

2021 SB 84 NAMI-FAV.pdf

Uploaded by: Cyphers, Moira

Position: FAV

January 20, 2021

Senate Bill 84 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications - SUPPORT

Chairman Pinsky, Vice Kagan, and members of the Senate Education, Health, and Environmental Affairs Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

NAMI Maryland strongly supports HB 135, legislation that would permit pharmacists to administer injectable medications to their patients. NAMI Maryland strongly supports reduction of barriers to medication and treatment – especially for individuals with severe mental illness. Innovations in the range of evidence-based medications, therapy and psychosocial services such as psychiatric rehabilitation, housing, employment and peer supports have made wellness and recovery a reality for people living with mental health conditions.

Medications are a powerful tool in treating mental illness.

- Appropriate treatment leads to overwhelming success for mental health issues.
- Medication adherence is often key to experiencing recovery. Barriers to getting effective and well-tolerated medications, such as prior authorization, can result in poor outcomes for persons with mental illness.
- Injectable medications lead to better overall medication adherence and access to these treatments in the community only makes it easier for folks to stay on their treatment paths.

Safety and healing should drive mental health care.

- Persons with mental illness frequently have other health conditions and multiple medications. Drug interactions and possible dangerous side effects require appropriate medication choices, and pharmacists are trained to recognize potential interactions.
- Providers with expertise in mental health care are in short supply. Once under the care of a psychiatrist or physician, medication provision should be quick and affordable to access to help keep Marylanders healthy.

Without appropriate medications, persons with mental illness may experience instability—and at a high cost: increased risk of state psychiatric hospital and emergency department stays, homelessness, and, too frequently, incarceration.

Research backs this up.

- When individuals with mental illness were unable to get the proper medication: they are almost four times more likely to experience an emergency room visit, hospitalization, homelessness, incarceration, or suicidal behavior.

For these reasons, NAMI Maryland asks for a favorable report on SB 84.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Moira Cyphers
Compass Government Relations
MCyphers@compassadvocacy.com

SB 84 Long acting injectable testimony 2021.pdf

Uploaded by: DeBenedetto, Richard

Position: FAV



UNIVERSITY of MARYLAND
EASTERN SHORE

**SCHOOL of PHARMACY
and HEALTH PROFESSIONS**

The Honorable Paul Pinsky
Chair, Education, Health and Environmental Affairs Committee
2 West Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Support: SB84: Pharmacists – Administering Injectable Medications and Biological Products

Dear Chair and Members of the Committee,

I support SB84 because it will increase patient access to care and pharmacist services. I practice in a Federally Qualified Health Center as a credentialed HIV pharmacist on the Eastern Shore and have also spent over 20 years in community pharmacy. Patients deserve to have access to all their medications at all times. Currently, there is a massive gap in the provision of quality care concerning injectable medications.

I have regularly found patients searching for a provider willing to administer their prescribed medication. Take for instance my patient who was recently released from a drug rehab clinic and was provided an electronic prescription for Vivitrol to my community pharmacy, to help her stay off of opioids. She shows up, but has no provider to administer the medication. The local doctors' offices did not prescribe the medication and will not administer to her and the urgent care clinic will not administer to her. I stand in front of her as she is crying and fearful of a drug relapse, willing and capable of providing the injection, but unable to do anything other than recommend a visit to the Emergency Room.

Pharmacists are accessible to patients, have shown an ability to provide safe injections in the arena of vaccinations, are equipped to provide patient care, and are well placed to make a difference in medication adherence. Administration of long acting psychiatric medications and substance dependence medications are a way for pharmacists to engage in patient care that will increase adherence and relieve the burden from clinic offices. Many new therapies are coming out in the form of long acting injectables, like a new HIV injectable. I would love to be able to assist my patients by administering this long acting injectable to help them stay healthy over the long term.

I support this bill because it frees primary care providers to provide primary care. It frees psychiatry offices to provide psychiatric care. It allows patients to get their medications when they need them, where they are dispensed. It allows pharmacists to work at the top of their licenses in order to free time for physicians to do the things that only they are trained and allowed to do. Please strongly consider supporting this bill.

Also, remember to get your COVID vaccine as soon as you are eligible. Currently approved vaccines are probably the most effective vaccines ever created and will save lives.

Sincerely,

Richard DeBenedetto, PharmD, MS, AAHIVP

SB 84 HB 135 Pharmacists-Admin Self-Admin Meds-Ma

Uploaded by: Eddington, Dean Natalie

Position: FAV



Natalie D. Eddington, PhD, FAAPS, FCP
Dean and Professor, School of Pharmacy
Executive Director, University Regional
Partnerships University of Maryland
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410 706-7651

January 18, 2021

The Honorable Shane E. Pendergrass
Chair, Health and Government Operations Committee
Lowe House Office Building, Room 241
Annapolis, Maryland 21401

Support: HB 135 Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications

Dear Chairman Pendergrass and Members of the Committee:

On behalf of the University of Maryland School of Pharmacy, I urge your support for HB 135 Pharmacists Administration of Self-Administered Medications and Maintenance Injectable Medications. HB 135 builds on the public health success of pharmacists' authority to administer vaccines. Currently all 50 states allow pharmacists to administer immunizations. Within this group, **40 states allow pharmacists to administer other injectable medications nuanced in some fashion**. This bill would allow Maryland pharmacists to administer four classes of medications on a valid order of a prescriber, protocol or standing order.

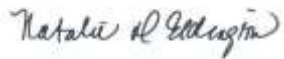
This bill is of particular benefit to patients who suffer from serious mental illness. Poor adherence to anti-psychotics has been associated with higher risk of relapse, hospitalization frequency, and costs. The economic burden of schizophrenia is estimated at \$155.7 billion annually. Over 40% of all patients are not adherent to their medications. Bipolar disorder ranks as the eighteenth leading cause of disability, with non-adherence between 20-60%. Adherence to drug therapies improves not only symptom control but also cognition and functional performance, which are associated with substantial non-health care and indirect cost savings.

One way to ensure treatment adherence is to use long-acting injections that can be administered every few weeks or months. However, for patients with serious mental illness these medications are underutilized. Psychiatrists report lack of inventory management and cash flow to facilitate patient access to these expensive medications. In addition, infrastructure constraints in these offices also hinders patients knowledge to assistance programs or nurses to administer injections. Patients report transportation issues, or the requirement to be in wrap around support programs that limit their ability to access physician offices during normal office hours.

Considering the challenges that patients face in medication adherence – HB 135 can greatly improve outcomes. HB 135 assures that pharmacists be adequately trained for the population of patients to whom they serve. The bill also mandates pharmacist-prescriber communication and requires the pharmacist to counsel patients to return to their providers for scheduled appointments. Both the Boards of Physicians and Nursing will aid in the establishment of regulations.

Thank you for your attention to this matter. I urge your support of this legislation.

Sincerely,

A handwritten signature in cursive script that reads "Natalie D. Eddington".

Natalie D. Eddington, PhD, FAAPS, FCP
Dean and Professor

2021 ACNM SB 84 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Education, Health, and Environmental Affairs Committee
Bill Number: Senate Bill 84
Title: Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications
Hearing Date: January 26, 2021
Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 84 – Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications*. Under the bill, pharmacists may administer injectable maintenance medications as authorized by a patient’s provider. A pharmacist will not administer the first dose except when specifically authorized by the prescriber.

ACNM supports this bill because it improves access to needed medications for our patients. For example, a CNM could prescribe Depo Provera (an injectable form of contraception); after the first dose, the patient could obtain the medication from their local pharmacy. For our patients who face scheduling and transportation challenges, this arrangement could improve their ability to obtain their medication regulatory, and thus, it would reduce the risk of unplanned pregnancies.

ACNM also appreciates the bill’s provisions regarding communications between the pharmacist, prescriber, and patient. Communication is essential to ensuring a patient’s health care needs are addressed.

Thank you for your consideration of our testimony. If you need any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 MNA SB 84 Senate Side.docx.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Education, Health, and Environmental Affairs Committee
Bill Number: Senate Bill 84
Title: Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications
Hearing Date: January 26, 2021
Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 84 – Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications*. The bill authorizes pharmacists to administer maintenance injectable medications upon a prescription by a prescriber. The prescriber would have to administer the first dose of medication unless the prescriber authorizes the pharmacist to do so in writing.

MNA supports this legislation because we agree that pharmacists have the education and training to administer maintenance injectable medications. The bill has appropriate consumer safe-guards, including requiring the prescriber to administer the first dose in case the patient has an adverse reaction. The bill also requires communication between the pharmacist and prescriber.

MNA recognizes that there are sometimes gaps in care. Prescribers, particularly small providers, may not have the staff or infrastructure to routinely administer injectable medications. Consumers may delay care in their search for a provider to administer their medication. Pharmacists, as they have the appropriate training, can help fill that gap in care.

Thank you for your consideration of our testimony. If you need any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB084.MPhA.pdf

Uploaded by: Horton, Aliyah

Position: FAV



DATE: January 26, 2021
TO: The Honorable Paul Pinsky, Chair
Members, Education, Health and Environmental Affairs Committee
FROM: Aliyah N. Horton, CAE, Executive Director
RE: **SUPPORT – Senate Bill 84 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications**

GOAL:

Utilize pharmacists to fill critical care and medication adherence gaps for chronic conditions.

HISTORY:

This is the third generation of this legislation. It was introduced in 2019 session and was unanimously passed by the House of Delegates in 2020. We believe there was enough momentum and consensus that the bill would have ultimately passed had we not had to contend with the early adjournment of the General Assembly due to COVID-19.

During the last three years, the bill has been substantially modified and narrowed in scope to address stakeholder concerns, from the both provider and patient advocacy communities.

Those modifications include:

- narrowed scope focused on long-acting injectable maintenance medications for the following conditions/needs:
 - Psychiatric conditions;
 - Substance abuse;
 - Contraception; and
 - Vitamin deficiencies
- removal of biologics and infusions
- requirement that prescribers administer the first dose, unless they explicitly indicate otherwise
- Regulations must be developed in conjunction with the Board of Physicians, Board of Nursing and Board of Pharmacy.

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.

The legislation seeks to:

- address healthcare gaps that can be filled with pharmacist expertise;
- empower and better utilize the skills of the pharmacist 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.

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 other state and national pharmacy organizations.

See attached statement is from one of the participant/authors of the report Brian M. Hepburn, M.D., Executive Director, National Association of State Mental Health Program Directors.

- **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.

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 of SB 84.

Aliyah N. Horton, CAE
Executive Director
Maryland Pharmacists Association
240-688-7808

Sherrie Sims
G.S. Proctor & Associates
410-733-7171

The Honorable Paul Pinsky
Chair, Education, Health and Environmental Affairs Committee

Support: SB084 Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications HB 135)

Dear Chair Pinsky and Members of the Committee:

As a psychiatrist and as Chief Executive Officer of the National Association of State Mental Health Program Directors (NASMHPD), I again offer a letter of support for HB 135 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications. I was pleased that the House passed this important piece of Legislation during the last session, but disappointed that bill was a casualty of early adjournment due to the pandemic. In fact, the pandemic helped prove the need for this bill. As most travel immunization clinics closed and many prescribers moved to telemedicine, access to long acting injectable medications was adversely impacted. It became more and more difficult for patients to stay on their medication. While most pharmacies were still open, pharmacists in Maryland were not able to help these patients, because pharmacists could not legally administer their medications.

In 2016, I had the opportunity to represent directors of state mental health programs at a national summit meeting regarding this topic of pharmacist administration of injections along with colleagues from the American Psychiatric Association and the federal Substance Abuse and Mental Health Services Administration. Through the interactions at this meeting and my previous interactions with pharmacists as the former Director of Maryland's Mental Hygiene Administration, I am convinced that administration of long-acting antipsychotic injections (LAIs) by pharmacists in the community is safe and can improve access to care for individuals with severe mental illness (SMI) who require these medications. The recommendations resulting from this national summit and the language in HB 135 and SB 084 ensure that this process can proceed in a manner that preserves existing prescriber-patient relationships and promotes the public health.

Throughout my career, I have worked with pharmacists who have a strong interest in promoting the public health through access to important underutilized treatments for patients with SMI. Just as pharmacists have expanded access to immunizations and are currently staffing COVID-19 vaccine clinics, they can expand access to other important medications. LAIs can help ensure that patients who don't always take their medications as prescribed receive it. These medications are an important strategy to prevent patient relapses, consumption of emergency resources and costly hospital readmissions. In cases in which we are unsure of how to change medication because of questionable adherence to prescribed regimens, their use guarantees that we know what patients are receiving so that we can adjust doses wisely. In cases where patients may try to manage their doses of oral medication by adjusting their medication on their own, LAIs prevent toxicity.

However, the use of LAIs is challenging. They each differ in their storage requirements, administration techniques and administration schedules. Psychiatrists rarely have appropriate refrigeration or storage in their offices and do not uniformly employ nurses who could administer these medications. These medications are expensive and physicians are not experienced in managing cash flow for expensive medications or inventory. Psychiatrist offices may be distant from a patient placing a burden on patient support systems for transportation while most people are in closer proximity to a pharmacy. Pharmacies are open for longer hours than physician offices adding to patient convenience and allowing patients to work or attend day treatment programs. In order to address these challenges, 46 states have provisions to permit this practice and further the public's health.

HB 135 requires appropriate education and training and promotes a dialog between pharmacist and prescriber as recommended at the aforementioned national summit. It enlists the participation of nursing and physician colleagues in establishing appropriate regulations. In these days of growing interprofessional collaboration, it expands our health care teams.

I hope you will accept my recommendations as well as the national recommendations to expand the pharmacist's scope of practice to include administration of injectable medications to increase patient access to vital treatment.

Sincerely,

A handwritten signature in black ink that reads "Bill Hepburn". The signature is written in a cursive, flowing style.

Executive Director
National Association of State Mental Health Program Directors(NASMHPD)
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314

written testimony 2021-01-22Raymond Love.pdf

Uploaded by: Love, Raymond

Position: FAV

January 21, 2021

The Honorable Paul G. Pinsky
Education, Health and Environmental Affairs Committee
2 West
Miller Senate Office Building
Annapolis, MD 21401

Support: SB084 Pharmacists – Administration of Maintenance Injectable Medications

Dear Chair Pinsky and Members of the Committee:

Thank you for the opportunity to submit this letter in support of SB084 providing pharmacists with the opportunity to administer maintenance injectable medications. I am a board certified psychiatric pharmacist, a professor at the University of Maryland School of Pharmacy (secondary appointment Professor School of Medicine) and a past president of the College of Psychiatric and Neurologic Pharmacists. I was pleased to address your committee in the past, when they passed previous versions of this bill.

Last spring, the pandemic shuttered travel injection clinics, closed ambulatory care centers and caused many prescribers to shift to telemedicine. Yet, most pharmacies remained open. I received numerous calls from colleagues in psychiatry wanting to know if I had any idea how patients requiring maintenance injections could receive them. A normal backup plan would be to send patients to an urgent care center, the emergency room or a hospital based clinic, but hospitals were overwhelmed treating coronavirus and were not suitable sites for those who were healthy. Urgent care clinics were reluctant to administer maintenance medications for patients whom they were not previously following. In most other states, patients could have received these medications in pharmacies. However, not in Maryland. Instead, patients missed medication or had to travel long distances on public transportation. Some health systems spent hours in the middle of a pandemic to put together contingency plans. We were told that some patients decompensated and ended up being admitted to the hospital due to lack of medication access.

Even in normal times, the need for easily accessible medication administration is especially important in behavioral health. Studies have demonstrated that long acting antipsychotics administered every two weeks, monthly or even every three months can reduce the likelihood of relapse for patients with serious mental illnesses. They can also reduce the need for emergency services and hospital admissions due to failure to take medication.

Furthermore, these medications can be challenging to use. Some require special storage not available in many psychiatrist's offices. Many psychiatrists do not employ nurses to administer medications. These medications are expensive and may require an investment in money to stock in an office or clinic or in time to manage inventory and manufacturer administered patient assistance programs. Finally, psychiatrists are often in short supply.

In December 2016, a national summit was held in Alexandria, Virginia to develop recommendations for pharmacist administration of medications. In addition to representatives from pharmacy organizations, the participants included representatives from the American Psychiatric Association, the US Public Health Service, the American Nurses Association, the National Council for Behavioral Health and the National Alliance on Mental Illness (NAMI). Importantly, the meeting was attended by the medical director of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the CEO of the National Association of Mental Health Program Directors, the organization representing the directors and medical directors for mental health from all 50 states.

This summit concluded “. . . that pharmacists should be authorized to administer any medication, pursuant to a valid prescription and proper training.” They recommended a series of other provisions related to training, policies and procedures that are reflected in HB135. These include safeguards to require that medication be administered only pursuant to a prescriber's order and to ensure ongoing communication with the prescriber.

I hope that you will increase access to medication for Maryland residents and consider issuing a favorable report on SB084.

Sincerely,

A handwritten signature in cursive script that reads "Raymond C. Love, PharmD". The signature is written in black ink and is positioned above the typed name.

Raymond C. Love, PharmD, BCPP, FASHP

SB 84 - Support MPS WPS.pdf

Uploaded by: Tompsett, Thomas

Position: FAV



January 20, 2021

The Honorable Paul E. Pinsky
Senate Education, Health, and Environmental Affairs Committee
Room 2 West, Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB 84: Pharmacists - Administration of Self–Administered Medications and Maintenance Injectable Medications

Dear Chairman Pinsky and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS supports Senate Bill 84: Pharmacists - Administration of Self–Administered Medications and Maintenance Injectable Medications (SB 84) as many of our patients would benefit from better access to long-acting maintenance medications that treat conditions such as schizophrenia, bipolar disorder, or substance use disorder.

Currently, a pharmacist can administer flu shots and other vaccines. SB 84 seeks to expand a pharmacist's ability to administer injections of prescriptions that MPS's members prescribe, such as haloperidol, risperidone, and naltrexone (Vivitrol). Access to maintenance injectables would hopefully avoid patient relapse due to nonadherence to their medications.

If passed, MPS acknowledges that the Maryland Department of Health will have to develop robust regulations around pharmacist training to include screening for Neuroleptic malignant syndrome (NMS), Tardive dyskinesia (TD), and dystonia before the shot. In addition, MPS believes that for some drugs, there should be a time window between the physician's last clinical assessment and the shot administration by the pharmacist. For example, clozapine has clinical checkpoints when attempting to mitigate the effects of schizophrenia over time. MPS looks forward to being a part of that regulatory discussion.

For all the reasons stated above, MPS asks the committee to give SB 84 a favorable report.



If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

SB0084_FAV_MedChi.pdf

Uploaded by: Wise, Steve

Position: FAV

MedChi

The Maryland State Medical Society

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www.medchi.org

TO: The Honorable Paul G. Pinsky, Chair
Members, Senate Education, Health and Environmental Affairs Committee
The Honorable Ronald N. Young

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: January 26, 2021

RE: **SUPPORT** – Senate Bill 84 – *Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 84.

Senate Bill 84 allows a pharmacist to administer certain maintenance injectable medications. This legislation is similar to Senate Bill 545 of 2020, which MedChi initially took issue with. MedChi's principal concern was that allowing a pharmacist to administer the initial dose of medication would not provide adequate safeguards against an adverse reaction, which often but not always manifests upon the initial dosage. To address this, amendments were added allowing the physician (or other prescriber) to direct that the initial dose should not be administered by the pharmacist. Senate Bill 84 as introduced tracks these amendments that were made to the legislation in 2020.

Accordingly, MedChi supports Senate Bill 84 as introduced.

For more information call:

J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
410-244-7000

Maryland STI Surveillance Trends_May 2020.pdf

Uploaded by: Hamill, Matthew

Position: FWA



Sexually Transmitted Infections in Maryland Surveillance Trends

Center for STI Prevention
Infectious Disease Prevention and Health Services Bureau
May 2020

Sexually Transmitted Infections in Maryland Surveillance Trends – Overview

CHLAMYDIA

- 6.4% rate increase from 2018 to 2019
- 38% increase in cases in past 10 years
- Continuous increases since 2012

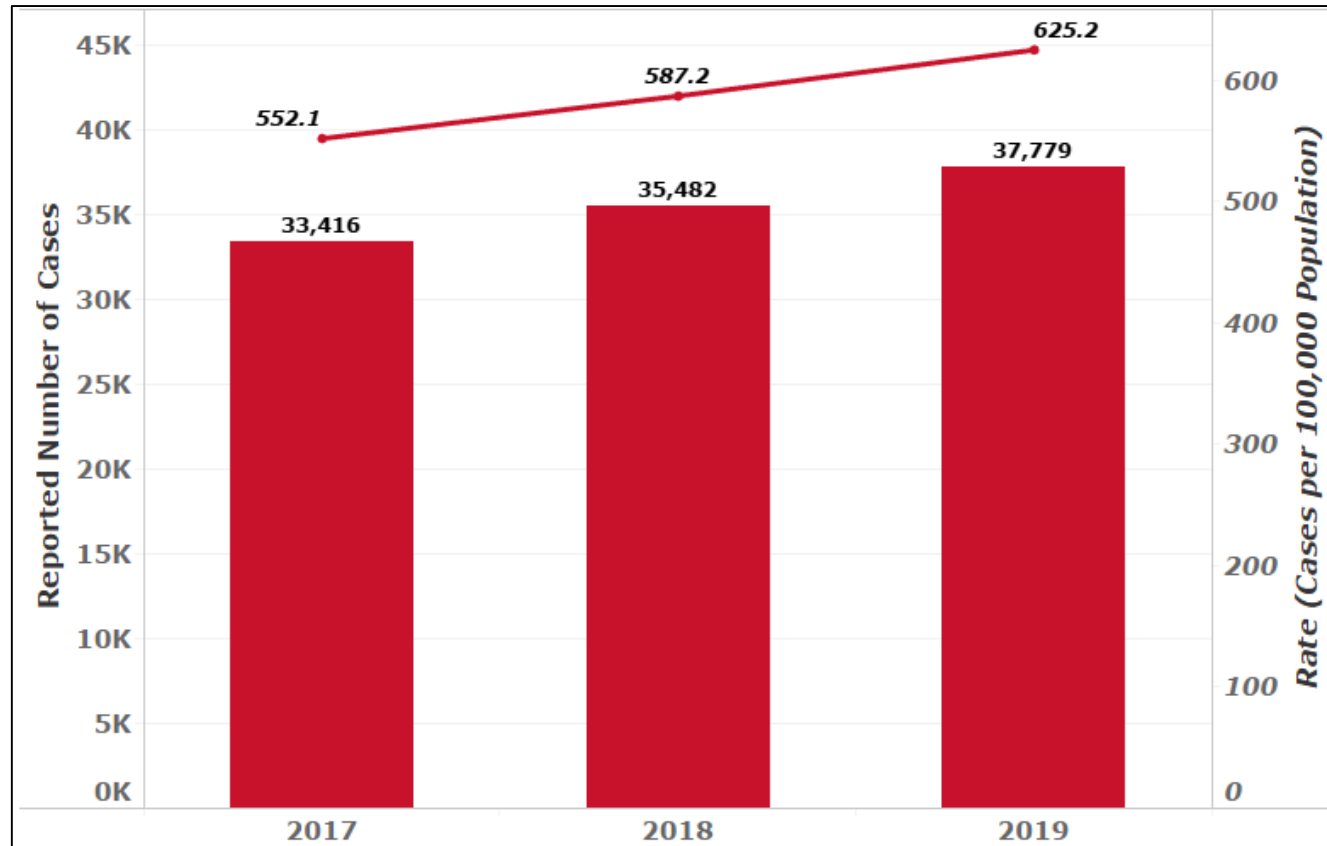
GONORRHEA

- 12.5% rate increase from 2018 to 2019
- 56% increase in cases in past 10 years

SYPHILIS

- 6.1% rate increase for Non-primary/Non-secondary syphilis from 2018 to 2019
- 18% rate increase for Primary & Secondary syphilis from 2018 to 2019
- 170% rate increase for Non-primary/Non-secondary syphilis for last 10 years
- 153% rate increase for primary/secondary syphilis for last 10 years

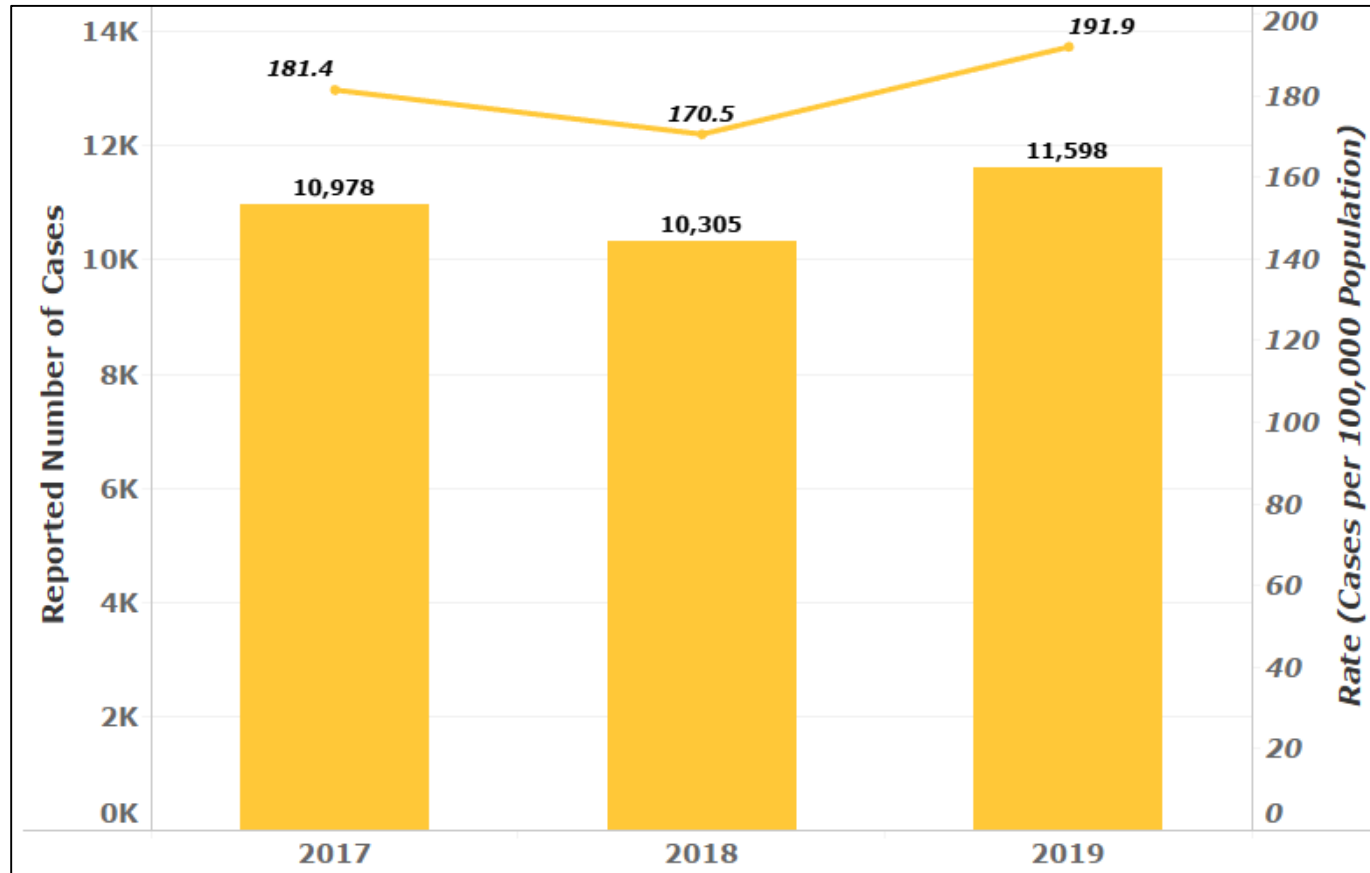
Chlamydia – Reported Case and Rates Maryland, 2017-2019



Sources: Cases Data: Maryland Department of Health, Center for STI Prevention
Population Denominators: Maryland Department of Planning
May 2020

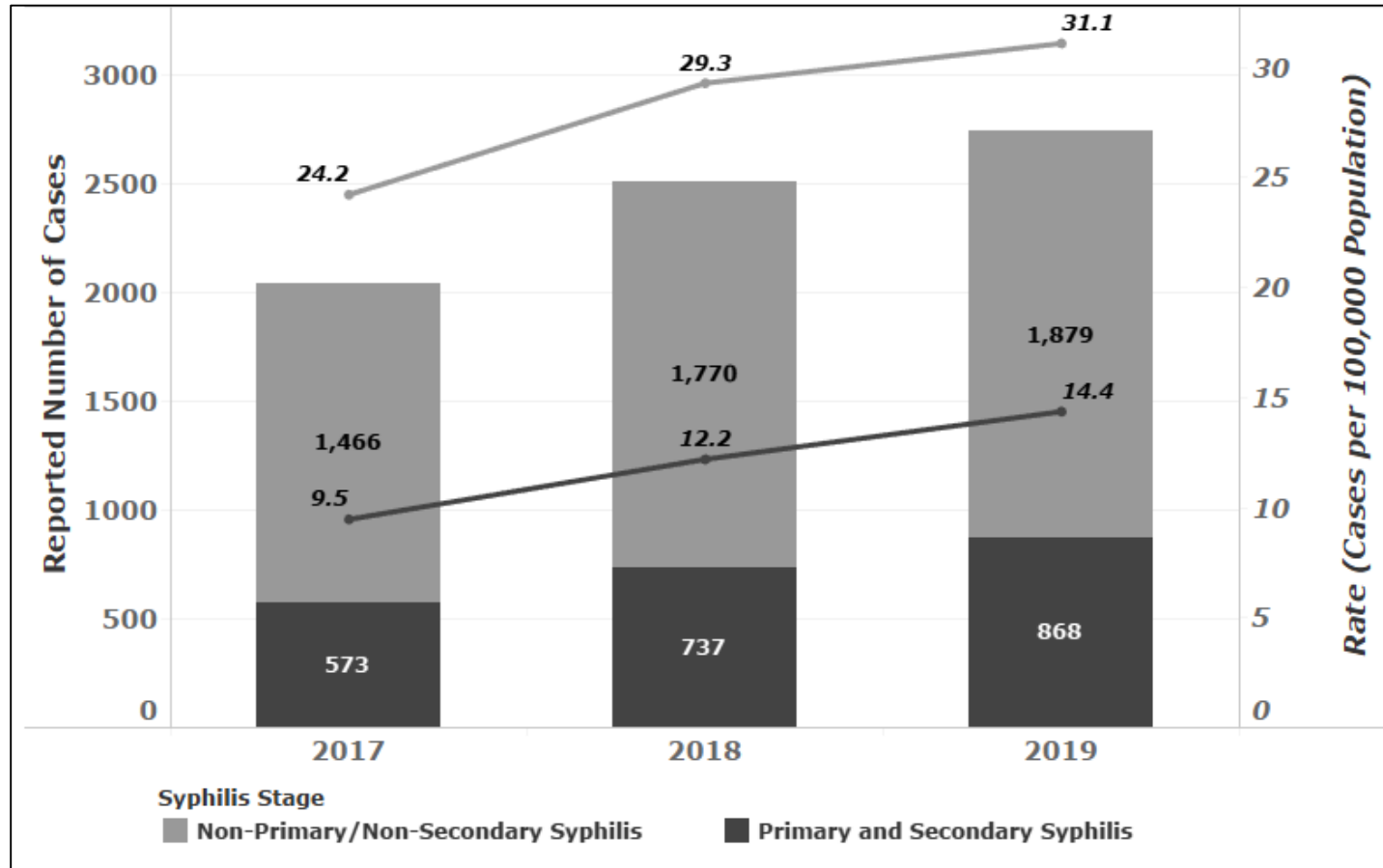


Gonorrhea – Reported Cases and Rates Maryland, 2017-2019



Sources: Cases Data: Maryland Department of Health, Center for STI Prevention
Population Denominators: Maryland Department of Planning
May 2020

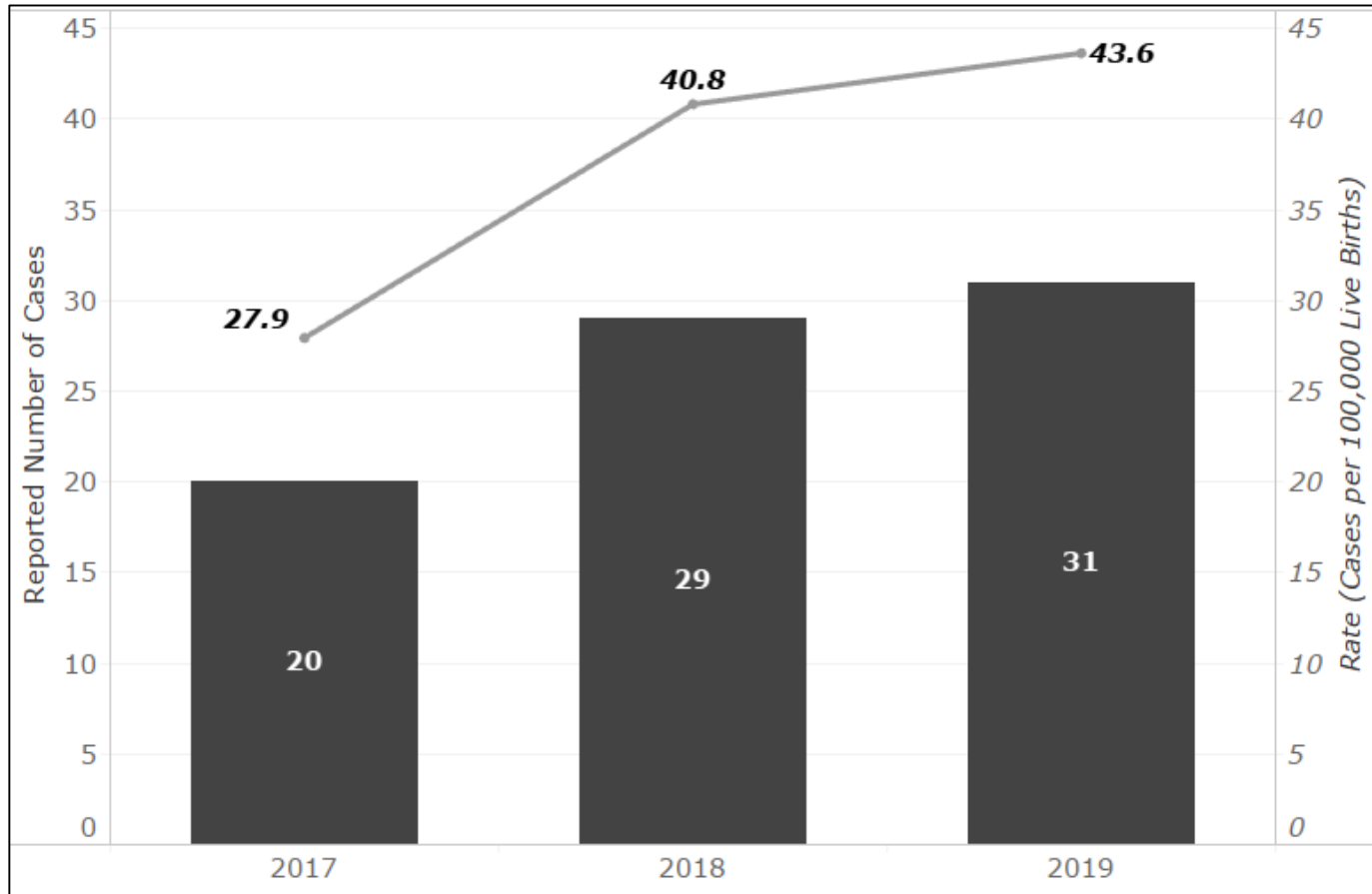
Syphilis – Reported Case and Rates Maryland, 2017-2019



Sources: Cases Data: Maryland Department of Health, Center for STI Prevention
 Population Denominators: Maryland Department of Planning
 May 2020



Congenital Syphilis – Reported Case and Rates Maryland, 2017-2019



Sources: Cases Data: Maryland Department of Health, Center for STI Prevention
Population Denominators: Maryland Department of Planning
May 2020



Statement of need - pharmacy injections 1-14-2021d

Uploaded by: Hamill, Matthew

Position: FWA

Executive Summary

- Representatives from the Baltimore City Health Department Sexual Health Clinics, University of Maryland, Johns Hopkins University, and Johns Hopkins Homecare Group have identified a need for expanded access to injectable antibiotics. Authorizing pharmacists to administer injectable therapies for the treatment of gonorrhea and syphilis in Maryland would address this need. This is based on CDC recommendations for the treatment of sexually transmitted infections (STI) during COVID-19-related interruptions of STD clinical services:
 - [Providing Non-Vaccine Injectables](#)
 - “STD clinics may need to find alternate ways to deliver non-vaccine injectables such as ceftriaxone and benzathine penicillin G. Where allowed, clinics may want to consider referring STD patients to pharmacists for the delivery of these injectables.”
- There have been dramatic changes in access to healthcare and clinical practice during the COVID-19 pandemic in the US. Although Maryland has begun implementing phased reopening, health care capacity is extremely limited and likely to remain so for quite some time, especially in jurisdictions with ongoing high numbers of COVID-19 cases. Currently, many public health and private healthcare facilities remain closed to in-person visits. As clinical services open back up, many practice sites will be short-staffed due to school and day-care closures. Limited staff capacity and on-going social distancing needs will result in significant delays in addressing the back-log of patients needing in-person care. Providers will continue to perform visits using telemedicine and prioritize in-person care for patients with urgent needs for many months to come. Maryland’s local health departments, vital safety net providers for some of the state’s most vulnerable residents, are severely impacted by the pandemic, according to monthly assessments of health departments’ STI clinical capacity. Staff in local health department STI and Family Planning programs, which provide STI testing and treatment, report being deployed full-time or part-time for COVID-19 response efforts.
- Mirroring national trends over the past five years, Maryland has experienced increases in reportable STIs, with sustained high rates of curable STIs such as chlamydia, gonorrhea, and syphilis. Rates of maternal and congenital syphilis have also increased in recent years. Furthermore, parts of Maryland have ongoing, high rates of HIV transmission.
- The introduction of social distancing, suspension of non-essential services and travel, have dramatically decreased clinical services that ordinarily provide diagnosis and treatment of STIs in Maryland. This creates an urgent need to address sexual health services, including presumptive STI treatment, in Maryland in order to treat patients who are unable to obtain treatment from their health care providers, and prevent increases in STIs including HIV. Since the presence of an STI significantly increases the likelihood of HIV transmission and acquisition, STI prevention is a critical part of HIV prevention.

Many first line STI treatments (i.e. preferred due to evidence supporting greater efficacy), as recommended by the CDC in the current [2015 STD Treatment Recommendations](#), require healthcare administered injection therapy. Utilizing non first line oral therapy increases the likelihood of gonorrhea and syphilis treatment failures and fosters the development of multi-drug resistant gonorrhea.

- Pharmacists are well positioned and trained to safely expand access to healthcare administered injection therapies, including IM antibiotic therapies. However, Maryland law does not allow pharmacists to administer injection therapy beyond immunizations and self-injectable medications.

Statement of need for pharmacy administration of injectable antibiotics 1-14-2021

- As of 2019, 29 states allow pharmacists to administer non-vaccine injectables without restrictions (<https://naspa.us/wp-content/uploads/2017/07/Pharmacists-Authority-to-Administer-Medications.pdf>). This allows increased access and convenience for patients to receive their life saving therapies and the flexibility to come to the pharmacy for their scheduled dose(s) without an appointment. Pharmacies are also prepared to track and monitor missed doses and follow up with patients that have missed or are overdue for treatment. These benefits would not only improve access but also improve adherence to injectable therapies.
- Pharmacist training includes curriculum with extensive education regarding proper preparation and administration of all medications. All Accreditation Council for Pharmacy Education (ACPE) accredited colleges also prepare pharmacists to be able to administer all available immunizations which include intramuscular, subcutaneous, and intranasal administration. Pharmacists providing immunizations in Maryland are already basic life support (BLS) certified and prepared to monitor and treat anaphylactic or other serious reactions to immunizations.
- Under the Code of Maryland Regulations (COMAR) [10.34.32](#), pharmacists administering vaccines are required to create and follow a written protocol which includes assessment of precautions and contraindications, assessment of dose and route, process for handling adverse reactions, and process for documentation and informing prescriber of administration. Similar procedures could be created to allow pharmacists to effectively and safely provide access to additional injection therapies.
- Signatures of support for this position from public health specialists, infectious disease specialists, and primary care providers and pharmacists from the University of Maryland Medical System, Johns Hopkins University (School of Medicine, and JH Medicine), and Johns Hopkins Home Care Group can be found starting on page 6.

Background

There have been dramatic changes in access to healthcare and clinical practice during the COVID-19 pandemic in the US. Maryland, like many other parts of the country has been affected by the pandemic with estimates of greater than 43,000 cases, 1,300 current hospitalizations, and 2,000 deaths as of May 2020 (<https://coronavirus.maryland.gov/>). Because of the introduction of social distancing, suspension of non-essential services, and non-essential travel, clinical services that ordinarily provide diagnosis and treatment of sexually transmitted infections (STI) in Maryland have dramatically decreased. In Baltimore City for example, the two public sexual health clinics, which typically provide STI-related care for 50-60 patients per day Mon-Fri, have been closed to walk-in appointments since 16 March 2020. Although the Governor has begun releasing a phased plan to reopen business and healthcare facilities, in-person operations of outpatient clinics will not return to “normal” for many months to come. Future second and subsequent waves of infection, which may include long-term redeployment of clinical staff to COVID-19 responses, have the potential to delay return to full operational capacity for months or even years. Clinics, and primary care practices will continue to perform most visits using telemedicine and prioritize in-person care for patients that require more emergent or acute illness requiring physical examination.

Many health care providers are attempting to provide STI diagnoses and prescribing treatment using telemedicine. In this scenario a clinician will discuss symptoms with a patient over the phone or video and prescribe therapy as indicated. The clinician will then send a prescription, based on likely STI(s), to a pharmacy that is convenient to the patient. The patient will then go to the pharmacy to collect that oral medication. In the case of gonorrhea and syphilis, providers are resorting to oral medications, instead of preferred injectable therapy, due to reduced access to injectable antibiotics.

Statement of need for pharmacy administration of injectable antibiotics 1-14-2021

At present, pharmacists in Maryland are unable to administer injectable therapies to patients, aside from vaccinations and products considered self-injectable by patients. Importantly, the Centers for Disease Control and Prevention recommended first line therapies for STIs (specifically gonorrhea and syphilis) involve the administration of an injectable antibiotic. With limitations in travel currently in place due to COVID-19, access to injectable antibiotics for STI infections is limited, leading to increased prescriptions of non-standard oral medications for STI treatment. This results in a prescribed treatment that may be suboptimal. In the case of suspected syphilis, for example, a patient would typically receive an injection of long-acting penicillin in the clinic. This is administered by a healthcare professional and there is no doubt that the full dose has been delivered. In contrast, if a person were to be sent to a pharmacy for treatment, they would be asked to take an oral medication twice a day for up to 28 days. Given the twice-daily schedule and long duration, it is possible, that a significant proportion of those patients would miss doses or fail to complete the antibiotic course, leading to under-treatment or treatment failure. This may be a particular issue in certain vulnerable groups such as the homeless and those with substance use disorders.

Maryland has sustained high rates incidences of bacterial (ie., curable) STIs such as chlamydia, gonorrhea, and syphilis. Rates of maternal and congenital syphilis have also increased in recent years. According to the Sexually Transmitted Infections in Maryland, 2019 Snapshot (<https://phpa.health.maryland.gov/OIDPCS/CSTIP/CSTIPDocuments/2019%20Snapshot%20Report%20-%20Maryland%20STI%2010%20Year%20Trends.pdf>)

- Chlamydia

In 2019, the chlamydia rate per 100,000 population was 625.2, an increase of 6.6 percent compared to 2018

Cases have been increasing consistently since 2012 with an overall increase of 44 percent over the past 10 years

- Gonorrhea

In 2019, the gonorrhea rate per 100,000 population was 191.9, an increase of 12.7 percent compared to 2018

Cases in 2019 were over 56 percent higher than they were 10 years ago

- Syphilis

868 cases of Primary and Secondary (P&S) syphilis, the most infectious stages of infection, were reported to the Maryland Department of Health in 2019, an 18 percent increase from 2018

From 2010 to 2019, the rate of P&S syphilis infections increased from 5.7 cases per 100,000 to 14.4, a 153 percent increase overall

Furthermore, parts of Maryland are experiencing ongoing, high rates of HIV transmission. (<https://phpa.health.maryland.gov/OIDEOR/CHSE/SiteAssets/Pages/statistics/Maryland-HIV-Fact-Sheet-2019.pdf>).

STIs have many and diverse health consequences. Some of these are immediate and apparent; other complications may occur months or even years after the initial infection; including fetal death and disability

(syphilis); chronic pelvic pain and female infertility (chlamydia and gonorrhea); loss of vision, heart disease and dementia (syphilis). As well as the direct effects of STIs on the individual and the State's healthcare economy, there are very serious indirect effects. One of the most important consequences of untreated or improperly treated STIs is the risk of HIV acquisition and transmission. Therefore, parts of Maryland, with high rates of HIV and other STIs have the potential to see further increases in HIV infections.

Urgent state of STI treatment during COVID-19

The full extent of any problem associated with limited treatment of STI will likely not be fully realized until more usual STI services have been reestablished. However, there are steps that can be taken now to safeguard the present and future sexual and reproductive health of Maryland's populations.

As a health care community providing essential treatment and preventive strategies for mitigation of the effects of STIs, we urgently need additional strategies that complement in-clinic activities, which are currently restricted. Aside from the limitations imposed by COVID-19, many patients, including those in rural areas and those without access to transportation, are at a distance from their nearest clinic. Pharmacists are ideally placed to step in to improve the sexual health of the population. They could administer an antimicrobial listed in the CDC's treatment guidelines to an individual with a prescription from an authorized prescriber. Such an expansion in the role of the pharmacist could dramatically expand the options open to patients, decrease time to treatment, decrease onward transmission of infection, improve antimicrobial stewardship, prevent emergence of resistant organisms, and help prevent complications of STIs.

Public health significance of under or partially treated STIs

In addition to the numerous healthcare-related concerns outlined above, there are further, critical considerations when considering the inability of patients to access gold standard therapy for STIs. There are issues of access and equity where the more vulnerable members of society may be disadvantaged in terms of their ability to access the best, in this case injectable, therapies. While pharmacist-delivered injectable antibiotics is not a panacea and will not be acceptable or preferable to some patients, it does expand access and increase choice. In that sense pharmacist-delivered therapy will add to the arsenal of available options for patients and providers.

Gonorrhea has developed resistance to the last class of antibiotics used to treat the infection. Multi-drug resistant gonorrhea is a global threat to public health and requires vigilance of state public health laboratories and public and private clinicians nationwide. (<https://www.ncbi.nlm.nih.gov/pubmed/28746372>). The current treatment regimen recommended by the CDC involves a combined treatment with an injectable combined with an oral antibiotic. Gonorrhea infection can affect the genitals, rectum, eyes, and pharynx (throat). In the throat, the infection is eradicated effectively with this combined injection and oral therapy. However, an alternative oral-only regimen - which presently is all that can be provided in pharmacies in Maryland - is associated with significant treatment failure at the pharyngeal site. This failure is due, in part, to the pharmacokinetic properties of the oral drug cefixime in the pharynx; resulting in poor drug penetration at this site (<https://www.ncbi.nlm.nih.gov/pubmed/29624558>).

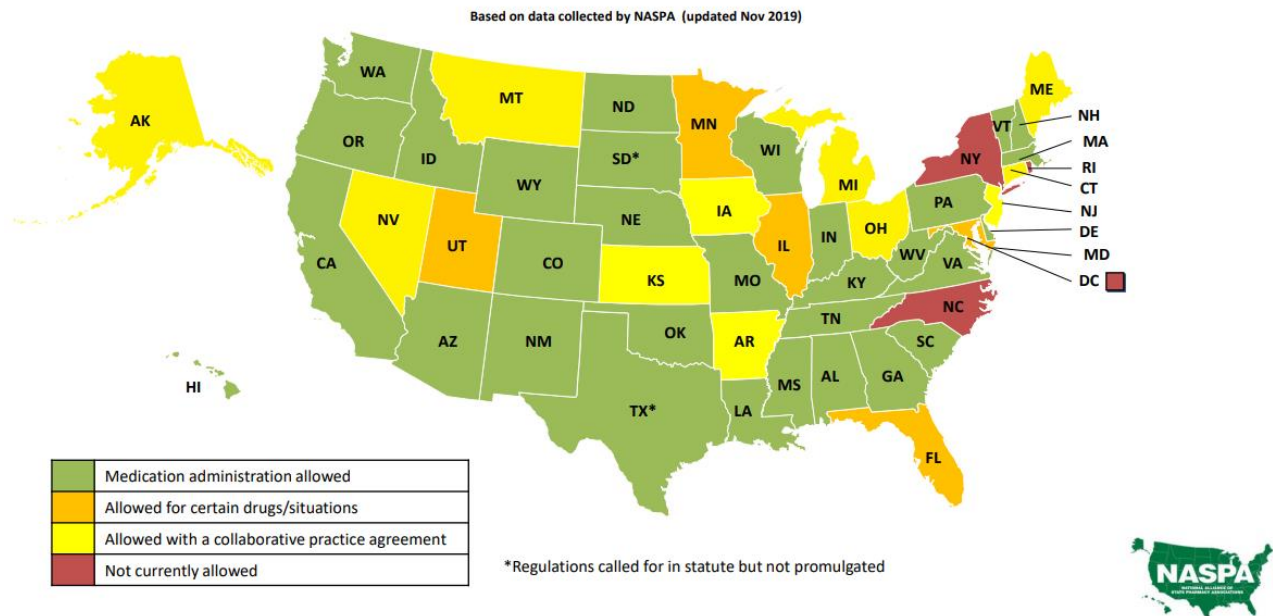
Apart from the risk of clinical failure and onward transmission of gonorrhea, good antimicrobial stewardship practices are compromised using an inappropriate therapy. There are data from Baltimore City demonstrating that antibiotic resistance in gonorrhea is common (<https://www.ncbi.nlm.nih.gov/pubmed/30126088>); particularly worrisome is the 2.1% prevalence of high level azithromycin resistance as azithromycin is a first-line drug used to treat gonorrhea (Figure 1).

Pharmacy Administration and Safety

Pharmacists are well positioned and trained to safely expand access to healthcare administered injection therapies, including IM antibiotic therapies. Pharmacists have been able to expand access to immunizations in Maryland and across the country safely and effectively for many years. Pharmacist training includes curriculum with extensive education regarding proper preparation and administration of all medications. All Accreditation Council for Pharmacy Education (ACPE) accredited colleges also prepare pharmacists to be able to administer all available immunizations which include intramuscular, subcutaneous, and intranasal administration. Pharmacists providing immunizations in Maryland are already basic life support (BLS) certified and prepared to monitor and treat anaphylactic or other serious reactions to immunizations. Under the Code of Maryland Regulations (COMAR) 10.34.32 pharmacists administering vaccines are required to create and follow a written protocol which includes assessment of precautions and contraindications, assessment of dose and route, process for handling adverse reactions, and process for documentation and informing prescriber of administration. Similar procedures could be created to allow pharmacists to effectively and safely provide access to additional injection therapies.

Maryland is not unique in the need to utilize pharmacists to expand access to nonvaccine injectable medications. As of 2019, 29 states allow pharmacists to administer nonvaccine injectables without restrictions (<https://naspa.us/>). Pharmacist administered injections offers patients increased access and convenience to their life saving therapy and allows patients flexibility to come for their scheduled dose without an appointment. Pharmacies are also prepared to track and monitor missed doses to follow up with patients that have missed or are overdue for their dose(s). These benefits not only improve access but also likely improve adherence to injectable therapy.

Pharmacist Authority to Administer Medications



<https://naspa.us/wp-content/uploads/2017/07/Pharmacists-Authority-to-Administer-Medications.pdf>

Intramuscular injectable antimicrobial therapy

The CDC's STD treatment guidelines inform first line and alternative therapy choices for STI treatment. The preferred therapies for gonorrhea and syphilis are intramuscular injections whose efficacy is not equivalent when administered by other routes (oral, etc). The CDC-preferred injectable therapies including ceftriaxone, benzathine penicillin, procaine penicillin, gentamicin, and cefoxitin are routinely provided in outpatient office settings and could be administered in pharmacy settings.

Pharmacists are important members of a multidisciplinary therapeutic team

Pharmacists undergo extensive training regarding medication safety and administration. As an important member of a medical team, pharmacists already support clinicians (including physicians, nurse practitioners, and physician assistants) with immunization, medication interaction assessment, and patient counseling.

Signed:

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Statement of need for pharmacy administration of injectable antibiotics 1-14-2021

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5 - SB 84 - Pharmacists - Administration of Self-A

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: UNF



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

January 26, 2021

The Honorable Paul G. Pinsky
Chair, Education, Health, and Environmental Affairs Committee
2 West Miller Office Building
Annapolis, MD 21401-1991

RE: SB0084 – Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications - Letter of Opposition

Dear Chair Pinsky and Committee members:

The Maryland Board of Nursing (“the Board”) respectfully submits this letter of opposition for Senate Bill 84 (SB0084) - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications. This bill would allow a pharmacist who meets the requirements of certain regulations to administer a maintenance injectable medication to a patient under certain circumstances; requiring the State Board of Pharmacy, on or before September 1, 2022, and in consultation with the State Board of Physicians and the State Board of Nursing, to adopt certain regulations for pharmacists requiring pharmacists to complete a certain training program in order to administer a maintenance injectable medication.

The Board is concerned that maintenance injectable medications, as defined in the bill, may include various high risk medications that require on-going monitoring such as psychotropic, insulin and anticoagulants. This raises serious patient safety concerns. Additionally, administration of these medications often requires pre and post assessment of the patient’s medical condition, raising additional concerns regarding the pharmacist’s scope of practice and training in conducting health assessments.

Furthermore, a pharmacist could potentially go several years without receiving updated training related to administration of the medication, as long as the training was completed in the formal educational program. The bill’s requirement that the regulations “shall” waive the training for a pharmacist who has already undergone training as part of their formal educational program does not allow for a time restriction or required training updates. This too poses serious safety concerns for the patient.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of opposition to SB0084.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 (iman.farid@maryland.gov) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hicks", with a long horizontal flourish extending to the left.

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

SB84.UNFAVORABLE.MDRRTL.LBogley.pdf

Uploaded by: Bogley, Laura

Position: UNF



Opposition Statement HB135/SB84
Pharmacists - Administration of Self-Administered Medications and
Maintenance Injectable Medications

By Laura Bogley-Knickman, JD
Director of Legislation, Maryland Right to Life

We Strongly Oppose HB135/SB84

We strongly object to HB135/SB84 as written. While “telehealth” is a worthwhile goal for the state of Maryland, “*teledeath*” must be expressly excluded from all telehealth policy and public funding.

As written, this bill could be used to kill not to heal. It could force Maryland taxpayers to fund the remote administration of lethal drugs that are intended to end human life, including **abortion-inducing drugs like** mifepristone (common brand name Mifeprex) and lethal drugs used in **Physician Assisted Suicide (PAS)**.

FDA guidelines maintain that the distribution and use of mifepristone, the drug commonly used in chemical abortions, must be under the supervision of a qualified healthcare provider because of the drug’s potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

But the abortion industry is pressuring the FDA to remove these safety restrictions- leaving women to fend for themselves. They brazenly promote abortion inducing drugs as “DIY abortions.” They want to convince women that these abortions are safe, easy, and nearly painless. They want to expand telemedicine to distribute more abortion pills, faster, so providers can dispense these drugs en masse, putting profits before patients. They even abandon women with complications to emergency rooms, refusing to deal with or even monitor the consequences of this dangerous drug.

The Maryland Medical Assistance Program and the **Maryland Children’s Health Program** are two primary programs used for publicly funded reimbursements to abortion providers in Maryland. Taxpayers should not be forced to fund abortions or subsidize the billion dollar private abortion industry. A 2019 Marist poll showed that 54% of Americans, both “pro-life” and “pro-choice” oppose the use of tax dollars to pay for abortion.

Funding restrictions are constitutional

Furthermore government funding restrictions on abortion are constitutional. The Supreme Court in *Harris v. McRae (1980)*, ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*” -- and affirmed that *Roe v. Wade* did not create a government funding entitlement.

We respectfully ask for your help in protecting the health and safety of Marylanders by restricting the categories of drugs that pharmacists or other non-physicians may distribute for self-administration to specifically exclude those drugs commonly used to terminate life through Chemical Abortion or Physician Assisted Suicide. We respectfully ask for your amendment or your unfavorable report.

SB0084_INF_HEAU_O'Connor.pdf

Uploaded by: O'Connor, Patricia

Position: INFO

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OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

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January 22, 2021

To: The Honorable Paul G. Pinsky
Chair, Education, Health and Environmental Affairs Committee

From: Patricia F. O'Connor, Health Education and Advocacy Unit

Re: Senate Bill 84 (Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications): Information

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) submits information relevant to Senate Bill 84 which would (1) allow pharmacists to administer certain injectable medications and (2) require Medicaid, the Children's Health Program and Maryland regulated health plans to provide coverage. The HEAU has not received complaints relating to these issues.

Health plans not regulated by the State cannot be required to provide coverage for such services provided by pharmacists. If pharmacists are allowed to provide and charge for the services, consumers enrolled in these plans could be protected from liability for denied claims by requiring pharmacists to comply with a State version of the Advance Beneficiary Notice of Noncoverage (ABN) used in Medicare plans to protect enrollees.

CMS explained the consumer protection in its February 2020 document entitled "Medicare Advance Written Notices of Noncoverage":

An advance written notice of noncoverage helps a Medicare Fee-For-Service (FFS) beneficiary choose items and services Medicare usually covers but may not pay because they are medically unnecessary or custodial in nature. The Centers for Medicare & Medicaid Services (CMS) approves these notices for this purpose:

- All health care providers and suppliers must deliver an Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131 when they expect a Medicare payment denial that transfers financial liability to the beneficiary. This includes:

- Independent laboratories, skilled nursing facilities (SNFs), and home health agencies (HHAs) furnishing Medicare Part B (outpatient) items and services

- Hospice providers, HHAs, and religious non-medical health care institutions furnishing Part A items and services

The ABN helps the beneficiary decide whether to get the item or service Medicare may not cover and accept financial responsibility for it. **If the beneficiary does not get written notice when required, the provider or supplier may be financially liable if Medicare denies payment.**

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/ABN_Booklet_ICN006266.pdf (page 3 of 12).

We thank the Committee for considering this information.

cc: Sponsor

SB 84 LOI MIA.pdf

Uploaded by: Paddy, Michael

Position: INFO

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lt. Governor



Maryland

INSURANCE ADMINISTRATION

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**TESTIMONY OF
THE
MARYLAND INSURANCE ADMINISTRATION
BEFORE THE
SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE**

JANUARY 26, 2021

**SENATE BILL 84 – PHARMACISTS – ADMINISTRATION OF SELF-ADMINISTERED MEDICATIONS
AND MAINTENANCE INJECTABLE MEDICATIONS**

POSITION: LETTER OF INFORMATION

Thank you for the opportunity to provide written comments regarding Senate Bill 84. Senate Bill 84 amends the Health-General and Health-Occupations Articles related to the authorization of pharmacists to administer maintenance injectable medications under certain circumstances when prescribed by an authorized prescriber. The bill also amends the Insurance Articles to include a new § 15-716 which will require carriers to reimburse pharmacists to the same extent as any other provider in administering self-administered medications or maintenance injectable medications. The Maryland Insurance Administration (MIA) believes the bill, as drafted, should be technically amended to allow the MIA to better enforce the provisions of the bill.

The current language in § 15-716 (a) of the Insurance Article describing the types of contracts that are subject to the bill is oddly worded compared to similar sections of the Insurance Article. The language indicates that the section applies to “policies and contracts...for coverage for patient assessment regarding, and administration of, self-administered medications and maintenance injectable medications.” This language implies that coverage for patient assessment/administration of those medications would be the primary purpose of the contract. This would not be the case. The language that is customarily used for statutes such as this, and which would appear more appropriate in Senate Bill 84, is “policies and contracts...that provide coverage for patient assessment...”

The bill language in §15-716 (a) of the Insurance Article states “coverage for patient assessment regarding... self-administered medications and maintenance injectable medications” but the next subsection (b) only lists coverage of services rendered in “administering” those medications. The MIA believes the language should be consistent between both sections. The language in (b) should be amended to conform to (a), stating that the coverage would be for “patient assessment regarding, and administering self-administered medications or maintenance injectable medications.”

While the MIA does not have a policy position on Senate Bill 84, the bill should be technically amended to allow the MIA to better enforce the provisions of the Senate Bill 84.

BY: Maryland Insurance Administration

AMENDMENTS TO SENATE BILL 84
(First Reading File Bill)

AMENDMENT NO. 1

On page 5, in Line 18, delete “**for coverage**” and insert “**that provide coverage**”

Rationale: The new language is what is used throughout the Insurance Article when referring to provisions like this.

AMENDMENT NO. 2

On page 5, in Line 25, after “**Practitioner,**” add “**for patient assessment regarding and**”

Rationale: This amendment keeps section (a) and (b) of §15-716 consistent.