

ALA_MD NRT Testimony_HB28.pdf

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American Lung Association Testimony House Bill 28
Health and Government Operations
January 20, 2022
Support

Chair Pendergrass, Vice Chair Pena-Melnyk and Members of the Committee:

Thank you for the opportunity to provide comments on House Bill 28, Pharmacists – Aids for Cessation of Tobacco Product Use sponsored by Delegates Bhandari and Lewis. The American Lung Association strongly supports this bill as an integral way to address tobacco use and support smokers who want to quit.

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases.

The American Lung Association is committed to making it as easy as possible for smokers to get evidence-based assistance to help them quit and end their addiction to nicotine. Seven in ten smokers want to quit but only one in ten quit successfully in a year. Increasing access to FDA-approved quit smoking medications will allow more smokers to successfully quit. The American Lung Association supports improving access to tobacco cessation treatment through integrating pharmacists into the healthcare team.

Unfortunately, there are many barriers to accessing FDA-approved tobacco cessation medications. One key barrier is a prescription, which is required for four treatments: NRT (Nicotine Replacement Therapy) inhaler, NRT nasal spray, bupropion and varenicline. Most other FDA-approved treatments are currently available over the counter. With a prescription however the treatments are covered without cost-sharing for most Americans.

Many smokers purchase their quit smoking treatments from a pharmacy. Cost can be a significant deterrent for patients obtaining their medication. The Centers for Medicare and Medicaid Services (CMS) issued a bulletin in January 2017 that allows for the expansion of the prescribing authority for pharmacists and permit standing orders for Medicaid enrollees effectively increasing access to treatment for these patients. Allowing trained pharmacists to prescribe the seven FDA-approved cessation medications will increase access to low-or no-cost treatments for all patients seeking to make a quit attempt. We also recognize that these policies must have key safeguards in place to balance patient protections and encourage them to be included in the final regulations. These safeguards include, required trainings and policies

to triage patients that have counter indications for medications. The American Lung Association supports unrestricted access to a comprehensive tobacco cessation benefit for all tobacco users. A comprehensive benefit includes all medication and types of counseling recommended by the U.S. Public Health Service.

The American Lung Association thanks the Maryland General Assembly for their continued commitment to the health and wellbeing of the residents of Maryland. The American Lung Association strongly supports House Bill 28 which would allow pharmacists to support smokers who want to quit by allowing them to prescribe FDA approved medications and believes this expanded access will allow more smokers to successfully quit and encourages swift action to move the bill out of committee and passage by the General Assembly.

Sincerely,

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

Aleks Casper
Director of Advocacy, Maryland
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Testimony in Support of House Bill 28 01202022.pdf

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Position: FAV

Testimony in Support of House Bill 28 (2022)

Pharmacists - Aids for the Cessation of Tobacco Product Use
Before the Health and Government Operations Committee: January 20, 2022

House Bill (HB) 28 authorizes a pharmacist to prescribe and dispense nicotine replacement therapy medications approved by the Food and Drug Administration (FDA) as an aid for the cessation of the use of tobacco products and requires the Board of Pharmacy to adopt regulations describing standard procedures and pharmacist requirements.

Pharmacist authority to prescribe and dispense medications approved by the FDA as an aid for the cessation of the use of tobacco products is not new. In 2004, New Mexico was the first state to give pharmacists this authority. Currently, pharmacists have this authority in 14 states:

| State | NRT | Varenicline and Bupropion |
|-------------|-----|---------------------------|
| New Mexico | X | X |
| California | X | |
| Vermont | X | X |
| W. Virginia | X | |
| Arkansas | X | |
| Missouri | X | |
| Iowa | X | |
| Minnesota | X | X |
| Idaho | X | X |
| Indiana | X | X |
| Arizona | X | |
| Maine | X | |
| Colorado | X | X |
| Oregon | X | X |

All states have requirements like the provisions in HB 28: pharmacists prescribe and dispense but do not diagnose; standard procedures that pharmacists must follow; regulation by the state Board of Pharmacy; requirements for recording the medication dispensed and patient follow-up with a primary care physician; and completion of a training program.

Conclusion

Pharmacist authority to prescribe and dispense medications approved by the FDA as an aid for the cessation of the use of tobacco products is a well-studied practice that is gaining momentum across the country. Pharmacists are properly trained to prescribe these medications and have been safely doing so for almost 20 years. Pharmacists are accessible, knowledgeable, and trusted community healthcare providers who have all the tools necessary to assist smokers in quitting.

This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law and not by the School of Law, the University of Maryland, Baltimore, or the University of Maryland System.

nicotine products thru pharmacists HB 28.pdf

Uploaded by: Joseph Adams, MD

Position: FAV



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

HB 28 Pharmacists - Aids for the Cessation of Tobacco Product Use
House Health and Government Operations Committee, January 20, 2022

SUPPORT

This bill permits prescribing and dispensing by pharmacist who complete an approved training program and who follow standards established by the Board of Pharmacy, to prescribe and dispense nicotine replacement therapy (NRT) products for smoking cessation.

Currently, most NRT formulations are over-the-counter (OTC) including nicotine gum, lozenges, oral spray and patches. Only nicotine nasal spray and nicotine inhaler remain prescription-only.

However, there is no clear evidence of differences in safety among NRT formulations. (1)

The reason that these two NRT formulations (both manufactured by Pfizer) remain prescription-only are unclear to this writer.

Importantly, providing prescription products may have cost implications for patients. Some products are available both by prescription and over-the-counter.

The following is information from the most recent Surgeon General's report on smoking cessation. (2)

Medications for tobacco cessation have consistently increased successful quitting in Randomized Controlled Trials.

Tobacco smoking is the leading cause of preventable disease, disability and death in the United States. (pg. 3)

Four out of every nine adult cigarette smokers who saw a health professional during the past did not receive advice to quit. (pg. 7).

Although smoking cessation is more effective when medications are used with behavioral counseling, the evidence indicates that **cessation medications and behavioral counseling are independently effective in increasing cessation rates.** (pg. 10).

In any case, it is possible that the standards to be established by the Board of Pharmacy may include behavioral counseling by pharmacists.

A 6 year study of 1,437 participants who received tobacco cessation services through pharmacies showed point prevalence quit rates at 1 month (29%) and at 6 months (18%) comparable to quit rates achieved by other health professionals. (3)

(next . . .)

(. . . continued)

It may take weeks or longer to get an appointment with a medical provider. However, it is well known, in the context of addictions to other substances, that the desire to quit may be short lived or intermittent, and **rapid access to addiction treatment is a standard of care.**

Considering that tobacco products are the leading cause of preventable disability and death in the U.S., and that NRT products are safe and effective, we strongly request your support of HB 28.

1. Lindson N et al. Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation. Cochrane Database Syst Rev. 2019 Apr; 2019(4)
free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6470854/>
2. Smoking Cessation: A Report of the Surgeon General. 2020, U.S. Dept of Health and Human Services, Public Health Service. <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>
3. Shen X et al. Quitting patterns and Predictors of Success Among Participants in a Tobacco Cessation Program Provided by Pharmacists in New Mexico. June 2014.
2014 Journal of managed care pharmacy: JMCP 20(6):579-87

Respectfully,

Joseph A. Adams, MD, FASAM,
Chair, Public Policy Committee

AODAAC HB28 testimony 2022.pdf

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Raymond L. Crowel, Psy.D.
Director

**TESTIMONY IN SUPPORT OF “Pharmacists--Aids for the Cessation of Tobacco Use Products”
House Bill 28**

Submitted by the Montgomery County Alcohol and Other Drug Abuse Advisory Council
to the Maryland Health and Government Operations Committee
January 20, 2022

Chairwoman Pendergrass and Honorable Members of the Health and Government Operations
Committee:

The Montgomery County Alcohol and Other Drug Abuse Advisory Council (AODAAC) urges you to support HB28. AODAAC provides guidance to the County Executive and County Council for Montgomery County by identifying alcohol and other drug prevention and treatment needs and reviewing the county’s efforts in addressing those needs. We are comprised of experts in prevention and treatment, and have representatives from the legal, business, and medical communities.

This bill expands the scope of practice for a licensed pharmacist, who meets the requirements of the Maryland State Board of Pharmacy, to prescribe and dispense nicotine replacement therapy medications (NRT) approved by the U.S. Food and Drug Administration (FDA) as an aid for the cessation of tobacco products. Regulations will be established by the Board to ensure standard procedures are met, such as those concerning training, documentation, and referral of patients to a primary care practitioner for treatment as needed.

Background

Smoking, the leading cause of preventable death in the U.S, causes over 480,000 deaths per year, at a cost of 300 billion dollars per year.¹ For decades, public health experts have strongly urged cessation to achieve immediate and long-term health benefits. However, the nicotine in tobacco is highly addictive and abrupt cessation causes unpleasant physical and mental withdrawal effects that can hamper efforts to quit.² Research has shown that quit-smoking products can greatly increase the chance of cessation success. Only about 5% of people who try to quit tobacco succeed without a quit-smoking product; many more succeed when using one.³ Nicotine replacement medications are safe and effective and when taken as prescribed with planned tapered doses, they can help individuals slowly alleviate cravings and other withdrawal effects to successfully adjust to cessation.⁴ Several nicotine replacement products exist, including patches, gum, lozenges, spray and inhalers—some available without a prescription and others requiring a prescription³.

Education, support, and behavioral counselling is highly recommended in conjunction with nicotine replacement. Combined treatment with behavioral therapy and pharmacotherapy is considered the “gold standard” of smoking cessation⁵.

AODAAC supports this bill because pharmacists are in a unique position in the community to dispense, educate and monitor patients’ use of nicotine replacement medications to stop smoking. Pharmacists are (1) accessible, (2) able to offer treatment support and counselling as well as general prevention education, and (3) trusted and culturally competent entry points to the medical system, and play a growing role for health education in minority neighborhoods.

(1) Pharmacists are Accessible.

Including pharmacists on interdisciplinary smoking cessation teams is supported by pharmacists’ role and access to patients in the community setting, which enables them to fill current gaps. Among adult cigarette smokers who received a non-pharmacist healthcare professional consult in the past year, 4 out of 9 did not receive advice to quit.^{6,7} Furthermore, the median number of visits to community pharmacies was significantly higher than encounters with primary care physicians (13 vs. 7), shown in a study of over 600,000 active Medicare beneficiaries nationwide.⁸ Pharmacists are often the last health professionals to interact with patients before they begin a medication regimen, putting them in a unique position to address any lingering patient concerns and questions. With nearly 9 in 10 Americans living within 5 miles of a community pharmacy, pharmacists are often the health professionals people see most frequently⁸. Despite an increase in mail order services, a large majority of American adults prefer to get their prescription drugs from a local pharmacist, mainly because of the personal relationship, according to a recent national survey by the National Community Pharmacists Association.^{8a}

(2) Pharmacists can offer education and support to assist proper use of NRT and health in general.

Pharmacists have a long recognized and vital role in patient education. The Association of Schools of Public Health (ASHP) states that “Pharmacists should educate and counsel all patients to the extent possible, going beyond the minimum requirements of laws and regulations; [...] In pharmaceutical care, pharmacists should encourage patients to seek education and counseling and should eliminate barriers to providing it.”¹⁰

Specific services the pharmacist can perform include: Identifying smokers within the community, especially those in need of pharmacologic intervention (i.e., smokers of 10 or more cigarettes per day); recommending suitable forms of NRT; advising on correct use, dosages, contraindications, adjunctive nonpharmacologic methods, identifying potential side effects, and collaborating with primary care providers concerning plan modification.^{10a,11}

The community pharmacist’s ability to intervene varies by state of practice and by practice workflow and volume. Even in more restrictive states or at high-volume sites, when counseling patients on chronic medications and disease states, the pharmacist may use brief interventions to encourage them to consider quitting smoking.¹¹

In addition to advice and encouragement specifically about smoking cessation, pharmacists also can provide other important prevention health messages and serve as an entry point to the larger medical care system.^{5,12}

(3) Pharmacists serve as trusted and culturally competent entry points to the medical system.

Pharmacists have a long-recognized role in community education.⁹ This may be especially helpful in majority minority neighborhoods. For example, independent black-owned pharmacies fill a void for African American patients seeking care sensitive to their heritage, beliefs, and values.^{13,14} This can be attributed in part to greater trust and understanding, but also to more nuanced knowledge of the medical conditions that are more prevalent in specific community populations¹⁵. These providers can become hubs for multiple types of culturally competent care, leading to improved patient outcomes.

In conclusion, AODAAC urges passage of this bill because of the important role pharmacists can play in counseling patients on safe and effective pharmacologic treatment options for smoking cessation, for the reasons stated above. In the long run, wider access to NRT along with counselling can improve health and reduce associated costs.

Respectfully Submitted,

The Montgomery County Alcohol and Other Drug Abuse Advisory Council (AODAAC)

References (accessed 01/15/2022)

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- (2) <https://www.webmd.com/smoking-cessation/understanding-nicotine-withdrawal-symptoms>
- (3) <https://www.mayoclinic.org/healthy-lifestyle/quit-smoking/in-depth/quit-smoking-products/art-20045599>
- (4) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2868059/>
- (5) <https://www.pharmacytimes.com/view/new-report-emphasizes-pharmacists-role-in-smoking-cessation/>
- (6) <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768247>
- (7) <https://www.cdc.gov/heartdisease/pharmacist.htm>
- (8) <https://www.imdhealth.com/2018/01/10/pharmacists-key-players-in-patient-education/>
- (9) <https://ncpa.org/>
- (10) <https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/pharmacist-conducted-patient-education-counseling.ashx>
- (10a) [https://www.pharmacytoday.org/article/S1042-0991\(18\)31397-5/fulltext](https://www.pharmacytoday.org/article/S1042-0991(18)31397-5/fulltext)
- (11) <https://www.uspharmacist.com/article/smokingcessation-services-in-community-pharmacies>
- (12) <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>.
- (13) <https://www.nbcnews.com/health/health-news/how-black-pharmacists-are-closing-cultural-gap-health-care-n1021186>
- (14) <https://www.uspharmacist.com/article/pharmacy-deserts-more-common-in-black-hispanic-neighborhoods>

7a - HB 28 - HGO - Health and Wellness Council- LO

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Position: FAV

MARYLAND STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

January 20, 2022

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The Honorable Shane E. Pendergrass
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401-1991

RE: HB 28 - Pharmacists - Aids for the Cessation of Tobacco Product Use

Dear Chair Pendergrass and Committee Members:

The Maryland State Advisory Council on Health and Wellness (the Council) is submitting this letter of support for House Bill 28 (HB 28) titled, “Pharmacists - Aids for the Cessation of Tobacco Product Use.”

HB 28 would authorize licensed Maryland pharmacists to prescribe and dispense Food and Drug Administration (FDA) approved aids for tobacco use cessation, specifically nicotine replacement therapy (NRT), and would require the State Pharmacy Board to adopt regulations establishing procedures and conditions related to prescribing and dispensing tobacco cessation aids.

One of the Council’s core responsibilities is to promote evidence-based strategies to prevent chronic diseases. Tobacco use contributes significantly to the risk of numerous chronic diseases including cardiovascular disease, diabetes, chronic obstructive pulmonary disease, and cancer.¹ Quitting smoking can both reduce the risk of developing chronic diseases and improve health outcomes for those who have already been diagnosed with a smoking-related disease.² The Council supports HB 28 as a meaningful step toward reducing tobacco use and improving the health of Maryland residents.

Nearly 80 percent of current adult smokers in Maryland plan to stop smoking, but quitting successfully often requires multiple attempts.^{3,4} When smokers have access to FDA-approved tobacco cessation aids like NRTs, they are more likely to quit for good.⁵ Barriers such as cost, availability and access to a prescribing provider can prevent smokers from utilizing evidence-based strategies to quit smoking.

Pharmacists are already well-versed in chronic disease management, and can improve health outcomes in patients with diabetes, high cholesterol, and cardiovascular and

¹ Centers for Disease Control and Prevention. Smoking and Tobacco Use: Health Effects; retrieved 5 January 2022 at <https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm>

² Centers for Disease Control and Prevention. Smoking and Tobacco Use: Benefits of Quitting; retrieved 5 January 2022 at <https://www.cdc.gov/tobacco/quit_smoking/how_to_quit/benefits/index.htm>

³ 2019 Maryland Behavioral Risk Factor Surveillance Survey, unpublished data, retrieved 3 January 2022.

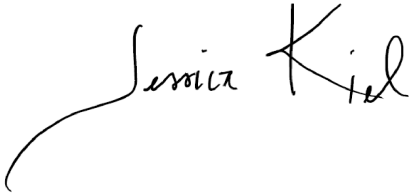
⁴ U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020; retrieved 3 January 2022 at <<https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>>

⁵ Ibid

respiratory diseases.⁶ Pharmacists are often more accessible to patients without appointments than physicians are, which can reduce the time and convenience barriers to accessing care.⁷ Given the link between chronic diseases and tobacco use, leveraging and training pharmacists to prescribe and dispense tobacco cessation aids such as NRTs can play a vital role in increasing tobacco cessation efforts, decreasing barriers to treatment, and improving patient health outcomes.

The Council respectfully encourages this Committee to approve HB 28 as a critical public health measure to help reduce tobacco use and improve the health of Maryland residents.

Sincerely,

A handwritten signature in black ink that reads "Jessica Kiel". The signature is written in a cursive style with a long, sweeping underline that extends to the left.

Jessica Kiel, M.S., R.D., Chair, State Advisory Council on Health and Wellness

⁶ Newman TV, San-Juan-Rodriguez A, Parekh N, et al. Impact of community pharmacist-led interventions in chronic disease management on clinical, utilization, and economic outcomes: An umbrella review. *Res Social Adm Pharm.* 2020 Sep;16(9):1155-1165; retrieved 6 January 2022 at <<https://pubmed.ncbi.nlm.nih.gov/31959565/>>

⁷ Dent L, Harris KJ, and Noonan CW, Randomized Trial Assessing the Effectiveness of a Pharmacist Delivered Program for Smoking Cessation. *The annals of Pharmacotherapy.* 2009;43(2):194-201; retrieved 3 January 2022 at <<https://journals.sagepub.com/doi/10.1345/aph.1L556>>

7c - HB 28 - HGO - MACHO - LOS.pdf

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Position: FAV



**2022 SESSION
POSITION PAPER**

BILL: HB 28 – Pharmacists – Aids for the Cessation of Tobacco Product Use
COMMITTEE: House – Health and Governmental Operations Committee
POSITION: Letter of Support
BILL ANALYSIS: HB 28 would authorize pharmacists who meet the requirements of regulations adopted by the State Board of Pharmacy to prescribe and dispense nicotine replacement therapy (NRT) medications approved by the U.S. Food and Drug Administration as aids for the cessation of the use of tobacco products.

POSITION RATIONALE: According to the most recent data from the CDC Behavior Risk Factor Surveillance System (BRFSS,) 10.9% (513,700) of adult Marylanders currently use tobacco products. Two-thirds reported a quit attempt in 2017, however only about one-third utilized effective smoking cessation therapies to do so (Walton, 2019; Babb, 2017). Quit rates in Maryland remain low overall, with estimates ranging from 6-10% of smokers ultimately successfully quitting (Babb, 2017).

Significance of the Problem

- Long-term tobacco use increases risk of cancer of the lung, liver, colon and rectum, chronic obstructive pulmonary disease (COPD), and cardiovascular events (HHS, 2014).
- In Maryland, smoking causes more deaths than homicide, suicide, HIV/AIDS, drug-overdose, and accidents combined, making it the number one cause of preventable morbidity and mortality in the state. (Maryland Dept. of Health, 2021).
- Smoking results in an estimated \$2.71 billion in medical costs to the state annually (Maryland Dept. of Health, 2020).

Current Access to Smoking Cessation

- Smokers can buy nicotine replacement therapy (NRT) products over the counter at a pharmacy but without a prescription, the products are expensive (\$80-120 per month).
- Smokers can schedule an appointment with their medical provider and ask for help. Physicians and advanced practice providers can prescribe NRT, but smokers must go to their pharmacy to fill them.
- Quit Lines are available throughout the state 24 hours a day seven days per week.

Impact

- The consumer experience is an important consideration when creating health interventions. When a smoker makes the difficult decision to quit, resources should be available and applied immediately.
- Some smokers are embarrassed to talk to their health care provider about their smoking.
- Convenience and access to support may improve results.
- Prescriptions lower or eliminate OTC costs for NRT.
- Pharmacist providing smoking cessation counseling and prescribing medications has been shown to be effective and improve access to medicines (Anderson, 2019; Carson-Chahoud, 2019; O’Reilly, 2019).

Role of the Pharmacist

Recognizing many primary care providers are unable to integrate a full tobacco cessation intervention program into routine practice, and that the uninsured or underinsured often lack access to primary care providers, patients should be able to seek out free consultations from their pharmacists. Pharmacists could play a unique role in tobacco cessation efforts, due to the quality and quantity of the knowledge about prescription medication and their

possible interactions with nicotine replacement therapy (NRT; nicotine patches, gum, etc.). This is already happening in 14 other states. Cessation therapy medications should not be more difficult to obtain than smoking and vaping products.

Prevention

- Currently discourage the use of tobacco products through no-smoking signs and refusal to sell tobacco products at pharmacies.
- Pharmacists ask patients who are prescribed cardiovascular and psychotropic medications or birth control, if they are using tobacco products that may cause interactions (e.g., increased risk of blood clots).

Intervention

- Provide resources for patients who are willing to quit.
- Instruct patients who decide to use prescription or OTC NRT how to use them properly.
- Most pharmacies keep NRT products behind the counter or within a locked case. Increase promotion of these products within the pharmacy.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for HB 28. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

References

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HB28-Pharm_NRT-2022.pdf

Uploaded by: Raimee Eck

Position: FAV



Mission: To improve public health in Maryland through education and advocacy *Vision:* Healthy Marylanders living in Healthy Communities

Bill HB28 / Pharmacists—Aids for the Cessation of Tobacco Product Use

Hearing Date: 1/20/2022

Committee: HGO

Position: SUPPORT

Chairperson Pendergrass and members of the Health and Government Operations Committee: The Maryland Public Health Association would like to express support for **HB28**, sponsored by Delegates Bhandari and Lewis. This bill will authorize pharmacists to prescribe and dispense FDA-approved nicotine replacement therapy to aid in the cessation of the use of a tobacco product. Additionally, the Board of Pharmacy would develop regulations regarding pharmacist prescribing of tobacco cessation therapies, including a Board-approved training course and requirements for the pharmacist to refer the patient for additional care to their primary care provider.

While over 500,000 adult Marylanders currently use tobacco products, 2/3s reported a quit attempt in 2017. Unfortunately, only about 1/3 used effective nicotine cessation therapies (NRTs) to do so.^{i,ii} Quit rates remain low, with estimates ranging from 6-10% of smokers reaching success.²

Nicotine replacement therapies are already available over the counter, but similar to certain drugs like Allegra and Claritin that are now available over the counter, without a prescription, they are very expensive (\$80-120/month). Currently, obtaining a prescription requires an appointment with a primary care provider, which may take weeks or even more. For those who are not already connected to care, this presents an additional hurdle to overcome. These waiting periods could present obstacles to obtaining effective tools to quit tobacco.

Pharmacists are highly trained practitioners, who already have permissions in Maryland to deliver vaccines and prescribe birth control with the appropriate additional training and allowances. Prescribing NRT so it is affordable to anyone who is attempting to better their health is a valuable community service they should also be able to provide. Research supports this: pharmacist providing smoking cessation counseling and prescribing medications has been shown to be effective and improve access to medicines.^{iii,iv}

It is important to meet patients where they are in the community, and supporting HB28 and allowing pharmacists to prescribe NRT with appropriate guidelines is a way to do that.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

ⁱ Walton, K., Wang, T. W., Schauer, G. L., Hu, S., McGruder, H. F., Jamal, A., & Babb, S. (2019). State-Specific Prevalence of Quit Attempts Among Adult Cigarette Smokers—United States, 2011–2017. *Morbidity and Mortality Weekly Report*, 68(28), 621.

ⁱⁱ Babb, S. (2017). Quitting smoking among adults—United States, 2000–2015. *MMWR. Morbidity and mortality weekly report*, 65.

ⁱⁱⁱ Anderson, L., Hartung, D. M., Middleton, L., & Rodriguez, M. I. (2019). Pharmacist provision of hormonal contraception in the Oregon Medicaid Population. *Obstetrics & Gynecology*, 133(6), 1231-1237.

^{iv} Carson-Chahhoud, K. V., Livingstone-Banks, J., Sharrad, K. J., Kopsaftis, Z., Brinn, M. P., To-A-Nan, R., & Bond, C. M. (2019). Community pharmacy personnel interventions for smoking cessation. *Cochrane Database of Systematic Reviews*, (10).

^v O'Reilly, E., Frederick, E., & Palmer, E. (2019). Models for pharmacist-delivered tobacco cessation services: a systematic review. *Journal of the American Pharmacists Association*.

HB0028.HortonMPhA.pdf

Uploaded by: Aliyah Horton

Position: FWA



Date: January 20, 2022

To: The Honorable Shane Pendergrass

From: Aliyah N. Horton, CAE, Executive Director, 240-688-7808

Cc: Members, Health and Government Operations Committee

RE: SUPPORT WITH AMENDMENT HB 28 -Pharmacists – Aids for the Cessation of Tobacco Product Use

The Maryland Pharmacists Association (MPhA) supports the ability of pharmacists to aid Maryland residents in reducing tobacco use. We fully support the need for the bill. In fact, we introduced legislation to advance more substantial changes for pharmacist prescriptive authority for the full scope of tobacco-cessation medication and not just nicotine replacement therapy. So, this bill is a compromise.

However, in its fourth iteration, as introduced, HB 28 leaves out a critical component of remuneration for the clinical services provided by a pharmacist. The screening, prescribing and ongoing counseling related to tobacco-cessation requires more than a standard conversation at the pharmacy counter.

If pharmacists are authorized to do this important work, then they must be compensated similarly to any other healthcare provider offering the same service. As has been even more illuminated by the pandemic, pharmacists are a critical component in community health care. **The pharmacy community cannot continue to dispense medications under cost AND provide clinical services at no cost.** We recognize the accessibility and value this type of service can provide for the state's Medicaid population. As such, the following amendment is submitted for the committee's consideration (BOLD CAPS) to support coverage of pharmacist's services.

Article – Health – General

Article – Health – General 14 15–101. 15

(a) In this title the following words have the meanings indicated.

(b) “Enrollee” means a program recipient who is enrolled in a managed care organization.

(h) “Program” means the Maryland Medical Assistance Program.

15–150.

THE PROGRAM AND THE MARYLAND CHILDREN'S HEALTH PROGRAM SHALL PROVIDE COVERAGE FOR SERVICES RENDERED TO AN ENROLLEE BY A LICENSED PHARMACIST UNDER § 12–513 OF THE HEALTH OCCUPATIONS ARTICLE, TO THE SAME EXTENT AS SERVICES RENDERED BY ANY OTHER LICENSED HEALTH CARE PRACTITIONER, IN SCREENING AND COUNSELING AN ENROLLEE AND PRESCRIBING NICOTINE REPLACEMENT THERAPY MEDICATIONS APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION AS AN AID FOR THE CESSATION OF THE USE OF TOBACCO PRODUCTS FOR THE ENROLLEE.

MPhA founded in 1882 is the only state-wide professional society representing all practicing pharmacists in Maryland. Our mission is to strengthen the profession of pharmacy, advocate for all Maryland Pharmacists and promote excellence in pharmacy practice.

HB28_MACDS_SWA.pdf

Uploaded by: Sarah Price

Position: FWA



MARYLAND ASSOCIATION
OF CHAIN DRUG STORES

171 CONDUIT STREET, ANNAPOLIS, MD 21401 | 410-269-1440

HB28 – Pharmacists - Aids for the Cessation of Tobacco Product Use
Health and Government Operations Committee
January 20, 2022

Position: Support with Amendments

Background: Certain pharmacists would be authorized to prescribe and dispense nicotine replacement therapy products.

Comments: The Maryland Association of Chain Drug Stores supports the expansion of pharmacist authority proposed in HB28. We agree that greater access to nicotine replacement solutions would result in healthier communities; however, we have some concerns with the policy as drafted.

When this policy was previously proposed in 2020, it included language mandating the Maryland Medical Assistance Program to provide coverage for enrollees who would receive prescriptions for nicotine cessation therapy from an authorized pharmacist, allowing pharmacists to be adequately compensated for their service. The pharmacy community routinely struggles with receiving appropriate reimbursement for services provided, and these same tobacco cessation consultation and prescription services can be reimbursed when performed by physicians. The exclusion of this language from the current draft proposal is of particular concern for nicotine replacement therapy regimens which can also be administered through over-the-counter medications, allowing patients to fully bypass all medical service providers.

We would urge the committee to include the language from the previous version of the bill so that pharmacists can be adequately compensated for the proposed service. Thank you for your consideration.

7b - HB 28 - HGO - Bd. of Pharm - LOC.pdf

Uploaded by: Maryland Department of Health Office of Governmental Affairs

Position: UNF



Board of Pharmacy

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

Jennifer L. Hardesty, Board President – Deena Speights-Napata, Executive Director

January 20, 2022

The Honorable Shane E. Pendergrass, Chair
Health and Government Operations Committee
241 House Office Building
Annapolis, MD 21401-1991

RE: House Bill 28 – Pharmacists – Aids for the Cessation of Tobacco Product Use – Letter of Concern

Dear Chair Pendergrass and Committee Members:

The Maryland Board of Pharmacy (the “Board”) is submitting this letter of concern for House Bill (HB) 28 – Pharmacists – Aids for the Cessation of Tobacco Product Use.

After reviewing the text of HB 28, the Board has concern regarding the ambiguity of the scope. The Board is unclear as to whether the “tobacco replacement product” includes all smoking cessation products or only nicotine replacement products. The Board submits that HB 28 should be amended to define “tobacco replacement product.”

If you would like to discuss this further, please do not hesitate to contact me at deena.speights-napata@maryland.gov / (410) 764-4753.

Sincerely,

Deena Speights-Napata, MA
Executive Director

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

HB0028_UNF_MedChi_Pharmacists - Aids for Cessation

Uploaded by: Steve Wise

Position: UNF

MedChi

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Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Harry Bhandari

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

DATE: January 20, 2022

RE: **OPPOSE** – House Bill 28 – *Pharmacists – Aids for the Cessation of Tobacco Product Use*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **opposes** House Bill 28. Similar legislation has been introduced for several years but has never emerged from the Committee, and we would ask for the same result in 2022.

House Bill 28 allows pharmacists to prescribe and dispense “nicotine replacement therapy medications approved by the U.S. Food and Drug Administration as an aid for the cessation of the use of tobacco products.” MedChi does not believe this is an appropriate role for pharmacists who do not have the medical training to conduct a complete medical examination of the patient prior to prescribing these products. Why is a prior medical examination important? Some nicotine replacement therapies (NRT), according to their own label, should not be used if the patient suffers from other medical conditions. The label for Nicorette gum, for example, states that a physician should be consulted if the patient has a sodium restricted diet, heart disease, high blood pressure, stomach ulcers, or diabetes. Often times a patient does not know they have these conditions, absent the medical exam that a patient would receive from a physician prior to writing a prescription. A pharmacist is not trained to conduct such an exam and is writing a prescription without making sure it is appropriate for the patient involved.

The need for a primary care provider’s involvement is acknowledged in the bill, requiring that a pharmacist refer the patient to a primary care provider. However, this is done **AFTER** the prescription is written and the medication dispensed. If there is risk that a primary care provider should be assessing, as the bill acknowledges, it should be assessed **BEFORE** the medication is dispensed and there is a bad outcome, not afterward.

Finally, the irony of this legislation should not be lost on the General Assembly. Some pharmacies still sell tobacco products, the cause of the condition that prompts a person to seek smoking cessation products. Pharmacies should first stop selling the products that cause the condition before they seek to profit even further from products that mitigate its effects.

For these reasons, MedChi opposes House Bill 28.

For more information call:

J. Steven Wise
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Danna L. Kauffman
Christine K. Krone
410-244-7000