

TO: The Honorable Heather Bagnall, Chair
Health Committee

FROM: Annie Coble
Assistant Director, Maryland Government Affairs

HB1051
Unfavorable

DATE: March 5, 2026

RE: HB1051 Public Health - Patient Access to Medication

Johns Hopkins opposes HB1051 Public Health - Patient Access to Medication. This bill would require hospitals to establish a Meds-to-Beds Program, which would require a licensed pharmacist to deliver prescribed medications to a discharged patients before the patient leaves the hospital. Johns Hopkins appreciates the sponsor's goal of the legislation, to create easier access to medication upon hospital discharge, but believes there are operational challenges that make this difficult to implement and could create a negative experience for patients.

Johns Hopkins currently offers a focused Meds-to-Beds program at two of our hospitals. The other two do not have this program because we do not have licensed outpatient pharmacies on the campus. Running an outpatient pharmacy has significant operational costs and requires a distinct pharmacy license from an inpatient/acute care pharmacy license. For the hospitals that do offer the program, it is limited to normal business hours on weekdays and in certain cases, high-need patients. This allows staff to meet the needs of select patients, without delaying discharge. If this program were to be required for all patients, this would undoubtedly cause delays in patients being discharged, negatively impacting hospital throughput and causing longer emergency department wait times.

Johns Hopkins Meds-to-Beds is ultimately driven by patient choice, and this legislation could inadvertently limit patient choice. When a patient has an established relationship with a pharmacy in their community, we want to maintain this strong relationship and are concerned this mandate could disrupt these established relationships.

In addition to the hospital throughput challenges this bill would create, there would be additional cost to the hospitals. For uninsured and underinsured patients, Johns Hopkins works hard to provide vouchers for medications where appropriate as needed. Additionally, at the campuses without a Meds-to-Beds program we have established relationships with community pharmacies in the region to help meet the needs of discharged patients without having a formal Meds-to-Beds program. If all hospitals must provide all discharge medications to patients as this bill potentially implies, this could put additional and substantial burden on hospitals to provide these medications without a viable reimbursement mechanism and potentially decrease business for community pharmacies, including independently owned small businesses.

Similarly, consideration needs to be made for how these medications would be charged by consulting the HSCRC. For example, if these medications were charged as part of the inpatient stay, Maryland hospitals would need to understand how this would impact drug pricing contracts, and there is potential that this could lead to increased overall healthcare costs because of differences in inpatient and outpatient drug pricing, such as the federal 340b drug discount program.

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Again, Johns Hopkins appreciates the goal of the legislation and makes every effort to ensure our patients are set up to have access to their medications. However, we remain concerned that this broad program mandate would have unintended negative impacts to hospitals and patients

Accordingly, Johns Hopkins respectfully requests an **UNFAVORABLE** committee report on HB1051.