



## DEPARTMENT OF HEALTH

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

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### 2026 SESSION MARYLAND BOARD OF PHARMACY POSITION PAPER

**BILL NO:** HB 1051 – Public Health – Patient Access to Medication  
**COMMITTEE:** Health Committee  
**POSITION:** Letter of Support with Amendments

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#### **TITLE: HB 1051 – Public Health – Patient Access to Medication**

**BILL ANALYSIS** : The primary purpose of the proposed legislation focuses on improving patient access to medication through the use of technology and streamlined hospital discharge processes. The bill primarily establishes the following: Meds-Beds-Program: Creates a statewide program requiring all hospitals to use licensed pharmacists to deliver discharge medications directly to patients’ bedsides before they leave the hospital, with the goal of reducing readmissions; expanding the definition of “telehealth” to include automated drug dispensing systems and remote dispensing systems; and outsourced prescription processing.

#### **POSITION AND RATIONALE:**

The Maryland State Board of Pharmacy is writing to convey its concerns regarding HB 1051, which seeks to improve medication access through the establishment of a "Meds-to-Beds" program as well as regulation of automated and remote drug dispensing systems and outsourcing of prescription processing. The bill, in its current form, contains provisions that largely duplicate existing provisions in the Maryland Pharmacy Act (Health Occupations Article, Title 12) and its underlying regulations. Furthermore, the bill erroneously places regulatory authority over pharmacy automated dispensing systems under the Department of Health’s Medicaid program and utilizes various pharmacy terms in a manner that conflicts with the Maryland Pharmacy Act.

Therefore, the Board respectfully requests that the Committee adopt amendments to strike the bill’s language regulating pharmacy automated dispensing systems from Maryland Medicaid’s oversight. The Board has existing statutory and regulatory authorities governing pharmacies’ use of automated medication systems at Health Occupations Article, Sec. 12-605, and COMAR 10.34.28. The Board is amenable to reviewing its existing regulations governing automated medication systems to make appropriate updates or revisions reflecting current pharmacy automation practices.

- **Proposed Amendment:** Strike pages 6-10, and page 11, lines 1-4

With respect to the bill's provisions regarding pharmacy outsourcing of prescription processing, the Board has existing regulations, COMAR 10.34.04, governing a pharmacy's ability to outsource the preparation of a prescription to another licensed pharmacy. Thus, the outsourcing provisions of this bill are similarly redundant of the Board's existing authority. In addition, the bill is concerning in that it does not require a Maryland permit of the secondary pharmacy and contains language that conflicts with key terminology utilized throughout the Maryland Pharmacy Act. The Board respectfully requests that amendments be adopted to strike such provisions.

- **Proposed Amendment:** Strike Section 12-515 (pages 11-14)

The Board would also like to note that it understands that the bill may have been intended to permit use of certain devices directly accessible by patients to retrieve filled prescriptions. The Board does not believe the current language of the bill achieves this purpose. However, it is agreeable to reviewing its current regulations governing the manner in which filled prescriptions may be stored for patients (COMAR 10.34.25).

By striking these provisions and empowering the **Maryland Board of Pharmacy** to review and update its regulations, the legislature can achieve the bill's goals without undermining the statutory framework that ensures safe medication dispensing in our state.

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.*