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Testimony from:
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In SUPPORT of Senate Bill 562, “State Board of Pharmacy – Prescriber-Pharmacist Agreements –
Treatment of Opioid Use Disorders.”

March 25, 2026

House Committee on Health

Chairwoman Bagnall 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) like buprenorphine—is fraught with social, structural, and regulatory barriers.² SB 562 is of special interest to us because it would reduce unnecessary overregulation, increase buprenorphine 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

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>.



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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 in the state.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 MOUD, is one of the most effective ways to reduce the health, economic, and even social harms associated with OUD.⁹ 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

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.

<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>.



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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

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=aHR0cHM6Ly93d3cuZ29vZ2x1LmNvbS8&guce_referrer_sig=AQAAA5jAIXBTmpzjr3ADvmq7utLV9OeqGJqEWEOKxZ6lwphculAkoJHVLv6qfNMLr-ws ql0b_z6UsCQ6VVQix7SYFcP3C5DNQpaHA7Vzu6A9BBR3Oqtu2gcSJeopI5k5jsN96ScYU-S7o8LJx550Q2wO_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>;



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HIV.¹⁷ At least ten states currently allow pharmacist prescribing of buprenorphine under collaborative practice agreements and two states allow pharmacists to independently prescribe the medication.¹⁸

Research suggests that expanding access to buprenorphine via pharmacist prescribing translates into better outcomes for people struggling with an OUD, improving medication management and patient care, and reducing costs.¹⁹ In fact, in a study of a Veterans Affairs pharmacist prescribing program, 90-day treatment retention was 86.9 percent.²⁰

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.²¹ Therefore, when treatment in a community is insufficient to meet need, buprenorphine diversion does sometimes increase, but those increases actually reduce overdose rates.²² 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.²³

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 Jennifer Athay Adams et al., “Opportunities for pharmacist prescriptive authority of buprenorphine following passage of the Mainstream Addiction Treatment (MAT) Act,” *Journal of the American Pharmacists Association*, (September-October 2023). <https://www.sciencedirect.com/science/article/abs/pii/S1544319123001681>.

¹⁹ 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>.

²⁰ Baylis et al.

²¹ 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>.

²² 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>.

²³ 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>.



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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.²⁴ In fact, the American Pharmacists Association has been an active advocate for expanding the role of pharmacists in fighting the overdose crisis.²⁵ This support for the scope of practice expansion suggests that SB 562 would be feasible and uptake would be strong, increasing the likelihood of having a real impact on Maryland communities.

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,

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²⁴ 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>.

²⁵ PR Newswire. https://finance.yahoo.com/news/apha-secures-key-congressional-win-193900778.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlmNvbS8&guce_referrer_sig=AQAAAAV5jAIXBTmpzjr3ADvmq7utLV9OeqGJgEWEOKxZ6lwphculAkoJHVLv6qfNMLr-wsqI0b_z6UsCQ6VVQix7SYFcP3C5DNQpaHA7Vzu6A9BBR3Oqtu2gcSJeoPI5k5jsN96ScYU-S7o8LJx55OQ2wO_fZK-V2KVobhH8DImBhL5.