharmacists' role is to determine exactly what medications and supplements a patient is taking; ensure that the patient is taking them as intended; and that they are meeting goals of therapy, while monitoring for drug interactions and adverse effects.

**PROBLEM - Patients are challenged in accessing medication and its related administration services:**

1. **ACCESS** - Medication may be picked-up in a pharmacy, but the patient has to go to a clinic or find a healthcare provider to have it administered, where there may encounter traveling and scheduling challenges.
2. **CONVENIENCE** - Patients who are unable to receive their medication injections conveniently are at risk of lower adherence, which results in lack of medication effectiveness and ultimately, increased healthcare costs.
3. **ADHERENCE** - Difficulties with medication adherence, issues with medication access and lack of knowledge of medication lead to non-adherence.

**SOLUTION - Allow pharmacists to administer injectable maintenance medications to address care adherence and convenience gaps for chronic conditions.**

**WHY - Pharmacists are the most accessible healthcare provider. They offer knowledgeable, accessible and personal care to patients, improving quality of care and patient experiences**

- *The New York Times*, article "*The Cost of not Taking your Medicine,*" (04/17/2017) discussed the "out of control epidemic" in the U.S. that costs more and affects more people in the U.S. than any disease - medication non-adherence. A review in the *Annals of Internal Medicine* estimates that a lack of adherence causes nearly 125,000 deaths, 10 percent of hospitalizations and costs the healthcare system between \$100–\$289 billion a year.
- 46 states allow pharmacists to administer medications beyond vaccines.
- The bill is consistent with the recommendations of the report, "State Policy Recommendations for Pharmacist Administration of Medications." The stakeholder group that authored the report included National Alliance on Mental Illness, American Psychiatric Association, American Nurses Association, US Public Health Service, National Association of State Mental Health Program Directors, National Association of Board of Pharmacy, Substance Abuse, Mental Health Services Administration and National Council of Behavioral Health, as well as state and national pharmacy organizations.

We believe this is a strong step toward filling patient care gaps that will lead to better healthcare outcomes for Maryland residents. MPhA urges a favorable report.

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