



DEPARTMENT OF HEALTH

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

March 5, 2026

The Honorable Heather Bagnall
Chair, House Health Committee
241 House Office Building
Annapolis, MD 21401-1991

RE: House Bill 1051 - Public Health - Patient Access to Medication - Letter of Information

Dear Chair Bagnall and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for House Bill (HB) 1051 - Public Health - Patient Access to Medication. Starting October 1, 2026, HB 1051 would require the Department to establish the Meds-to-Beds Program. The goal of the Meds-to-Beds program is to reduce hospital readmissions by providing the patient with their discharge medications before the time they leave the hospital. Each hospital and nursing facility in the state would be required to participate. To facilitate dispensing the medications, the bill would allow the use of automated drug dispensing systems and remote dispensing systems.

It is not clear as drafted whether the new requirements would create a coverage mandate for the Maryland Medical Assistance Program (Medicaid) of automated drug dispensing systems or remote dispensing systems or mandate changes to the amount of drugs provided at discharge. Medicaid participants frequently receive medications at the time of discharge, most commonly a 30-day supply, although this is not a requirement. This is coordinated by the participant's managed care organization (MCO) or the fee-for-service pharmacy program.

The bill amends the definition of telehealth in the Medicaid statute to include automated or remote drug dispensing systems. Telehealth is a treatment modality rather than a standalone service. To the extent the legislation is intended to mandate coverage of automated or remote drug dispensing systems, the fiscal impact would be significant as these devices are not currently covered by Medicaid.

As drafted, the bill does not appear to change existing requirements around drugs that must be covered. To the extent the intent of HB 1051 is to mandate the dispensing of a specific amount of medication pre-hospital release (e.g. a 30 day supply or a 7 day supply to support transition back to the community), there would be an indeterminate fiscal impact to the Department. Additionally, if the bill is intended to require Medicaid to cover prescriptions for medications irrespective of whether they meet current preferred drug list requirements, prohibits existing

utilization management or requires coverage of medications not covered by the Department, there would be a significant fiscal impact.

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

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', with a stylized flourish at the end.

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