

testimony HB 838 pharmacist agreements MOUD MDDCSA

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 838 SUPPORT

State Board of Pharmacy - Prescriber-Pharmacist Agreements
Health Committee Hearing February 25, 2026

Buprenorphine is the only medication affected by HB 838 (because methadone for OUD is not prescribed or dispensed in pharmacies). Pharmacist collaboration appears to reduce barriers to this life-saving treatment.

HB 838 MAY ADDRESS A MAJOR BARRIER TO OVERDOSE DEATH PREVENTION

Buprenorphine (and methadone) are the only treatments of any kind that have been shown to reduce overdose deaths, ^{1,2} but access is woefully limited. The fact that only 7.6% of primary care physicians have prescribed buprenorphine ³ is a major barrier where pharmacist collaboration may help. Barriers are even worse for non-white individuals; over 95% of office visits for buprenorphine were for White patients. ⁴ **Removing barriers to prescribing buprenorphine, and encouraging prescriptions, were followed within four years by a 79% drop in opioid overdose deaths in France.** ⁵

BUPRENORPHINE IS A UNIQUELY SAFE OPIOID:

Buprenorphine, a “partial opioid,” is uniquely safe in comparison to almost all other opioids, which are “full opioids.” It is scheduled in DEA Category III, unlike almost all other opioids which are Category II. **Unlike full opioids, which have famously led to an epidemic of opioid use disorder and overdose, buprenorphine alone is not known to cause either of these; in fact, it treats OUD.**

UNDER THESE AGREEMENTS, MARYLAND PHARMACISTS WORK CLOSELY WITH PRESCRIBERS:

At least 10 states allow pharmacists to prescribe controlled substances under collaborative practice agreements as of 2023. ⁶ However, under Prescriber-Pharmacist Agreements in Maryland, pharmacists do not prescribe. ⁷ Instead, pharmacists “order” or “order under collaborative agreement” (i.e., under a Prescriber-Pharmacist Agreement). ⁸

These agreements require a detailed “protocol” indicating the circumstances under which changes in dose, initiation and discontinuation of medication can be ordered. These protocols are described in Article – Health Occupations §12–6A–01, (f) and (g). The protocol must be “disease-state specific,” must

be agreed upon by the authorized prescriber and the pharmacist, and the authorized prescriber must be “involved directly in patient care.”

Published studies of prescriber-pharmacist agreements for buprenorphine treatment have shown high rates of success. In one there was over 90% retention, and 95% of subjects who completed all visits had no opioids in their drug screens. Over 90% endorsed that they were “very satisfied with their experience” and that “treatment transfer from physician’s office to the pharmacy was not difficult at all,” and “holding buprenorphine visits at the same place the medication is dispensed was very or extremely useful/convenient.”⁹ A pilot study conducted by investigators at the University of Maryland School of Pharmacy was similarly promising.¹⁰ ASAM, the American Society of Addiction Medicine supports expanding collaborative practice agreements MOUD (medications for addiction treatment).¹¹

Respectfully,

Joseph Adams, MD, FASAM, addiction & internal medicine, Co-Chair, MDDCSAM Public Policy Committee, Chair, MedChi Opioid, Pain & Addiction Committee

REFERENCES

1. According to the Director of the National Institute on Drug Abuse, “methadone ... and buprenorphine have proven to be life-savers ... enabling [patients] to live healthy and successful lives, and facilitating recovery... The efficacy of medications for OUD (MOUD or medications for OUD: opioid use disorder) has been supported in clinical trial after clinical trial, and is considered the standard of care in treatment of OUD, whether or not it is accompanied by some form of behavioral therapy.” Five Areas Where “More Research” Isn’t Needed to Curb the Overdose Crisis. August 31, 2022
By Dr. Nora Volkow, Director of NIDA, the National Institute of Drug Abuse
<https://bit.ly/Volkow-areas-where-more-research-not-needed>
2. Annotated bibliography of published articles on opioid use disorder treatment
StopStigmaNow.org <https://www.stopstigmanow.org/research-articles/>
3. McGinty EE, et al. Medication for Opioid Use Disorder: A National Survey of Primary Care Physicians.”
Ann Intern Med. 2020 Apr 21;173(2):160–162.
4. Lagisetty, P., Ross, R., Bohnert, A. et al. Buprenorphine Treatment Divide by Race/Ethnicity and Payment. JAMA Psychiatry. May 2019.
5. Fatseas M., Auriacombe M.: Why buprenorphine is so successful in treating opiate addiction in France. Curr Psychiatry Rep 2007; 9 (5): pp. 358-364.
6. Adams JA, et al., Opportunities for pharmacist prescriptive authority of buprenorphine following passage of the Mainstreaming Addiction Treatment (MAT) Act. J Am Pharm Assoc (2003). 2023 Sep-Oct;63(5):1495-1499.
7. The fact that a pharmacist does not “prescribe” in this agreement is made clear in Article - Health Occupations §12-6A-01: “Authorized prescriber” means a licensed physician, licensed podiatrist, or certified advanced practice nurse with prescriptive authority....”
8. Personal communication, February 2026, with Bethany DiPaula, Pharm.D., BCPP, FASHP, FAAPP, Professor and Co-Director, Mental Health Program, University of Maryland School of Pharmacy
9. Li-Tzy W, et al. Buprenorphine physician-pharmacist collaboration in the management of patients with opioid use disorder: Results from a multisite study of the National Drug Abuse Treatment Clinical Trials Addiction. 2021 Jan 11;116(7):1805–1816.

10. DiPaula BA, Menachery E. Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients. J Am Pharm Assoc (2003). 2015 Mar-Apr;55(2):187-92.
11. ASAM Public Policy Statement: 'The Role of Pharmacists in Medications for Addiction Treatment'. July, 2024
<https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2024/07/22/the-role-of-pharmacists-in-medications-for-addiction-treatment>

Revision to MD Cottage Food Law (4).pdf

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Maryland State Senate, Finance Committee
Miller Senate Office Building
11 Bladen Street
Annapolis, MD. 21401

Members of the Committee

Hello, my name is Juarez Lee-Shelton. I am a cottage food baker based in Baltimore City and write to speak strongly in favor of SB0838 as proposed by Senator Ready. As the originator of this proposal duly filed by the Senator, I speak not only on my behalf, but for all cottage food bakers in Maryland.

At present, the Cottage Food Law is too restrictive on the items allowed to be sold out of a home kitchen, and places an undue burden on entrepreneurs who wish to sell other types of baked goods not permitted in the section. Prohibited items are referred to as “potentially hazardous”, thus things which contain perishable ingredients and thus require refrigeration. My focus here is on the “potentially hazardous baked goods”, as opposed to other types of food items. As most preparers of meats and vegetables operate via food trucks, restaurants, catering businesses etc., the standard is arguably higher and necessary for these items as opposed to simple baked goods. With respect to baked goods alone, Those who wish to bake these “potentially hazardous” items must obtain, among other things, sophisticated licensing, and have access to a commercial kitchen that is licensed and inspected by the health department.

That means either opening one's own commercial bakery or having access to a commissary kitchen of sorts. With this understood, the statutes should be amended for several reasons to allow these now prohibited baked goods to be baked in the home kitchen under the state's cottage food law. As most individuals who engage in cottage baking have no short term interest or resources in opening an actual facility, I will focus on the problems with commissary kitchens.

The first reason is the economic aspect. It is beyond debate that using a commissary kitchen can be quite cost prohibitive for the average individual. These entities can range from roughly \$250 on the low end, to in excess of \$5000 or more dollars per month on the high end. Additionally, such facilities

may charge extra for the use of their equipment, storage of goods/supplies, insurance, and other related costs. For individual bakers who may already be financially challenged, these overhead expenses can be extremely detrimental for the operation of their business, especially if it is just one or two products that they are using the kitchen for, e.g. cheesecakes, custards.

Moreover, the aforementioned costs do not take into account the additional fees which local governments may impose in order to become licensed to produce these items. For example, Baltimore City requires a “Catering License” which costs \$655 per year, Baltimore County requires a “High Priority Food Licence” which costs \$545 per year, and Howard County requires a “High Priority License” which costs \$415 per year, and Anne Arundel County’s Licensure costs nearly \$1,000 per year as of January 2025, just to name a few. Operating a business is expensive in itself, and the state’s law requiring commercial kitchens for certain baked goods only serves to burden individuals with more prohibitive and unnecessary costs. The law should strike a fair balance between supporting the entrepreneur and protecting food safety, and there is no overwhelming evidence to suggest that allowing “potentially hazardous” baked goods for home sale (as many states do) would pose a significant threat to public health. If these goods could be baked in the home oven, overhead costs in this respect would be non-existent.

The second point against commissary kitchens is the availability aspect. As you may or may not be aware, most of these facilities have a limit on how many tenants they have on their roster at any given time, which means if they are booked to capacity, you must find another facility. If you are fortunate, you may be placed on a waiting list should a vacancy occur, but like trying to find housing in certain aspects, that could take months or even years. If you do find another kitchen, it may be out of your price range, leading the individual back to square one. What occurs with your enterprise during that time? Similarly, while certain facilities may have availability and affordability, as a tenant, you may be restricted to its use only on certain days or hours. As many of them are entirely communal in nature, other tenants having been there are likely to have first preference. New tenants are thus placed at a significant disadvantage in being able to produce their products. Moreover, all of these facilities have business hours, and if you are unable to use them during their business hours, then no baking and selling can occur according to state law. The bottom line is that this is no way to run a business, and having to use a commissary kitchen places a potential undue burden on the individual when access to the facility may not be consistently guaranteed or even possible. By allowing the prohibited baked goods to be produced at home, one could consistently operate without concerns over availability or basic access to a commissary kitchen at all.

The third argument against forced use of commissary kitchens is the potential for location disadvantage. It is a fact that such kitchen facilities are not ubiquitous. With that, they may be a

prolonged distance from the house of the baker, requiring burdensome travel to be able to bake the prohibited items excluded from cottage protections. While the Baltimore area and Maryland's D.C. suburbs may have a decent amount of commissary kitchens, those living in more rural areas of the state may have a much more challenging time finding one which is of reasonable traveling distance. Thus getting to the facility itself may be prohibitive and counterproductive for those wishing to bake certain items not allowed for home sale. A basic fact is that not everyone drives, and bus/rail service outside the major population centers is either scant and inconsistent at best or nonexistent at its worst. Geographical limitations are thus another way the current state restriction on certain baked goods impede the growth of such small businesses. By amending the state law to allow these baked goods to be produced at home, geographic challenges of any sort would cease to exist.

The fourth and final argument against commissary kitchens is the time disadvantage. Using a commissary kitchen for the purposes of baking certain prohibited goods places a significant time disadvantage on the home baker. Assuming one has found a facility that has availability, that they can reasonably travel to, that they can use during their business hours and without access conflict with a fellow tenant, spending hours at one of these kitchens requires a tremendous sacrifice of time out of one's day. I speak as a single man with a full time career and no spouse or children, but can only imagine the time loss one must take in having a spouse and family to consider as well. Not only does one have to travel to this facility, but then prepare their wares, bake them, wait for them to bake, and then wrap them for storage in said facility as well. That alone may easily devour three or more hours of one's valuable time which may have been spent doing productive things outside that kitchen. Time is precious, and unlike money, it can never be regained. As such, the state's requirement to use a commercial kitchen places an undue burden on the business owner by forcing them to forfeit valuable time at these facilities. It is another compelling reason why the law should be amended to allow for the baking of "potentially hazardous baked goods" in the home where the baker can function without interference with one's valuable time and schedule.

With these points of advocacy noted, I move to provide suggestions for amending these restrictions as they stand. The example provided by the State of Ohio provides a very good compromise example in which Maryland could adopt, and is largely the foundation for SB0838. With Ohio, in addition to their Cottage Food laws (which are similar to Maryland's) individuals may apply for a license to have a "Home Bakery". Under such licensure, Ohioans are permitted to bake all things permitted under the Cottage Food laws as well as certain "potentially hazardous" baked goods, such as cheesecakes, custard, meringues, pumpkin pies, etc. Moreover, the Home Bakery is subject to regulations and restrictions as if it were a standard retail bakery, such as regular inspections, prohibitions on pets being in the property, property sanitizing of utensils and other equipment, oven requirements, refrigeration requirements, proper

labeling and much more. With this privilege, persons may sell their goods not only to the people of Ohio, but those in other states as well. For reference purposes, here is link to their law:

<https://agri.ohio.gov/divisions/food-safety/resources/home-bakery>

Should Maryland consider amending its Cottage Food laws to either simply include the “potentially hazardous” baked goods, or enacting a compromise “Home Bakery” license like Ohio, I would not oppose a regulatory scheme to ensure that potentially hazardous baked goods are produced in clean, properly structured home kitchens that is subject to regular inspections. These inspections could logically take place every six months, or a minimum once per year. These particulars can certainly be worked during legislative deliberations.

In summary, Maryland’s prohibition on “hazardous food items” with respect to baked goods, presents both a visible cost prohibitive and mobile barrier to cottage food bakers. By removing said prohibition and placing reasonable regulations on the production of “hazardous” baked goods, Maryland would facilitate small business growth and continue to ensure food safety principles. The current status quo serves little more than to discourage the starting and development of small business in Maryland, something that should never be. We have the ability to make our state a much more friendly climate for small businesses one law at a time, and cottage food businesses are an excellent place to begin this task. Thank you for your time and consideration of this matter

Respectfully Submitted,

Juarez Lee-Shelton

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Moreover, the aforementioned costs do not take into account the additional fees which local governments may impose in order to become licensed to produce these items. For example, Baltimore City requires a “Catering License” which costs \$655 per year, Baltimore County requires a “High Priority Food Licence” which costs \$545 per year, and Howard County requires a “High Priority License” which costs \$415 per year, and Anne Arundel County’s Licensure costs nearly \$1,000 per year as of January 2025, just to name a few. Operating a business is expensive in itself, and the state’s law requiring commercial kitchens for certain baked goods only serves to burden individuals with more prohibitive and unnecessary costs. The law should strike a fair balance between supporting the entrepreneur and protecting food safety, and there is no overwhelming evidence to suggest that allowing “potentially hazardous” baked goods for home sale (as many states do) would pose a significant threat to public health. If these goods could be baked in the home oven, overhead costs in this respect would be non-existent.

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In summary, Maryland’s prohibition on “hazardous food items” with respect to baked goods, presents both a visible cost prohibitive and mobile barrier to cottage food bakers. By removing said prohibition and placing reasonable regulations on the production of “hazardous” baked goods, Maryland would facilitate small business growth and continue to ensure food safety principles. The current status quo serves little more than to discourage the starting and development of small business in Maryland, something that should never be. We have the ability to make our state a much more friendly climate for small businesses one law at a time, and cottage food businesses are an excellent place to begin this task. Thank you for your time and consideration of this matter

Respectfully Submitted,

Juarez Lee-Shelton

SB838CottageFood.pdf

Uploaded by: Justin Ready

Position: FAV

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Finance Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 25, 2026

SB 838 – Public Health – Cottage Food Business and Home Bakeries

Chair Beidle, Vice Chair Hayes and member of the Finance Committee:

Senate Bill 838 was brought to me by a constituent currently engaged in the cottage baking business. He hopes to expand his business by adding items that require refrigeration, what is currently labeled as “potentially hazardous”. The list of these items is long but includes items like cheesecakes, custards, merengues, fresh fruit tarts, and pumpkin pies. Currently, to produce and sell these items, you must have access to a commercial kitchen that is licensed and inspected by the health department.

Working out of a commercial kitchen or commissary kitchen can be quite expensive and they often charge more for use of their equipment. Kitchens of this size are not available everywhere, creating a huge disadvantage. This arrangement would also require a catering license, which can cost from \$400 to \$1,000 depending on the county. The facilities also sometimes offer limited availability and are only open during business hours. Baking at home would eliminate these overhead costs and access disparities.

Ohio has a Home Bakery Law which requires a \$10 license. [\[1\]](#) This law allows your home to be recognized as a bakery and allows you to prepare perishable baked goods for sale. A "Home Bakery" is permitted to manufacture non-potentially hazardous bakery products (such as cookies, breads, brownies, cakes, fruit pies, etc.), and potentially hazardous bakery products (such as cheesecakes, cream pies, custard pies, pumpkin pies, etc.) which require refrigeration.

To help these small businesses that are so valuable to our community, I respectfully request a favorable vote on Senate Bill 838.

SB 838_Oppose_2.23.2026.pdf

Uploaded by: Heather Moritz

Position: UNF



Affiliate of The Maryland Association of Counties, Inc.

February 23, 2026

TO: Members of the Finance Committee
FROM: Maryland Conference of Local Environmental Health Directors
Maryland Association of County Health Officers
RE: **SB 838 Public Health - Cottage Food Businesses and home Bakeries**

The Maryland Conference of Local Environmental Health Directors (Conference) formally **Opposes SB 838** in their capacities as the State's twenty-four Environmental Health Directors who carry out delegated authorities from both the Maryland Department of the Environment (MDE) and Maryland Department of Health (MDH). The Maryland Association of County Health Officers (MACHO) joins the Conference and **Opposes SB 838** in their capacities as the State's twenty-four Local Health Officers who have the authority for the delegation of work by both MDE and MDH and oversee the scope of work of the Environmental Health Directors and their staff.

The Conference and MACHO asserts that this proposed legislation not only establishes a new category of food permitted for production in a residential home kitchen under the definition of a "Home Bakery," but also introduces the potential for hazardous and undercooked foods to be prepared, sold, and distributed from a residential home environment.

Currently, the Health General §21-301 permits the production of non-potentially hazardous foods in a private home kitchen. The safe preparation of non-potentially hazardous foods in a residential setting inherently minimizes the potential for foodborne illness. Potentially hazardous foods, however, necessitate temperature control for safety and are capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, the growth and toxin production of *Clostridium botulinum*, or, in raw shell eggs, the growth of *Salmonella Enteritidis*. Residential home kitchens are not equipped to consistently maintain the requisite standards for food safety. Allowing the preparation of these foods in such a setting would significantly increase the risk of foodborne illness within the state.

Accordingly, the Conference and MACHO requests the Committee give SB 838 an **UNFAVORABLE** report.

For more information:
Conference Contact:
Michael Davis, President
Maryland Conference of Local Environmental Health Directors
Email: mjdavis@howardcountymd.gov

MACHO Contact:
Ruth Maiorana, Executive Director
Maryland Association of County Health Officers
Email: rmaiora1@jhu.edu

SB 838 - FIN - MDH - LOO.docx (1).pdf

Uploaded by: Meghan Lynch

Position: UNF



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 25, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 838 – Public Health - Cottage Food Businesses and Home Bakeries – Letter of Opposition

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of opposition for Senate Bill (SB) 838 – Public Health - Cottage Food Businesses and Home Bakeries. SB 838 would create a new category of business called a “home bakery”, a business that produces or packages home bakery products in a residential kitchen and sells the products in compliance with current cottage food business requirements in Health-General §21-330.1. Of note, home bakery products would include baked goods of all sorts, whether non-potentially hazardous or potentially hazardous, and would also include partially baked products.

The Department notes that SB 838 fundamentally changes the risk for consumers purchasing home-produced, unregulated food products made in the State. Currently, individuals are able to produce in their home kitchens and sell certain non-potentially hazardous baked goods as a cottage food business (CFB), which requires no license or inspection. The foods CFBs are allowed to sell are limited to ones that do not require any temperature control for safety (i.e. nonpotentially hazardous).¹ This allows for enterprising small businesses to make and sell food to the public while minimizing the risk to consumers.

By allowing potentially hazardous baked products (i.e. products that require temperature control for safety, meaning they need to be kept hot or cold to prevent bacterial growth) to be included in the definition of “home bakery product”, this bill would dramatically shift the assumptions of safety for consumers. Potentially hazardous baked goods, by their nature, are good media for the growth of bacteria by virtue of their water activity and pH, combined with the potential absence of a step to completely kill bacteria (i.e. the complete baking process). A consumer purchasing these products would have no way of knowing whether a partially baked pizza crust, or a

¹ More information: Guidelines for Cottage Food Businesses
[https://health.maryland.gov/phpa/OEHFP/OFPCHS/Documents/MDH%20Cottage%20Food%20Businesses_March_2025_FINAL%20\(1\).pdf](https://health.maryland.gov/phpa/OEHFP/OFPCHS/Documents/MDH%20Cottage%20Food%20Businesses_March_2025_FINAL%20(1).pdf)

completely baked moist bread, had been handled with adequate (or any) refrigeration from the point of manufacture to the point of purchase, unlike what is expected and required of a licensed and inspected food manufacturer.

Three of the most common causes of foodborne illness in the United States are inadequate time and temperature control during the initial cooking of food, allowing foods to remain out of temperature control for a prolonged period during preparation, and inadequate cold holding temperature.² SB 838 makes no provisions for any of these, and consumers would have no way of assessing whether their products had been appropriately handled prior to purchase. Additionally, without licensure or registration, the Department will have no way of knowing who is operating a home bakery in the State, making complaints or foodborne illness outbreaks more difficult to investigate.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,



Meena Seshamani, M.D., Ph.D.
Secretary of Health

² [Holst MM, Wittry BC, Crisp C, Torres J, Irving D, Nicholas D. Contributing Factors of Foodborne Illness Outbreaks — National Outbreak Reporting System, United States, 2014–2022. MMWR Surveill Summ 2025;74\(No. SS-1\):1–12.](#)