SB562.Prescriber-Pharmacist Agreements.MPhA.pdf
Uploaded by: Aliyah Horton
Position: FAV

MPhA
MARYLAND PHARMACISTS ASSOCIATION

Date: March 3, 2026
To: The Honorable Pamela Beidle, Chair, Senate Finance Committee
From: Aliyah N. Horton, FASAE, CAE, Executive Director, 240-688-7808
Cc: Members, Senate Finance Committee
Re: **FAVORABLE WITH AMENDMENT– SB 562 State Board of Pharmacy Prescriber-Pharmacist Agreements**

The Maryland Pharmacists Association (MPhA) and the Maryland Pharmacy Coalition (MPC) recommend a **FAVORABLE report on SB 562 State Board of Pharmacy Prescriber-Pharmacists Agreements.** The bill creates a meaningful opportunity for pharmacists to expand access to medication-assisted treatment (MAT) for opioid use disorder (OUD) — a critical step in addressing Maryland's overdose crisis.

Many communities—especially rural and underserved areas—lack sufficient MAT prescribers. This bill enables pharmacist participation to expand the OUD treatment workforce. Other thoughts of note:

- Pharmacists already dispense buprenorphine and other OUD medications.
- Pharmacist-initiated, adjusted, and monitored therapy, under physician protocol, improves continuity, allows for faster treatment access and more timely dose adjustments.
- Frequent patient contact with pharmacists allows for:
  - early identification of adherence or relapse issues.
  - supportive transitions from emergency departments or hospitals to outpatient care and
  - improved access in pharmacy deserts and rural areas
- Pharmacist-based care, which can be provided in varied practice settings, can reduce stigma by integrating treatment into routine healthcare settings. This also allows for scalable MAT programs in
  - Community pharmacies
  - Health systems
  - Behavioral health clinics
  - Telehealth-supported models.

MPhA and MPC urge a FAVORABLE report on SB 562.

SB 562_MOUD Pharmacist Agreements_BHSB_FAVORABLE.p
Uploaded by: Dan Rabbitt
Position: FAV

Behavioral Health System Baltimore

March 3, 2026

Senate Finance Committee
TESTIMONY IN SUPPORT
SB 562 - State Board of Pharmacy - Prescriber-Pharmacist Agreements

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.

Behavioral Health System Baltimore supports SB 562 - State Board of Pharmacy - Prescriber-Pharmacist Agreements. This bill would authorize prescriber-pharmacist agreements to treat opioid use disorder (OUD) using controlled dangerous substance drug therapy. Buprenorphine, a safe and effective medication for opioid use disorder (MOUD), is the only applicable medication. SB 562 would safely expand access to MOUD, prevent overdose, and help more Marylanders achieve recovery from OUD.

Buprenorphine is the gold standard for treating OUD. MOUD reduces cravings associated with OUD and reduces all-cause mortality by half. This pharmacological support reduces the likelihood of relapse and overdose, increases treatment retention, and improves a variety of other health and socioeconomic outcomes. Treatment outcomes for MOUD are consistently better than outcomes for OUD treatment without medications. It is also very safe, with little risk for abuse or unintentional overdose.[1,2,3,4]

SB 562 would recognize buprenorphine's importance and safety by allowing prescriber-pharmacist agreements for this critical MOUD. MOUD prescriber-pharmacist agreements have been shown to have very high patient retention and satisfaction rates.[5,6] Allowing pharmacists to more directly support individuals who are prescribed MOUD will increase access and reduce the likelihood that an individual in recovery drops out of care.

In recognition of the safety of buprenorphine, the Drug Enforcement Agency has eliminated the prescriber limitations and training requirements that were originally imposed but Maryland's prescriber-pharmacist

[1] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder; Mancher M, Leshner AI, editors. Washington (DC): National Academies Press (US); 2019 Mar 30. Available at: https://www.ncbi.nlm.nih.gov/books/NBK538936/.
[2] National Institute on Drug Abuse (NIDA). How Effective Are Medications to Treat Opioid Use Disorder? June 1, 2018. Available at https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder.
[3] Bart G. Maintenance Medication for Opiate Addiction: The Foundation of Recovery. Journal of Addictive Diseases. 2012;31(3). Available at https://pubmed.ncbi.nlm.nih.gov/22873183/.
[4] Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. JAMA Network Open. 2020;3(2). Available at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032.
[5] 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.
[6] 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.

agreement statute has not been similarly updated. Prescriber-pharmacist agreements include numerous safeguards including disease-specific protocols and a requirement that the prescriber remain involved directly in patient care. Establishing MOUD agreements is a reasonable and important next step.

Expanding access to MOUD is one of Maryland's top priorities in preventing overdose and supporting recovery from OUD. **BHSB urges the Senate Finance Committee to support SB 562.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

SB 562 Written Testimony - Sen. Gile.docx.pdf
Uploaded by: Dawn Gile
Position: FAV

Dawn D. Gile
Legislative District 33
Anne Arundel County

Finance Committee

Chair

Anne Arundel County
Senate Delegation

THE SENATE OF MARYLAND
Annapolis, Maryland 21401

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Testimony In Support of SB 562

State Board of Pharmacy – Prescriber–Pharmacist Agreements – Treatment of Opioid Use Disorders

Madam Chair, Mr. Vice Chair, and Members of the Committee:

Senate Bill 562 strengthens Maryland's response to opioid use disorder by responsibly expanding access to medication-assisted treatment through prescriber–pharmacist agreements.

While Maryland has made progress in reducing overdose fatalities, opioid use disorder remains a persistent public health crisis. Access to evidence-based treatment, particularly medication-assisted treatment, remains uneven — especially in communities where addiction specialists are scarce.

SB 562 authorizes pharmacists, under strict safeguards, to enter into prescriber–pharmacist agreements that allow them to treat opioid use disorder using controlled dangerous substances drug therapy.

The bill establishes a rigorous safety framework. Participating pharmacists must:

- Individually register with the Federal Drug Enforcement Administration and the Maryland Office of Controlled Substances Administration;
- Complete all required federal and state training;
- Operate under written, disease-specific protocols with an authorized prescriber; and
- Query the Prescription Drug Monitoring Program before initiating or modifying controlled dangerous substances therapy.

These safeguards ensure comprehensive oversight of a patient's prescriptive history and maintain full compliance with federal and state law.

The Maryland Board of Pharmacy supports this legislation and has emphasized that it expands access to life-saving medication-assisted treatment while maintaining strong regulatory guardrails.

In addition, SB 562 streamlines administrative processes by repealing the duplicative requirement that prescribers submit agreements to their respective health occupations boards. Agreements will continue to be submitted to the Board of Pharmacy, preserving oversight while reducing unnecessary administrative barriers. This centralization encourages more physicians to participate in collaborative agreements that increase treatment access.

The sponsor amendment clarifies that Licensed Certified Midwives are recognized as authorized prescribers within this framework, consistent with current prescriptive authority.

This bill does not expand scope without guardrails. It leverages the accessibility and clinical expertise of pharmacists to increase patient access to evidence-based treatment in a structured and compliant manner.

For these reasons, I respectfully request a favorable report on Senate Bill 562.

Thank you.

SB562_Amendment_693923
Uploaded by: Dawn Gile
Position: FAV

SB0562/693923/1

AMENDMENTS PREPARED BY THE DEPT. OF LEGISLATIVE SERVICES

16 FEB 26
15:37:31

BY: Senator Gile
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 562
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, after "of" insert "authorizing licensed certified midwives to enter into therapy management contracts;"; after line 12, insert:

"BY repealing and reenacting, without amendments,
Article - Health Occupations
Section 12-6A-01(a)
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement)";

and in line 15, after "Section" insert "12–6A–01(b),".

AMENDMENT NO. 2

On page 1, after line 20, insert:

"12–6A–01.

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

(b) "Authorized prescriber" means a licensed physician, licensed podiatrist, **CERTIFIED MIDWIFE LICENSED UNDER TITLE 8, SUBTITLE 6D OF THIS ARTICLE,** or certified advanced practice nurse with prescriptive authority under § 8–508 of this article.".

SB562_FinalReprint_693923
Uploaded by: Dawn Gile
Position: FAV

SENATE BILL 562

J2, J1 6lr1784
CF HB 838

By: **Senator Gile**
Introduced and read first time: February 4, 2026
Assigned to: Finance

A BILL ENTITLED

AN ACT concerning

State Board of Pharmacy – Prescriber–Pharmacist Agreements – Treatment of Opioid Use Disorders

FOR the purpose of authorizing licensed certified midwives to enter into therapy management contracts; repealing a requirement that authorized prescribers submit prescriber–pharmacist agreements to the health occupations board that regulates the authorized prescriber; authorizing pharmacists, under certain circumstances, to enter into prescriber–pharmacist agreements that authorize the pharmacist to treat an opioid use disorder using controlled dangerous substances drug therapy; requiring that a protocol that authorizes controlled dangerous substances drug therapy require a pharmacist to request certain data from the Prescription Drug Monitoring Program before initiating or modifying a controlled dangerous substances therapy; and generally relating to prescriber–pharmacist agreements.

BY repealing and reenacting, without amendments,
Article - Health Occupations
Section 12-6A-01(a)
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,
Article – Health Occupations
Section 12–6A–01(b), 12–6A–03, 12–6A–04, and 12–6A–06
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health Occupations

12–6A–01.

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

(b) "Authorized prescriber" means a licensed physician, licensed podiatrist, **CERTIFIED MIDWIFE LICENSED UNDER TITLE 8, SUBTITLE 6D OF THIS ARTICLE,** or certified advanced practice nurse with prescriptive authority under § 8–508 of this article.

12–6A–03.

(a) An authorized prescriber and a licensed pharmacist who wish to enter into therapy management contracts shall have a prescriber–pharmacist agreement.

REPRINT OF SENATE BILL 562 as amended by SB0562/693923/1 02/16/26 at 3:37 PM

(b) **[**(1) (i) Except as provided in subparagraph (ii) of this paragraph, an authorized prescriber who has entered into a prescriber–pharmacist agreement shall submit to the health occupations board that regulates the authorized prescriber a copy of the prescriber–pharmacist agreement and any subsequent modifications made to the prescriber–pharmacist agreement or the protocols specified in the prescriber–pharmacist agreement.

(ii) A health occupations board may enter into an agreement with the Board of Pharmacy that requires authorized prescribers regulated by the health occupations board to submit to the Board of Pharmacy documentation that otherwise would be required to be submitted to the health occupations board under subparagraph (i) of this paragraph.

(2)**]** A licensed pharmacist who has entered into a prescriber–pharmacist agreement shall submit to the Board of Pharmacy a copy of the prescriber–pharmacist agreement and any subsequent modifications made to the prescriber–pharmacist agreement or the protocols specified in the prescriber–pharmacist agreement.

12–6A–04.

(A) [A**] SUBJECT TO SUBSECTION (B) OF THIS SECTION, A** pharmacist is authorized to enter into a prescriber–pharmacist agreement if the pharmacist:

(1) Is a licensed pharmacist;

(2) Has a Doctor of Pharmacy Degree or equivalent training as established in regulations adopted under this subtitle;

(3) Is approved by the Board to enter into a prescriber–pharmacist agreement with an authorized prescriber in accordance with this subtitle; and

(4) Meets the requirements that are established by regulations adopted under this subtitle.

(B) A PHARMACIST MAY ENTER INTO A PRESCRIBER–PHARMACIST AGREEMENT THAT AUTHORIZES A PHARMACIST TO TREAT AN OPIOID USE DISORDER USING CONTROLLED DANGEROUS SUBSTANCES DRUG THERAPY IF THE PHARMACIST:

(1) INDIVIDUALLY REGISTERS WITH THE FEDERAL DRUG ENFORCEMENT AGENCY;

(2) INDIVIDUALLY REGISTERS WITH THE OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION;

REPRINT OF SENATE BILL 562 as amended by SB0562/693923/1 02/16/26 at 3:37 PM

(3) COMPLETES ANY APPLICABLE TRAINING REQUIRED BY FEDERAL OR STATE LAWS; AND

(4) FOLLOWS A PROTOCOL THAT MEETS THE REQUIREMENTS OF § 12–6A–06 OF THIS SUBTITLE.

12–6A–06.

(a) A protocol under this subtitle:

(1) May authorize:

(i) For protocols by a licensed physician and licensed pharmacist, the initiation of drug therapy under written, disease–state specific protocols;

(ii) The modification, continuation, and discontinuation of drug therapy under written, disease–state specific protocols;

(iii) The ordering of laboratory tests; and

(iv) Other patient care management measures related to monitoring or improving the outcomes of drug or device therapy; and

(2) May not authorize acts that exceed the scope of practice of the parties to the therapy management contract.

(b) A protocol shall prohibit the substitution of a chemically dissimilar drug product by the pharmacist for the product prescribed by the authorized prescriber, unless permitted in the therapy management contract.

(C) A PROTOCOL THAT AUTHORIZES CONTROLLED DANGEROUS SUBSTANCES DRUG THERAPY SHALL REQUIRE THE PHARMACIST TO REQUEST RELEVANT DATA FROM THE PRESCRIPTION DRUG MONITORING PROGRAM BEFORE INITIATING OR MODIFYING A CONTROLLED DANGEROUS SUBSTANCES DRUG THERAPY.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2026.

WrittenTestimony-SB562 - MOOR - LOS.docx.pdf
Uploaded by: Emily Keller
Position: FAV

Maryland's Office of
Overdose Response

Wes Moore, Governor · Aruna Miller, Lt. Governor · Emily Keller, Special Secretary of Overdose Response

March 3, 2026

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

RE: Senate Bill 562 – State Board of Pharmacy – Prescriber-Pharmacist Agreements - Treatment of Opioid Use Disorders

Dear Chair Beidle and Members of the Senate Finance Committee,

Maryland's Office of Overdose Response (MOOR) respectfully submits this letter of support for Senate Bill (SB) 562, which authorizes pharmacists, under certain circumstances, to enter into prescriber-pharmacist agreements that authorize the pharmacist to treat an opioid use disorder (OUD) using controlled dangerous substances (CDS) drug therapy.

According to preliminary data from the Maryland Vital Statistics Administration, in the 12-month period ending December 2025, 1,315 Marylanders died of a drug overdose, and 1,026 of those deaths were related to an opioid.[1] While Maryland has made significant progress in recent years in reducing overdose mortality by investing heavily in evidence-based strategies and resources to support people who use drugs, people living with substance use disorder, and people in recovery, there are still ways Maryland can expand efforts and build upon these positive results.

Medications for opioid use disorder (MOUD) are considered the gold-standard treatment for opioid use disorder. Buprenorphine is one of the three FDA-approved MOUDs and, and it works by reducing withdrawal symptoms and cravings experienced by people with OUD. Buprenorphine is a particularly effective medication because it also has a built-in safety precaution, or a ceiling effect that limits its effects on respiratory depression.[2] Despite buprenorphine's critical role as an evidence-based treatment and its validity as a recovery pathway, access and utilization of buprenorphine in Maryland remain limited.

One way that Maryland can help increase access to buprenorphine for people struggling with OUD is by passing SB 562, which would empower pharmacists to treat patients with OUD by using buprenorphine.

[1] https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx
[2] https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf

Pharmacies are frequently more accessible for patients to access than other healthcare settings, such as doctors' offices. Maryland law currently authorizes pharmacists to engage in prescriber-pharmacist agreements to use drugs to treat a variety of health conditions, such as diabetes, hypertension, asthma, tobacco cessation, and more; however, current law does not explicitly state that pharmacists have the authority to use CDS to treat patients via a prescriber-pharmacist agreement. Buprenorphine is one such CDS, presenting a barrier to its access in the pharmacy setting.

SB 562 provides a framework by which pharmacists can enter into prescriber-pharmacist agreements to use buprenorphine to treat people with OUD. SB 562 does this in a thoughtful manner, requiring pharmacists to register with the Federal Drug Enforcement Agency and Maryland Office of Controlled Substances Administration, to complete any trainings required by federal or state law for the use of buprenorphine, and to follow a protocol established by the prescriber. Pharmacists will also be required to request relevant data from Maryland's Prescription Drug Monitoring Program prior to initiating or modifying a CDS therapy.

Increasing access to buprenorphine in Maryland is vital. Reducing barriers to buprenorphine wherever possible is critical. Passing SB 562 will increase the number of buprenorphine providers in Maryland and provide a thorough framework for pharmacists to safely treat patients with this life-altering medication.

For these reasons, MOOR submits this letter in support of SB 562.

If you would like to discuss this further, please do not hesitate to contact Benjamin Fraifeld, Associate Director for Policy & Advocacy at MOOR, 443-346-3013.

Sincerely,

Emily Keller
Special Secretary of Overdose Response

testimony SB 562 pharmacist agreements MOUD MDDCSA
Uploaded by: Joseph Adams, MD
Position: FAV

Maryland-DC Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

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.

SB 562 SUPPORT
State Board of Pharmacy - Prescriber-Pharmacist Agreements
Senate Finance Committee Hearing March 3, 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

SB 562 - FIN - BoPHARM - LOS.pdf
Uploaded by: Maryland State of
Position: FAV

Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

2026 SESSION
MARYLAND BOARD OF PHARMACY
POSITION PAPER

BILL NO:	**SB 562 – State Board of Pharmacy – Prescriber-Pharmacist Agreements – Treatment of Opioid Use Disorders**
COMMITTEE:	**Finance Committee**
POSITION:	**Letter of Support**

TITLE: SB 562 – State Board of Pharmacy – Prescriber-Pharmacist Agreements – Treatment of Opioid Use Disorders

BILL ANALYSIS : The primary purpose of the bill is to authorize pharmacists to enter into prescriber-pharmacist agreements to treat OUD using controlled dangerous substances ("CDS") drug therapy.

POSITION AND RATIONALE:

The Maryland Board of Pharmacy respectfully submits this letter of support for Senate Bill 562, which expands clinical authority of pharmacists to treat Opioid Use Disorders ("OUD") through collaborative prescriber-pharmacist agreements. This legislation represents a critical step forward in addressing the ongoing opioid crisis by utilizing the full clinical expertise of Maryland's pharmacists to increase patient access to life-saving medication-assisted treatment ("MAT")

Senate Bill 562 authorizes pharmacists to enter into agreements to treat OUD using controlled dangerous substances ("CDS") drug therapy. By allowing pharmacists to manage these complex therapies under a physician's protocol, the bill creates new access points for patients in both urban and rural communities where specialized addiction providers may be scarce.

The Board supports the rigorous safety standard established in this bill. Specifically, SB 562:

Mandates PDMP Utilization: Requires pharmacists to query the Prescription Drug Monitoring Program ("PDMP") before initiating or modifying any CDS therapy, ensuring comprehensive oversight of a patient's prescriptive history.

Federal and State Compliance: Ensures that pharmacists providing OUD treatment are individually registered with the Federal Drug Enforcement Agency ("DEA") and the Maryland Office of Controlled Substances Administration ("OCSA").

Specialized Training: Requires participating pharmacists to complete all applicable federal and state training, ensuring they are uniquely qualified to handle these sensitive protocols.

Streamlining Administrative Processes

The Board further supports the provision that repeals the requirement for authorized prescribers to submit agreements to their respective health occupation boards. Centralizing the submission and modification of these agreements within the Board of Pharmacy reduces unnecessary administrative barriers for physicians, encouraging more practitioners to enter into these collaborative, life-saving partnerships

For these reasons, the Maryland Board of Pharmacy respectfully requests a favorable report on SB 562.

For more information, please contact Julie Gaskins, Legislative Liaison, Maryland Board of Pharmacy (410) 764-4709.

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

NCADD-MD - 2026 SB 562 FAV - Prescriber-Pharmacist

Uploaded by: Nancy Rosen-Cohen

Position: FAV

Senate Finance Committee
March 3, 2026

Senate Bill 562 - State Board of Pharmacy - Prescriber-Pharmacist Agreements

Support

NCADD-Maryland supports Senate Bill 562. Since its approval by the FDA in 2002, buprenorphine has been an invaluable tool in the treatment of opioid use disorders (OUD). Despite its effectiveness, access to this life-saving medication is limited. Far too few clinicians prescribe the medication, pharmacies often do not maintain sufficient stocks of the medication, and stigma persists in its uptake.

The Maryland Office of Overdose Response staffed a new Buprenorphine Access Workgroup created by legislation passed last year. While still in the midst of its work, they have clearly identified improving access through pharmacies as an area that could benefit consumers. Passing legislation to allow pharmacists to enter into prescriber–pharmacist agreements could benefit rural areas where the health care workforce shortage is acute, and could address racial disparities, as several studies show Black people receive buprenorphine treatment for OUD less frequently than White people in Maryland.

There are at least ten other states that allow these kinds of practice agreements and research is clear that this practice results in high rates of treatment retention and adherence. As Maryland continues to see a significant decline in the number of people who are dying from opioid overdoses, it is important to not let up. We urge the General Assembly to continue to add effective tools to our health care system to support access to care.

We therefore urge a favorable report on Senate Bill 562.

FINAL 2026 MD SB 562 Testimony - Stacey McKenna.pd
Uploaded by: Robert Melvin
Position: FAV

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202-525-5717

Free Markets. Real Solutions.
www.rstreet.org

Testimony from:
Stacey McKenna, Resident Senior Fellow, Healthier Communities, R Street Institute

In SUPPORT of Senate Bill 562, "State Board of Pharmacy – Prescriber-Pharmacist Agreements – Treatment of Opioid Use Disorders."

March 3, 2026

Senate Finance Committee

Chairwoman Beidle and members of the committee:

My name is Stacey McKenna and I am a resident senior fellow in Healthier Communities at the R Street Institute. As a nonprofit, nonpartisan public policy research organization, R Street engages in research and outreach aimed at solving complex public policy issues, including opioid use disorder (OUD), through free markets and limited but effective government. OUD is a complicated health challenge and recovery is a nonlinear process that requires access to a full continuum of evidence-based, individualized treatment options.[1] Too often, access to gold standard care including medications for opioid use disorder (MOUD) is fraught with social, structural, and regulatory barriers.[2] SB 562 is of special interest to us because it would reduce unnecessary overregulation, increase MOUD availability, and thus make it easier for individuals with OUD to get the care they deserve.

After decades of climbing, drug overdoses have fallen every year for the past four years in Maryland, hitting a 10-year low in 2025.[3] This success is largely thanks to the state's commitment to prioritizing a health approach to substance use. In recent years, Maryland lawmakers have expanded access to a range of interventions, from evidence-based treatment in jails to life-saving strategies like point-of-service drug checking.[4] This is commendable work that has had a measurable impact saving lives and improving health. However, Maryland and the rest of the United States remain submerged in an overdose crisis. Last year, despite the dramatic improvements, 1,315 people still died of a drug overdose.[5] In addition, more than 500 of every 100,000 insured Marylanders are living with an OUD.[6]

OUD and overdose have far-reaching effects within a community; more than 40 percent of people in the United States now know someone who has died of a drug overdose.[7] On top of the emotional consequences associated with losing a loved one or watching a friend struggle with addiction, each case of OUD costs Maryland $1.4 million annually in criminal justice and healthcare expenses, lost productivity, and more.[8]

Treatment with buprenorphine, an FDA-approved medication for opioid use disorder (MOUD), is one of the most effective ways to reduce the health, economic, and even social harms associated with OUD.[9]

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Because buprenorphine binds to the same receptors in the brain as opioids like heroin and fentanyl but activates them differently, it prevents withdrawal symptoms and reduces cravings.[10] People taking buprenorphine are less likely to use illicit drugs or engage in criminal activity, and are approximately 60 percent less likely to overdose.[11] Compared to non-medication treatment, people taking buprenorphine or other MOUD are more likely to remain in recovery long-term and build healthy, productive lives in their communities.[12]

Despite these benefits, buprenorphine has long been overregulated in the United States, leading to a dearth of prescribers.[13] In December 2022, the U.S. Congress passed the Mainstreaming Addiction Treatment (MAT) Act, which reduced barriers for healthcare providers to prescribe buprenorphine and expanded permissions to pharmacists operating in collaboration with clinicians.[14] More recently, the "SUPPORT for Patients And Communities Reauthorization Act of 2025" authorized accredited continuing education for pharmacists wanting to prescribe buprenorphine.[15] SB 562 capitalizes on the opportunity provided by these critical reforms to federal law by developing a framework in which Maryland pharmacists appropriately registered with the Drug Enforcement Administration can prescribe this life-saving and life-changing medication.

With roughly 1,000 pharmacies in the state of Maryland, expanding pharmacists' scope of practice to allow them to prescribe buprenorphine would dramatically increase the state's pool of potential buprenorphine prescribers.[16] Pharmacists have historically played an important role in healthcare, not just dispensing, but also prescribing contraception, overdose reversal medications, and drugs to prevent HIV.[17]

Research suggests that this access will translate into better outcomes for people struggling with an OUD. Studies of pharmacist buprenorphine prescribing show that the approach can improve medication management and patient care, and can reduce costs.[18] In fact, in a study of a Veterans Affairs pharmacist prescribing program, 90-day treatment retention was 86.9 percent.[19]

In addition to directly benefitting people with OUD by reducing barriers to treatment, expanding access to buprenorphine is safe for communities. Diversion of buprenorphine and other MOUD is rare, and when it does happen, it is typically for therapeutic use, such as reducing their use of illicit opioids, avoiding withdrawal symptoms, or self-medicating if treatment is unavailable.[20] Therefore, when treatment in a community is insufficient to meet need, buprenorphine diversion does sometimes increase, but those increases actually reduce overdose rates.[21] By the same logic, expanding buprenorphine access through pharmacy prescribing – which would greatly increase and simplify formal treatment access – is unlikely to increase diversion. In fact, it could lead to reductions because people tend to use diverted buprenorphine when they cannot access it through formal treatment channels.[22]

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Furthermore, the approach is accepted by the medical community, both among the clinicians who have typically been responsible for providing treatment for OUD and by pharmacists.[23] In fact, the American Pharmacists Association has been an active advocate for expanding the role of pharmacists in fighting the overdose crisis.[24] This support for the scope of practice expansion suggests that SB 562 would be not just feasible but that uptake would be strong and thus have a real-world impact.

By expanding access and reducing barriers to evidence-based treatment for OUD through pharmacist prescribing of buprenorphine, SB 562 would prepare Maryland to continue its fight against the overdose crisis. It would save lives, improve people's health and well-being, increase community safety, and reduce costs to taxpayers. Therefore, we urge a favorable report of SB 562.

Thank you for your time and consideration.

All the best,

Stacey McKenna, PhD
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R Street Institute
(970) 443-8063
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[1] *The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update*, American Society of Addiction Medicine, 2020. https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline.

[2] *The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update*, American Society of Addiction Medicine, 2020. https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline.

[3] "Governor Moore Announces Maryland Overdose Deaths Falling for Fourth Straight Year, Reaching 10-Year Low," The Office of Governor Wes Moore, press release, Jan. 30, 2026. https://governor.maryland.gov/news/press/pages/Governor-Moore-Announces-Maryland-Overdose-Deaths-Falling-for-Fourth-Straight-Year,-Reaching-10-Year-Low.aspx; Scott Maucione, "Maryland sees steep drop in opioid overdose deaths," *WYPR*, Feb. 5, 2025. https://www.wypr.org/wypr-news/2025-02-05/maryland-sees-steep-drop-in-opioid-overdose-deaths.

[4] Lindsey Culli, "Maryland's State-Mandated Opioid Treatment in Jails Helps Recovery, But Implementation Gaps Remain," *Department of Health Policy and Management,* Johns Hopkins Bloomberg School of Public Health, May 8, 2025. https://publichealth.jhu.edu/2025/marylands-state-mandated-opioid-treatment-in-jails-helps-recovery-but-implementation-gaps-remain; Rapid Analysis of Drugs (RAD), The Overdose Response Program, Maryland Department of Health, Nov. 24, 2025. https://health.maryland.gov/pha/NALOXONE/Pages/RAD.aspx.

[5] "Governor Moore Announces Maryland Overdose Deaths Falling for Fourth Straight Year, Reaching 10-Year Low," The Office of Governor Wes Moore, press release, Jan. 30, 2026.

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https://governor.maryland.gov/news/press/pages/Governor-Moore-Announces-Maryland-Overdose-Deaths-Falling-for-Fourth-Straight-Year,-Reaching-10-Year-Low.aspx.

[6] Opioid Tracker, 2025: Maryland, FAIR Health. 2025. https://s3.amazonaws.com/media2.fairhealth.org/infographic/asset/Opioid-2024/Maryland.pdf.

[7] Alison Athey et al., "An Overlooked Emergency: More Than One in Eight US Adults Have Had Their Lives Disrupted by Drug Overdose Deaths," *American Journal of Public Health*, 114: 3 (March 2024). https://www.rand.org/pubs/external_publications/EP70412.html.

[8] Rylee Wilson, "The cost of opioid use disorder, by state," *Becker's Behavioral Health*, May 21, 2025. https://www.beckersbehavioralhealth.com/behavioral-health-public-health/the-cost-of-opioid-use-disorder-by-state.

[9] "Information about Medications for Opioid Use Disorder," U.S. Food and Drug Administration. Dec. 26, 2024. https://www.fda.gov/drugs/information-drug-class/information-about-medications-opioid-use-disorder-moud.

[10] Buprenorphine, Substance Abuse and Mental Health Services Administration, Dec. 23, 2025. https://www.samhsa.gov/substance-use/treatment/options/buprenorphine.

[11] Hillary Samples et al., "Buprenorphine After Nonfatal Opioid Overdose: Reduced Mortality Risk in Medicare Disability Beneficiaries," *American Journal of Preventive Medicine,* 65: 1 (July 2023). https://pubmed.ncbi.nlm.nih.gov/36906496; Elizabeth A. Evans et al., "Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder," *Drug and Alcohol Dependence,* (Feb. 1, 2022). https://pubmed.ncbi.nlm.nih.gov/35063323; Rachna Kumar et al., *Buprenorphine*, StatPearls Publishing, National Library of Medicine, National Institutes of Health, January 2025. https://www.ncbi.nlm.nih.gov/books/NBK459126.

[12] Ibid.

[13] "Expanding Access to Buprenorphine," Maryland Addiction Consultation Service. Accessed Feb. 26, 2026. https://health.maryland.gov/pdmp/Documents/Clinical%20Docs/X-Waiver%20Update.pdf.

[14] Jennifer Athay Adams et al., "Opportunities for pharmacist prescriptive authority of buprenorphine following passage of the Mainstreaming Addiction Treatment (MAT) Act," *Journal of the American Pharmacists Association,* 63:5, September-October 2023. https://www.sciencedirect.com/science/article/abs/pii/S1544319123001681.

[15] PR Newswire, "APhA secures key congressional win allowing pharmacists to prescribe buprenorphine with specialized training," *Yahoo Finance*, Dec. 2, 2025. https://finance.yahoo.com/news/apha-secures-key-congressional-win-193900778.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLmNvbS8&guce_referrer_sig=AQAAAAV5jAlXBTmpzjr3ADvmq7utLV9OeqGJqEWEOKxZ6lwphculAkoJHVLv6qfNMLr-wsql0b__z6UsCQ6VVQix7SYFcP3C5DNQpaHA7Vzu6A9BBR3Oqtu2gcSJeoPl5k5jsN96ScYU-S7o8LJx55OQ2wO_fZK-V2KVobhH8DImBhL5.

[16] C.P. Peters, "Table 1: Number of Retail and Independent Pharmacies, by State, March 2007," *Medicaid Payment for Generic Drugs: Achieving Savings and Access*, Issue Brief No. 839, National Health Policy Forum, Sep. 30, 2010. https://www.ncbi.nlm.nih.gov/books/NBK560328/table/ib839.tab1;

[17] Stacey McKenna, "Helping Health Providers Become Harm Reduction Advocates," R Street Institute Policy Study No. 267, Oct. 26, 2022. https://www.rstreet.org/research/helping-health-care-providers-become-harm-reduction-advocates; Chelsea Boyd, "Harm Reduction at the Pharmacy," R Street Institute Policy Short No. 115, July 20, 2022. https://www.rstreet.org/research/harm-reduction-at-the-pharmacy.

[18] Ibid. Jacob D. Baylis et al., "Clinical pharmacist practitioners prescribing of buprenorphine for opioid use disorder," *Drug and Alcohol Dependence*, 271 (June 2025). https://www.sciencedirect.com/science/article/abs/pii/S0376871625001164.

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[19] Baylis et al.
[20] Theodore J. Cicero, et al., "Understanding the use of diverted buprenorphine," *Drug and Alcohol Dependence*, 193 (Dec. 1, 2018). https://www.sciencedirect.com/science/article/pii/S0376871618307245.
[21] Joëlla W. Adams et al., "Examining buprenorphine diversion through a harm reduction lens: an agent-based modeling study," *Harm Reduction Journal,* 20:150 (Oct. 17, 2023). https://link.springer.com/article/10.1186/s12954-023-00888-6.
[22] Stacey McKenna, "Better Access to MOUD Reduces Diversion," R Street Institute Analysis, Feb. 11, 2026. https://www.rstreet.org/commentary/better-access-to-moud-reduces-diversion.
[23] Miguel Lopez et al., "Evaluating practitioner attitudes toward pharmacist clinician prescribing of buprenorphine for the treatment of opioid use disorder," *Journal of the American College of Clinical Pharmacy,* 8:7 (Apr. 11, 2025). https://accpjournals.onlinelibrary.wiley.com/doi/abs/10.1002/jac5.70031.
[24] PR Newswire. https://finance.yahoo.com/news/apha-secures-key-congressional-win-193900778.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLmNvbS8&guce_referrer_sig=AQAAAAV5jAlXBTmpzjr3ADvmq7utLV9OeqGJqEWEOKxZ6lwphculAkoJHVLv6qfNMLr-wsql0b__z6UsCQ6VVQix7SYFcP3C5DNQpaHA7Vzu6A9BBR3Oqtu2gcSJeoPl5k5jsN96ScYU-S7o8LJx55OQ2wO_fZK-V2KVobhH8DImBhL5.

2026 MCHS SB 562 Senate Side.pdf
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Position: FAV

Maryland Community Health System

Committee: **Senate Finance Committee**

Bill: **Senate Bill 562 – State Board of Pharmacy- Prescriber Pharmacist Agreements**

Hearing Date: **March 3, 2026**

Position: **Support**

The Maryland Community Health System supports *Senate Bill 562 – State Board of Pharmacy – Prescriber-Pharmacist Agreements.* The legislation authorizes pharmacists to support medication assisted treatment of opioid use disorders within the framework of a prescriber-pharmacist agreement. As a network of federally qualified health centers, our members have been able to utilize prescriber-pharmacist agreements to improve the management of chronic diseases. We ask for a favorable report on this legislation, as substance use disorder should be managed as a chronic disease.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB0562_FAV_MedChi_State Board Pharmacy - Prescribe
Uploaded by: Steve Wise
Position: FAV

MedChi

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Senate Finance Committee
March 3, 2026
Senate Bill 562 – *State Board of Pharmacy – Prescriber-Pharmacists Agreements – Treatment of Opioid Use Disorders*
POSITION: SUPPORT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 562. This bill authorizes physicians and pharmacists to enter into agreements for the treatment of patients suffering from opioid use disorder, expanding access in a way that still ensures proper medical oversight.

Existing law authorizes the use of prescriber-pharmacist agreements wherein protocols are set forth for the treatment of diseases, such as diabetes, which require a physician, podiatrist, or nurse practitioner to prescribe and then allow the pharmacist to modify treatment within certain parameters. Senate Bill 562 allows opioid use disorder to be the subject of these agreements, and for controlled dangerous substances drug therapy to be part of the treatment plan.

This legislation should help ease the difficulty of accessing treatment of opioid use disorders and, importantly, does so in a way that ensures proper oversight from authorized prescribers, including physicians.

For these reasons, MedChi supports Senate Bill 562.

For more information call:
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

2026 ACNM SB 562 Senate Side.pdf
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Position: FWA

AFFILIATE OF
AMERICAN COLLEGE of NURSE-MIDWIVES
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Committee:	**Senate Finance Committee**
Bill:	**Senate Bill 562 – State Board of Pharmacy- Prescriber Pharmacist Agreements**
Hearing Date:	**March 3, 2026**
Position:	**Support with Amendment**

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 562 – State Board of Pharmacy – Prescriber-Pharmacist Agreements.* The legislation updates the framework for prescriber-pharmacist agreements, including eliminating a requirement that these agreements be submitted to participants' licensure board. The Centers for Disease Control and Prevention recommends prescriber-pharmacist agreements as a strategy to improve the management of chronic conditions of patients; and nearly all states authorize some form of these agreements.[i]

We ask that the Committee consider an amendment to add licensed certified midwifes as authorized participant in these agreements. Licensed certified midwives, established as a licensed occupation by the Maryland General Assembly in 2021, have the same scope of practice as certified nurse midwives.[ii]

On 1 in line 20, insert

§ 12-6A-01. Definitions.

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

(b) "Authorized prescriber" means a licensed physician, licensed podiatrist,[or] certified advanced practice nurse with prescriptive authority under § 8-508 of this article, OR A LICENSED CERTIFIED MIDWIFE.

We ask for a favorable report with amendment on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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[i] https://www.cdc.gov/high-blood-pressure/media/pdfs/2024/04/Translational_Tools_Pharmacists.pdf

[ii] https://mgaleg.maryland.gov/2021RS/chapters_noln/Ch_462_hb0758E.pdf

https://mgaleg.maryland.gov/2021RS/chapters_noln/Ch_463_sb0684E.pdf

UNFAVORABLE.SB562.HB838.MDRTL.LauraBogley.pdf
Uploaded by: Laura Bogley
Position: UNF

UNFAVORABLE

SB562/HB838

State Board of Pharmacy - Prescriber-Pharmacist Agreements

Maryland Right to Life, Inc.
Laura Bogley, JD
Executive Director

On behalf of our Board of Directors and chapters across the state, we object to SB562/HB838. This bill, proposed by activist legislators, puts abortion profits before patients. The bill lays the groundwork for the State of Maryland to resist federal law and regulations in order to shield pharmacists who act as deadly abortion drug pushers, in the event the federal government appropriately reclassifies these lethal abortion drugs as **Controlled Dangerous Substances (CDS).** It also would shield abortion prescribers who remotely prescribe these drugs out of state in violation of the Comstock Act other states' laws that define abortion drugs as CDS.

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion drugs which now account for nearly ¾ of all abortions in the United States. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion drugs.

While the abortion industry claims that chemical abortion is safe and easy, this method is **4 times more dangerous than surgical abortions.** To date 36 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). At least 11% of women obtaining chemical abortions experience serious complications including severe uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. These complications are dramatically under-reported as the FDA only requires abortion drug manufacturers to report deaths, not injuries. Hospital emergency room demand has increased by 500% since approval, exacerbating Maryland ER wait times, which already are the worst in the nation and contributing to the scarcity of medical professionals in our state.

The State's recklessly negligent telehealth policies have enabled "telabortion" - the mass distribution of chemical abortion drugs and "Do-It-Yourself" abortions - which increases the risk of injury and death for women and girls in Maryland. Telabortion deprives pregnant women access to comprehensive reproductive care that includes a physical examination by a licensed obstetrician to determine whether the woman is eligible for and consents to chemical abortion.

Pharmacists already are caught up in telabortion and the abortion drug distribution chain as distributors when a prescription is given by an abortion provider. Certain pharmacies, including CVS and Walgren's are certified by the FDA to directly prescribe abortion drugs.

"D-I-Y" Abortion Drugs Endanger Women and Children

The abortion industry's radical agenda to indiscriminately sell "D-I-Y" abortions is normalizing "back alley abortions" where women self administer and hemorrhage without medical supervision or assistance. The discreet deliverability of abortion drugs through telabortion puts women at risk of coerced abortion and allows sexual predators and pedophiles to hide their crimes and continue to harm their victims.

"Telabortion" is the remote prescription and administration of chemical abortion drugs Mifepristone and Misoprostol (and generic counterparts) to cause abortion, without any physical examination by a medical provider. There are many potential negative consequences to telabortion policies which ultimately demonstrate the state's disregard for the health of women and children. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas.

Abuse of Abortion Drugs

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Because of the deregulation of abortion drugs, we are seeing many examples across the nation of individuals being prosecuted for coercing women into ingesting abortion drugs without their knowledge or consent, most often resulting in miscarriage. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive partners all take advantage of easily available chemical abortion drugs. (See Article: https://www.independent.co.uk/news/world/americas/massachusetts-abortion-pill-boyfriend-charged-robert-kawada-b2553243.html)

State Telabortion Policies

The Maryland General Assembly has removed nearly all safeguards in law for women and girls seeking abortions. Through the *Abortion Care Access Act* of 2022, the Assembly authorized non-physicians (including certified pharmacists) to perform or provide abortions and appropriated millions annually in taxpayer funds to train and certify this substandard abortion workforce. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion drugs. These non-physician abortion providers provide telabortion drugs and are eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from abortion drug manufacturers. However, under Maryland law both abortion drug manufacturers and distributors are shielded from liability.

In 2021 and 2022, the Maryland General Assembly enacted several telehealth bills into law as supposed Covid measures, all of which Maryland Right to Life opposed. These laws expanded telabortion through remote distribution chains of abortion drugs including **pharmacies**, schools health centers, prisons and

even vending machines and expanded public funding for telabortion through Medicaid and Family Planning Program dollars.

In 2024 the Assembly authorized school telehealth appointments for k-12 students, through which children can be prescribed and sent chemical abortion drugs without parental notification or consent. The abortion industry already is selling chemical abortion drugs to girls over the phone or computer, without parental consent and without examination by a healthcare provider, including through websites like *PlanCpills.org*.

The remote sale and distribution of abortion drugs through school telehealth poses a serious risk to the health and safety of school children and is an egregious violation of parent trust. Educators and school health providers are Mandatory Reporters of suspected sexual abuse. Instead of protecting children from sexual assault, Maryland schools are now part of the abortion drug distribution chain and shielding pedophiles, rapists and sex traffickers.

FDA Reviewing Misleading Abortion Drug Safety Data

Secretary Robert F. Kennedy, Jr. of the United States Department of Health and Human Services (HHS) and FDA Commissioner Dr. Marty Makary have launched an official review of the safety of abortion drugs. A formal letter dated September 2025 confirmed the review would specifically target the **Risk Evaluation and Mitigation Strategy (REMS)**. This includes revisiting the FDA's 2021/2023 decisions that removed the requirement for in-person doctor visits and allowed the drug to be sent by mail.

FDA restrictions on the sale of chemical abortion drugs are necessary regulations to protect the health and safety of women and girls from improper use and resulting injury. But under pressure from the Biden administration, and democrat attorneys general, including Brian Frosh, the FDA removed critical safeguards on the remote sale and distribution of chemical abortion drugs through telabortion.

Previously, the FDA required that abortion drugs be distributed only under the supervision of a qualified healthcare provider because of the drug's potential for serious complications including but not limited to, severe hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. A physician's examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for f ailed chemical abortions.

In 2020, Maryland Attorney General Brian Frosh, joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice telabortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to

protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

In December of 2021, the FDA announced that it would no longer require that the drugs be dispensed in person to the patient and would no longer limit distribution to prescribers and their offices. The FDA still requires that, in order to prescribe the drug, the prescriber certify their ability to assess the duration of the pregnancy and diagnose ectopic pregnancies. However no physical examinations are required in this new protocol putting women and girls at risk of misdiagnosis and improper use of the drugs. Lawsuit against Planned Parenthood: Abortion pill caused toilet delivery of 'fully formed' 30-week baby (liveaction.org)

Adopt Reasonable Health and Safety Standards

The growing reliance on chemical abortion underscores the need for a state protocol for the use of abortion drugs including informed consent specific to the efficacy, complications and abortion pill reversal therapy. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drugs' potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

The Maryland General Assembly must put patient safety before abortion politics and profits. We strongly urge your unfavorable report on this bill that would allow pharmacists to prescribe Controlled Dangerous Substances which may include chemical abortion drugs with reduced State oversight.

SB 562_HB 838_ State Board of Pharmacy - Prescrib

Uploaded by: Trudy Tibbals

Position: UNF

SB 562/HB 838: State Board of Pharmacy - Prescriber-Pharmacist Agreements - Treatment of Opioid Use Disorders: Please vote to **OPPOSE** this bill.

Dear Health & Finance Committees:

I am writing to respectfully **oppose SB 562/HB 838**, concerning *State Board of Pharmacy – Prescriber-Pharmacist Agreements – Treatment of Opioid Use Disorders*.

Addressing opioid use disorder is a serious and urgent public health priority. However, **expanding the role of pharmacists to "treat" patients for opioid use disorder raises significant concerns regarding scope of practice, training, and patient safety.**

Pharmacists play an important and respected role in medication dispensing, counseling, and drug interaction oversight. However, they do **not** receive the same depth or breadth of clinical training as licensed physicians. Physicians complete medical school, multi-year residencies, and extensive supervised clinical training focused on diagnosing complex conditions, managing co-morbidities, and addressing complications that may arise during treatment. **Treating opioid use disorder often requires comprehensive medical assessment, evaluation of mental health conditions, and ongoing clinical management that goes beyond medication dispensing.**

Opioid use disorder is a complex medical condition that frequently involves co-occurring psychiatric disorders, polysubstance use, and significant social and medical risk factors. Treatment decisions should be made by practitioners with full diagnostic authority and comprehensive medical training. Expanding treatment authority **without equivalent training** standards may create fragmented care and unintended risks for vulnerable patients.

Collaboration between physicians and pharmacists is valuable and should continue to be encouraged. However, expanding pharmacists' authority to treat patients blurs important professional distinctions and may compromise the continuity and quality of care that patients deserve.

For these reasons, I respectfully urge you to **oppose SB 562/HB 838**.

Thank you for your time and thoughtful consideration.

Respectfully,

Trudy Tibbals

SB 562 - FIN - BOP - LOI.docx.pdf
Uploaded by: State of Maryland (MD)
Position: INFO

Maryland
DEPARTMENT OF HEALTH

Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

2026 SESSION
POSITION PAPER

BILL NO.: **Senate Bill 562 - State Board of Pharmacy - Prescriber-Pharmacist Agreements - Treatment of Opioid Use Disorders**
COMMITTEE: **Finance**
POSITION: **Letter of Information**

The Maryland Board of Physicians (the Board) is respectfully submitting this Letter of Information for Senate Bill (SB) 562 - State Board of Pharmacy - Prescriber-Pharmacist Agreements - Treatment of Opioid Use Disorders. SB 562 authorizes a pharmacist to enter into a prescriber-pharmacist agreement to authorize the pharmacist to treat an opioid use disorder using controlled dangerous substances. In addition, SB 562 repeals the requirement that a prescriber must submit a prescriber-pharmacist agreement to the health occupations board that regulates the prescriber.

The Board supports being removed from the Drug Therapy Management (DTM) process. To ensure the efficient administration of DTM applications and compliance with the statute, the Board of Physicians and the Board of Pharmacy executed a memorandum of understanding on August 5, 2013. As a result, the Board has not received a DTM agreement since 2013. The parties agreed that the Board of Pharmacy would receive and process all DTM agreements. Once removed, the Board of Pharmacy will process all DTMs.

This portion of the bill was drafted after collaborative conversations with all relevant boards. The Board appreciates the Board of Pharmacy's willingness to ensure that the statute accurately reflects the DTM process.

Thank you for your consideration. For more information, please contact Madeline DelGreco, Manager of Policy and Legislation, at the Maryland Board of Physicians, at 410-764-5053.

Sincerely,

Harbhajan Ajrawat, M.D.
Chair, Maryland Board of Physicians

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