



## **National Alliance of State Pharmacy Associations**

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### **Written Testimony Submitted for the Record to the Maryland House Government and Operations Committee**

### **HB 656 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications**

## **SUPPORT**

The National Alliance of State Pharmacy Associations (NASPA) joins the Maryland Pharmacists Association in supporting HB656 which will improve patient access to pharmacist-provided medication administration services.

NASPA works with state pharmacy associations and other partners across the country on state policy affecting the profession of pharmacy. Much of NASPA's policy work focuses on pharmacist-provided patient care services, including medication administration. We have tracked this topic across the states for a number of years and coordinated the development on consensus-based policy recommendations.

### **State Landscape**

Currently, forty-four states allow pharmacists to administer medications beyond vaccines. In many states, pharmacists have been doing so safely for decades. Of those forty-six states, forty-one allow pharmacists to administer long-acting antipsychotic medications. HB 656 would bring Maryland into the overwhelming majority of states that allow patients to access pharmacist-provided medication administration services.

### **Medication Administration National Stakeholder Group**

In 2017, NASPA partnered with the College of Psychiatric and Neurologic Pharmacists to convene a multi-disciplinary stakeholder group to examine state policy related to pharmacists' authority to administer medications. Participants came from organizations such as the American Pharmacists Association, the American Nurses Association, the National Association of Boards of Pharmacy, the Substance Abuse and Mental Health Service Administration, the National Council



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For Behavioral Health, the National Alliance on Mental Illness, the United States Public Health Service, and several national pharmacists' associations.

First, the stakeholders examined available data on existing state policies, research, needs within the community, and challenges patients face in accessing certain medications (especially long acting antipsychotic medications). With this context in mind, the group then used a consensus-based process to develop a series of policy recommendations. These recommendations can be found in the report attached to this testimony.

### **National Policy Recommendations for Medication Administration**

Overall, the stakeholder group felt strongly that ensuring patient access to pharmacist-provided medication administration services is an important policy goal. Specifically, the group recommended that state lawmakers implement policies that:

- 1) authorize trained pharmacists to administer any prescribed medication;
- 2) include accredited training on administration technique, the medications being administered, and the patient populations being treated by those medications (such training obtained through pharmacy school curricula should be allowed to meet this requirement); and
- 3) call for the pharmacy practice to develop and maintain written policies and procedures related to medication administration to ensure patient safety, coordination of care, and proper documentation.

Maryland's HB 656 aligns with the goal of ensuring patient access to pharmacist-provided medication administration services by developing a framework with which pharmacists' can implement such services into their practice. Nothing in HB 656 puts Maryland in the position of "experimenting" with a new scope of practice policy. On the contrary, if implemented, this policy would be among the more conservative pharmacist medication administration policies among the states. The bill departs from the national stakeholder recommendations in its requirement that the board of pharmacy develop the standard procedures pharmacies will follow, rather than allowing the pharmacy to develop its own procedures—as other practitioners do today.

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