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Baltimore City

Health and Government Operations
Committee

Chair

Health Occupations and
Long-Term Care Subcommittee

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Joint Committee on Administrative,
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Testimony of Delegate Samuel I. Rosenberg

Before the Health Committee

In Support of

House Bill 1051

Public Health – Patient Access to Medication

Chair Bagnall and Members of the Committee:

In the last three fiscal years, Maryland has experienced a net loss in pharmacies. While ninety-seven pharmacies did open during this period, those were not primarily in areas in which previous ones shuttered. This has resulted in an alarming increase in pharmacy deserts. According to Dr. Lorece Edwards, a Morgan State University professor, “health disparities like pharmacy deserts are the result of historical policies like segregation.” Nowhere is this more evident than in a predominantly Black and Brown zip code in my district, 21215, that experienced the largest net loss in pharmacies, six, throughout all of Maryland. As a result of these closures, Marylanders are faced with longer distances to reach a pharmacy and longer wait times once they arrive.

House Bill 1051 seeks to alleviate the burden placed on remaining pharmacies while providing for a more seamless process for individuals to get the medication they need to remain healthy.

This legislation would improve medication accessibility through the Meds-to-Beds program. This initiative allows for a licensed pharmacist to deliver medications to patients before they are discharged from the hospital. While some Maryland hospitals have already adopted this program, HB 1051 would require that patients have the Meds-to-Beds option in hospitals statewide. Meds-to-Beds programs have already proven to be an effective means of reducing hospital readmissions and improving medication adherence. Now, with the ever-increasing number of pharmacy closures, Meds-to-Beds can also help to fill the growing pharmaceutical gap left behind.

Additionally, pharmacies are further hamstrung by prescription fulfillment processes that are outdated and unequipped to handle the increased caseload they are receiving in the wake of pharmacy closures. This is why House Bill 1051 authorizes, but does not mandate, Maryland pharmacies to make full use of the latest automated and remote drug dispensing systems. When routine processes are automated, while still under the oversight of a licensed pharmacist, it improves the workflow of the pharmacy and gives the technicians and pharmacists the capacity to keep up with other daily patient-facing tasks such as vaccinations.

One [study](#) has shown that automated dispensing robots, working in collaboration with pharmacists and pharmacy support staff, resulted in a statistically significant reduction in dispensing time and had the added benefit of reducing dispensing errors by approximately 80%. This technological update follows previous advances in the pharmacy industry, such as the shift from paper charts and handwritten prescriptions to electronic health records and computerized provider order entry systems. Other barriers, such as upfront costs, may exist to pharmacies' implementing these new technologies, but House Bill 1051 stipulates that regulatory barriers should not be one of them.

The next provision of House Bill 1051 that, again, eases the burden on the remaining providers in pharmacy deserts is that of outsourcing prescription processing. The day-to-day tasks of a pharmacist are labor- and time-intensive. However, a pharmacist shortage dating back to 2023 has caused major providers like CVS and Walgreens to reduce their pharmacy hours. Thus, pharmacies have less time to do the same amount of work. To overcome this challenge, House Bill 1051 establishes the framework on which local and regional pharmacy networks can outsource to one another in accordance with each's capacity to take on additional work. This collaboration will be critical in allowing Marylanders to remain in their local communities to get their necessary medication while preventing closures of underutilized pharmacies in other areas.

In Maryland, more than 525,000 people are estimated to live in a pharmacy shortage area. 38.1% of the shortage areas were considered low-income. While future legislation may be needed to address the underlying cause of the pharmacy closures, this legislation provides immediate relief for pharmacies and the communities that they serve.

In the interests of keeping medication accessible to all Marylanders regardless of where they live, I urge a FAVORABLE report on House Bill 1051.

March 5th, 2026